Periodontology D1

1. General Information

Course Name: Periodontology DI
Course Number:
Coursemaster: Dr. Mia L. Geisinger (934.4984, SDB 412)
Time, Day, & Room: Tuesday and Wednesday 8AM-10AM (unless otherwise specified)

2. Learning Resources

Clinical Periodontology Volumes I and II; 5th ed. Lindhe J, Lang NP, Karring T
Handouts – should be saved and used; PDF versions of all presentations will be made available on BlackBoard for your viewing if you prefer a paperless study material option
Application of classroom discussions and events to patient care in a clinical setting

3. Attendance

Prompt active attendance for the entire period is expected at all sessions. There may be one unexcused absence. Overall grading in this course will have a participation component. Failure to attend sessions will negatively affect your grade.

4. Student Evaluation

Participation in classroom discussions and small group learning as well as grades on attendance quizzes will comprise 10% of the final grade.

One written examinations will be administered at the time recorded on the syllabus. This examination will comprise 30% of the final course grade.

One comprehensive written final examination will be administered at the end of the course period. This final examination will comprise 60% of the final course grade.

A final grade for the course is given at the end of the 3rd (Spring) quarter. This grade is an average of examinations and of the participation/quiz grade. The final grade for the course is derived as follows:

Examination I	30%
Final Examination	60%
Classroom Participation/Quizzes	10%

5. Remediation

Remediation for this didactic course is determined by the Academic Performance Committee and the form of remediation may be at the discretion of the faculty and may be administered in the form of a comprehensive written or oral examination or a paper of a format, size and subject selected by the faculty.

6. Evaluation of Course

School of Dentistry course evaluation system will be administered online after the last scheduled class.

7. Course Goal

To provide additional foundational knowledge for clinical periodontology and to aid Students in developing the habits of lifelong learning that will allow them to continue to acquire knowledge and to thoughtfully apply it as they provide care for patients.

8. Learning Objectives

- To encourage students to review, expand and apply basic concepts learned in basic science courses and apply those to dental settings.
- To provide additional information on periodontal disorders and the management of patients, including diagnoses, treatment planning, non-surgical and surgical management methods, evaluation of therapy and maintenance of periodontal health.
- To provide didactic information necessary for students to appropriately identify, treatment plan patients' periodontal conditions and to work to promote oral health in the predoctoral comprehensive care dental clinics.
- To provide opportunities for students to seek out and critically evaluate the information sources in an attempt to diagnose and treatment plan periodontal and systemic conditions.

9. <u>Competencies Addressed</u>

1. Graduates must be competent to independently evaluate research findings as they relate to patient care and must be competent in applying critical thinking skills.
2. Graduates must be competent in obtaining and interpreting patient data and information and be able to use these findings to accurately assess and diagnose patients.
3. Graduates must be competent in formulating a comprehensive treatment plan for the management of patients.
4. Graduates must be competent in the prevention, assessment and management of medical and dental emergencies.
5. Graduates must be competent in patient education and in the prevention of oral diseases.
6. Graduates must be competent in managing pain and anxiety in the dental patient.
7. Graduates must be competent in the management of periodontal disorders.

PERIODONTOLOGY I
ACADEMIC YEAR 2012-2013
TUESDAY AND WEDNESDAY 8AM-10AM (UNLESS OTHERWISE NOTED WITH *)

SESSION/DATE	LECTURE TITLE	LECTURER
Session 1 January 8 8AM	-Introduction to Periodontology I -Periodontal Probing/Comprehensive Periodontal Examination	Dr. Geisinger
Session 2 January 9 8AM	Self Study Online Material (Normal Anatomy) Material available on BlackBoard in Periodontology D1 s -Gingiva -Cementum and PDL -Alveolar Bone	Self-Study
Session 3 January 15 8AM	-Diagnosis and Classification of Periodontal Diseases -Case Examples for Diagnosis -Gingival Diseases and Oral Lesions	Dr. Abou Arraj
January 16	**EXCEL FACULTY AND STAFF TRAINING**	
Session 4 January 22 8AM	-Chronic Periodontitis -Aggressive Periodontitis	Dr. Geurs
*Session 5 PCD Laboratory Exercise January 22 1-4PM	PCD Clinic -Preclinical Examination and Instrumentation Module **You will need the following instruments:** **-Periodontal Probe** **-Mouth Mirror** **-Glickman Furcation Probe** **-Columbia 4R/4L** **-Gracey Curettes: 1/2, 5/6, 7/8, 15/16, 17/18**	Dr. Vassilopoulos Dr. Geisinger Periodontal Residents
Session 6 January 23 8AM	Primary and Secondary Periodontal Etiologic Factors: Initiating Factors of Periodontal Diseases: -Plaque and Local Factors -Microbiology Secondary Periodontal Etiologic Factors: -Calculus	Dr. Geisinger

	-Occlusion -Restorative Margins -Tooth Malposition	
Session 7 January 29 8AM	Host Susceptibility and Disease Progression: -Immunology -Host Modulation Factors	Dr. Reddy
January 30 8AM	**EXAMINATION 1** **Covering Sessions 1-6**	
Session 8 February 5 8AM	Periodontal Treatment Overview -Initial Periodontal Therapy and Oral Hygiene -Reevaluation/Overview of surgical therapy -Periodontal Maintenance	Dr. Vassilopoulos
Session 9 February 6 8AM	Periodontal and Systemic Interrelatioships	Dr. Geisinger
*Session 10 February 7 1PM-3PM Comprehensive Care Clinic SDB 2nd Floor Chairs: 1-45	2nd Floor Comprehensive Care Clinic -Clinical Examination and Instrumentation Module **You will need the following instruments:** **-Periodontal Probe** **-Mouth Mirror** **-Glickman Furcation Probe** **-Columbia 4R/4L** **-Gracey Curettes: 1/2, 5/6, 7/8, 15/16, 17/18** **Please take instruments to be sterilized no later than 4pm on Tuesday February 5.**	Dr. Vassilopoulos Dr. Geisinger Periodontal Residents
Session 10 February 12 8AM	Local and Systemic Antibiotics	Dr. Litz
9AM	Examination Review	Dr. Geisinger
Session 11 February 13	Advanced Cases in Peridontology -Implant Treatment Planning	Dr. Geisinger

Session 12 February 19 8AM	Advanced Cases in Periodontology -Mucogingival Deformities Diagnosis and Treatment	Dr. Abou Arraj
Session 13 February 20 8AM	Periodontal Case Management -Case Presentations and Class Discussion	Dr. Geisinger Dr. Stevens
Session February 26	Self Study for Final Examination NOTE: Remember online modules and study tools on WebCT	
Session February 27 8AM	**COMPREHENSIVE FINAL EXAMINATION**	

EXAMINATIONS:
Examinations may have short answer, multiple choice, or essay questions. Both content and structure are evaluated in an essay examination question. You are expected to present complete, factual answers in a cogent manner as you would in a discussion with patients and colleagues. This allows the faculty and coursemaster to evaluate your comprehension as well as your ability to express and explain what you have learned. If a student disagrees with a grade received on an essay question he/she may resubmit the essay for a regrade. This may be submitted to either Dr. Geisinger or another full-time Board Certified Periodontist on the Department of Periodontology faculty. The final grade on that essay will be used in assessing a final grade on an exam, regardless of whether it is higher, lower, or the same as the initial grade assigned.

Examples of essays graded "A", "B", "C" and "F" are below:

Short Essay (10 pts)

In a patient who demonstrates good oral hygiene, radiographic horizontal bone loss, and residual 5-6mm PD in the posterior sextants after Phase I therapy, what treatment would you recommend and why?

"A"
Because the patient has good oral hygiene after Phase I, which includes scaling and root planing, progression to phase II periodontal therapy may proceed as long as other etiologic factors have been controlled (e.g. smoking, gross carious lesions, occlusal parafunction, etc.). If so, periodontal surgery is warranted. Surgical access in 5-6mm periodontal pockets is more efficient in removing calculus and plaque than scaling and root planing at these pocket depths and yields better clinical results. It also allows visualization of the bony morphology and other local factors that may be addressed by resection or reshaping (ostectomy or osteoplasty) during the surgery. Because the patient has horizontal bone loss, grafting and bone regeneration is not predictable. The posterior teeth would be thoroughly scaled during surgery, the bone may be removed or reshaped, and the gingival tissues may be placed slightly more apically to decrease pocket depth. The repositioning of the gingival will, however, cause additional recession post-operatively. After the surgical treatment is complete a Phase II evaluation will be performed to assess the patient's oral hygiene and determine a maintenance interval. Maintenance is critical for these patients as it allows continual reinforcement of oral hygiene and identification of areas that may be regressing (with increasing periodontal probing depth) after surgery. If the patient needed Phase III treatment, to include dental implant therapy, this would be addressed after Phase II evaluation.

"B"
This patient would be a candidate for periodontal surgery. The patient has had good oral hygiene after completion of Phase I therapy and pocket depth has decreased to 5-6mm. However, this pocket depth would not be able to be maintained by normal non-surgical methods. The efficiency of root planing is less than 4mm and plaque/calculus in these 5-6mm pockets would only be scratched by the curette. The patient would most likely not be a candidate for a bone graft because of the horizontal defect. Since Phase I therapy is complete and the pocket depths remain, surgical therapy is probably the best option.

"C"
I would recommend the patient go to Phase II therapy because the patient shows good oral hygiene and residual problems in her posterior teeth (i.e. hard to reach areas). I would now like

to proceed to a treatment that will fix the aftermath of her disease. She has proven that she has done everything that she can to halt the progression of her disease and now steps to correct the aftermath can be taken without being scare that she will not take care of her oral heath post-surgery. I would recommend either a resective surgery to decrease her pocket depth [sic]. This will make her hygiene easier so she doesn't have problems anymore.

"F"
During Phase I evaluation, I am looking for improved oral hygiene, reduction in inflammation, reduction in probing depth and increase in clinical attachment level. The patient doesn't really seem to have shown results after Phase I treatment. Therefore, I am going to extent [sic] the Phase I therapy. The Phase I therapy will consist of scaling and root planing along with the introduction of Periostat. Scaling is the instrumentation of the crown and root for the removal of plaque, calculus and stains. Root planing is the removal of cementum or surface dentin that is impregnated with calculus. Both of these treatments will control the active infection, reduce inflammation, reduce probing depth, and increase clinical attachment levels. The introduction of Periostat can be used in combination with scaling and root planing. It's doxycycline that reduces tissue damage. It will decrease probing depth and increase clinical attachment levels as well.

"F"
I would create pocket depths $\leq$ 3mm in the posterior. Since the patient has good oral hygiene this will allow the patient to clean his/her teeth effectively and maintain health. This will prevent disease progression.