

University of Alabama at Birmingham  
School of Dentistry  
Department of Periodontology

**CLINICAL PERIODONTOLOGY D4**

**2013-2014**

**OBJECTIVES**

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UNIVERSITY OF ALABAMA AT BIRMINGHAM  
SCHOOL OF DENTISTRY  
DEPARTMENT OF PERIODONTOLOGY

UNIVERSITY OF ALABAMA AT BIRMINGHAM  
SCHOOL OF DENTISTRY

**DEPARTMENT OF PERIODONTOLOGY**

**DY4**

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.

**DY4 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.

## DY4 CLINICAL REQUIREMENTS

### 1. 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. *Four 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 patient list and review of patient care procedures recorded in the electronic chart record.**

**ONLY COMPLETE AND/OR ACTIVE CASES SEEN DURING 2012-2013 ACADEMIC YEAR MAY BE SUBMITTED IN YOUR PATIENT PROGRESS LIST.**

**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 your grade in D\$ Clinical Periodontology.**

**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 D4 Clinical Periodontology grade will be affected. Failure to adequately treat a patient in a timely manner without adequate documentation will be reflected in the portfolio grade for D4 Clinical Periodontology.**

**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.

**2. Your periodontal patient progress list must be signed by Dr. Geisinger and/or your resident periodontist and turned into the administrative associate in the Department of Periodontology no later than December 20, 2013.** Complete the attached Comprehensive Care Periodontal Patient List with appropriate faculty signatures. Upon completion, this form is to be submitted to an administrator of the Department of Periodontology in SDB 412. Only include patients that have agreed to treatment and are expected to be compliant. Failure to have approved cases and forms handed in by **December 20, 2013** will result in a reduction of your D4 Clinical Periodontology grade by 10 points. Dr. Geisinger **MUST** approve any substitutions made to this patient list after the December 20, 2013 deadline.

**3. Students are required to Provide the periodontal therapy needed 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

**4. Demonstrate ability to diagnose, longitudinally manage and/or appropriately refer patients with periodontal diseases.**

To meet this requirement students must earn a satisfactory grade on the case management competency and periodontal case management write up and review.

**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.**

**5. Attend rotations in periodontology and successfully complete periodontology rotation observation and participation requirements.**

Student groups will be assigned to periodontal rotations according to a schedule provided by the office of the Associate Dean for Education and Curriculum Development. Attendance is required for these sessions. Students will begin the week with an orientation and students will have a module 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 D4 Clinical Periodontology. Rotation

completion forms are to be turned in to the Department of Periodontology administrative associate no later than **May 23, 2014.**

**6. The Case Management Competency write up is due at the time the student challenges the Case Management Competency Examination. An outline and the full write up are to be turned in to the faculty administering the examination.** This write up must be performed on a case that you have accurately and adequately treated with a diagnosis of Chronic Periodontitis, which has been approved for the Case Management Competency Examination. The write up must contain a complete medical and dental history, diagnosis, prognosis, a description of the treatment provided, a student self-assessment, and at least five (5) references and must be in the format as described in the sample included in the syllabus packet.

## DY4 CLINICAL MINIMUM REQUIREMENTS

### SUMMARY

- Periodontal Treatment Cases and Portfolio
  - (2) Chronic Periodontitis Cases
  - (1) Gingivitis Case
  - (4) Periodontal Maintenance Cases
  - (1) Mucogingival Case
  - (2) Multidisciplinary Cases
- Competency Examination
  - Case Management Competency Examination (CMCOMP) (1)
- Periodontal Treatment Rotation attend all scheduled
- Patient Management all patients treated
- Periodontal Case Management Write Up One Comprehensively treated case

### MINIMAL EXPECTATIONS FOR EACH SEMESTER

Fall Semester:

- Identify and Treat Patients in Periodontal Portfolio Distribution Areas. Your periodontal patient progress list must be signed by Dr. Geisinger and/or your resident periodontist and turned into the administrative associate in the Department of Periodontology no later than 5:00pm on December 20, 2013.

Spring Semester:

- Continue the treatment of periodontal patients
- Complete Case Management Competency Examination by 5:00pm on May 2, 2014.
- Complete Periodontal Case Management Write-up at the time of Case Management Competency Examination.
- Complete all scheduled Periodontal Rotations and Turn in completed forms (5:00pm on May 23, 2014)
- Complete 8 quadrants of scaling and root planing (5:00pm on May 23, 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 D4 Clinical Periodontology grade.

The following time guidelines are suggested to assess reasonable patient management in the DY4 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 periodontal therapy and/or the last periodontal visit |

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

## **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 director. Approval must be documented and cosigned in the chart.**
5. Patient history must be reviewed before beginning treatment.

### **PERIODONTAL MAINTENANCE PATIENTS**

DY4 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 semester 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 9am-12pm and from 2pm-5pm Monday, Wednesday, and Thursday. Resident periodontists are available for consultation only from 9am-12pm and 2pm-5pm on Tuesday and Friday. Active periodontal patients cannot be seen during these times, but consultation regarding surgical/periodontal treatment planning for patients seen in the Comprehensive Care and Limited Care clinics will be available on an as needed basis. Your Comp Care Coordinators and Comp Care faculty group managers can call the periodontal clinic (4-4551) to request a consultation.

## **PERIODONTAL TREATMENT ROTATION**

Each student will be assigned to periodontal treatment rotation according to a schedule provided by the Associated Dean for Academic Affairs. 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(s).
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 CLINICAL PERIODONTOLOGY I**

- Case Management progress grade (20%)
- Daily clinical procedure grade (30%)
- Daily patient management grade (30%)
- Periodontal Case Management grade (20%)

## **REMEDIATION**

Successful completion of the D4 Clinical Periodontology Course will be based upon:

- *Passing competency exam and daily clinical grades.*
- *Satisfactory patient management throughout the academic year as demonstrated by formative daily grading and patient management list.*
- *Achieving competence in overall case management.*

### Notes:

- Failure to achieve these clinical requirements results in failure of Clinical Periodontology D4.
- 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.

## 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. The resident periodontist CANNOT administer the case management competency examination. 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

## CASE MANAGEMENT COMPETENCY EXAMINATION

Before the end of the school year you must successfully pass this competency examination. This is a comprehensive oral examination to test your understanding of the management of periodontal diseases.

### Case Selection

A Full-time Periodontal Faculty Member will aid you in selecting the case with the most comprehensive periodontal disease for the examination. The minimal acceptable criteria for your exit exam are a Patient with chronic periodontitis and one of the following:

- \* Surgical therapy completed or performed and additional therapy scheduled.
- \* Non-surgical treatment and at least 6 months post Phase I evaluation and 2 maintenance visits.

Present the chart to a faculty member to select the exit exam case (for the selection of your case the patient does not need to be present). The selection of your Exit exam case must be done before **March 14, 2014**. Failure to do so will result in a 10 point lowering in your D4 Clinical Periodontology grade.

Once your case is selected, you will email the selected patient's name and chart number to Dr. Geisinger ([miagdds@uab.edu](mailto:miagdds@uab.edu)). This must be received by 5:00pm Friday, March 14, 2014.

Any changes to this selected case must be approved by the course director prior to challenging the Case Management Competency.

### The Examination

The examination may be taken at a periodontal maintenance visit for your patient or at an evaluation visit when the patient is to be evaluated for further treatment and/or maintenance. A faculty periodontist **MUST** administer this examination. A maximum of three students can take the exit exam per clinic period. A sign up sheet will be available at the door of the Comprehensive Clinic Coordinator. Do not wait until the last weeks to schedule this exam. You must inform your faculty periodontist that you intend to challenge the Case Management Competency examination prior to the start of your clinic session. You must also give him/her your Case Management outline and Case Management Competency write up. After receiving a starting check, you will perform a comprehensive periodontal evaluation on your patient. You and your instructor will then review the initial documentation (including records, charting and radiographs), the treatment plan and the treatment rendered, as well as the therapeutic outcome. You will be asked questions about your treatment, why it was selected, if you would want to change any aspects of the treatment, and why it was successful or unsuccessful. You will also be expected to make recommendations concerning recall interval, the overall prognosis, and any additional therapy needed. The grading rubric that will be used to evaluate your performance is attached. In order for you to pass this examination, a satisfactory grade in each of the four steps is required. **If you fail this examination, you may retake it with another patient during another clinic period. Remember that your total number of treated cases is limited.** The following guidelines are suggested to help you achieve satisfactory grades in each of the steps:

1: Before the examination, review the patient's record and be familiar with all details of the case including past medical and dental history. Be sure all charting is complete, accurate, and up-to-date. Make sure all necessary radiographs have been taken and are available. Review the treatment plan. Be sure you know what treatment was rendered, when it was rendered, and what time intervals passed between various phases of treatment. The summary of therapy provided and self-assessment created for the case management write up should be turned into the grading faculty at the time of your Case Management Competency Evaluation. In reviewing the chart to

perform your Case Management write up, you should be able to familiarize yourself with the previous history of the case so that you can articulate the complete medical and dental history, initial presentation, diagnoses, prognosis, treatment rendered, and self-assessment of therapy.

2: Be aware of any alternative treatment plans that were considered at the time the original treatment plan was formulated. Be prepared to discuss why this treatment plan was chosen over the other possible alternatives. If the original treatment plan was modified at any time, for example at phase I evaluation, be able to discuss why modifications were made.

3: At this point in your presentation, we would like to know why you think the periodontal therapy rendered was or was not successful. Among the factors to consider are: 1) the response of the soft tissue to therapy; 2) presence or absence of inflammation; 3) the ability and motivation of the patient to perform adequate plaque control; 4) patient satisfaction with the results of therapy; 5) the change in prognosis of the dentition as a result of your therapy; and 6) does the patient need additional therapy or re-treatment.

4: We would like to know what additional therapy, including periodontal, or other dental therapy you plan to recommend for this patient. When considering the appropriate recall therapy and interval for your patient, it is important to consider the same factors mentioned in Step 3, with special emphasis on the patient's oral hygiene status prior to therapy, the patient's current oral hygiene status, and your estimation of the patient's motivation to continue oral hygiene procedures after the active phase of therapy is complete.

5: Upon completion of the Competency Examination, the correct competency code must be entered in the Salud electronic charting record (CMCOMP) 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.

6: A grading rubric for this examination is included in your syllabus packet.

## PERIODONTAL CASE MANAGEMENT WRITE UP

A periodontal case management write up and self assessment must be completed and turned in to your attending faculty at the time that you challenge your Case Management Competency Examination. Failure to do so will result in a lowering of your final grade in Clinical Periodontology D4 by 10 points and an incomplete on your competency examination.

The periodontal case management write up will describe in detail your periodontal management of the comprehensively treated case you presented for your Case Management Competency with a diagnosis of chronic periodontitis.

The minimal acceptable criteria for your exit exam are a Patient with chronic periodontitis and one of the following:

- \* Surgical therapy completed or performed and additional therapy scheduled.
- \* Non-surgical treatment and at least 6 months post Phase I evaluation and 2 maintenance visits.

The write-up should include past medical history, social and family history, chief dental complaint, history of present illness, dental history, assessment of clinical evaluation, assessment of radiographic findings, diagnoses, etiology, prognosis, treatment plan (including all treatment provided/to be provided in phase I, II, and III) and therapy (provided and planned), a discussion of rationale for the particular therapy chosen, a self-assessment of the management of this case, and AT LEAST 5 cited literature references to back up that rationale.

Students are free to discuss cases, rationale for treatment, or alternative treatment options with their resident or faculty periodontist or any member of the Department of Periodontology prior to submission of the Case Management Competency write up.

Periodontal chartings (at initial presentation and Phase I reevaluation), and a copy of progress notes deemed by the student to be relevant to the management of this case are also to be included.

An example of the clinical portion of the write up can be found at the end of this handout.

A redacted example of an excellent Case Management Competency write up is available upon request.

## CASE MANAGEMENT COMPETENCY EXAMINATION

Student \_\_\_\_\_ Patient \_\_\_\_\_

Date \_\_\_\_\_

All parts must be graded satisfactory to pass. The examiner will use a 5 point scale to grade your knowledge.

1. **Documentation of the case** 1 2 3 4 5

Record review:

Charting

Radiographs

Treatment plan

Treatment rendered

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Unsatisfactory

2. **Rationale for treatment** 1 2 3 4 5

Discuss why the treatment plan was selected and the rationale for any changes.

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Unsatisfactory

3. **Evaluation of the results of treatment** 1 2 3 4 5

Was the treatment successful?

Why or why not?

Discuss the overall prognosis.

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Unsatisfactory

4. **Maintenance care and treatment recommendations** 1 2 3 4 5

Rationale for maintenance care

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ (circle one) PASS FAIL

Instructor

## Periodontal Patient Progress List

DY4 Student: \_\_\_\_\_

Review Date (admin purposes): \_\_\_\_\_

Review Signature: \_\_\_\_\_

### *Chronic Periodontitis Case 1*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

### *Chronic Periodontitis Case 2*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

### *Gingivitis Case*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

### *Periodontal Maintenance Case 1*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

*Periodontal Maintenance Case 2*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

*Periodontal Maintenance Case 3*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

*Periodontal Maintenance Case 4*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

*Mucogingival Deformity Case*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

*Multidisciplinary Case 1*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

*Multidisciplinary Case 2*

Patient Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

Date of Initial Examination: \_\_\_\_\_

## PERIODONTAL ROTATION MODULE CHECKLIST

DY4 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: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM

Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_

Procedure Description: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM

Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_

Procedure Performed: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM

Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_

Procedure Performed: \_\_\_\_\_

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM

Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_

Procedure Performed: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Description: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Description: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Performed: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Performed: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Performed: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Performed: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Performed: \_\_\_\_\_

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ AM PM  
Chart #: \_\_\_\_\_ Fac Signature: \_\_\_\_\_  
Procedure Performed: \_\_\_\_\_

## SAMPLE CASE WRITE UP

*Please include references to back up statements that you make  
Comments in italics are examples of statements that require REFERENCE.*

Student Name: Mia L. Geisinger, D.D.S., M.S

Patient: Mr. X

Chart #: 999999999

**PATIENT:** The patient is a 46-year-old Caucasian male who is presently employed as a ranch hand and cowboy. He is divorced and a single parent of a teen-aged son. His self reported height and weight are 6'4" and 255 lbs., respectively. He reports consumption of 1 pack of cigarettes per day with a 25 pack-year history and denies use of alcohol or recreational drugs.

**CHIEF COMPLAINT:** "I want to save my teeth."

**MEDICAL HISTORY:** Health questionnaire and personal interview were used to obtain the patient's medical history. The patient has no known drug allergies. He reports no known familial history of diabetes or periodontal disease, but does have a family history of hypertension. The patient states that he is under the care of a physician and had a physical exam recently. He reports one past hospitalization for tonsillectomy at age 13. The patient does not take any medications. Vital signs at initial presentation were as follows: Blood Pressure 134/74 Pulse 72 reg beats/min. and Resp: 16 breaths/min. **Summary of the medical history includes: The patient reports no medical problems, takes no medication, has a family history of hypertension, smokes 1 pack of cigarettes per day, and is classified as ASA category II with no contraindications to periodontal therapy.** *Please know your ASA categories. What types of patients do you treat in your clinic/will you treat in your office?*

**DENTAL HISTORY:** This patient was referred by a friend to UAB for periodontal evaluation and treatment planning after emergent extraction of #18 in a local dental clinic. The patient reports that he had not seen a dentist for routine care since his discharge from the military in 1995. While in the military he received routine cleanings and restorations. He also reports that he had extractions as a child for orthodontic reasons, but due to financial constraints, orthodontic care was never commenced. He reports no history of non-surgical or surgical periodontal therapy. The patient's plaque control regimen upon presentation included use of a soft toothbrush once a day and occasional use of Listerine mouthrinse. **Summary of dental history includes: Routine dental care until 1995 and no dental visits since that time. Oral hygiene includes brushing once a day and occasional use of Listerine mouthrinse.**

**EXTRA-ORAL FINDINGS:** An examination of head and neck structures was performed by visual assessment and bidigital palpation. All structures were found to be within normal limits. Temporomandibular joint regions were asymptomatic, and no joint sounds were noted upon normal range of motion. No deviations were observed during opening and closing. No lymphadenopathy was noted upon examination.

### **INTRA-ORAL FINDINGS:**

- 1) **Soft tissue examination:** Oral structures were examined by visual and bidigital palpation with an oral cancer screening examination revealing no abnormalities. Notable soft and hard tissue findings include: gingival stippling, erythematous and edematous marginal tissues, blunted papilla, plaque, calculus, extrinsic staining, leukoplakia, crowding of mandibular anterior teeth, and occlusal wear. The patient has a negative oral cancer screening result.
- 2) **Individual tooth examination:** Initial clinical exam indicates that the patient is missing #1, 5, 12, 16, 17, 18, 21, 28, and 32. #7 is discolored and has a negative vitality test to cold and EPT.

- 3) **Periodontal examination** : Upon periodontal examination, probing depths ranged from 2 to 8 mm, attachment levels from 2 to 10 mm and recession from 0 to 4mm. Furcation involvement by Glickman's classification presented as a Grade I on #2, 3, 14, 15, 19, and 30 and a Grade II on #19, 30, and 31. Teeth #'s 8, 9, 22-27 had a class I mobility according to the Miller classification index and #10 had a class II mobility and #7 had a class III mobility. The The O'Leary plaque index was 77% and bleeding upon probing was noted in 43% of sites.
- 4) **Occlusal Findings:** The patient presents with Angle's Class I molar relationship and edge-to-edge canine relationship bilaterally. An overbite of 4 mm and an overjet of 5 mm were noted in maximum intercuspation. Interincisal opening was 45 mm. A 1.0-mm CR-CO discrepancy was noted. Canine guidance is evident on both right and left lateral excursive movements with no occlusal interferences noted. Anterior guidance with posterior disclusion was noted in protrusive movement. Generalized occlusal wear is evident; however, the patient denies knowledge of a history of any parafunctional or clenching habit.

**RADIOGRAPHIC FINDINGS:** A summary of radiographic findings include: Generalized horizontal bone loss ranging from 0-80% with vertical bone loss up to 15%. Average to short root trunk lengths can be noted with average root lengths. Maxillary roots are in close proximity to the sinus. A periapical radiolucency is present at the apex of #7. Generalized radiographic calculus is apparent.

**DIAGNOSES:** The following diagnoses were based on the historical, clinical, and radiographic data:

- 1.) Generalized Moderate with Localized Severe Chronic Periodontitis
- 2.) Secondary Occlusal Trauma

**ETIOLOGY:** Upon evaluating the patient's history and the clinical and radiographic examinations, bacterial plaque in a susceptible host was considered to be the primary etiologic factor in the patient's periodontal disease (REFERENCE). Secondary contributing local factors includes: calculus (REFERENCE), open contacts (REFERENCE), root anatomy (REFERENCE), traumatogenic occlusion (REFERENCE), and smoking (REFERENCE). *What other etiologic factors may be present in your patient?*

**PROGNOSES:**

*What prognostic categories do you use? REFERENCE! Why/when do you assign teeth to certain prognostic categories?*

**Diagnostic Prognosis (with no therapy provided)**

**Therapeutic Prognosis (with recommended therapy)**

Short term (<5 years): overall: Good to Hopeless  
 Individual teeth:  
 Good: #6, 11, 13, 20, 22, 29  
 Fair: #2, 3, 4, 19, 27, 30  
 Poor: #8, 9, 14, 15, 23-26, 31  
 Hopeless: #7, 10

Short term (<5 years):overall: Good to Poor  
 Individual teeth  
 Good: #6, 11, 13, 20, 22, 29  
 Fair: #2, 3, 8, 9, 19, 23-27, 29, 30  
 Poor: #10, 14, 15, 31  
 Hopeless: #7

Long term (10 years): overall: Good to Hopeless

Long term (10 years): overall: Good to hopeless:

Individual teeth:

Individual teeth:

Good: #13, 20, 22

Good: #11, 1

20, 22

Fair: #2, 3, 4, 6, 11, 27, 29

Fair: #2, 3, 6, 8, 9,

19, 23-27, 29, 30

Poor: #8, 9, 14, 15, 19, 30

Poor: #10, 14, 15, 3

Hopeless: #7, 10, 23-26, 31

Hopeless: #7

### **TREATMENT PLAN:**

**Hygiene phase:** During the hygienic phase of treatment, the following was accomplished:

1. Oral hygiene instruction and review of effective oral hygiene measures for removal of bacterial plaque which consisted of:
  - a.) Use of the Modified Bass tooth brushing technique at least twice daily in a systematic manner
  - b.) Use of dental floss at least once daily
  - c.) Reinforce use of a proxybrush for interdental cleaning in larger spaces
2. Scaling and root planing to remove plaque, calculus, extrinsic staining, decrease inflammation in preparation for surgical intervention, and to achieve a root surface compatible with health.
3. Re-evaluation to assess patient compliance with recommended oral hygiene measures and tissue response to scaling and root planing
4. Please note that treatment options for replacement of missing teeth were given to the patient, but for financial reason patient has decided to do nothing at this time.
5. It was advised that surgical therapy at teeth #2-15 and #31-19 would very likely be necessary due to amount of bone loss, probing depths, and secondary etiologic factors.
6. Extraction of hopeless #7 was recommended. The patient understood the periodontal and endodontic condition of the tooth and opted to have the extraction performed during the surgical phase of treatment to decrease sick time from work.

**Re-evaluation:** At the reevaluation appointment, an overall decrease in erythema and edema was noted; however, advanced probing depths remained. The O'Leary plaque score (*Is this the plaque index you use? Please use the proper indices*) had improved from 77% to 33%, and bleeding upon probing decreased to 27%. After active periodontal therapy is completed an occlusal nightguard will be fabricated. *Describe the importance of occlusion in periodontal therapy and its role in attachment loss (REFERENCE).*

**Surgical phase:** Surgical therapy was initiated based on the following rationale:

- 1) Access for visualization to aid in determining prognosis and remove etiologic factors
- 2) Pocket reduction therapy to aid patient in hygiene efforts in combination with recontouring of unacceptable bony architecture to create a more physiologic and biologic anatomy.
- 3) Further reduction of inflammation

**The following surgical treatment plan was agreed upon:**

- #2-4: APF with osseous recontouring
- #6-11: OFD with replaced flap and extraction of #7
- #13-15: APF with osseous recontouring
- #19-26: APF with osseous recontouring
- #27-31: APF with osseous recontouring

*Open Flap Debridement was chosen in the maxillary anterior sextant to maximize esthetics and limit post-surgical recession. With apically positioned flap surgery x amount of recession may be expected (REFERENCE) whereas open flap debridement limits post-surgical recession to y (REFERENCE). Apically positioned flap was chosen in the remaining sextants to meet the goals of pocket reduction and access for elimination of etiologic factors. This surgical therapy has been shown to be effective in decreasing pocket depth and maintaining periodontal health over the long term (REFERENCE). After surgical therapy research shows in areas with PD 4-6mm, x amount of PD reduction can be expected (REFERENCE). Describe any therapy that has been performed!*

**Periodontal Maintenance Therapy:** Once periodontal therapy has been completed, a supportive periodontal maintenance program will be developed based on the patient's needs in accordance with his level of compliance with home care and therapeutic outcome of surgical therapy. *In order to increase patient compliance, reminders will be sent to patient prior to maintenance interval and attempts will be made to schedule the patient prior to dismissal from his previous maintenance appointment. Compliance with periodontal maintenance is particularly important in patients who have received surgery. Surgical patients who did not receive periodontal maintenance were x-times more likely to experience significant PD increase and progressive CAL (REFERENCE).*