

University of Alabama at Birmingham
School of Dentistry
Department of Periodontology

CLINICAL PERIODONTOLOGY D3

2013-2014

OBJECTIVES

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UNIVERSITY OF ALABAMA AT BIRMINGHAM
SCHOOL OF DENTISTRY
DEPARTMENT OF PERIODONTOLOGY

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DY3

Goals of the Undergraduate Curriculum in Periodontology

Periodontology is the foundation of good dental health. The prevention, treatment, and maintenance of periodontal diseases facilitates and allows for other modalities of dental care. This is as true in a general dental office as it is for a periodontist. The overall goals of undergraduate education within the Department of Periodontology are interconnected and integral to the success of entry level dental professionals. Entry level general dentists must demonstrate comprehensive knowledge concerning: the pathogenesis of periodontal diseases, the biologic rationale for periodontal therapy, and the necessary clinical skills to evaluate, diagnose, and appropriately treat the most prevalent periodontal diseases as a cornerstone of comprehensive dental care. Of primary importance in this effort is the proper identification and diagnosis of periodontal pathology, the development of a treatment plan to address periodontal pathology, the prevention of periodontal diseases and the attainment and maintenance of periodontal health.

The student is encouraged to seek guidance at any time from faculty. We sincerely want your clinic periods to be a learning experience and feel that this can only be accomplished through student-teacher dialogue and instruction.

DY3 Periodontology Clinic — Competencies Addressed

Each student must be able to:

- 1.1 Evaluate research and clinical findings and apply these data to health care treatment decisions.
- 1.2 Utilize critical thinking skills.
- 2.1 Apply principles of ethical reasoning to academics, patient care, practice management, and research.
- 2.2 Apply principles of professional responsibility to academics, patient care, practice management, and research.
- 2.3 Practice within one's scope of competence, making referrals when necessary.

- 4.1 Assess individual preventive treatment needs concerning the etiology and control of oral diseases and conditions.
- 4.2 Assess individual health education needs to develop counseling techniques and self-care regimens designed to motivate patients to assume appropriate responsibility for their oral health.
- 6.1 Integrate and apply biomedical science knowledge to the delivery of patient care, including patients with special needs.
- 6.2 Perform a comprehensive patient evaluation that collects diagnostic data and complete patient history (including chief complaint, medications, systemic health, behavioral, socioeconomic, and cultural information) to assess the patient's medical, oral, and extraoral conditions.
- 6.3 Develop a differential, provisional, and/or definitive diagnosis by interpreting and correlating findings from the patient examination.
- 6.4 Develop a properly sequenced treatment plan based on the patient examination and diagnostic data.
- 6.6 Identify and refer complex treatment needs
- 6.12 Prevent, diagnose, and manage periodontal diseases.
- 6.14 Diagnose and manage oral surgical treatment needs.
- 6.15 Prevent, recognize, and manage medical and dental emergencies.
- 6.17 Determine prognosis and evaluate oral health care outcomes and maintenance.

DY3 CLINICAL REQUIREMENTS

1. Comprehensively manage at least:

1. *Two Chronic Periodontitis cases*

Patients who are identified as having chronic periodontitis should demonstrate clinical attachment loss and radiographic bone loss. Students, in conjunction with periodontal faculty, are expected to complete a comprehensive periodontal examination, develop a proper diagnosis and treatment plan and appropriately treat and/or refer these patients.

2. *One gingivitis case*

Gingivitis patients will demonstrate gingival inflammation without periodontal attachment loss. Students, in conjunction with periodontal faculty, are expected to complete a comprehensive periodontal examination, develop a proper diagnosis treatment plan and appropriately treat and/or refer these patients.

3. *Two periodontal maintenance patients*

Periodontal maintenance patients are those that have previously received periodontal therapy and will demonstrate signs of a reduced periodontium without clinical inflammation. Students, in conjunction with periodontal faculty, are expected to complete a comprehensive periodontal examination, develop a diagnosis and treatment plan, and treat and/or refer these patients.

4. *One Mucogingival Deformity case*

Patients who present with mucogingival deformities are to be identified, a comprehensive periodontal evaluation performed, proper diagnosis and treatment plan developed and appropriately treated and/or referred.

5. *Two Multidisciplinary cases*

Multidisciplinary cases are those that require the involvement of advanced techniques in periodontology and another dental discipline including orthodontics, endodontics, prosthodontics, and/or oral surgery. Students, in conjunction with periodontal faculty, are expected to perform a comprehensive periodontal examination, develop a proper diagnosis and treatment plan(s) and appropriately treat and/or refer this patient

These cases will be evaluated based upon a case management portfolio of the treatment progress. A portfolio will include:

- **A summary and self-assessment of the management of each case written by the D3 student (See attached example)**
- **Any chart documentation that, in the opinion of the D3 treating student, demonstrates his/her patient management**

ONLY COMPLETE AND/OR ACTIVE CASES SEEN FOR AN INITIAL PERIODONTAL EXAMINATION IN THE 2012-2013 ACADEMIC YEAR MAY BE SUBMITTED FOR PORTFOLIO REVIEW.

Submission documentation for the portfolios will be submitted electronically via UAB dropbox to Dr. Geisinger. Any email communication regarding patient protected health

information (PHI) must be kept on an encrypted computer and/or hard drive and any communication with Dr. Geisinger or other faculty regarding patient PHI should adhere to HIPAA regulations that have been outlined by faculty/staff in UAB guidelines. Portfolios should be organized by patient name and chart number. Any electronic media or communication should identify the D3 student by name and student number.

The management and maintenance of the above patients should be performed continually throughout the academic year. Failure to do so will be reflected in the portfolio grade.

A case will be considered complete after at the phase I evaluation for gingivitis cases and the first completed maintenance visit and/or phase II evaluation for other cases. Active cases are those that are receiving ongoing therapy by a student doctor or periodontal resident in a timely manner. Adequate documentation of delays in treatment is necessary in the progress notes. If this documentation is not recorded and cosigned by a faculty member, your portfolio grade will be affected. Failure to adequately treat a patient in a timely manner without adequate documentation will be reflected in the portfolio grade.

Students must also manage and deliver the periodontal maintenance therapy for all periodontally treated patients. To meet this requirement students must provide and deliver periodontal maintenance according to specific time intervals determined by the resident periodontist and/or periodontal faculty and recorded in the progress notes cosigned by a periodontal faculty member.

A redacted example of an excellent portfolio and patient management is available upon request.

2. Students are required to provide the periodontal therapy in an effective manner as it is needed by their patients at appropriate intervals and in a timely manner throughout the academic year. Formative grades to this end will be given by the attending faculty or resident periodontist at the end of each clinic session in Salud. Students are graded on periodontal patient management and the clinical procedure(s) performed.

3. Demonstrate competency in basic periodontal skills

To meet this requirement students must earn a satisfactory grade on the skills competency tests administered in these areas. These are:

- Periodontal examination and diagnosis
- Scaling and root planing
 - 8 quadrants of scaling and root planning deemed satisfactory by periodontal faculty **MUST** be completed prior to challenging the Scaling and Root Planing Competency Examination
- Health Promotion and Disease Prevention

COMPETENCY EXAMINATIONS CAN BE TAKEN UP TO THREE TIMES WITHOUT PENALTY. AFTER THREE FAILURES ON ONE COMPETENCY SKILL EXAMINATION, STUDENTS WILL BE REQUIRED TO REMEDIATE PRIOR TO RETAKING THE COMPETENCY EXAMINATION.

4. Attend rotations in postdoctoral periodontology and complete necessary observational and participatory experiences.

Student groups will be assigned to periodontal rotations according to a schedule provided by the office of the Associate Dean for Academic Affairs. Attendance is required for these sessions. Students will begin the week with an orientation and students will have a rotation checklist that must be completed prior to completion of the rotation. Attendance is mandatory and failure to attend without excuse will require remediation. Failure to successfully complete this requirement will result in a failure of Clinical Periodontology I.

DY3 CLINICAL MINIMUM REQUIREMENTS

SUMMARY

- Periodontal Treatment Cases and Portfolio
 - (2) Chronic Periodontitis Cases
 - (1) Gingivitis Case
 - (2) Periodontal Maintenance Cases
 - (1) Mucogingival Case
 - (2) Multidisciplinary Cases
- Competency Examinations
 - Periodontal examination and diagnosis (EXCOMP) (1)
 - Health promotion and disease prevention (HPCOMP) (1)
 - Scaling and root planing (SCCOMP) (1)
- Periodontal Treatment Rotation attend all scheduled
- Patient Management all patients treated
- Portfolio Presentation 8 completed/active cases

MINIMAL EXPECTATIONS FOR EACH SEMESTER

Fall Semester:

- Complete the Periodontal Examination and Diagnosis Competency examination by the end of Fall Semester (5:00pm December 20, 2013)
- Complete Health Promotion and Disease Prevention Competency examination by the end of Fall Semester (5:00pm December 20, 2013)

Spring Semester:

- Complete eight (8) quadrants of scaling and root planing prior to challenging the ScRP competency examination
- Complete the Scaling and Root Planing competency examination by the end of Spring Semester (5:00pm June 6, 2014)
- Continue the treatment of periodontal patients
- Complete and submit portfolios presentation by 5:00pm May 16, 2014
- Turn in completed Periodontal Rotation Checklist by 5:00pm June 6, 2014
- Complete twelve (12) quadrants of scaling and root planing by the end of the Spring Semester (5:00pm June 6, 2014)

GUIDELINES FOR PERIODONTAL PROCEDURES

In order to optimize patient management, the an appropriate return date for each patient will be established prior to patient dismissal from the Comprehensive Care Clinic. Failure to see the patient within this time interval will result in a lower portfolio grade.

The following time guidelines are suggested to assess reasonable patient management in the DY3 Periodontology Clinic:

Scaling and Root planing	• within 8 weeks after periodontal evaluation
Phase I Evaluation	• within 6 weeks after completion of phase I therapy
Additional Re-evaluation	• within 4 weeks after last phase I evaluation.
Surgical Phase	• within 8 weeks after last phase I evaluation and treatment plan finalization
Maintenance Phase	• within 3 months after completion of active perio therapy and/or the last periodontal maintenance visit

Alterations to these time intervals may be made based upon individual patient needs and the clinical judgement of students, periodontal faculty, and the resident periodontist.

COMPLETION OF DY3 CLINICAL PERIODONTOLOGY

Successful completion of the Periodontology Clinic Course will be based upon:

- *Passing competency tests and daily clinical grades.*
- *Satisfactory patient management throughout the academic year as demonstrated in patient portfolios.*
- *Achieving competence in diagnosis, prevention and nonsurgical treatment of periodontal disease*

Notes:

- Failure to achieve these clinical requirements results in failure of the junior clinical academic year in Clinical Periodontology D3.
- Remediation will be decided upon on a case-by-case basis and may not be available in all cases.
- A student may be required to remediate at any time during the year if, in the opinion of the Faculty, performance in didactic, clinical, or patient management in the phases of the curriculum are unsatisfactory. If a student fails the clinical course in Periodontology, deficiencies must be remedied according to a schedule agreed upon by the student, the course director and the Academic Performance Committee. In this case, the new grade will be entered on the student record, but the “F” grade remains.

CLINICAL ACTIVITIES AND PATIENT CARE

NEW PATIENTS

1. Each new patient must be a registered UAB patient.
2. Each patient should be examined in treatment planning section of the comprehensive care clinic. In the comprehensive care clinic you will examine the patient, develop a diagnosis, list of findings, and determine the prognosis and etiology of the patient's diseases. The treatment plan should be comprehensive and should take into consideration the patient's periodontal, restorative and other needs. Be sure you have a signature indicating approval of your treatment plan by a periodontal faculty member or resident periodontist.
3. Complex cases may require a Phase I treatment plan for elimination of hopeless teeth and control of etiologic factors before a final treatment plan is completed. However, an estimation of surgical procedures required based upon baseline data should be created and amended if necessary at the Phase I evaluation.
4. **Shifting of patients from one student to another is not permitted. Any exception to this rule will have to be discussed with the course master. Approval must be documented and cosigned in the chart.**
5. Patient history must be reviewed before beginning treatment.

PERIODONTAL MAINTENANCE PATIENTS

DY3 students are responsible for communicating recall appointments to their coordinator. The appointments will reflect the treatment needs of the patient as required.

CLINICAL REPORTS

Every quarter you should receive a report including procedures completed and average grade by type of procedure and your patient management grade. Please report any discrepancies to Dr. Mia Geisinger immediately. This clinical report will help you to organize your patient management requirements.

RECEIVING CREDIT FOR PROCEDURES PERFORMED

Each student must have a starting check before beginning patient care. You should be prepared to provide the instructor with: (1) a complete medical history; (2) dental and periodontal diagnoses; (3) etiology of periodontal diseases (4) succinct treatment plan and summary of treatment performed to date; and (5) procedures to be performed that session. Each patient **MUST** receive a starting check from a periodontal faculty prior to initiation of therapy and the progress notes **MUST** be signed by periodontal faculty in order for students to receive credit for treating the patient in their portfolio. **Credit for clinical requirements will only be given if the clinical daily grades assigned are passing.**

PERIO CLINIC HOURS AND PROCEDURES

The Periodontal coverage at the Comprehensive Care Clinic will take place according to the UAB Academic schedule from 9-12 a.m. and from 2-5 p.m. Monday, Wednesday, and Thursday.

PERIODONTAL TREATMENT ROTATION

Each student will be assigned to periodontal treatment rotation according to a schedule. Attendance is required for these sessions. Completion of mandatory rotation modules is required to receive a passing grade in Clinical Periodontology. A checklist of module requirements is included in this syllabus.

GRADING IN PERIODONTOLOGY

Every Clinic session students will receive two grades: A daily clinical grade and a daily patient management grade. A final Periodontal Portfolio grade will be given.

DAILY CLINICAL GRADING

1. Students will receive a grade for each clinic session. It is the students' responsibility to ensure that the instructor properly enters the grade into Salud. Always be sure that you are aware of your grade and feel free to discuss the reasons for the grade with the instructor.
2. The instructor will take into consideration your technical ability, clinical skills and preparation for the procedure.
3. For clinical procedures the following general guidelines will apply:
 - 0 – Failure - Fails to meet the minimum standards for clinical performance, poor patient management of infection control. This is in the judgment of the instructor.
 - 1 – Meets the minimum acceptable standards.
 - 2 – Meets the expected standards
 - 3 – Exceeds the expected standards
 - 4 – Well exceeds the expected standards
 - 5 – Excellent, surpass the expected standards

DAILY PATIENT MANAGEMENT GRADE

Students will receive a patient management grade for each clinic session. The faculty will assess their performance based on the following criteria:

- (1) Organization and preparation for clinical procedures.
- (2) Consideration of individual patient needs and adjusting treatment plans to meet these needs.

- (3) Knowledge: Demonstrate an understanding of your work and at all times strive to obtain increased knowledge of concepts and methods.
- (4) Records Management: Dental records must be accurate, neat and legible and adhere to both the School and Department policies regarding patient records, particularly as relative to storage, security and confidentiality.
- (5) Asepsis and Infection Control: Adhere strictly to the policies and procedures set forth in our School's Infection and Hazard Control Manual.

FINAL GRADE IN D3 CLINICAL PERIODONTOLOGY

Case Management progress Grade (20%)
Daily patient management grade (20%)
Daily clinical procedure grade (20%)
Periodontal Portfolio final grade (40%)

VERTICAL TEAM INTEGRATION

Each Comprehensive Care group will have a resident periodontist assigned. The resident periodontist will help guide you through the periodontal curriculum and will allow you to have a resource for questions about periodontal treatment protocol, periodontal patient flow and assignment, and your periodontal patient management. Your resident periodontist will help you plan and perform your surgical assisting experiences as well as assist you in the management of your periodontal cases. Patients with advanced periodontitis or who are in need of Phase II surgical care should be referred to your resident periodontist. A resident periodontist can refer patients to you for comprehensive dental and/or prosthetic dental needs through your patient care coordinator and Ms. Karen Rotenberry. Each resident periodontist will be overseen by Dr. Geisinger.

Group 1

Resident Periodontist:

Dr. Susanna Goggin

Faculty Periodontist:

Dr. Geisinger

Group 2

Resident Periodontist:

Dr. Kyle Trammell

Faculty Periodontist:

Dr. Geisinger

Group 3

Resident Periodontist:

Dr. Beth Felts

Faculty Periodontist:

Dr. Geisinger

Group 4

Resident Periodontist:

Dr. Brittany Matin

Faculty Periodontist:

Dr. Geisinger

Group 5

Resident Periodontist:

Dr. Lillie Pitman

Faculty Periodontist:

Dr. Geisinger

Group 6

Resident Periodontist:

Dr. Christopher Peterson

Faculty Periodontist:

Dr. Geisinger

COMPETENCY EXAMINATIONS

DY3 YEAR:

1. EXAMINATION AND DIAGNOSIS COMPETENCY

All students must pass a competency test in Examination and Diagnosis in order to pass the Fall quarter of the Junior year. This competency examination will consist of an examination of a new patient, and arriving at a diagnosis within a single clinic session. Please inform the instructors that you wish a starting check on a COMPETENCY EXAMINATION and get instructor's approval of your case prior to the examination. The instructors will grade you on a Pass/Fail basis.

A sample grading rubric is included in your syllabus packet. Please bring a copy of this rubric with you to give to your resident and/or faculty periodontist when you plan to challenge the competency examination.

A single unsatisfactory grade of 1 or multiple unsatisfactory grades of 2 will define a failure. In the event you fail an examination, it may be repeated with a different patient at a different clinic session.

The patient must have a minimum of 12 teeth, with at least two molars, evidence of bone loss, probing depths greater than 3mm. You must plan to complete the examination in the comprehensive care clinic.

Upon completion of the Examination and Diagnosis competency, the correct competency code must be entered in the Salud electronic charting record (EXCOMP) with a passing grade. It is your responsibility to ensure that this is entered and graded so that you receive credit. A failure to enter the correct code may result in a failure of the competency and a need to remediate the examination.

Failure to complete this examination in a timely manner will result in a failure in Clinical Periodontology D3.

2. HEALTH PROMOTION COMPETENCY

ALL students must pass a competency examination Health Promotion and Disease Prevention in order to pass the Fall Quarter. This competency examination can be scheduled on a patient that presents for comprehensive periodontal evaluation, scaling and root planing, phase I evaluation, or maintenance care in the comprehensive care clinic. Please inform the instructor that you wish a starting check on a competency examination.

The instructors will grade you on a Pass/Fail basis.

A sample-grading rubric is included in your syllabus packet. Please bring a copy of this rubric with you to give to your resident and/or faculty periodontist when you plan to challenge the competency examination.

Students are permitted three attempts to challenge the Health Promotion and Disease Prevention competency examination without penalty. If a student receives three failures on

the Health Promotion and Disease Prevention competency examination, that student will be required to remediate at the discretion of the course director.

Upon completion of the Health Promotion competency, the correct competency code must be entered in the Salud electronic charting record (HPCOMP) with a passing grade. It is your responsibility to ensure that this is entered and graded so that you receive credit. A failure to enter the correct code may result in a failure of the competency and a need to remediate the examination.

Failure to complete this examination in a timely manner will result in a failure in Clinical Periodontology I.

3. SCALING AND ROOT PLANING COMPETENCY

ALL students must pass a competency examination in Scaling and Root Planing in order to pass the Spring Semester. Prior to attempting the competency examination students will be expected to have completed **eight** quadrants of scaling and root planing. The competency examination will consist of scaling and root planing a quadrant in a patient with evidence of radiographic or clinical sub-gingival calculus.

Please inform the instructor that you wish a starting check on a competency examination. The instructor will evaluate the patient and determine if the case is an appropriate case for this examination. The instructors will grade you on a Pass/Fail basis. A single unsatisfactory grade of 1 or multiple unsatisfactory grades of 2 will define a failure.

A sample-grading rubric is included in your syllabus packet. Please bring a copy of this rubric with you to give to your resident and/or faculty periodontist when you plan to challenge the competency examination.

In the event you fail an examination, you will have to perform 2 quadrants of root planing satisfactorily prior to re-challenging the competency examination. . Students are permitted three attempts to challenge the Scaling and Root Planing competency examination without penalty. If a student receives three failures on the Scaling and Root Planing competency examination, that student will be required to remediate at the discretion of the course director.

Upon completion of the Scaling and Root Planing competency, the correct competency code must be entered in the Salud electronic charting record (SCCOMP) with a passing grade. It is your responsibility to ensure that this is entered and graded so that you receive credit. A failure to enter the correct code may result in a failure of the competency and a need to remediate the examination.

The competency examinations may only be administered by a periodontal faculty member and/or your resident periodontist under the presence of periodontal faculty. Failure to complete this examination in a timely manner will result in a failure in Clinical Periodontology.

The Department of Periodontology strongly recommends that you take the competency examination as soon as you have met the minimum requirements and feel you are ready to do so. This will allow you to retake an examination within the quarter, if necessary, so that we do not have to turn in a failing grade to the Administration.

Failure to successfully complete a competency examination by the deadline is grounds for failure of Clinical Periodontology D3.

EXAMINATION & DIAGNOSIS COMPETENCY EXAMINATION

Student Name: _____

Date: _____

Patient Name: _____

Pass/fail

Faculty Signature: _____

MEDICAL HISTORY

Unsatisfactory

1. Failure to give appropriate consideration to medical problems which affect the delivery of dental care.
2. Inadequate knowledge of patients systemic problems, medications, etc., which did not affect the delivery of dental care.

Satisfactory

3. Adequate assessment of the patients medical conditions and its implications for dental management

RADIOGRAPHIC ANALYSIS

Unsatisfactory

1. Major errors in radiographic analysis: e.g. failure to observe obvious pathology or interpretation of normal anatomy as pathology.
2. Incomplete radiographic analysis of minor consequence (no effect on therapy).

Satisfactory

3. Accurate assessment of the radiographic surveys

OCCLUSAL ANALYSIS

Unsatisfactory

1. Major inadequacies in occlusal examination (e.g. obvious fremitus, RC-IC discrepancy).
2. Minor inadequacies in occlusal examination.

Satisfactory

3. Adequate assessment of the occlusion

PERIODONTAL PROBINGS

Unsatisfactory

1. Inaccurate by a) 3 mm or more at two or more sites, or b) greater than 1 mm at more than one-half of the sites.
2. Inaccurate by less than 2 mm at less than one-half the areas probed.

Satisfactory

3. Accurate periodontal probing measurements

FREE GINGIVAL MARGIN & MUCOGINGIVAL JUNCTION

Unsatisfactory

1. Failure to indicate location of free-gingival margin and/or mucogingival junction or inaccurate location by greater than 2 mm.
1. Failure to recognize mucogingival problems.
2. Inaccurate location of free-gingival margin or mucogingival junction by 1-2 mm.

Satisfactory

3. Location of the mucogingival junction within 1 mm

FURCATION INVOLVEMENT

Unsatisfactory

1. Failure to detect Class 2 or 3 furcation.
2. Failure to detect Class 1 furcations.

Satisfactory

3. Adequate assessment of the furcation involvement

GINGIVAL INFLAMMATION

Unsatisfactory

1. Failure to detect gingival inflammation.
 2. Failure to properly classify gingival inflammation.
- Satisfactory
3. Adequate assessment of the gingival inflammation present

PLAQUE ASSESSMENT

Unsatisfactory

1. Failure to detect plaque on greater than 25% of surfaces.
2. Failure to detect plaque on greater than 10% of surfaces.

Satisfactory

3. Adequate assessment of the patients plaque control

MOBILITY

Unsatisfactory

1. Failure to detect Class 2 or 3 mobility on 2 or more teeth or failure to detect mobility on 3 or more teeth.
2. Under or over-assessment of mobility on 2 or more teeth.

Satisfactory

3. Correct assessment of the mobility of all teeth

OTHER DIAGNOSTIC MEASURES

Unsatisfactory

1. Failure to conduct pulpal sensitivity tests where clearly indicated
1. Failure to detect lesions involving oral soft and hard tissues (caries, fistulous tract, etc.)

Satisfactory

3. Satisfactory

DIAGNOSIS

Unsatisfactory

1. Incorrect or omitted diagnosis (e.g. gingivitis vs. periodontitis).
2. Non-specific diagnosis (e.g. periodontal disease).

Satisfactory

3. Correct diagnosis of the periodontal diseases

PROBLEM LIST

Unsatisfactory

1. Failure in recognition of significant problems.
1. Failure to individualize problem list to patient's needs.
2. Failure in distinguishing problems from findings.

Satisfactory

- 3 Correct problem list formulated

TREATMENT PLAN

Unsatisfactory

1. Inability to formulate an adequate treatment plan.
2. Treatment plan formulated with minor inaccuracies.

Satisfactory

- 3 Correct treatment plan formulated

**Health Promotion and Disease Prevention
Competency Examination
UAB School of Dentistry**

Date: _____

Patient _____

Student _____

Introduction: This competency examines the dental student's ability to assess individual treatment needs concerning control of oral diseases and conditions. Additionally, the student is expected to counsel the patient with respect to self-care and then should demonstrate competency in providing preventive procedures such as fluoride application and prophylaxis.

Case Selection: Competency must be demonstrated on an adult patient who should be appointed in the Periodontics Clinic.

Faculty: A faculty member in Periodontology must approve and administer the competency. Resident coverage requires prior faculty approval.

Grading Criteria: Each step in the competency will be graded on a pass/fail basis. All steps must receive a satisfactory grade in order to pass the competency exam.

Remediation of Failure: If the competency exam is failed a new patient must be identified and the exam repeated.

Guidelines: A treatment planned patient should be selected and the chart reviewed with a faculty member in Periodontology for approval. The patient can be appointed to complete the competency exam at the same time that other procedures can be accomplished in that clinic; i.e. a root planing appointment in Periodontics Clinic. Obtain the competency grading form from the course objectives and proceed with clinical procedures after the starting check. When the steps in the competency exam are completed contact the instructor to grade the procedures.

Criteria Examined:

1. Identification of Etiologic Factors for Existing Conditions.

- _____ Failure to identify major etiologic factors
- _____ Etiologic factors not properly related to conditions
- _____ Satisfactory

SCALING ROOT PLANING COMPETENCY EXAMINATION

Student Name: _____

Date: _____

Patient Name: _____

Pass/fail

Faculty Signature: _____

INSTRUMENT USAGE

Unsatisfactory:

1. Inability to recognize dull or excessively worn instruments.
1. Inability to demonstrate proper instrument sharpening.
1. Inability to demonstrate proper use of instruments (e.g. wrong edge).

Satisfactory:

3. Proper Instrument usage.

CALCULUS REMOVAL

Unsatisfactory:

1. Significant quantities of calculus remaining on two or more tooth surfaces.
2. Most calculus removed but root roughness remaining in a few areas.
2. Slight amount of calculus remaining in areas of difficult access.

Satisfactory:

3. No remaining calculus can be found.

TISSUE TRAUMA

Unsatisfactory:

1. Excessive tissue injury indicative of careless instrumentation.
2. Minor tissue trauma.

Satisfactory:

3. No tissue trauma noticed.

PATIENT MANAGEMENT

Unsatisfactory:

1. Inadequate pain control.
2. Inadequate cleanliness in performance of scaling and root planing.

Satisfactory:

3. The patient is well managed.

COMMENTS:

Preceptor Signature: _____

Date: _____

PORTFOLIO ASSESSMENT

DY3 Student: _____

Review Date (admin purposes): _____

Review Signature: _____

Chronic Periodontitis Case 1

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:

Periodontal Charting YES NO

Accurate Diagnoses Complete Incomplete Incorrect

Appropriate Treatment Plan YES NO

Patient Treated in a Timely Manner YES NO

Referral Made (if Appropriate) YES NO

Self Assessment Addresses Strengths and Weakness of Management

YES NO

Overall Assessment of Periodontal Therapy Provided

Outstanding 5

Exceeds Expectations 4

Meets Expectations 3

Needs Improvement 2

Clinically Unacceptable 1

Chronic Periodontitis Case 2

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:

Periodontal Charting YES NO

Accurate Diagnoses Complete Incomplete Incorrect

Appropriate Treatment Plan YES NO

Patient Treated in a Timely Manner YES NO

Referral Made (if Appropriate) YES NO

Self Assessment Addresses Strengths and Weakness of Management

YES NO

Overall Assessment of Periodontal Therapy Provided

Outstanding 5

Exceeds Expectations 4

Meets Expectations 3

Needs Improvement 2

Clinically Unacceptable 1

Gingivitis Case

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:

Periodontal Charting YES NO

Accurate Diagnoses Complete Incomplete Incorrect

Appropriate Treatment Plan YES NO

Patient Treated in a Timely Manner YES NO

Referral Made (if Appropriate) YES NO

Self Assessment Addresses Strengths and Weakness of Management

YES NO

Overall Assessment of Periodontal Therapy Provided

Outstanding	5
Exceeds Expectations	4
Meets Expectations	3
Needs Improvement	2
Clinically Unacceptable	1

Periodontal Maintenance Case 1

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:

Periodontal Charting YES NO

Accurate Diagnoses Complete Incomplete Incorrect

Appropriate Treatment Plan YES NO

Patient Treated in a Timely Manner YES NO

Referral Made (if Appropriate) YES NO

Self Assessment Addresses Strengths and Weakness of Management

YES NO

Overall Assessment of Periodontal Therapy Provided

Outstanding	5
Exceeds Expectations	4

Meets Expectations	3
Needs Improvement	2
Clinically Unacceptable	1

Periodontal Maintenance Case 2

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:

Periodontal Charting	YES	NO	
Accurate Diagnoses	Complete	Incomplete	Incorrect
Appropriate Treatment Plan	YES	NO	
Patient Treated in a Timely Manner	YES	NO	
Referral Made (if Appropriate)	YES	NO	

Self Assessment Addresses Strengths and Weakness of Management

YES NO

Overall Assessment of Periodontal Therapy Provided

Outstanding	5
Exceeds Expectations	4
Meets Expectations	3
Needs Improvement	2
Clinically Unacceptable	1

Mucogingival Deformity Case

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:

Periodontal Charting YES NO

Appropriate Radiographs YES NO

Intraoral Photographs YES NO

Accurate Diagnoses Complete Incomplete Incorrect

Appropriate Treatment Plan YES NO

Patient Treated in a Timely Manner YES NO

Referral Made (if Appropriate) YES NO

Self Assessment Addresses Strengths and Weakness of Management

 YES NO

Overall Assessment of Periodontal Therapy Provided

Outstanding 5

Exceeds Expectations 4

Meets Expectations 3

Needs Improvement 2

Clinically Unacceptable 1

Multidisciplinary Case 1

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:

Periodontal Charting YES NO

Accurate Diagnoses	Complete	Incomplete	Incorrect
Appropriate Treatment Plan	YES	NO	
Patient Treated in a Timely Manner	YES	NO	
Referral Made (if Appropriate)	YES	NO	
Self Assessment Addresses Strengths and Weakness of Management			
	YES	NO	

Overall Assessment of Periodontal Therapy Provided

Outstanding	5
Exceeds Expectations	4
Meets Expectations	3
Needs Improvement	2
Clinically Unacceptable	1

Case Description: _____

Multidisciplinary Case 2

Patient Name: _____

Chart #: _____

Date of Initial Examination: _____

Complete Documentation:
 Periodontal Charting YES NO

Accurate Diagnoses	Complete	Incomplete	Incorrect
Appropriate Treatment Plan	YES	NO	
Patient Treated in a Timely Manner	YES	NO	
Referral Made (if Appropriate)	YES	NO	

Self Assessment Addresses Strengths and Weakness of Management

YES NO

Overall Assessment of Periodontal Therapy Provided

Outstanding	5
Exceeds Expectations	4
Meets Expectations	3
Needs Improvement	2
Clinically Unacceptable	1

Case Description: _____

PERIODONTAL ROTATION MODULE CHECKLIST

DY3 Student Name: _____

Rotation Dates (inclusive): _____

Attendance Signatures (Faculty Periodontist Signature—EACH BOX REQUIRED):

	M	T	W	Th	F
AM					
PM					N/A

Surgical Procedures Assisted/Observed

Patient: _____ Date: _____ AM PM
 Chart #: _____ Fac Signature: _____
 Procedure Description: _____

Patient: _____ Date: _____ AM PM
 Chart #: _____ Fac Signature: _____
 Procedure Description: _____

Patient: _____ Date: _____ AM PM
 Chart #: _____ Fac Signature: _____
 Procedure Performed: _____

Patient: _____ Date: _____ AM PM
 Chart #: _____ Fac Signature: _____
 Procedure Performed: _____

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 Chart #: _____ Fac Signature: _____
 Procedure Performed: _____

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Chart #: _____ Fac Signature: _____
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Procedure Performed: _____

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Chart #: _____ Fac Signature: _____
Procedure Performed: _____

Patient: _____ Date: _____ AM PM
Chart #: _____ Fac Signature: _____
Procedure Performed: _____

Patient Portfolio Summary and Self Assessment Sample

Pt Name: XXXXXXXXXXXX
Chart #: XXXXXXXXXXXX
Case Type: Chronic Periodontitis

Pt was seen for initial examination on XX/XX/XXXX.

CC: "I was told I have gum disease in Limited Care"

HPI: Patient received sporadic dental care since her dentist retired 3 years ago and came to the UAB SOD for comprehensive care.

Diagnosis: Generalized Moderate Chronic Periodontitis; Partial Edentulism

Phase I Treatment:

XX/XX/XXXX ScRP UL, LL

XX/XX/XXXX ScRP UR, LR

XX/XX/XXXX Phase I Reevaluation

At reevaluation appointment, PD ranged from 2-5mm and O'Leary Plaque Index was 25%. 20% of sites demonstrated BoP.

Patient was referred to Graduate Periodontology for Phase II surgical care.

Phase II Treatment:

XX/XX/XXXX Osseous Surgery with Apically Positioned Flap ULQ performed by Dr. X

Phase III Treatment

XX/XX/XXXX Implant placement surgery at edentulous site #28, 30

XX/XX/XXXX Phase II uncover of implants #28 and 30

Self Assessment:

Patient was referred for restoration of implants #28 and 30 with a 3-unit fixed partial denture after Phase II uncover procedure. Impressions were taken. The patient is currently awaiting coping try-in and final restoration delivery.

While referral for periodontal Phase II therapy prior to implant placement was appropriate, no maintenance was performed after initial periodontal therapy and surgical therapy. The delivery of maintenance and maintenance interval should have been discussed with the treating graduate periodontal resident and should have been performed in conjunction with ongoing comprehensive care. After implant restoration, patient will be seen q3mos for periodontal and implant maintenance. Periapical radiographs of the implant will be taken semi-annually for the first year after restoration and annually after that.