SELF-ASSESSMENT SURVEY MUST BE COMPLETED IN ONE SITTING. ESTIMATED TIME FOR REVIEW AND SURVEY IS 1 HOUR.

Based on core subject areas of: Patient Communication, Management of Medical Emergencies, Ethics, Record Keeping, Infection Control, and Diagnosis and Treatment Planning. Completion of this self-assessment is a required part of your professional development portfolio. You will be granted one (1) fundamental credit per biennial cycle for completion of the self-assessment.

The scenarios contained in this self-assessment reflect real situations/issues as observed by the Board. The objective of this activity is to educate dental professionals on the laws and rules pertaining to the practice of dentistry in Minnesota, with the intention of promoting and protecting the health and safety of the public. THIS PRINTABLE VERSION OF THE SCENARIOS ARE FOR LICENSEES THAT WANT TO SAVE FOR FUTURE DISCUSSION.

TIPS: Consider laws, rules and standard of care surrounding PATIENT COMMUNICATION, DIAGNOSIS/TREATMENT PLANNING, ETHICS, UNPROFESSIONAL CONDUCT RECORDKEEPING, MANDATORY REPORTING, PROFESSIONAL RESPONSIBILITY, DELEGATION OF DUTIES

PLEASE PRINT OR SAVE THE CONFIRMATION PAGE AT THE END OF THE SELF-ASSESSMENT SURVEY TO KEEP IN YOUR PROFESSIONAL PORTFOLIO.
Scenario 1

Please evaluate the following scenario: Patient 1 presents as a new patient. They are seeking to have crowns performed on three teeth. An exam shows that Patient 1 has moderate periodontal disease throughout her mouth, including the teeth being treated. The dentist recommends root planing and scaling prior to any restorative treatment. The patient refuses and only wants the crowns done. Patient 1 informs the office manager, also a dental professional licensee, that her insurance is running out at the end of the month and she needs the crowns billed for payment right away. She also said that her insurance only allows for PFM crown coverage, but she is interested in all ceramic crowns. The patient asks the front office manager to send a bill to the insurance and code for the PFM crowns so she can get maximum coverage. The office manager explains this issue to the dentist and they agree to send it to insurance so the patient will be able to have the treatment. The patient record does not reflect any change in the treatment plan and the dentist proceeds to make all ceramic crowns. The patient completed treatment but was relocated out of state shortly after due to a job change. A copy of the patient record and billing record were requested by the patient to be sent to her new dentist. The dental clinic fails to send the records for three months because she still owed them money from the last treatment. After many phone calls and emails from the patient, the clinic finally sends the records. After review, the new dentist asks the patient why her billing and patient records have date and treatment discrepancies. She goes on to explain that she and the past dentist and office manager “made a little arrangement” so she could get insurance coverage. The new dentist explains that the monies should be refunded to the insurance company. The patient calls the first dentist and explains the situation. The dentist refuses to refund the money to the insurance and states that the new dentist is “just trying to get business”. The previous dentist became upset and went online to the new dentist’s social media page to vent his frustration. List at least 8 considerations found in this scenario:
Scenario 2

Please evaluate the following scenario: A licensed dental hygienist has been working with Patient 1 for one month. He came after a referral from another office due to his insurance plan. The original periodontal assessment performed by the hygienist indicated that the patient had probing depths of 4-5 on all of his dentition. No diagnosis of periodontal disease classification was present. The patient has insurance coverage for root planing and scaling if pocket depths are beyond 4mm. The hygienist explains treatment but is not sure if Patient 1 understands because he has limited English proficiency. The hygienist proceeds with two quadrants of root planing and scaling on the left side. The patient reschedules two weeks later for the other two quadrants. In the meantime, the patient’s child calls one week later explaining his parent complaining of pain and puffiness in upper teeth, which was present after the last visit. The patient comes into the supervising dentist for evaluation and it is noted that there is tissue trauma and detached gingival tissue in the area. The dentist prescribes opioid pain medication for a 7-day duration and refers the patient to a periodontist. The periodontist concurs that there is severe trauma to the tissue and follow up treatment will be needed to restore the tissue. The periodontist schedules a visit with the patient to review the records sent from the referring dentist and explain to the patient that the x-rays do not indicate a need for root planing and scaling and that he did not support the dental hygienist's original treatment plan. In addition, there were no other progress notes regarding the patient’s tissue health or bleeding index. The periodontist performs treatment and provides them with a referral to a different general dentist. List at least 6 considerations found in this scenario:
Scenario 3

Please evaluate the following scenario: A minor patient presents to a moderate sedation clinic for wisdom teeth removal. The treatment plan indicates that the patient will undergo moderate sedation. The clinic has not been inspected for a few years and there have been several staff and facility changes. The licensed dental assistant that is assisting with the procedure and monitoring has gone through some training but does not have an anesthesia monitoring certificate with the Board of Dentistry. The patient’s initial vitals are taken, and the procedure is initiated. The dentist administers the initial sedative amount in the IV line and leaves the room to do an examination. The patient seems to be responding well to the initial dose, but when the dentist comes back and administers local anesthetic, the patient becomes more reactive. The dentist administers more sedative and leaves the room to do a post-surgical check on another patient that had sedation treatment. Over the next few minutes, the assistant notices the patient’s vital signs become weak. The patient appears to be very sedated and is not responding to any stimuli. The assistant alerts the doctor right away. The clinic does not have reversal agent on hand for the type of sedative used on this patient. The patient goes unconscious. The dental assistant is not current in CPR certification and are not comfortable assisting the dentist with CPR. Another assistant calls 911 at the instruction of the dentist. The dentist continues to perform CPR until EMS arrives. EMS requests any medications that the patient is taking and any that they have been given. The total amount of sedative agent had not been recorded, as the dentist gave an initial dose and an additional dose but did not record the second amount. The patient is also taking daily benzodiazepines. EMS transports the patient to the hospital. List at least 6 considerations found in this scenario:

Scenario 4

Please evaluate the following scenario: A new dentist begins employment for a professional firm that he finds out is not registered with the Board of Dentistry. The owner of the professional firm has hired several unlicensed dental assistants to work with new dentists joining the practice. The management has instructed one of the unlicensed dental assistants to work with the new dentist. They have allowed her to take x-rays and perform coronal polishing in the past. The dentist continues to allow this practice. The dentist also notices that the operatories are not being cleaned properly between patients. He confronts the unlicensed dental assistant and she indicates that she has not had training in infection control and follows what the lead dental assistant told her to do. List at least 4 considerations found in this scenario:
Scenario 5 – INFECTION CONTROL

What's wrong with this picture?