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 interprofessional 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)
Partnerships
“Making a Difference in Medical Education”

Medical school program focuses on oral health education

BY TAYLOR CRICHTON

Amber F. Atkins—Medical students in the Virginia Tech Carilion School of Medicine classes of 2016 and 2017 are learning about oral health through a groundbreaking program that includes nearly 20 hours of oral health education and clinical experience in patients’ first two years of medical school.

The Oral Health and Health program was developed in a collaborative effort between Dr. Gary L. Lott, dean of the Virginia Tech Carilion School of Medicine, and Dr. Mark Shortell, president and CEO of Virginia Health Group.

On March 20, 2013, the Virginia Tech board of visitors approved the program to be offered to the school’s first two classes of medical students.

The program’s goal is to integrate oral health education into the medical curriculum, creating a positive impact on patients’ health and wellness that will continue to grow.

“We hope that the medical students at the Virginia Tech Carilion School of Medicine will use the knowledge they gain in oral health education to become even better doctors and to promote the health of their patients,” said Dr. Lott. “This new program is a significant step forward in the approach to the practice of medicine 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 health, oral health and systemic diseases, and oral health care from a public health perspective. Students are also offered the opportunity to participate in a research project on the connection between oral health and systemic diseases.

The new program is popular with students as well, with one student stating, “I am really excited to be part of this program, and I am looking forward to learning more about oral health and how it affects overall health.”

“We are glad to have the opportunity to be a part of this program, and we are looking forward to learning more about oral health and how it affects overall health.”

The program is also attractive to other students, as one student stated, “I am really excited to be part of this program, and I am looking forward to learning more about oral health and how it affects overall health.”

One of the program’s main focuses is on oral health education, and students are encouraged to make use of the program’s resources in order to learn more about oral health and its impact on overall health.

The program is also attracting new students, with one student stating, “I am really excited to be part of this program, and I am looking forward to learning more about oral health and how it affects overall health.”

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Collaboration
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.
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 edentureless, 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