GOAL
To enhance student learning and achieve compliance with the ADA Commission on Dental Accreditation (CODA) Standards for Allied Dental Programs.

OBJECTIVES

Objective 1: Following the Evidence-based Decision Making (EBDM) Workshop, a method for student self-assessment will be incorporated into DHYG 3703, Dental Hygiene 3, for Fall Semester 2016.

Objective 2: Following the Evidence-based Decision Making (EBDM) Workshop, the rubric for the EBDM assignment will be updated for DHYG 3703, for Fall Semester 2016.

Objective 3: Following the Evidence-based Decision Making (EBDM) Workshop, an appropriate contribution from the DHYG 3703 EBDM assignment will be made to the student portfolio.

Objective 4: Following the Evidence-based Decision Making (EBDM) Workshop, the Fall 2016 Faculty Enrichment Meeting will update the dental hygiene program faculty on the use of EBDM in student learning.

ACCREDITATION STANDARDS

PATIENT CARE COMPETENCIES:
2-13 Graduates must be competent in providing the dental hygiene process of care, which includes:
   d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health

CRITICAL THINKING:
2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.
2-22 Graduates must be competent in the evaluation of current scientific literature.
2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

PICO

EBDM Topic:
Amalgam vs. Composite for Posterior Restorations

STUDENT NAME: D. G.
DATE: 11-15-16

PICO QUESTION:
In an adult patient with posterior caries and limited access to dental care, will an amalgam restoration as compared to a composite restoration last longer?

Search Strategy:
- PubMed
- Systematic Review/Meta-analysis, Single Randomized Controlled Trial, Systematic Review of Cohort Studies
- Within 5 years

Number of Valid Studies: 2

Results of Studies:
The scientific evidence consistently showed no difference in the failure rate between amalgam and composite restorations. Restoration size and clinician skill level were the main contributing factors in restoration longevity. The patient’s risk of caries is also a contributing factor in restoration failure.

Recommendations:
Based on the scientific evidence and patient circumstances, I recommend that the decision be made on what size restoration is needed. I would also discuss caries risk factors with my patient in order to help them understand that an increased caries rate could cause the restorations to fail more quickly.

Faculty Signature: S.M.S.
1-10 Rating of the Strength of this Decision: 10
(1 = No confidence, 10 = Very Confident)

EVIDENCE-BASED DECISION MAKING PROCESS

Step 1: Determine the clinical issue
Step 2: Develop a researchable question
Step 3: Conduct a search for evidence
Step 4: Analyze evidence
Step 5: Apply evidence
Step 6: Evaluate patient outcomes

References