

Virginia Tech Carilion School of Medicine

Integration Education Collaboration

"a medical school with a mouth"



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General Learning Objectives

Oral Medicine / Oral Health

- 1. Understand the importance of oral health as it relates to general health.**
- 2. Understand the physicians role in early diagnosis of oral mucosal lesions and the impact they have in improving quality of care and patient care outcomes.**
- 3. Develop clinical recognition skill sets that support identification of oral pathology which leads to differential or definitive diagnoses.**
- 4. Recognize the relationships between oral and systemic disease. For example the relationship between coronary artery and periodontal disease.**
- 5. Identify the most common oral mucosal lesions and their clinical management.**
- 6. Acquire a fundamental knowledge of patient care management at the medical / dental interface that supports a collaborative inter professional patient care model.**

Oral Medicine / Oral Health Curriculum

Va Tech Carilion School of Medicine

Block IV (M 1)

- ***Introduction to Oral Health /Oral Medicine***
- ***Oral Anatomy***
- ***The Oral Assessment Workshop (developing clinical skills)***

Block VIII (M 2)

- ***Dental Caries, Periodontal Disease & Fluoridation***
- ***Oral Manifestations of Systemic Disease***
- ***Oral Cancer***
- ***Common Oral Pathologies***
- ***Describing Oral Lesions (Workshop)***
- ***Integrating Medicine and Dentistry into Patient Care (Workshop)***
- ***Developing Clinical Recognition Skills: Patient Focused Learning Lab***
- ***Integrated Oral Health / Oral Medicine Case Based Learning***
- ***Integrating the Oral Exam into HEENT Exam & SOAP Note with SP's***
- ***Delta Dental Lecture Series***

M 3

- ***Dental Clinic Rotation (Mandatory)***

M 4

- ***Elective (TBA)***

Medical school program focuses on oral health education

BY STACHE CROZIER

Roanoke, Va.—Medical students in the Virginia Tech Carilion School of Medicine classes of 2014 and 2015 are learning specifics on oral health through a groundbreaking program that includes nearly 30 hours of oral health education and clinical experience in students' first two years of medical school.

The Oral Medicine/Oral Health component was developed through a cooperative effort between Dr. George A. Levicki, president and CEO, Delta Dental of Virginia; Dr. Charles "Bud" Conklin, associate professor, Department of Surgery, Virginia Tech Carilion School of Medicine; and Cynda Johnson, M.D., Virginia Tech Carilion School of Medicine's president and founding dean.

Dr. Levicki, a Virginia Tech alumnus, said his colleagues at Delta Dental wanted to be part of a positive memorial to the school in the aftermath of the campus shooting tragedy in April 2007, when 32 people were killed and 17 wounded by a student.

"The leadership team at Delta Dental desperately wanted to do something to help," said Dr. Levicki. "Rather than donate to a general fund, we thought a program should be directed toward a program that would represent the antithesis of the violence and harm inflicted on that horrible day."

Dr. Levicki said he had long been frustrated that medical students received little oral health education, and establishing the school's first oral health curriculum seemed a natural way to make



INTERPROFESSIONAL EDUCATION: Dr. Bud Conklin instructs medical students through the Virginia Tech Carilion School of Medicine's oral health education program.

a positive impact on patients' health and well being and to save lives.

"We hope that the medical students at the Virginia Tech Carilion School of Medicine will use their specialized oral health education to become even better doctors and to promote the power of healthy smiles and healthy bodies for a healthier life," said Dr. Levicki. "This new curriculum represents a true advance in the approach to the practice of medicine and how medical schools train doctors by incorporating the growing body

of evidence demonstrating the vital connections between oral health and overall body health."

The curriculum includes lectures and clinical training on general oral medicine and oral health; oral exams; oral cancer; oral manifestations of systemic disease; common oral pathologies; medical management of patients; and clinical skills training on-site at the dental clinic. The program also established an annual oral health lectureship to highlight the important link between oral health and overall health. A curriculum for third- and fourth-year students is now under development.

"One of our faculty members, a family practice physician, captured the value of this model best when she told me that it had inspired her to change the way she performs patient exams," said Dr. Johnson. "That's exactly what we're hoping for—to teach physicians to incorporate oral exams into their practice and ultimately to improve health outcomes for patients everywhere."

The school's curriculum already included an emphasis on interprofessionalism, and students have been encouraged to examine the roles between various health care providers including medical students, nurses, physician assistants and allied health providers.

"Our goal," said Dr. Johnson, "is to have the professions learn to work together and respect one another's roles in health care. They'll then be able to work more effectively as a team in the clinic, which will improve patient outcomes."

The program will help to forge new approaches to collaboration between

physicians and dentists that ultimately benefit the patient, said Dr. Conklin.

"When you consider the fact that our aging population is four times more likely to visit a physician than a dentist, then it becomes clear that offering oral health education in medical schools is critical," said Dr. Conklin. "With oral cancer, early diagnosis leads to better survival rates, so it becomes paramount that physicians be able to provide the appropriate exam."

The new program is popular with students as well. "As a student planning to enter a primary care field and work with underserved populations, I was especially glad to have our oral health curriculum," said Robert Brown, a member of the school's charter class of 2014. "For many of the patients I'll see, regular dental care is a luxury. Thanks to Dr. Conklin and his team, I now understand the significance of what I can uncover with an oral exam. This curriculum has made me feel confident that I can detect oral cancers and significantly impact the lives of my patients. On top of that, I feel I can communicate intelligently with my dental colleagues in a way I couldn't before."

"Education is the key piece to ensuring that our medical colleagues are comfortable enough to not only look in the mouths of their patients, but then enable them to make informed referrals to dentists," said Dr. Monica Hebl, a general dentist in Milwaukee and a member of the ADA Council on Access, Prevention and Interprofessional Relations. "Programs like this one have the potential to increase the oral and overall health of patients through increased collaboration between physicians and dentists." ■



Partnerships "Making a Difference in Medical Education"



THE FUTURE OF MEDICAL EDUCATION: Above: Virginia Tech Carilion School of Medicine students get some clinic time with instructor Lisa Russell, clinical lead dental assistant at Carilion Clinic; far left: Dr. George Levicki; left: Dr. Cynda Johnson.

Improving Patient Care Outcomes



Integration
Education
Collaboration



Are We Making A Difference?

Outcomes:

- Integrated Case Exam (ICE)
- HEENT Exam

HEENT

What does the Acronym represent ?

H : Head

E: Eyes

E: Ears

N: Nose

T: Throat / Teeth

“Teeth”

What Documentation is Expected?

1. general description of the dentition
2. general description of the periodontal tissues
3. oral soft tissue exam = oral cancer exam

HEENT in Real Time

Cardiologist:

Patient admitted with right upper extremity pain, PMH: Type II diabetes, ESRD on hemodialysis, CAD with cardiac stents, Endocarditis

Physical Exam

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: Neck supple. JVD present. No thyromegaly present.

HEENT in Real Time

Hospitalist

Admitted for Guillain- Barre, PMH: Mitral-Value Prolapse,
Endometriosis, Hypertension

Physical Exam:

HEENT:

Normocephalic and atraumatic. Pupils are equal and react to light and accommodation. **Moist mucosa membranes**. NECK: No JVD, no thyromegaly, no lymphadenopathy. Trachea is midline.

HEENT in Real Time

M 3 Student VTCSOM

Evelyn, 30 yo female w/ hx of Down Syndrome

Physical Exam:

HEENT:

Head: normocephalic, scalp normal, no bumps or lesions

Eyes: conjunctiva & sclera normal, PERRLA, convergence normal

Ears: external ear normal, tympanic membrane clear, earwax noted

Nose: external nose normal, nares clear, no erythema or drainage

Throat: external throat normal, trachea midline, no thyroidmegaly, no cervical lymphadenopathy, no erythema, swelling noted

Oral: Patient partially edentulous, 12 teeth on top, 14 on the bottom, no hx of wisdom teeth growth or removal, amalgam seen on #10, 11; no periodontitis, oral mucosa moist, no leukoplakia, tongue moist with central fissure

HEENT in Real Time

M 3 Student VTCSOM

General Exam: S/P partial glossectomy fro SCC tongue, hypertension, oral leukoplakia, A-Fib, Type II Diabetes

Physical Exam

HEENT:

Head: NC/AT

Eyes: Eyes symmetric. Sclera white, conjunctive pink. PERRLA.

Ears: Tympanic membranes clear bilaterally.

Nose: Nasal mucosa pink, septum midline.

Mouth: Dentition absent except for lower incisors. Residual ridges pink and firm. Leukoplakia on bilateral buccal mucosa and bilateral floor of mouth. Skin flap present on L mouth floor. Soft tissue exam negative for masses.

Neck: Trachea midline. No thyromegaly.

Lymph nodes: No lymphadenopathy.

HEENT in Real Time

Internal Medicine Resident / Attending:

Patient fell, striking head and admitted through ED. PMH:

Hypertension, A-Fib, CHF.

Physical Exam:

HENT:

Normocephalic, PERRL, EOMI, sclerae non-icteric. Hearing grossly intact. No nasal discharge, turbinates normal. **Oral cavity and pharynx without inflammation, swelling, exudate, or lesions**

What do the students think?

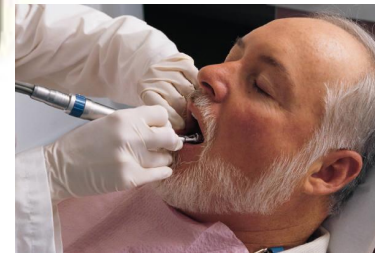
WELL DONE and please keep it going for future classes. In my opinion, these are the days when you get media representation, interviews from students, video examples, etc. for advertising VTC's unique opportunities for learning...imagine if these types of learning experiences were hot topics of SDN or online med school discussions

The oral medicine curriculum surprised me in a very positive way. I think this piece of the curriculum gives us such valuable information and experience as we move forward.

Less emphasis on why it's so important...I think we get it

....dental week is something that needs to be toned down. I simply don't see the added value to our medical education.....it is a topic that needs far less time to synthesize

We can make a difference



Integration

Collaboration

Education