***Instructions****: Proposals should not exceed six pages, including references (single-spaced, 12 font Ariel or Times New Roman, 1-inch margins), and should be submitted to the BigMouth Clinical Research Committee electronically at* *bigmouth@uth.tmc.edu*

*Approval criteria include the significance of the research, appropriateness of the study design, and feasibility of the project.*

*The completed proposals are on a monthly basis and the committee meets every second Tuesday of the month. So please submit the proposal two weeks prior to the committee’s meeting.*

*Proposals should follow the outline below. The Research Proposal Checklist is a handy tool to make sure a proposal will meet the BigMouth Clinical Research Committee Proposal guidelines and can be reviewed in a timely fashion.*

## <INSERT PROJECT TITLE HERE>

**Principle Investigator (must be a faculty member and eligible to be a PI at their local institution)**

* Name, Title
* Affiliation
* Contact Information (email, phone)

**Co-Investigator(s) (can be students, residents, postgraduate associates, etc.)**

* Name
* Affiliation
* Contact Information (email, phone)

**Significance**

Discuss the problem to be investigated as well as the rationale for this research. Describe the current body of knowledge on the topic and how the research project adds to it. A thorough literature review is expected to reference 5-10 key papers.

**Innovation**

Discuss how this project is novel and will add/expand to the existing body of research.

**Preliminary Work/Data**

Indicate any relevant preliminary data and data analysis done from the institution’s own axiUm database. If applicable show the results that you have gathered from the BigMouth.

**Specific Aims and Hypothesis**

State what the research is expected to accomplish. Include the hypothesis, aims and specific objective(s) of the project.

**Research Design and Methods**

Include an overview of the study.

Include a specific list of the variables that need to be extracted from BigMouth for the proposed study. This will include a description of the study population for the study.

Briefly describe the methodology for analyzing the extracted data.

* Inclusion and Exclusion criteria:
	+ Insert a detailed description inclusion criterion of the study population.

***Inclusion criteria****:*

*Example:*

* *Include all patients who received diagnosis of a) Generalized Moderate Chronic Periodontitis OR b) Generalized Severe Chronic Periodontitis OR c) Generalized Slight Chronic Periodontitis*

*AND*

*received D4341 (Scaling/rt planing 4 or more) or D4342 (Scaling/rt planing 1-3 teeth)*

* *Only include diabetic patients – Check Medical history form for this information*
* *Patients from faculty practice only*

***Exclusions (if any):***

* *Exclude all patients with age less than 18 as on the date of treatment (D4341 or D4342)*
* *Exclude patients with cancer – Check medical history form for this information*
* Time period of the study:
	+ *< would you like to restrict data? If Yes, specify the time period.>*
* List data elements that will be extracted from BigMouth:
	+ Insert a table with all the data elements you are interested in.

For example: If you are interested in an element like Cardiovascular diseases, please be more specific on what type of cardiovascular disease you need.

Please review the BigMouth data dictionary in **Appendix B** or if you are part of a contributing institution, signup to Bigmouth (<https://bigmouth.uth.edu>) to explore the data elements available in BigMouth DDR.

**Preliminary Sample Size Calculations**

Specify the number of records that need to be extracted with an appropriate rationale. State inclusion and exclusion criteria.

**Deliverables and Dissemination**

State the primary outcome expected. Describe how this will be shared with the greater research, educational, clinical and general community.

**Alternatives**

Describe alternative strategies to reach the expected primary outcome.

**Timeline**

Please provide the timeline for the project. This will help decide if the BigMouth team can undertake this project and provide the data before the deadline.

**Funding**

There is a charge associated with BigMouth data requests. Please provide details about the funding for this project. If you do not have funds to support this research, please provide reason why Bigmouth should undertake this project.

In general, the cost of data request is as below. We will be able to provide an exact estimate after we receive the proposal.

* BigMouth institutions
	+ Simple requests = $1500
	+ Complex requests = $4500
* Non-contributing members but COHRI members
	+ Simple requests = $2000
	+ Complex requests = $6000
* Non-contributing and non-COHRI members
	+ Simple requests = $3000
	+ Complex requests = $9000

**Acknowledgment**

Please insert the following sentence in the acknowledgment.

*“I/We agree to acknowledge the use of the BigMouth Dental Data Repository in publications and other communications that present the results of this study. I/We also agree to cite the following publication on BigMouth:* [*http://www.ncbi.nlm.nih.gov/pubmed/24993547*](http://www.ncbi.nlm.nih.gov/pubmed/24993547)*.”*

**References**

Cite every article mentioned in the Research Proposal. References should be ordered consecutively in the order that they first appear in the document. Include PubMed ID or URL to access the abstract. Citations should follow the Vancouver style.

**IRB**

IRB approval from your institution must be obtained and sent to us before any data will be provided to the researcher. Please insert the following sentence in the proposal

**“**I/We agree to send a copy of the IRB approval along with this proposal after the study is approved by the BigMouth project review committee and before any data is obtained for this research”.

**Data release letter**

Sign and provide attached BigMouth data release letter (APPENDIX A) along with the proposal.

APPENDIX A: **DATA REQUEST FORM**

****

APPENDIX B: **BIGMOUTH DATA DICTIONARY**

**DEMOGRAPHICS**

**Component Description**

Patients self-report their demographic information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Age** | Numeric |  | On the user interface, age is calculated based on the date of birth and date of last visit (visit date). Note: If required age can be calculated on a different event date depending on the research needs | Data availability – all institutions |
| **Ethnicity** | String | 1.Hispanic2.Non-Hispanic3.Others4. Unknown/Missing | A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." | Based on the NIH POLICY ON REPORTING RACE AND ETHNICITY DATA:  SUBJECTS IN CLINICAL RESEARCHData availability – all institutions |
| **Sex/gender** | String | 1.Female2.Male3.Others4.Unknown |  | Data availability – all institutions |
| **Race** | String | 1.American Indian2.Asian3.Black or African American4.Hispanic or Latino5.Native Hawaiian or Other Pacific Islander6.Some other race7.Unknown/Missing8.White | 1. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.2. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.3. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."4. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."5. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.8. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | Based on the NIH POLICY ON REPORTING RACE AND ETHNICITY DATA:  SUBJECTS IN CLINICAL RESEARCHData availability – all institutions |
| **Zip Code** | String |  | Note: Zip code information is not available to query from the user interface. Researchers can request this information along with the project proposal and it will be reviewed on a case by case basis. | Data availability - All Sites |

**VITALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Height** | String/numeric\* Varies at sites |  | Unstructured value | Data availability – all institutions |
| **Height record date** | Date |  | Unstructured value | Data availability – all institutions |
| **Weight** | String/Numeric\* Varies at sites |  | Unstructured value | Data availability –all institutions |
| **Weight record date** | Date |  | Unstructured value | Data availability – all institutions |
| **Diastolic blood pressure** | String/numeric\* Varies at sites |  | Unstructured value | Data availability – all institutions |
| **Date of Diastolic blood pressure** | Date |  | Unstructured value | Data availability – all institutions |
| **Systolic blood pressure** | String/numeric\* Varies at sites |  | Unstructured value | Data availability – all institutions |
| **Date of Systolic blood****pressure** | Date |  | Unstructured value | Data availability – all institutions |

**DENTAL PROCEDURES**

**Component Description**

Dental procedures (completed, in progress, and planned) including endodontics, prosthodontics, orthodontics, periodontics, dental prevention, restorative dentistry, and surgery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Procedure code** | String | American Dental Association -Code on Dental Procedures and Nomenclature (CDT Code)and Current Procedural Terminology (CPT) codes | Identifier for the procedure.  | Based on the ADA’s guidelines for documenting dental treatment and diagnostic procedures.\*See attached documentData availability – all institutions |
| **Procedure description** | String | American Dental Association -Code on Dental Procedures and Nomenclature (CDT Code)and Current Procedural Terminology (CPT) codes | Description of the procedure | Based on the ADA’s guidelines for documenting dental treatment and diagnostic procedures.Data availability – all institutions |
| **Status of the procedure** | String | 1.Planned2.In Progress3.Completed |  | Data availability – all institutions |
| **Date of the procedure** | Date |  |  | Data availability – all institutions |
| **Associated diagnosis** | String | Dental Diagnostic System code linked to the treatment   | Identifier for the diagnosis | We have included the following Dental Diagnostic terminologies to record the diagnoses during clinical visits. See attached document for the  list of diagnoses can be found here Data availability – 6 institutions |
| **Site of procedure** | String | If applicable:Tooth numberArch and Quadrant position | The Universal Numbering System  | Data availability –all institutions |

**DIAGNOSIS**

**Component Description**

Dental providers make diagnoses after a comprehensive examination of a patient's symptoms and signs at dental clinics. Dental students make diagnoses under the supervision of faculty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Diagnostic code** | String | Dental Diagnostic System (DDS) codes (now part of SNODDS) | Identifier for the diagnosis.  | Data availability – 6 institutions |
| **Description** | String | Dental Diagnostic System (DDS) term description | Description of diagnosis  |  |
| **Date of the diagnosis** | Date |  |  | Data availability – 6 institutions |
| **Associated procedure** | String | American Dental Association -Codes on Dental Procedures and Nomenclature (CDT Code) linked to the procedure | Identifier for the procedure | We have used the American Dental Association -Code on Dental Procedures and Nomenclature (CDT Code) to document dental procedures. Data availability – 6 institutions |
| **Site of diagnosis** |  | If applicable:Tooth numberArch and Quadrant position |  | Data availability – 6 institutions |

**FORMS**

**Medical History**

Patients self-report their medical history.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Allergy** | String | * Aspirin
* Codeine allergy
* Food allergy
* Hay fever/seasonal (allergic rhinitis)
* Iodine allergy
* Latex allergy
* Local Anesthesia allergy
* Metals/jewelry (Ni Chrome) allergy
* Other antibiotics allergy
* Penicillin allergy
* Penicillin /other antibiotics allergy
* Sulfa drugs allergy
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 5 institutions |
| **Alternative medicine** | String | * Herbal Medicine
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 2 institutions |
| **Bisphosphonates** | String | * Actonel use
* Aredia use
* Boniva use
* Didronel use
* Fosamax use
* Skelid use
* Zometa use
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 2 institutions |
| **Blood disorders** | String | * Anemia
* Bleeding disorders
* Blood/Hematological disorders
* Bruise easily
* Deep Vein thrombosis
* Hemophilia A
* Hemophilia B
* Idiopathic thrombocytopenic purpura
* Iron deficiency anemia
* Leukemia
* Lymphoma
* Multiple Myeloma
* Sickle cell disease
* Sickle cell trait
* Thalassemia
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Cancer** | String | * Bladder cancer
* Breast cancer
* Colon cancer
* Family history of cancer/tumors
* Lung cancer
* Malignant
* Oropharyngeal cancer
* Ovarian/Uterine cancer
* Skin cancer
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 6 institutions |
| **Cardiovascular disorders** | String | * Angina
* Arteriosclerosis
* Artificial heart valves
* Cardiovascular/Heart problem
* Congenital heart disease
* Coronary heart disease
* Do you have a history of endocarditis?
* Family history of heart disease
* Have you had open-heart surgery?
* Heart attack
* Heart murmur
* High Blood Pressure
* Low Blood Pressure
* Mitral valve prolapses
* Pacemaker/Implanted defibrillator
* Palpitations
* Rheumatic fever/Rheumatic heart disease
* Swelling ankles
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Drug/Alcohol/tobacco use** | String | * Cigarettes
* Cigars
* Cocaine use?
* Do you drink alcoholic beverages?
* Do you use or have you used tobacco? (smoking/snuff/chew/bidis)
* Do you use prescription or street drugs or other substances?
* Heroin use
* Marijuana use
* Methamphetamine use?
* Pipe
* Smokeless tobacco
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Eating disorder** | String | * Anorexia
* Bulimia
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Endocrine disorders** | String | * Adrenal gland disorder
* Diabetes
* Family history of diabetes
* Hyperthyroidism
* Thyroid problems
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Eye/Ear/Nose/Throat** | String | * Cataract
* Glaucoma
* Hearing impairment
* Vision problems
* Wear contact lenses
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 6 institutions |
| **General Health status** | String | * Are you nursing?
* Are you pregnant?
* Are you trying to get pregnant?
* Are you now or have you been in the past year under the care of a physician?
* Have you had any serious illness, operation, or been hospitalized in the past 5 years?
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Infectious diseases** | String | * AIDS
* Cold sores
* HIV
* Mononucleosis
* Psoriasis
* STD (Sexually transmitted disease)
* Syphilis
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **sKidney disorders** | String | * Dialysis
* Do you have any kidney problems?
* Kidney stones
* Renal failure/insufficiency
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 6 institutions |
| **Medications** | String | * Are you taking any medications including over the counter medicines, vitamins, herbals or oral contraceptives?
* In the last two years, have you or now taken steroids?
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 4 institutions |
| **Muscle/Bone/Connective tissue disorders** | String | * Arthritis
* Gout
* Lupus
* Osteoporosis
* Paget's disease
* Rheumatoid arthritis
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 4 institutions |
| **Neurological disorders** | String | * ADD/ADHD (attention deficit disorder)
* Dementia/Alzheimer's disease (memory loss)
* Fainting or dizzy spells
* Feeling of tingling or numbness
* Feeling of anxiety
* Feeling of depression
* Migraine/Headaches
* Multiple sclerosis
* Neurological/nerve problem
* Parkinson's disease
* Post-traumatic stress disorder
* Seizures/Epilepsy
* Stroke (CVA) or trans ischemic attack (TIA)
* Weakness
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Organ transplant** | String | * Have you had an organ transplant?
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 3 institutions |
| **Respiratory disorders** | String | * Active tuberculosis
* Asthma
* Bronchitis
* Chronic bronchitis or emphysema
* Cough that produces blood
* Emphysema/COPD
* Pneumonia
* Respiratory/lung problem
* Shortness of breath
* Shortness of breath on lying down without pillows under the head/ back
* Sinusitis
* Sleep apnea
* Tuberculosis
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Stomach/Intestines/Liver problems** | String | * Cirrhosis/Chronic hepatitis
* Crohn's disease
* Gastro intestinal disorders
* Heartburn
* Hepatitis
* Hepatitis A
* Hepatitis B
* Hepatitis C
* Hepatitis D
* Irritable bowel syndrome
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |

**Dental History Forms**

Patients self-report their dental history.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **General problems** | String | * Any loose, broken or missing filling?
* Are your teeth sensitive to cold, hot, sweet or pressure?
* Dry mouth
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability –6 institutions |
| **Last dental visit and exam** | date | * date of last dental cleaning (Month/year)
* date of last dental visit (Month/Year)
* date of last dental X- ray (Month/Year)
 |  | Data availability – 6 institutions |
| **Oral Surgery** |  | * Any wisdom teeth problem?
* Do you have history of tooth extraction or oral surgery (Implants, mouth surgery, cosmetic procedure, or TMJ procedure)?
* Do you have any swelling in your face, neck or any part of your mouth?

* Have you ever had a serious injury in your head or mouth?
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |
| **Pain and discomfort** |  | * Are you experiencing dental pain or discomfort?
* Difficulty and or pain upon chewing, talking or using jaw?
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 6 institutions |
| **Periodontal problems** |  | * Periodontal gum problems?
* Periodontal treatment/surgery
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 6 institutions |
| **TMJ /Occlusion** |  | * Any difficulty opening or closing or locking jaw
* Do you clench, brux, or grind your teeth?
* Headaches
* Is your bite uncomfortable?
* Popping, clicking, or noises from the jaw
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – all institutions |

**Caries risk assessment form or CAMBRA (Caries Management By Risk Assessment) Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Disease indicators** | String | * Are there new or active/progressing non-cavitated approximal enamel lesions?
* Are there new or active/progressing non-cavitated occlusal or smooth surface   lesions?
* Are there new or active/progressing visible cavitated carious lesions in dentin, or radiographic, radiolucencies in dentin?
* Are there any restorations or extractions due to caries, within last 3 years for initial visit (COE) or since last caries risk assessment (POE, CRA recall)?
* Are they significant caries experience (high DMFT, inter proximal restorations, root caries, direct and indirect restorations, fillings, crown and bridges?
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 3 institutions |
| **Protective factors** | String |  | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 3 institutions |
| **Adequate fluoride exposure from being in fluoridated community** | String | * 5000ppm Fluoride toothpaste daily

* Fluoride mouth rinse daily (0.05% NaF)

* Lives, works or goes to school in fluoridated community
* Office topical Fluoride last 6 months
 |  |  |
| **Antiseptic mouthwash or Antimicrobial rinses used** | String | * Antimicrobial (chlorhexidine 0.12%)
 | Each value set item has the following responses\*YES/NO/UNANSWERED |  |
| **Brushes at least once daily thoroughly each day?** | String | * Brushes at least once daily thoroughly each day?
 | Each value set item has the following responses\*YES/NO/UNANSWERED |  |
| **Brushes 2x/d** | String | * Brushes 2x/d
 | Each value set item has the following responses\*YES/NO/UNANSWERED |  |
| **Xylitol gum/ lozenges (4x daily) or Calcium phosphate paste within last 6 months** | String | * Calcium phosphate paste during last 6 months
 | Each value set item has the following responses\*YES/NO/UNANSWERED |  |
| **Risk factors** | String | * Dry mouth from age, recreational drug use, medication, radiation, systemic condition (clinical observation)
* Medication
* Radiation
* Recreation drug use
* Exposed roots
* Frequent snack (>3x daily between meals) and/or diet high in carbohydrates
* Diet high in carbohydrates
* Orthodontic or Prosthodontic appliances (removable partial dentures)
* Orthodontic appliances
* Retentive pit and fissures (likely to become carious)
* Visible heavy plaque on teeth
 | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 3 institutions |
| **Saliva/Bacterial tests** |  | Saliva/Bacterial testATP  | Each value set item has the following responses\*YES/NO/UNANSWERED | Data availability – 3 institutions |
| **Bacteria** |  | ATP High (>4000) | Each value set item has the following responses\*YES/NO/UNANSWERED |  |
| **Saliva** |  | * Adequate saliva flow (at or above 2ml/min)
* Intermediate saliva flow (between 1 and 2ml/min, stimulated)
* Inadequate saliva flow (at or below 1 ml/min, stimulated)
 | Each value set item has the following responses\*YES/NO/UNANSWERED |  |
| **Summary** |  |  |  | Data availability – 2 institutions |
| **Caries risk Determinations** |  | ExtremeHighModerateLow | Each value set item has the following responses\*YES/NO/UNANSWERED |  |
| **Recommendations given       to patient** | String |  | Each value set item has the following responses\*YES/NO/UNANSWERED |  |

**PERIO**

Dental providers examine teeth, and periodontal tissue and complete periodontal chart at dental clinics. Dental students complete the chart under the supervision of faculty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| Exam type | String | * Initial exam
* Perio re-evaluation
* Periodontal maintenance

 |  | Data availability – all institutions |
| Date | date |  |  |  |
| Bleeding on probing |  |  |  | Data availability – all institutions |
| Calculus |  |  |  | Data availability –4 institutions |
| Clinical attachment loss |  |  |  | Data availability – 4 institutions |
| Furcation |  |  |  | Data availability – all institutions |
| Gingival margin-Muco-gingival junction |  |  |  | Data availability – 4 institutions |
| Mobility |  |  |  | Data availability – all institutions |
| Mucogingival deformity |  |  |  | Data availability – all institutions |
| Mucogingival involvement |  |  |  | Data availability – all institutions |
| Plaque index |  |  |  | Data availability – 6 institutions |
| Pocket depth |  |  |  | Data availability – all institutions |
| Recession |  |  |  | Data availability – 6 institutions |
| Suppuration |  |  |  | Data availability – 4 institutions |

**PROVIDERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Provider type** | String |

|  |
| --- |
| Dental student |
| Dentist |
| Hygiene student |
| Hygienist |
| Resident |

 |  | Data availability – all institutions |

**ODONTOGRAM**

Patient’s existing conditions, existing materials and missing tooth information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Existing Conditions** | String | Positional ConditionsOrientation ConditionsCaries Other conditions/Pathology |  | Data availability – all institutionsThe level of detail varies at each institution  |
| **Existing Materials** | String | AmalgamComposite/ResinCastImplantPorcelainSealantOther materials |  | Data availability - all institutions.The level of detail varies at each institution  |
| **Missing Tooth** | String | Extracted/missing toothTotal missing teethPatient edentulous(Y/N)? |  | Data availability - all institutions. |

**MEDICATION**

Patient’s current and prescription medications information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concept Name** | **Data type** | **Predefined value sets and descriptive text for categorical fields** | **Definition/Comments** | **Data Element Provenance** |
| **Current medications** | String |  | 1. Paper prescription - Internal medication codes (non-standard codes)
2. e-Prescription(eRx)- RxNORM codes used to document medications
 | Data availability – all institutions |
| **Date of documenting medication** | Date |  |  |  |
| **Prescription medications** | String |  | 1. Paper prescription - Internal medication codes (non-standard codes)
2. e-Prescription(eRx)- RxNORM codes used to document medications
 | Data availability – all institutions |
| **Date of prescription** | Date |  |  |  |