RASHID LATIF DENTAL COLLEGE

Multidisciplinary Clinical Coordination Committee

Purpose

The Multidisciplinary Clinical Coordination Committee shall ensure coordinated clinical teaching, integrated patient care, comprehensive treatment planning, interdepartmental referrals, continuity of care, and effective implementation of multidisciplinary clinical training across all clinical departments.

The Committee shall function as the principal coordinating forum for clinical integration within the College and shall report directly to the Principal.

Composition of the Committee

The Committee shall comprise the following members:

Sr. No.	Designation	Role in Committee
1	Vice Principal	Chairperson
2	Clinical Director	Secretary / Clinical Coordinator
3	Head / Representative, Oral Medicine & Diagnosis	Member
4	Head / Representative, Oral & Maxillofacial Surgery	Member
5	Head / Representative, Operative Dentistry	Member
6	Head / Representative, Endodontics	Member
7	Head / Representative, Prosthodontics	Member
8	Head / Representative, Periodontology	Member
9	Head / Representative, Orthodontics	Member
10	Head / Representative, Pediatric Dentistry	Member
11	Head / Representative of any other clinical department, where applicable	Member

The Principal may nominate any additional faculty member where required.

4. Reporting Structure

The reporting flow shall be:

Clinical Departments → Multidisciplinary Clinical Coordination Committee → Vice Principal / Clinical Director → Principal

5. Frequency of Meetings

The Committee shall meet **once every month**.

Additional meetings may be called by the Chairperson or Principal whenever required.

The meeting should preferably be held during the **last week of each month** to review the previous month's clinical activities and plan the upcoming month's multidisciplinary clinical work.

6. Terms of Reference

The Multidisciplinary Clinical Coordination Committee shall:

1. Coordinate multidisciplinary clinical teaching among all clinical departments.
2. Ensure that students are exposed to patients requiring care from more than one dental specialty.
3. Facilitate comprehensive and integrated treatment planning of selected patients.
4. Review the mechanism of interdepartmental referrals.
5. Ensure appropriate sequencing of treatment across different specialties.
6. Monitor continuity of patient care between clinical departments.
7. Identify suitable multispecialty cases for undergraduate students.
8. Facilitate multidisciplinary case discussions involving relevant clinical departments.
9. Review implementation of institutional guidelines for Integrated Comprehensive Treatment Planning.
10. Promote communication and coordination among clinical departments.
11. Identify gaps or delays in interdepartmental patient management.
12. Recommend corrective measures to improve clinical coordination.
13. Review the availability and utilization of Integrated Treatment Planning Forms and referral records.
14. Facilitate alignment between undergraduate clinical teaching and House Job clinical practice.
15. Submit recommendations and significant findings to the Principal.

Guidelines for Integrated Comprehensive Treatment Planning

The purpose of these guidelines is to establish a structured and coordinated approach for undergraduate dental students to assess, diagnose, plan and manage patients requiring care from more than one dental specialty.

The guideline aims to ensure that students develop the ability to view the patient comprehensively rather than as an isolated departmental case and can prepare a logical, prioritized and sequential treatment plan.

2. Objectives

The Integrated Comprehensive Treatment Planning process shall enable students to:

- Conduct a complete medical and dental history.
- Perform comprehensive clinical and radiographic examination.
- Identify all dental and oral health problems of the patient.
- Develop a complete problem list.
- Establish appropriate diagnoses.
- Identify the dental specialties required for management of the patient.
- Prioritize treatment needs according to urgency and clinical importance.
- Prepare a logical sequence of treatment.
- Coordinate referrals between relevant departments.
- Follow the patient through different stages of treatment.
- Review the overall outcome after completion of treatment.

3. Scope

These guidelines shall apply to undergraduate dental students managing patients who require treatment involving two or more dental specialties.

The specialties may include:

- Oral Medicine and Diagnosis
- Periodontology
- Operative Dentistry
- Endodontics
- Prosthodontics
- Oral and Maxillofacial Surgery
- Orthodontics
- Pediatric Dentistry
- Other relevant dental specialties, where required

4. Selection of Patients

Patients selected for Integrated Comprehensive Treatment Planning should preferably have multiple dental problems requiring coordinated care from more than one department.

Examples may include patients requiring:

- Periodontal treatment followed by restorative care.
- Extraction followed by prosthetic replacement.
- Endodontic treatment followed by definitive restoration.
- Surgical management followed by prosthodontic rehabilitation.
- Multiple restorative, periodontal and prosthetic procedures.

Simple single-department cases should not normally be considered comprehensive multispecialty cases.

5. Comprehensive Patient Assessment

The student shall carry out a complete patient assessment including:

Medical History

Relevant systemic diseases, medications, allergies and risk factors shall be recorded.

- **Dental History**
- Previous dental treatment, oral hygiene practices, chief complaint and patient expectations shall be documented.
- **Clinical Examination**
- A complete extraoral and intraoral examination shall be performed.
- **Investigations**
- Relevant radiographs, vitality tests, periodontal charting and other investigations shall be obtained where indicated.

6. Preparation of Problem List

After assessment, the student shall prepare a complete problem list.

Each clinical problem should be clearly identified before treatment is planned.
The common problem list may include:

- Dental caries
- Pulpal or periapical disease
- Periodontal disease
- Missing teeth
- Impacted teeth
- Malocclusion
- Oral lesions
- Prosthetic problems
- Other relevant conditions

7. Diagnosis

A diagnosis shall be established for each identified problem.
Where necessary, the student should discuss the diagnosis with the concerned clinical department or supervising faculty member.

8. Identification of Specialty Requirements

The students shall identify which departments or specialties are required for management of each problem.
A single patient may therefore require coordinated care from multiple departments.

9. Preparation of Integrated Treatment Plan

The student shall prepare one comprehensive treatment plan for the patient.
The plan should not consist of separate unrelated departmental plans.
It should demonstrate how the treatments provided by different specialties are connected and sequenced to achieve the overall oral health needs of the patient.

10. Prioritization of Treatment

Treatment should be prioritized according to clinical urgency and biological principles.
The general sequence may include:

Phase I /Emergency and Disease Control

- Relief of pain
- Control of acute infection
- Emergency treatment
- Oral hygiene instruction
- Initial periodontal therapy

Phase II /Definitive Treatment

- Endodontic treatment
- Restorative procedures
- Periodontal treatment
- Extractions or other surgical procedures

Phase III / Rehabilitation

- Fixed prosthodontics
- Removable prosthodontics
- Other rehabilitative procedures

Phase IV / Maintenance and Review

- Follow-up
- Preventive care
- Periodontal maintenance
- Evaluation of treatment outcome

The sequence may be modified according to the individual patient's needs.

11. Interdepartmental Referral

Where treatment by another specialty is required, the student shall complete the prescribed interdepartmental referral process.

The referral should clearly mention:

- Patient identification
- Diagnosis
- Reason for referral
- Required procedure
- Relevant clinical information
- Referring department
- Receiving department

12. Multidisciplinary Case Discussion

Complex cases should, where appropriate, be discussed with faculty members from the relevant departments., A Multidisciplinary Case committee will be held last Friday of every month.

The purpose of the discussion is to:

- Confirm diagnosis.
- Resolve differences in treatment options.
- Establish treatment priorities.
- Ensure correct sequencing of Department.
- Develop a coordinated treatment plan.

13. Student Responsibility

The student should remain responsible for maintaining the continuity of the comprehensive treatment record.

The students shall:

- Maintain complete patient documentation.
- Record referrals and treatment completed in different departments.
- Update the treatment plan where necessary.
- Follow the patient through the planned sequence of care.
- Present the case for review when required.

14. Faculty Supervision

The Integrated Treatment Plan shall be reviewed and approved by the designated supervising faculty member.

Faculty members from individual specialties shall supervise treatment undertaken within their respective departments.

For complex cases, multidisciplinary faculty consultation may be undertaken.

15. Documentation

Each comprehensive case should include, where applicable:

- Patient history
- Clinical examination
- Investigations
- Radiographs
- Problem list
- Diagnosis
- Integrated Treatment Plan
- Interdepartmental referral records
- Treatment progress notes

16. Completion of Case

At completion of the planned treatment, the student should prepare a summary showing:

- Problems originally identified.
- Treatment undertaken.
- Departments involved.
- Any modification in the original treatment plan.
- Treatment completed.

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