

# TEACHING AIDS

## CLINICAL POSTGRADUATE TEACHING:

Twelve commandments\* for post-graduate orthodontic students

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1. Read the patient records before the start of each session. This helps ensure that all necessary records, i.e. histories, departmental treatment cards, study models and radiographs are present. It is particularly useful to read the history of new patients beforehand: radiographs and study models may have been taken previously. Indeed, the patient may have already undergone some orthodontic treatment and it is helpful to be aware of this.

2. Don't trust (rely on) anyone.

For example, when meeting a new patient the first thing to do is check the address particularly the telephone number, i.e. do not trust the patient's record.

3. If impressions are to be taken the order of procedures should be first: completion of the laboratory card, second occlusal registration and finally impression taking. Details of the appliance design plus the date when the appliance will be required are written on the laboratory card. Routinely writing up the details first and doing the occlusal registration before impressions allows one the luxury of a temporary memory lapse and still being able to retrieve the situation. If the occlusal registration is routinely taken after the impressions it is possible that the patient may be dismissed without taking the registration.

4. No patient is referred to the radiology department without his next appointment in the orthodontic department being made beforehand. This avoids the patient returning with the radiographs when the operator is absent and not knowing when to come again. The patient is asked to put the radiographs on the operator's desk so the operator can be sure that they have been taken.

5. Do not draw planes for a cephalometric analysis on an original tracing. Draw them on a photocopy. This is because:

- a) photocopying saves redrawing the tracing for further analysis;
- b) it is much easier to alter the original tracing, if required, when there are no planes drawn on it.

6. Prevent accidents, 'anticipate', because when the consequences of an error are certain to be disastrous it is hardly possible to be too careful.

- a) Always place protective spectacles on the patient and wear some yourself.
- b) Do not place liquids or dividers on the bracket tray.

c) Ask another person to check your written extraction requests. This is related to commandment No. 2, don't trust anyone, including yourself!

7. No band should be moveable by finger pressure prior to cementation. This will help to minimize the inconvenience of recementing loose bands at subsequent appointments.

8. Accurate band and bond positions are vital. If possible replace incorrectly positioned bands or bonds immediately. Undesired rotations and differing cusp heights delay the finishing of a case.

9. When a patient, with appliances, enters the surgery the operator should ask:

- a) How are you as a 'person'?
- b) How are you as a 'patient' - is anything broken, loose or digging in? Reinforce this by saying, if the reply is no, 'Are you sure?'

This eliminates patients saying, as they leave, 'By the way .....is wrong!'

Commandment 9 follows naturally from Commandment 2 - you cannot trust (rely on) anyone - even a patient who has something wrong in his/her mouth. Patients frequently need to be prompted before they disclose such information.

10. At all adjustment visits ensure that elastic bands or removable appliances are in the correct position before allowing the patient to remove them from the mouth. Incorrectly positioned elastics or springs may be the reason for non-movement or unfavourable movement of teeth.

11. Before patients leave the chair they should be asked to feel around in their mouth to check for sharp objects. It was my practice to feel for sharp projections in the days pre-AIDS and pre-rubber gloves, but now the patient is asked to do it. The patient's comfort and convenience are paramount. Ensuring that they are comfortable will help to eliminate emergency visits and improve patient co-operation.

12. Do not dismiss the patient until the day's treatment is written in the record. This reduces the likelihood of forgetting to adequately inform the patient about any aspect of the treatment.

\* Editor - Obviously, some of these 'commandments' can be applied in private practice....