

DEPARTMENT OF PERIODONTICS

DISEASE HEALTH

***CLINICAL PROCEDURES
AND
COMPETENCY EXAMINATION MANUAL***

CLASS OF 2009

**The University of Oklahoma
Health Sciences Center
College of Dentistry**

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CLINICAL REQUIREMENTS

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(Information in the clinical requirements sections is current as of the time that this manual was printed (July 2006). Future changes in college clinic policies may necessitate modifications to some of this information. Students will be informed of these modifications as they are instituted).

I. GENERAL INFORMATION

- A. The University of Oklahoma College of Dentistry (OUCOD) protocol for clinical practice as described in the Clinic Manual will be followed during all Periodontics clinical periods.
- B. To ensure that proposed periodontal treatment will not have an adverse effect on a patient's medical condition, the student must indicate the patient's medical status to the Periodontics faculty member at the time permission to proceed (PTP) is requested. PTP must be obtained at each patient visit before any treatment is rendered.
- C. **No patient treatment planning will begin after 11:00 a.m. or 3:00 p.m. unless approved by a Periodontics faculty member.**
- D. Clinic hours are 9:00 a.m. to 12:00 noon and 1:00 p.m. to 4:00 p.m. Every effort should be made to dismiss your patients by 11:45 a.m. and 3:45 p.m. to expedite business office checkout. No treatment or treatment planning will be initiated after 11:00 a.m. or 3:00 p.m. It is expected that **all** students and patients will vacate the clinic at the prescribed closing times. A faculty member must be present in the clinic at all times when patients are seated.
- E. All students should ensure that their instruments are sharp at all times. A dull instrument will interfere with the proper accomplishment of acceptable periodontal treatment. Your daily clinical grade may be lowered if you provide an instructor with a dull instrument.
- F. Students are expected to follow guidelines set forth in the OUCOD Health and Safety Manual regarding infection control procedures. Failure to do so will result in lowering of the clinical grade.

Remove your clinical gloves, or use an overglove, to answer the phone, handle records, etc.
- G. It is the student's responsibility to ensure that the Periodontics faculty member signs the patient's record in the appropriate places on the date the treatment is provided.
- H. Periodontal treatment generally will be provided in the Brown Clinic. Periodontal surgery and the one week postoperative appointment will be performed in the Graduate Periodontics Clinic. Periodontal surgery patients must be scheduled with the Periodontal Surgery Clinic Supervisor who is located in the Graduate Periodontics Clinic (Room 253). The yellow surgery permission card must be reviewed and signed by a Periodontist and initialed by the Periodontics Department Secretary before a surgery appointment will be given.

- I. Failure to achieve a minimum clinical progress score (MCPS) as specified in Section XVIII will result in a grade of "F" for the semester involved.

- J. In order to keep your clinical summation forms up to date, **ALL** treatment activity on your patients must be recorded on a grade slip, signed by a faculty member in the Periodontics Department, and recorded by the department secretary.
- K. All late tray requests for Brown Clinic must be signed by Dr. Hall or the Department secretary in Dr. Hall's absence.
- L. It is important that you retain the yellow grade slip copy should a discrepancy arise over your perio credits.
- M. The grading scale for the Department of Periodontics is as follows:
- 100 - 93 = A
 - 92 - 85 = B
 - 84 - 77 = C
 - 76 - 69 = D
 - Below 69 = F

CLINICAL PENALTY POINTS DEPARTMENT OF PERIODONTICS

CRITICAL ERROR = ZERO FOR DAILY GRADE

1. Gross or multiple cross contamination incidents.
2. Treating a patient without taking proper medical precautions.
3. Gross infractions of OUCOD Clinic Policy Manual.
4. Rude, disrespectful, or unprofessional conduct to faculty, staff, or patient.

MAJOR ERRORS = 10 POINTS DEDUCTED FROM DAILY GRADE

1. CMT or Periodontal Maintenance (MT) overdue by more than 3 months without faculty approval.
2. Phase I Reevaluation overdue by more than 6 weeks.
3. Missed surgical POT without faculty permission. Points deducted at 12 week POT/surgery credit appointment. Only one POT may be missed in order to receive surgery credit. **The 1 week and 12 week POT's are mandatory.**
4. Failure to obtain PTP.
5. No plaque index (*A plaque index is required at each appointment*).
6. Failure to give OHI when indicated.
7. Anesthetizing both sides of either arch during one appointment without faculty permission.

MINOR ERRORS = 5 POINTS DEDUCTED FROM DAILY GRADE

1. CMT or MT overdue by 1 - 3 months without faculty approval.
2. Phase I Reevaluation overdue by 2 - 6 weeks.
3. Surgical POT more than 2 weeks overdue without faculty permission. Points deducted at 12 week POT/surgery credit appointment.
4. Dull instruments. *
5. Violation of proper clinic attire (*No jewelry or watches will be allowed in Brown Clinic or in the Periodontal Surgery Clinic*).

*** WILL REQUIRE SHARPENING BEFORE PROCEEDING**

III. PERIODONTAL FORMS

- A. The appropriate Periodontal record forms must be filled out and signed by a Periodontics faculty member at each Periodontics clinical session. If the forms are not completed, you will not receive credit for the treatment that you provide. It is **YOUR RESPONSIBILITY** to ensure that the faculty member signs the forms. It is not the faculty member's responsibility.

The forms that must be completed and signed at each appointment are:

1. Periodontics Grade Sheet
 2. Encounter Slip
 3. Treatment Progress Notes
 4. Plaque Index Form
- B. **The Periodontics Treatment Plan Form**, as well as the Periodontal section on the routing verification stamp, must be signed at the Diagnosis and Treatment Planning appointment.
- C. **Surgery grade sheets** must be signed by a Periodontics faculty member or graduate periodontics resident at the surgical and one week postoperative treatment appointments.
- D. **Cancellations or missed appointments** require that you must still fill out an encounter slip. The patient's cancellation (or failure) must also be entered that day in the treatment progress notes indicating the reason the appointment was missed, and signed by a Periodontics faculty member.

IV. PLAQUE INDEX

- A. The control of bacterial plaque is the most important aspect of successful periodontal therapy. The O'Leary Plaque Index has been selected as the measurement device to assist you and the patient in assessing his/her ability to control plaque.
- B. You must obtain a plaque score for your patient at **each** periodontal treatment appointment. Use the plaque index forms in the Periodontal Section of the patient's record to record the stained tooth surfaces and to calculate the score.
- C. The plaque score must be recorded in the patient record at each periodontal appointment. This recorded information allows the student and/or faculty member to ascertain, at a glance, the patient's progress in plaque control.
- D. Your daily grade will be lowered by 10 points if a plaque score is not obtained. The plaque score is obtained after soft tissue examination and before treatment is performed at each appointment, unless specifically directed otherwise by a faculty member.
- E. Adequate plaque control is generally considered to be a plaque score of 20% or below. In addition, patients must generally attain a consistent plaque score of 20% or less to be considered a good candidate for periodontal surgery. Periodontics Department faculty members will assist the student in evaluating all the factors pertinent to each patient's case.

V. DESCRIPTION OF PERIODONTAL CASES

- A. Periodontal patients are classified according to the nature of the periodontal disease or condition present as well as the extent and severity of the involvement. This classification system is defined by the American Academy of Periodontology and is commonly used in clinical practice. The most common disease categories are described below. A complete outline of the classification system appears at the end of this section.
- B. Gingivitis
1. Plaque-induced inflammation of the gingiva usually characterized clinically by gingival swelling, edema, retractability, and bleeding on probing. Changes in gingival color, contour, and/or consistency may be present.
 2. Inflammation is limited to the superficial gingival tissues and does not extend into the attachment apparatus.
 3. Can occur on a periodontium with no attachment loss or on a periodontium with attachment loss that is not progressing.
 4. Dental plaque-induced gingivitis may be modified by other local factors, systemic factors, medications, or malnutrition.
 5. A variety of non-plaque-induced gingival lesions are listed in the complete outline at the end of this section.
- C. Chronic Periodontitis (*formerly Adult Periodontitis*)
1. Extension of plaque-induced gingival inflammation (gingivitis) into the tissues of the periodontal attachment apparatus leading to the loss of connective tissue attachment and alveolar bone.
 2. Chronic periodontitis is the most frequently occurring form of periodontitis. It is prevalent in adults but may occur at any age.
 3. The progression of attachment loss is usually slow but periods of rapid progression can occur.
- D. Severity

1. The support of a tooth is often described in terms of its clinical attachment level which is defined as the distance from the CEJ to the tip of the periodontal probe.
2. The degree of disease severity may be described by the amount of clinical attachment loss (CAL) and/or certain clinical findings.
 - a. Slight : 1-2mm CAL. Incipient to 20% bone loss. 3-5mm pocket depths. Usually no mobility or furcation involvement.
 - b. Moderate : 3-4mm CAL. 20-50% bone loss. 5-7mm pocket depths. Possible mobility and/or furcation involvement.
 - c. Severe : ≥ 5 mm CAL. $\geq 50\%$ bone loss. >7 mm pocket depths. Likely increased mobility and/or furcation involvement.

E. Extent

1. The extent of involvement describes the number and distribution of diseased sites. Each tooth has six possible sites.
2. Localized : $\leq 30\%$ of possible sites involved.
3. Generalized : $>30\%$ of possible sites involved.
4. The distribution of involved sites should also be considered when determining the extent of disease. Localized involvement usually involves distribution of diseased sites in only 1-2 sextants. Generalized involvement usually involves distribution of diseased sites in ≥ 3 sextants.

F. For record purposes, students will receive surgery credit only for a gingivitis patient requiring surgical periodontal treatment (e.g., crown lengthening or mucogingival surgery).

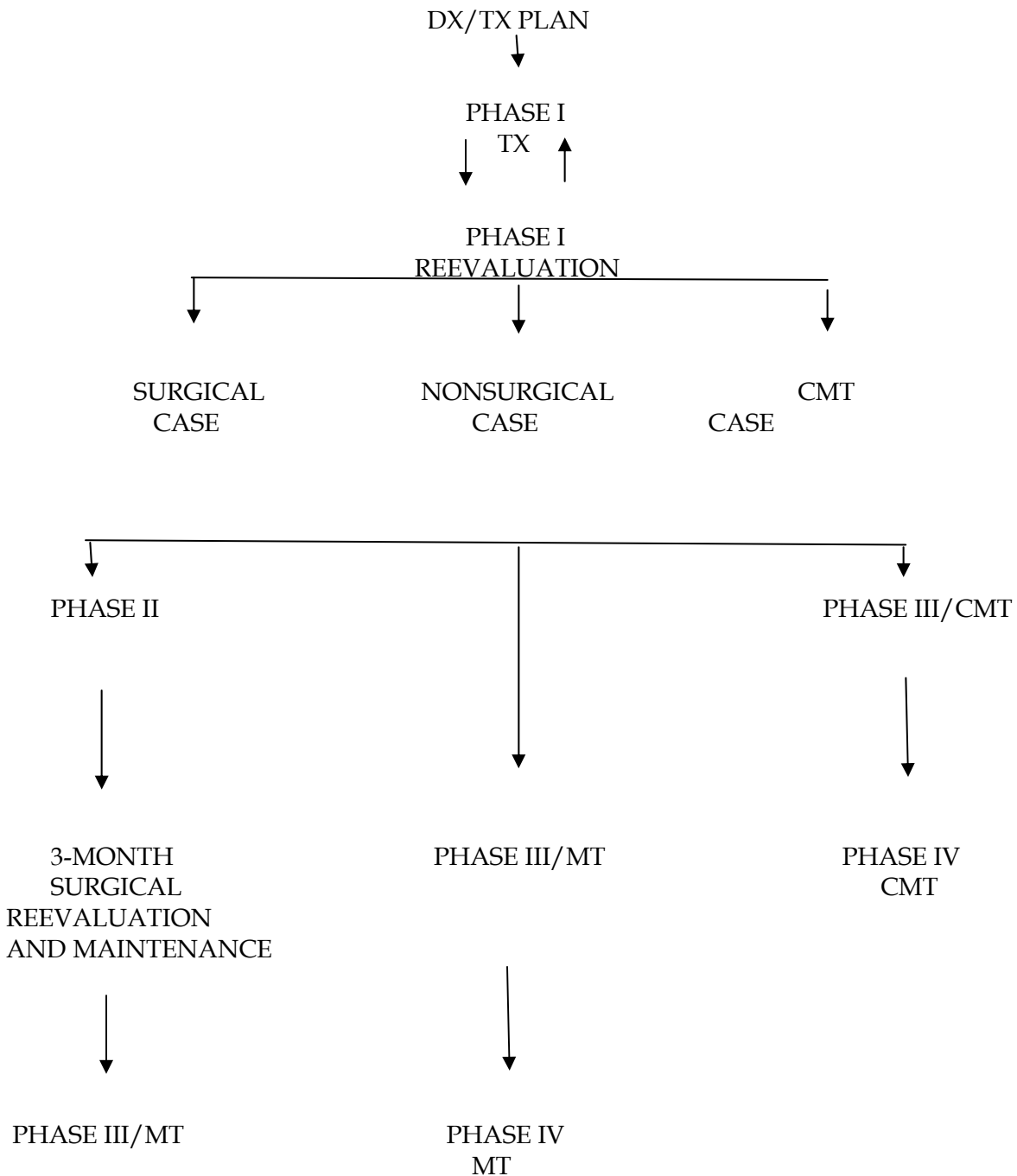
G. In some instances, patients with severe periodontal disease may be transferred to the Graduate Periodontics Program for their periodontal treatment due to the advanced difficulty level for a pre-doctoral student.

H. Gingivitis and periodontitis may both be identified in any given patient. By convention when signs of both gingivitis and periodontitis are present, the diagnosis is listed as the more advanced condition i.e. periodontitis.

VI. TREATMENT PLANNING FLOWCHART

A periodontal treatment plan will include the following phases:

- Phase I - Initial Preparation and Phase I Reevaluation (See Sections IX and X)
- Phase II - Surgical Treatment (See Section XI)
- Phase III - Restorative Treatment (See Section XII)
- Phase IV - Periodontal Maintenance (MT) and Compromised Maintenance Therapy (CMT) (See Section XIII)





PHASE IV
MT

VII. PERIODONTAL DIAGNOSIS AND TREATMENT PLAN

The patient will gain maximum benefit from periodontal therapy if the treatment is performed in an orderly manner. The following outline should be followed in providing periodontal treatment.

- A. **NOTE: YOU WILL NOT BE ABLE TO TREATMENT PLAN NEW PATIENTS IN PERIO UNTIL THERE IS A ROUTING SIGNATURE FROM ORAL DIAGNOSIS.**
- B. **ORAL DIAGNOSIS WORKUP.** The Oral Diagnosis Workup is to be performed under the supervision of the Oral Diagnosis Department as specified in the OUCOD Protocol for clinical practice.
- C. **HEALTH HISTORY.** The Health History must be signed by an Oral Diagnosis faculty member prior to periodontal diagnosis and treatment planning.
- D. **PHYSICIAN CONSULTS.** All required physician consultations must be completed in Oral Diagnosis and the written response placed in the patient's record before the periodontal diagnosis and treatment plan is started.
- E. **PERIODONTAL DIAGNOSIS AND TREATMENT PLAN:**
The Periodontal Diagnosis, Prognosis, and Treatment Planning page and the Periodontics Data Collection Worksheet page in the patient's record must both be completed by the student for all patient categories – new, transfer or shared care (limited treatment). Be detailed and complete regarding any pathological alteration of the gingiva and other periodontal tissues and their location. Determine the Periodontal diagnosis in accordance with the criteria in Section V of this manual. Be sure that a Periodontics faculty member signs and dates the Periodontal Treatment Plan and the Periodontics Section on the routing verification stamp.

All aspects of the Periodontal Treatment Plan must be transferred to the Master Treatment Plan.

DSII's will receive credit but not a numerical grade for their first two diagnoses and treatment plans. A grade slip without a numerical grade must be signed and turned in for recording on the Clinical Summation Form. Students will receive numerical grades for subsequent treatment on these patients.

VIII. GINGIVITIS CASES

Each assigned patient diagnosed with gingivitis (See pg. 10) must have appropriate periodontal treatment completed within **two months** of initial treatment planning and, in most cases, **every six months** thereafter or as directed by a Periodontics Department faculty member to avoid lowering of the average of the daily clinical grades for the semester by 8 points for each infraction.

Gingivitis cases involve varying degrees of inflammation. Gingivitis is often easily detected by changes in gingival color, form, consistency, and texture. In addition to plaque, bleeding upon probing and calculus are often associated with gingivitis. Therefore, gingivitis cases can not be managed with just a rubber cup polish. The appropriate course of treatment for gingivitis is as follows:

- I. Patient Education
 - A. Disclosing and plaque index
 - B. Oral hygiene instructions as needed
- II. Therapy
 - A. Subgingival and supragingival scaling and debridement (1-2 appointments).
 - B. Soft deposit and stain removal with rubber cup polish
 - C. Topical fluoride treatment
 - D. Post-appointment instructions

A Periodontics faculty must evaluate your scaling and polish and record a grade on a grade form for credit to be given.

CRITERIA FOR CLASSIFYING SEVERITY OF GINGIVITIS

The severity of periodontitis is measured by the amount of attachment loss. The severity of gingivitis is measured by the intensity of the inflammatory changes as seen in the superficial gingival tissues. The below table describes some of these inflammatory changes and may be used as an aid in determining the severity when diagnosing cases of gingivitis.

	<u>SLIGHT</u>	<u>MODERATE</u>	<u>SEVERE</u>
Bleeding on Probing	Slight/Delayed	Mild to Moderate	Easy/Heavy
Form	Scalloped/Slight Marginal Swelling	Blunting/Marginal Swelling	Bulbous/Distorted
Consistency	Generally Firm	Edema	Marked Edema/Spongy
Color	Pink/Localized Red	Red/Erythema	Red/Erythema/Cyanotic
Tissues	Often Initially	Extension to Facial/	Entire Circumference of Tooth/

Involved

Interproximal

Lingual Marginal Tissues

Extending into Attached
Gingiva

IX. PHASE I THERAPY

A. Phase I Therapy:

The purpose of Phase I therapy is to treat emergencies and reduce the inflammatory process by eliminating or controlling to the greatest extent possible all local and systemic etiologic factors contributing to the patient's periodontal and overall dental condition.

1. **All items listed under Phase I therapy in the treatment plan must be completed before Phase I Reevaluation.**

Dental treatment in other departments is often an integral part of Phase I therapy and must be prioritized according to each patient's unique needs. Dental emergencies must be treated as soon as possible. Procedures performed in other departments to eliminate etiologic factors such as endodontics, control of rampant caries, extraction of indicated teeth, etc. must be completed as part of Phase I therapy.

If an item listed in Phase I can not be accomplished, see the Periodontics instructor who helped you develop your treatment plan about changing the plan. See him/her before you schedule a Phase I Reevaluation. For example, if the Periodontics instructor feels that #30 needs an amalgam replaced because of an overhanging margin and lists that treatment in Phase I, but an Operative instructor feels a crown would be more appropriate, have the Operative instructor write his recommendation in the Treatment Progress notes, and have him sign the notes. Then take the record to the Periodontics instructor and ask him/her to modify the Phase I requirement.

2. **Phase I Reevaluation will normally take place 4-6 weeks following completion of all Phase I therapy.**

<ol style="list-style-type: none">3. Plaque Control. Patients' plaque control efforts must be monitored throughout Phase I therapy. This must be documented by recording a plaque score at each patient visit during therapy.

4. Written instructions following scaling/root planing must be provided by the student to each patient undergoing this procedure. Copies of the written instructions as found on the next page are available in the Brown Clinic.

INSTRUCTIONS FOLLOWING SCALING/ROOT PLANING

- Procedure:** Scaling/root planing is a procedure whereby the roots of the teeth are cleaned and smoothed, even below the gumline, to remove deposits of plaque, calculus (tartar) and other irritants which when combined with your daily effective plaque control should improve your periodontal condition.
- Mouthrinses:** Following the appointment, you may rinse your mouth with warm water or warm salt water (1 tsp. salt to 8 ounces of warm water). You may rinse as often as you feel is necessary. Rinsing will help keep your mouth clean and promote healing. Use any **prescribed** mouthrinse as directed.
- Oral Hygiene:** Brush very thoroughly, but gently, as you have been directed. Follow any additional plaque control measures that you have been shown. A clean mouth heals faster.
- Bleeding:** You may notice some blood clots or minor oozing of blood immediately following the appointment. Do not attempt to wipe the clots away. Continue to clean your mouth as instructed. The gums may even bleed slightly for a few days, but this is normal and should gradually decrease over time. If heavy bleeding occurs, please call the phone number listed below.
- Discomfort:** There may be some discomfort for a day or two following root planing . If necessary, you may take a mild pain medication like that which you would normally take for a headache (such as Tylenol). If pain is persistent, please call. Occasionally an abscess will occur. You may also notice sensitivity to cold, heat and certain foods (such as sweets) but this should gradually diminish. Good plaque control will help, but please advise us if the sensitivity persists.
- Anesthetic:** If a local anesthetic was used during your appointment, be careful that you do not bite your lips or tongue while they are numb. The numbness will last approximately 1-4 hours.
- Additional Instructions:**

Phone Number:

Next Appointment:

Rev. 8/99

X. PHASE I REEVALUATION

A. Phase I Reevaluation:

The purpose of the Phase I Reevaluation is to assess the hard and soft tissue changes that have taken place as a result of Phase I therapy and to determine an appropriate plan for further therapy, including maintenance care (MT/CMT).

1. **Sequence of treatment to be provided at the Phase I Reevaluation appointment:** Following a thorough periodontal examination and charting (including soft tissue evaluation, probing depths, MG defects, furcas, mobility, etc.), the student will develop a tentative plan for further periodontal therapy (see options list below). At this point the student will request faculty evaluation to discuss the tentative plan and determine the appropriate course of treatment. After evaluation and treatment planning, the student will complete a plaque score, plaque control instructions, scaling and root planing where necessary, polishing, and fluoride treatment. Allow sufficient clinic time to accomplish this.
2. **Periodontal Treatment Options at Phase I Reevaluation:**
 - a. Periodontal Maintenance (MT): The patient does not require periodontal surgery but does need MT on a regular basis to control/prevent periodontal disease. Three months after Phase I reevaluation has been completed the patient should return for a 3-month MT appointment and determination of an appropriate maintenance interval for the remainder of the time that the patient is an active patient at OUCOD.
 - b. Phase II (Surgical Phase): The patient has a plaque score of 20% or less and there are no contraindications to performing indicated periodontal surgery.

- c. Compromised Maintenance Therapy (CMT): Periodontal surgery is indicated, however the patient's plaque score is greater than 20% and/or other factors exist such as:
1. Inadequate financial resources for surgery.
 2. Medical or psychological contraindications to surgery.
 3. Disease so advanced that periodontal surgery would provide minimal improvement in long term prognosis.
 4. Patient availability problems preclude or delay performing Phase II therapy.

d. Additional Phase I Therapy:

There may be instances when a member of the Periodontics faculty feels that additional Phase I Therapy would be in the best interest of the patient.

3. Periodontal maintenance should begin immediately following Phase I reevaluation. If, for some reason, the Phase I reevaluation is delayed, or if the surgical treatment is delayed, the patient must still receive periodontal maintenance therapy every three months or as specified by a Department of Periodontics faculty member.
4. The Department of Periodontics secretary must be notified if you are unable to treat your patient according to the prescribed schedule for a reason beyond your control (e.g., delinquent account). It is your responsibility to clarify the treatment status of each assigned patient with the Periodontics Department. Failure to do so will prevent you from checking out of the Periodontics Department and meeting graduation requirements.

XI. PHASE II - SURGICAL PHASE

A. Phase II Therapy (Surgical Phase)

1. Treatment and time sequence in Phase II :

a. Time sequence:

- 1). Surgery - Graduate Periodontics Clinic Week 0
- 2). Postoperative treatment Week 1
(Graduate Periodontics Clinic)
 - a) Wound evaluation
 - b) Suture removal (check first with surgeon)
 - c) Deplaquing/debridement
 - d) Oral hygiene instruction (OHI)
- 3). Wound evaluation, deplaquing/ Week 3
debridement, and oral hygiene instructions Week 6
(postsurgical evaluation). (Brown Clinic)
- 4). Three month postsurgical reevaluation Week 12
and maintenance therapy/ surgery case credit.
(Brown Clinic) See page 27

No surgery credit will be given until the above postoperative appointments are completed. See page 5 for clinical penalty points assessed for missed or overdue POT appointments. At least three out of the four required POT appointments must be made in order to receive surgery credit. The 1 week and 12 week POT's are mandatory.

b. Obtaining Surgery Appointments:

- 1). Obtain a yellow surgery card and written instructions (see page 23) from the Periodontal Surgery Clinic Coordinator in the Graduate Periodontics Clinic (Rm 253).
- 2). Phase I reevaluation must be completed and the patient must be current with their periodontal treatment prior to scheduling their periodontal surgery. This must be verified by the Periodontics Department Secretary's initials on the yellow surgery card.

- 3). Complete all sections of the surgery card. Use your PERI 7791 lecture notes and course syllabus, the written instructions, and the textbooks to help you make the appropriate entries on the card.
- 4). Draw in pencil the intended initial surgical incision lines on the diagnostic casts. Take the completed surgery card, your patient's record, current radiographs, and diagnostic casts to one of the full-time faculty periodontists for review and signature. At this meeting, the student will be expected to have a thorough understanding of the techniques to be used to complete the proposed surgical procedure. He/she will be expected to defend the rationale of the technique chosen as well as discuss the possible alternative procedures. The faculty member and the student will determine whether the procedure will involve faculty demonstration or close supervision, as well as discuss surgical instrumentation requirements. Where more than one surgery is expected for a particular patient, one side of the addendum card will be completed and stapled to the original surgery card for each additional surgical procedure. Approval of each additional surgery may take place at the original or subsequent meetings.
- 5). Take the signed card back to the Periodontics Surgery Clinic Coordinator to schedule an appointment for your patient. Surgery appointments will not be made without a signed card. The surgery is to be performed within 90 days after the surgery card is signed. The student will assure that the following information is available for the Surgery Clinic Coordinator to record in the surgery appointment book:
 1. Student's name
 2. Patient's name
 3. Type of procedure
 4. Area involved
 5. Type of supervision
 6. Premedication (if indicated)
 7. Research patient (if indicated)

The Periodontics Surgery Clinic Coordinator will generate a "superbill" for each scheduled patient from the information provided by the student.

**REMEMBER: Periodontal surgery appointment times are limited -
SCHEDULE EARLY!!**

Please Note: If, at the time of surgery, the patient shows evidence of habitually ineffective supragingival plaque control or there are medical complications which have not received faculty clearance, your patient may be dismissed, and you may receive a grade of "F" for the scheduled surgical appointment.

Effective bacterial plaque control is essential for normal wound healing and optimal tissue remodeling after periodontal surgery. Tender, healing gingiva and altered tissue contours present unique challenges for effective oral hygiene. Continuing oral hygiene reinforcement in the weeks following surgery is essential for good results and for surgery case credit sign-off.

2. Gingivitis cases requiring periodontal surgery for other reasons, i.e., to facilitate restorative treatment, etc., will count **ONLY** toward satisfying your clinical graduation requirement for periodontal surgery. Gingivitis cases treated surgically do not convert to periodontitis cases for credit toward the six completed periodontitis cases required for graduation.
3. Limited treatment of patients for periodontal surgery may be allowed with prior permission from Clinic Operations. A student accepting a patient for limited surgical treatment **MUST** diagnose, re-treatment plan, and ensure adequacy of Phase I treatment **BEFORE** requesting permission to schedule periodontal surgery. All periodontal forms and charts normally prepared for periodontal routing must be completed by the student performing limited surgical care. There is no charge to the patient for the re-treatment plan. The signature of a full-time faculty Periodontist will be required for both the re-treatment plan and yellow surgery card before the patient may be scheduled for surgery-**NO EXCEPTIONS!!**

All documentation, including the patient's chart, radiographs, diagnostic casts, etc., must be presented, with the completed yellow periodontal surgery card, to a full-time faculty periodontist at the time the surgical case is discussed. The student accepting the patient for limited surgery treatment is responsible for the postsurgical appointments at 1, 3, and 6 weeks. There will be no charge to the patient for postsurgical appointments at 1, 3, and 6 weeks. The student to whom the patient was initially assigned is responsible for the 12 week postsurgical appointment and any additional treatment. The usual maintenance fee will be charged to the patient for the 12 week postsurgical/maintenance appointment.

RESPONSIBILITY FOR POSTSURGICAL CARE IS NOT THE SAME AS SURGERY CASE CREDIT. Whether you have performed surgery on your own patient or on a referred care patient, credit for each surgery will not be awarded until completion of all postsurgical care at 1, 3, 6, and 12 weeks after surgery. Surgery case credit will not be awarded for referred care patients at the 6 week postsurgical appointment. The student will receive "Surgery Credit Only" for periodontal surgery performed under referred care after the 12 week postsurgery/maintenance appointment.

The student to whom the patient was initially assigned is responsible for turning in two grade slips at the time of the 12 week postsurgical appointment:

- a. The first grade slip will verify completion of the 12 week postsurgical/maintenance appointment. The first grade slip will have the patient's name and the number of the student who performed the 12 week postsurgical/maintenance appointment. Maintenance credit will be recorded on this student's periodontal clinical summation form. A numerical grade should be recorded on this first grade slip.
- b. The second grade slip will have the patient's name and the name of the student who performed the referred care surgery and the 1, 3, and 6 week postoperative follow-up care. This grade slip should state the surgical site and clearly indicate that the 12 week postsurgical/maintenance appointment has been completed. This grade slip is required to record surgery credit on this student's periodontal clinical summation form. A numerical grade should not be recorded on this second grade slip.
- c. Both of the above grade slips should be signed by a Periodontics Department faculty member and an entry made in the treatment progress notes that two grade slips were filled out. The Periodontics Department faculty member will return both the white and yellow copies of the second grade slip to the Periodontics Department secretary. The secretary will see that the student receiving surgery credit receives the yellow (student) copy of the second grade slip for their records.
- d. It should be clear that good communication and cooperation between both students involved is essential to ensure that proper credit is awarded for all of the treatment provided.

PERIODONTAL SURGERY

Students scheduled in the periodontal surgery clinic are required to have the following available in the surgical suite at the time of surgery:

1. Complete patient record, current diagnostic periapical radiographs of the surgical site, and study casts.
2. The yellow surgery case card which was signed and approved by a full time faculty periodontist for the scheduled surgery and initialed by the Periodontics Department Secretary to indicate that the patient's maintenance treatment is current.

Appointments must be made at least one week in advance with Josie in Grad. Perio. This will accomplish two things: (1) Scheduling the patient in the computer; and (2) creating a super bill.

In addition, once surgery is scheduled all students must consult with the assigned surgeon one week before the day of surgery to discuss their patient and the proposed surgery.

Students are expected to carefully review all medications – prescription and non-prescription – that their patients are taking prior to surgery. One area of particular concern involves medications that may increase bleeding during or after surgery such as anticoagulants and antiplatelet agents. In addition, aspirin or medication containing aspirin may have a significant effect on bleeding for up to seven days after the last dose. NSAIDS have a generally lesser impact on bleeding than aspirin but still must be considered. Students should question their patients carefully and discuss any concerns with the faculty at the time the yellow surgery cards are reviewed. The periodontal surgery may be postponed if it is determined on the day of the surgery that the patient is taking medications that could adversely impact the surgical procedure or postoperative course.

PROTOCOL FOR LIMITED TREATMENT SURGERY CASES - If surgery is to be performed as referred care, the current Clinic Operations protocol must be strictly followed. The patient must then be re-treatment planned in Brown Clinic by the student requesting referred care before the yellow surgery case card may be brought to a faculty member for approval and signature.

Each student will be expected to have a working knowledge of the proposed surgical technique and purpose for the surgical procedure, i.e., be able to discuss what is being done and why it is being done.

If the surgery is being performed to facilitate restorative treatment, i.e., crown lengthening, tissue grafts, etc., please consult with the Restorative Department **BEFORE** the surgery to determine exactly what expectations are to be achieved by the surgery.

For example: the student will be expected to know:

1. If a tooth is scheduled for crown lengthening, then how much additional tooth structure would Restorative like exposed to facilitate their treatment and why.
2. If the Removable Prosthodontics Department wants a wider zone of keratinized tissue at an abutment before fabricating an RPD, then how much more keratinized, attached

tissue is desired and why.

Possessing this information is intended to enhance communication, ensure that expectations are clear, improve the likelihood that these expectations will be achieved, and enhance the value of this learning experience.

- READ CAREFULLY!! -

COUPON FOR 1 FREE SURGERY OBSERVE



The first 10 students from the class of 2008 to present this coupon to the Department of Periodontics Secretary will receive 1 surgery observe credit.

XII. PHASE III - RESTORATIVE PHASE

A. Phase III (Restorative Phase):

Generally, all of the patient's restorative care is provided in this phase. Under certain conditions, restorative care may be accomplished during other phases of treatment. For example, restorations that are related to disease etiology, i.e. overhanging margins, open contacts/food traps, etc., should be corrected during Phase I.

Phase III and Phase IV therapy may occur concurrently, i.e. it is appropriate to perform periodontal maintenance during a prolonged restorative phase.

XIII. PHASE IV - MAINTENANCE PHASE

MT - PERIODONTAL MAINTENANCE THERAPY

CMT - COMPROMISED MAINTENANCE THERAPY

The maintenance phase is an essential component of successful periodontal treatment. The benefits of active periodontal treatment - both surgical and nonsurgical - may be eroded over time without continuing patient assessment and appropriate care. The overall objective of maintenance therapy is to preserve health and prevent recurrence of disease. **Maintenance therapy begins immediately following the completion of active periodontal treatment (i.e., following Phase I Reevaluation if surgery is not indicated (MT), following Phase II if surgery is performed (MT), or after Phase I Reevaluation if surgery is indicated but must be delayed (CMT)).**

At each maintenance appointment, the clinician will assess the patient's current periodontal status, decide on the most appropriate treatment, and provide this care. Patients who have undergone successful Phase I and Phase II treatment, if indicated, and have no further periodontal surgery indicated are placed on Periodontal Maintenance (MT). The objective of Periodontal Maintenance is to monitor the patient and provide necessary care to control/prevent periodontal disease. Some patients may need periodontal surgery but the surgery must be delayed or precluded due to factors such as a high plaque score (greater than 20%) or a medical contraindication. These patients are placed on Compromised Maintenance Therapy (CMT). The objective of CMT is to monitor the patient and provide necessary care to slow and minimize further periodontal attachment loss.

Students are responsible for assuring that the appropriate time interval (normally 3 months) to the next maintenance appointment (CMT/MT) is clearly written on the grade slip and in the patient's treatment progress notes. This interval will be confirmed by the instructor's signature on these documents. Students should consult with the instructor regarding any questions that they may have about establishing the proper time interval for each patient - see page 29.

A. COMPROMISED MAINTENANCE THERAPY (CMT)

1. At Phase I reevaluation, a decision may be made to place a patient ideally requiring periodontal surgery on CMT instead due to one of the following:
 - a. Plaque index > 20%.
 - b. Inadequate financial resources for surgery.
 - c. Medical or psychological contraindications to surgery.

- d. Disease so advanced that periodontal surgery would provide minimal improvement in long term prognosis.
- e. Patient availability problem.

2. Protocol for placing patients on CMT:
 - a. Informed consent for compromised maintenance treatment must be signed by the patient. This form may be obtained in Brown Clinic - see page 28 for a copy of the form. This form is to be placed in the Perio section of the patient's chart.
 - b. The patient must be maintained at the maintenance interval specified by the Periodontics faculty member as long as the patient is assigned to the student. Reasons for any variance must be documented. Case credit will be awarded to senior dental students at the maintenance appointment when it is determined that the next scheduled maintenance appointment will not be due until after graduation. Maintenance care must be current in order to receive full periodontal case credit and transfer the patient.
3. The treatment at each compromised maintenance appointment will include plaque index, OHI, tissue evaluation, probing depths, removal of all supra and subgingival plaque and calculus, root planing as needed, polishing and fluoride treatment.

B. PERIODONTAL MAINTENANCE (MT)

Patients who do not require any periodontal surgery at phase I reevaluation and surgical patients who are determined at their 12-week postsurgical reevaluation appointment to need no more surgery will be placed on MT. The student must continue to see the patient for MT at the prescribed interval as long as the patient is assigned to the student. Case credit will be awarded to senior dental students at the maintenance appointment when it is determined that the next scheduled maintenance appointment will not be due until after graduation.

1. The treatment at each periodontal maintenance appointment including the 12 week postsurgical reevaluation appointment will include plaque index, OHI, tissue evaluation, probing depths, removal of all supra and subgingival plaque and calculus, root planing as needed, polishing and fluoride treatment.
2. Junior OR senior dental students may receive case credit for a MT patient who no longer requires any other treatment at the college, provided that at least one MT appointment has been performed by the dental student and **the MT is current.** Students should request that Clinic Operations assign these patients to dental hygiene recall.

Informed Consent For Compromised Maintenance Therapy

TO THE PATIENT:

Compromised Maintenance Therapy (CMT) is a treatment designed for patients who cannot (or will not) proceed with recommended surgical therapy for the treatment of periodontitis (gum disease), or other diseases or developmental deficiencies of the gingiva (gum) and bone supporting the teeth. CMT patients are recalled regularly to be re-examined, have their teeth scaled, root planed, polished, and have their personal plaque control habits reinforced. The intent of such treatment is to slow the progress of periodontitis. CMT does not arrest or cure the disease; it merely slows the progression of periodontal destruction and attempts to prolong the retention of the teeth.

I, _____, hereby state that I (will not) (do not wish to) continue with definitive periodontal treatment (i.e., periodontal surgery) but agree to be placed on Compromised Maintenance Therapy for one or more of the following reasons (initial all that apply):

- _____ Financial
 - _____ Emotional (afraid of operations, recent marital problems, recent illness in family, etc.)
 - _____ Health (medical complications such as uncontrolled diabetes, recent heart attack, etc.)
 - _____ Not interested in surgery; just want fillings, bridges, etc.
 - _____ Poor plaque control (consistently above 20%)
 - _____ Physical disability that interferes with effective brushing and flossing.
 - _____ Other (specify) _____
-

I understand that being placed on Compromised Maintenance Therapy instead of undergoing the recommended periodontal surgery treatment may result in some or all of the following conditions:

- A. Pain
- B. Loss of one or more teeth
- C. Decreased efficiency of chewing or speaking
- D. Bad taste and/or mouth odor
- E. Looseness/shifting of teeth
- F. Changes in planned restorative dental treatment

I have read and understand the above document, initialed the reasons for not having the recommended periodontal surgery performed and I am fully aware of the consequences of Compromised Maintenance Therapy. If circumstances change I may become or request to become a candidate for periodontal surgery in the future.

Patient (Date)

Witness (Date)

XIV. REQUIREMENTS TO RECEIVE FULL CASE CREDIT FOR PERIODONTITIS PATIENTS

A. Full Case Credit Stipulations:

1. Full case credit for most periodontal cases will be given in the Spring semester of the student's senior year, provided that **all** maintenance appointments were carried out at the proper interval. **Performing treatment in other departments while skipping required MT/CMT jeopardizes the patient's oral health and will be viewed very seriously by this department. The course director/faculty member at his or her discretion, may either deduct 8 or more points from the average daily clinical grade for the semester, reduce the daily grade, and/or reduce the case credit to be awarded for each infraction. Before credit is given the student must arrange for the continuing maintenance needs of each patient and document this in the treatment progress notes. Examples of acceptable ways to arrange for a periodontal patient's continuing maintenance needs include transferring the patient to another dental student or placing the patient in the dental hygiene maintenance program.**

2. **Case Credit Protocol:**
 - a.) **Patients with treatment needs in other departments:**
 - 1.) CMT and MT patients must continue receiving periodontal maintenance as scheduled until the next scheduled maintenance appointment will not be due until after graduation.

 - b.) **Patients with no other treatment needs:**
 - 1.) Junior and senior dental students who have completed all treatment on a MT patient may receive periodontal case credit providing:
 - a.) The student has performed at least one maintenance treatment AND the maintenance care is CURRENT when presenting for case credit.
 - b.) The patient is placed in the dental hygiene maintenance

program.

2.) Case credit for CMT patients will be awarded at the maintenance appointment when it is determined that the next scheduled maintenance appointment will not be due until after graduation.

- c) Case credit may be given in those instances where complete Phase I therapy, Phase I Reevaluation and at least one maintenance appointment have been properly accomplished on schedule and circumstances preclude the patient from receiving further treatment of any type in the College of Dentistry clinics.

To receive credit, a termination or inactivation stamp must be placed in the patient's record by the Director of Clinics. To receive full case credit, patients must be CURRENT with their maintenance AT THE TIME OF TERMINATION/INACTIVATION. Stamped records must then be brought to the Periodontics Department secretary for verification.

3. ALL transfer patients must be re-treatment planned for periodontics by the student accepting the patient within two months from the date of transfer. This includes completing a new Record of Existing Oral Conditions, Periodontics Diagnosis, Prognosis, and Treatment Planning form, Oral Hygiene Record, and Periodontics Data Collection Worksheet. **Students must also review the patient's record and summarize the past periodontal treatment received by the patient, if any. This summary should include when root planing was last performed, any past periodontal surgeries, and the maintenance history of the patient.** The periodontal diagnosis and treatment plan must be reviewed and approved by a faculty member in Brown Clinic. Patients that are under periodontal maintenance treatment at the time of transfer must be re-treatment planned as stated above and the student accepting the patient will be responsible for continuing to provide periodontal maintenance care at the appropriate intervals. Case difficulty/type and case credit will be determined by the faculty member at the time of re-treatment planning.

Failure to re-treatment plan transfer patients and provide appropriate, timely care will result in an 8 point penalty being deducted from the semester average of the student's daily clinical grades for each infraction.

4. A student normally is eligible to receive full case credit after performing phase 1 therapy, phase 1 reevaluation, and at least one maintenance treatment. If a patient remains under treatment in other departments at the College of Dentistry for enough time during which maintenance (MT/CMT) should have been scheduled but the required maintenance is not performed, then this will be considered improper patient management. Penalties for improper management may range from points being deducted from the daily clinic grade, an 8 point reduction of the average daily clinic grade for the semester, reduction from full

to 1/2 case credit, or reduction from full to no case credit. The severity of the penalty for improper patient management will be determined by the faculty after considering the time period without maintenance care and any patient specific circumstances.

5. You will not receive any case credit for Periodontal patients that you have not seen for Periodontal treatment in over 12 months. Please refer to the list of penalty points that will be deducted from your daily grade for late/delayed patient treatment.
6. Please refer to page 35 section F. for instances where 1/2 case credit may be awarded.

REMEMBER: TO RECEIVE FULL CASE CREDIT PERIODONTAL MAINTENANCE MUST BE CURRENT.

XV. CLINICAL PERIODONTICS GRADUATION REQUIREMENTS

The Clinical Periodontics Graduation Requirements are as follows:

- A. **PERIODONTAL COMPETENCY EXAMINATIONS:**
Each periodontal competency examination specified in this manual must be completed successfully with a grade of "C" or above in order for the student to be eligible to take the next competency examination in the prescribed sequence. All competency examinations must be successfully completed as a requirement for graduation.
- B. **SIX PERIODONTAL CASES MINIMUM:**
All required periodontal therapy must be completed for a minimum of six patients with periodontitis. Two of these patients must be of moderate to severe case difficulty. Please refer to Section XIII dealing with the maintenance phase of therapy for periodontics department policies related to when and under what circumstances case credit is awarded for MT and CMT patients. Please refer to Section XIV. for requirements that must be met in order to receive full case credit for periodontitis patients.
- C. **SURGERY REQUIREMENTS:**
 1. Students must perform, or assist with, a minimum of two sextants of periodontal surgery for their own patient(s). At least one of these two required surgery graduation credits must involve the treatment of natural teeth. (Scaling and root planing are not considered periodontal surgery). **One of these two required surgeries must be satisfied by the end of the spring semester of the junior year, and the second surgery must be satisfied by the end of the fall semester of the senior year. In each of these two cases an 8 point penalty will be**

assessed in determining your clinical course semester grade if the required surgery and at least the one week POT visit are not performed by the end of the respective semesters. ALL required postoperative visits (1, 3, 6, and 12 week postoperative visits) must be completed before final surgery case credit is granted. Surgery space is limited. It is the student's responsibility to assure that the above deadlines are met.

Only surgeries performed in the Graduate Periodontics Clinic will be counted towards your periodontal surgery graduation requirement. Surgeries performed in other departments (Oral Surgery, AEGD, etc.) will not be credited toward your periodontics surgery requirement.

2. The two required periodontal surgeries may be performed by a faculty member or Periodontics resident with the student assisting. Students who wish to develop their individual skills may request permission to perform part of the surgeries themselves with the faculty member or Periodontics resident acting as the surgical assistant. Two points will be added to the average of the daily clinical grades for the semester for students who actually perform a significant portion of the surgery. Those students interested in gaining a broader understanding of periodontal surgical procedures are encouraged to exceed the minimum of two periodontal surgery cases.
3. The following alternative is available to DS III and DS IV students and will be accepted in lieu of one of the required surgeries on your own patients:
 - a. Assist the Periodontics residents with two of their surgeries. You will not have to re-treatment plan these patients in Brown Clinic as you normally would for a shared care patient. At least one of these two surgeries must involve the treatment of natural teeth. Josie in the Graduate Periodontics Clinic maintains the residents' surgery schedules and will coordinate assigning the time when you may assist in surgery. You must discuss each case at least one week ahead of the scheduled surgery appointment with the resident. The resident will assist you in filling out the usual yellow surgery card. Once the yellow surgery card is completed have the resident initial the card. You must then return the initialed yellow card to Josie.

Immediately after each surgery you will fill out the usual predoctoral periodontal surgery treatment progress notes and have these notes signed by both the resident and attending faculty member.

- b. Observe the first two postoperative appointments at approximately one week and three weeks after each surgery and describe the postoperative findings and treatment on the reverse side of the predoctoral periodontal surgery treatment progress notes. Each postoperative entry must be signed by the resident and attending faculty member. The exact timing of

the first two postoperative appointments may vary based on the resident's discretion. It is each predoctoral student's responsibility to assure that they will be available for these brief postoperative visits.

- c. You will receive credit for one of your two surgeries required for graduation after turning in the completed treatment progress notes to Robin. These notes must include your entries and all resident/faculty signatures for the two resident surgeries and postoperative visits as previously described.
- d.
 - 1.) In order to have this option apply towards your spring semester junior year periodontal surgery requirement you must have assisted with both of the resident surgeries and observed at least the first postoperative visit for each of these surgeries before the end of spring semester junior year.
 - 2.) In order to have this option apply towards your fall semester senior year periodontal surgery requirement you must have assisted with both of the resident surgeries and observed at least the first postoperative visit for each of these surgeries before the end of fall semester senior year.
 - 3.) In order to receive credit towards graduation for a periodontal surgery earned in this manner all documentation must be completed, signed, and turned into Robin prior to signing out of the Periodontics Department.
4. **Placement of dental implants will be allowed for one of the two surgeries required for graduation.** For implant and certain implant-related surgical procedures the postoperative appointments may vary from the traditional 1, 3, 6, and 12 week schedule. When it is anticipated that postoperative visits will not follow the traditional schedule, the modified postoperative plan and schedule that the predoctoral student must adhere to in order to get surgery case credit must be written on the reverse side of the surgical treatment progress notes form and signed by the faculty member, resident, and predoctoral student. The predoctoral student must make a copy of the signed modified postoperative schedule and bring it to the Periodontics Department Secretary (Robin) so that adherence to the schedule may be documented.
5. Dental students normally begin scheduling periodontal surgery appointments for their assigned patients in the Fall semester of their junior year. Necessary periodontal surgeries may be scheduled on a case-by-case basis as early as the Spring semester of the sophomore year. Permission to schedule periodontal surgery during the Spring semester of the sophomore year will be based on a demonstrated patient need for

early surgical intervention and satisfactory completion of all presurgical treatment, (i.e., completion of Phase I therapy and Phase I reevaluation).

D. **SURGERY OBSERVE/ASSIST CREDIT:**

1. A dental student who observes or assists in Periodontal Surgery for three clinic periods (half-days) will receive credit for one treatment plan, one Phase I reevaluation and one periodontitis case credit. Credit for a periodontitis case earned in this manner may be applied toward graduation requirements only once.
2. All types of surgeries performed in the Graduate Periodontics Clinic are eligible for earning surgery observe/assist credit.
3. Periodontal surgery observation times must be scheduled in advance with the Periodontal Surgery Clinic Coordinator.
4. Directions for properly filling out grade slips are posted in the Graduate Periodontics Clinic. A signed grade slip must be turned in to receive credit.

Both the resident and the attending faculty must sign all grade sheets for predoctoral dental students upon completion of surgery, the 1 week post-op, and surgery observation/assisting.

5. **DS II students** may receive credit for Periodontal Surgery Observations starting after the "Periodontal Surgery Protocol" lecture is presented in course PERI 7791 - Periodontics II. DS II students may observe in pairs with their assigned partners, or individually after first informing their partners. Whether observing in pairs or individually, **DS II's must first obtain permission from the course/clinic director where they would otherwise be assigned during the time of the surgery observation.**

6. Surgical procedures vary greatly in complexity and actual time required. There is no specific number of surgeries that must be observed in order to receive Surgery Observation credit for a given clinical period. Predoctoral dental students who are observing or assisting with surgery should expect and plan to be in the Graduate Periodontics Clinic for ½ day in order to earn credit for observing/assisting. In some cases, observing/assisting with more than one case and/or watching instructional periodontal surgery videotapes will be necessary to fulfill this requirement. Videotapes of surgeries may be viewed when "live" surgical procedures are not being performed in the clinic. Time spent watching videotapes may not be credited for more than one of the three Surgery Observation credits. When permission is given to watch videotapes for

credit it is understood that your undivided focus and attention will be on the videotapes being shown.

7. The attending faculty member is the final authority in evaluating the learning experience and determining whether full or partial observation credit will be awarded for the ½ day. If partial observation credit is awarded then the attending faculty will record on the grade slip what the student will be required to do in order to receive full observation credit.

E. EXTRA CREDIT BONUS POINTS:

1. **After three (3) surgery observations have been completed for case credit OR after satisfactorily completing the two surgeries required for graduation, students may assist the Periodontics residents with their surgeries and receive 2 bonus points per assist which will be added to the average of the daily clinical grades for the semester. In the situation where a student has already earned two surgery case credits but has not yet completed three surgery observations, the student may choose whether they want the credit for assisting the resident to be applied to either surgery observation credit or 2 points added to the average of their daily clinical grades (but not both). The choice must be indicated on the grade slip and signed by the Periodontics faculty member.**

F. 1/2 CASE CREDIT

In certain instances 1/2 case credit may be awarded. Examples are:

1. A patient who has had Phase I Reevaluation signed off and will not receive further dental treatment at the College of Dentistry. The patient must be inactivated or terminated by Clinic Operations before 1/2 case credit can be awarded. If a patient remains under treatment in other departments at the College of Dentistry after Phase I Reevaluation for enough time during which Periodontal Maintenance should have been scheduled but the required maintenance is not performed, then this will be considered improper patient management, which may result in an 8 point reduction of the average of the daily clinic grades for the semester.
2. A patient who has slight disease (as defined in Section V) in only 1 sextant and will require a Phase I Reevaluation.
3. A patient who does not require additional Phase I therapy (e.g., a patient who has had Phase I therapy completed shortly before being reassigned to another student). In this circumstance the student must re-diagnose the patient and provide all necessary periodontal maintenance. To receive

1/2 case credit at least one maintenance appointment must be performed and the patient must be current with their maintenance.

4. A patient with less than 16 teeth remaining at the time of Phase I Reevaluation.

It is emphasized that students must develop their own periodontal diagnosis and treatment plan for each periodontitis patient for whom they expect to receive any credit

XVI. CUMULATIVE QUANTITATIVE CLINICAL REQUIREMENTS FOR PERIODONTAL THERAPY

The following minimum cumulative quantitative levels of clinical accomplishment must

be met to avoid lowering of the average of the daily clinical grades, as stated in Section XVII. Treatment must be up to date in order to fulfill these requirements.

Exceeding the minimum cumulative clinical requirements may result in raising of the average of the daily clinical grades for the semester, as outlined in Section XVII.

SOPHOMORE YEAR (DS II)

Fall Semester

- A. 1 periodontitis patient diagnosed and treatment planned.
A number grade is not given for the first two diagnoses and treatment plans of periodontitis patients, but subsequent treatment (i.e. root planing, etc.) will receive a number grade.
- B. 2 quadrants of scaling and root planing.

Spring Semester

- A. 3 patients diagnosed and treatment planned.
- B. 1 patient through phase I reevaluation.

JUNIOR YEAR (DS III)

Fall Semester

- A. 5 patients diagnosed and treatment planned.
- B. 3 patients through phase I reevaluation.
- C. 1 patient through CMT or MT/Case Credit.*

(Note: Three 1/2 days observing in periodontal surgery as previously outlined may be counted as one diagnosis and treatment plan, one phase I reevaluation and one case credit.)

Spring Semester

- A. 6 patients diagnosed and treatment planned.
- B. 4 patients through phase I reevaluation.
- C. 3 patients through CMT or MT/Case Credit.*

- D. 1 surgery performed including at least the one week postoperative visit.

JUNIOR YEAR (DS III) (Continued)

Summer Session

- A. 6 patients diagnosed and treatment planned.
- B. 6 patients through phase I reevaluation.
- C. 4 Patients through CMT or MT/Case Credit*.

SENIOR YEAR (DS IV)

Fall Semester

- A. 6 patients diagnosed and treatment planned.
- B. 6 patients through phase I reevaluation.
- C. 5 patients through CMT or MT/Case Credit.*
- D. 2 surgeries performed including at least the one week postoperative visit for each surgery.
- E. **Each senior student must provide patient treatment in the periodontics clinic at least three times during the Fall semester.**

Procedures considered as treatment include: oral prophylaxis, scaling and root planing and all 4910 procedures (Phase I reevaluation, MT, and CMT appointments).

Examination, treatment planning and routing are not considered active therapy. Also, surgery related treatment (e.g., treatment planning, and 1, 3, and 6 week post-op evaluation) cannot be used to satisfy this clinical requirement. The 12 week postoperative evaluation together with a 4910 MT treatment will count toward this clinic activity requirement.

Spring Semester

- A. 6 patients through Case Credit. *

***See section XIV for definitions of Case Credit.**

XVII. CRITERIA FOR RAISING OR LOWERING CLINICAL PERIODONTICS GRADES

Ordinarily the semester clinical course grade will be based on the competency examination grade (50%) for the semester and the average of the daily clinical grades (50%) for the semester. When no competency examination is scheduled, the semester clinical course grade will be based solely on the average of the daily clinical grades. The average of the daily clinical grades **may** be modified based upon the student performing at the following levels of clinical accomplishment:

Criteria for raising the average of the daily clinical grades by 8 points is based on periodontitis cases only.

SOPHOMORE YEAR (DS II)

Fall Semester

- A. 2 patients diagnosed and treatment planned.
- B. 4 quadrants of scaling and root planing.

Spring Semester

- A. 4 patients diagnosed and treatment planned.
- B. 2 patients through phase I reevaluation.

JUNIOR YEAR (DS III)

Fall Semester

- A. 6 patients diagnosed and treatment planned.
- B. 4 patients through phase I reevaluation.
- C. 2 patients through CMT or MT /Case Credit.*

Spring Semester

- A. 7 patients diagnosed and treatment planned.
- B. 5 patients through phase I reevaluation.
- C. 4 patients through CMT or MT/Case Credit.*

Summer Session

- A. 7 patients diagnosed and treatment planned.
- B. 7 patients through phase I reevaluation.
- C. 5 patients through CMT or MT/Case Credit.*

SENIOR YEAR (DS IV)

Fall Semester

- A. 7 patients diagnosed and treatment planned.
- B. 7 patients through phase I reevaluation.
- C. 6 patients through CMT or MT/Case Credit.*

Spring Semester

- A. 7 patients through Case Credit.*

***See section XIV for definitions of Case Credit.**

OTHER CONSIDERATIONS:

1. Outstanding quality of clinical performance based upon faculty evaluation.
2. Outstanding professional attitude and conduct based upon faculty evaluation of the student in the clinical environment.

Criteria for lowering the average of the daily clinical grades:

1. Student has not met the semester Cumulative Quantitative Clinical Requirements for Periodontal Therapy as specified in Section XVI of this document. If all quantitative clinical requirements for a particular semester are not met, the average of the daily clinical grades earned during that semester will be lowered by 8 points.
2. Poor quality of clinical performance based upon faculty evaluation.
3. Poor professional attitude and conduct based upon faculty evaluation of the student in the clinical environment.

4. Gingivitis patients must have their scaling and polishing completed within two months after they are treatment planned and, in most cases, every 6 months thereafter, or as directed by a Periodontics Department faculty member. Failure to adhere to this initial and continuing requirement will result in lowering of the average of the daily clinical grades for the semester by 8 points.

5. Failure to complete phase I periodontal therapy within 6 months following treatment planning and phase I reevaluation within 3 months following completion of phase I treatment without adequate written documentation as to the reason for delay.
6. Failure to provide planned Periodontal Maintenance (MT) or Compromised Maintenance Therapy (CMT) at the prescribed interval. Failure to provide adequate maintenance care for your patients is a serious violation which may not only impact your semester grade, but also may effect whether you are given full case credit toward your graduation requirements (see Section XIV).
7. Failure to provide proper postoperative therapy.

NOTE:

It is recognized that the evaluation of quality of clinical performance, professional attitude, and professional conduct has subjective aspects. Your chosen profession demands a high standard as the norm. Specific penalties or bonuses based on these subjective criteria will be determined by a consensus of the Periodontics Department faculty after careful consideration of all aspects of your performance.

XVIII. MINIMUM CLINICAL PROGRESS SCORE (MCPS)

Failure to achieve the MCPS, as stated below, will result in a grade of "F" in Clinical Periodontics for the semester involved.

The course will be considered successfully remediated when the MCPS has been attained by the date assigned. Upon completion of remediation, the semester course grade will be changed from "F" to "C".

If the MCPS is attained on time, all of the clinical grading policies that are stated in your Department of Periodontics Clinical Procedures and Competency Examination Manual will apply.

Minimum Clinical Progress Score (MCPS)

DS II - Fall Semester

Clinical Requirements

- 1 2 quadrants of Scaling/Root Planing completed
(1 point per quadrant)
- 1 Patient Diagnosed and Treatment Planned
- 2 - 1 = 1MCPS*

Minimum Clinical Progress Score = 1

***Students who have a MCPS of zero will receive a grade of "F" in Course #7591, Patient Contact Periodontics I.**

DS II - Spring Semester

Clinical Requirements

- 3 Patients Diagnosed and Treatment Planned
- 1 Phase I Reevaluation
- 4 - 2 = 2MCPS*

Minimum Clinical Progress Score = 2

***Students who have a MCPS of 1 or less will receive a grade of "F" in Course #7691, Patient Contact Periodontics II.**

DS III - Fall Semester

Clinical Requirements

- 5 Patients Diagnosed and Treatment Planned
- 3 Phase I Reevaluation
- 1 Case Credit/Maintenance
- 9 - 2 = 7MCPS*

Minimum Clinical Progress Score = 7

***Students who have a MCPS of 6 or less will receive a grade of "F" in Course #8291, Clinical Periodontics I.**

DS III - Spring Semester

Clinical Requirements

- 4 Phase I Reevaluations
- 3 Case Credits/Maintenance
- 7 - 3 = 4MCPS*

Minimum Clinical Progress Score = 4

Students who have a MCPS of 3 or less will receive a grade of "F" in Course #8391, Clinical Periodontics II.

DS III - Summer Session

Clinical Requirements

- 6 Phase I Reevaluations
- 4 Case Credits/Maintenance
- 10 - 3 = 7MCPS*

Minimum Clinical Progress Score = 7

***Students who have a MCPS of 6 or less will receive a grade of "F" in Course #8491, Clinical Periodontics III.**

DS IV - Fall Semester

Clinical Requirements

6 Phase I Reevaluations
5 Case Credits/Maintenance
11 - 2 = 9MCPS*

Minimum Clinical Progress Score = 9

***Students who have a MCPS of 8 or less will receive a grade of "F" in Course #9191, Clinical Periodontics IV.**

DS IV - Spring Semester

Clinical Requirements

6 Case Credits
6 - 0 = 6MCPS*

Minimum Clinical Progress Score = 6

***Students who have a MCPS of 5 or less will receive a grade of "F" in Course #9205, Clinical Periodontics V.**

XIX. COMPETENCY EXAMINATION SCHEDULE*

SOPHOMORE (DS II)

Fall

Instrumentation
Competency Examination

Spring

Videotaped Plaque
Control Competency
Examination

JUNIOR (DS III)

Fall

Diagnosis and Treatment
Planning Competency
Examination

Spring **

Phase I Reevaluation
Competency Examination

Late Spring **

Scaling and Root Planing
Competency Examination

AND / OR

Scaling and Root Planing
Competency Examination

OR

Phase I Reevaluation
Competency Examination

SENIOR (DS IV)

Fall

None

Spring

Mock Board Competency Examination
a. Must complete satisfactorily before graduation

Instructions for each competency examination will be provided to students by course directors in separate memoranda. These instructions will be distributed so as to allow enough time for students to properly prepare for each examination.

* Competency examinations are to be taken in sequence. (See ** for the only exception to this policy.) A grade of "C" or above must be earned on each competency examination in order to become eligible to take the next examination in sequence. If a grade of "C" or above is achieved on the first attempt, then the competency examination score earned will be 50% of the Periodontics semester clinical course grade. If a student does not achieve a grade of "C" or above on a competency examination due to poor performance or inadequate management of circumstances within the individual student's control, then the highest semester clinical course grade attainable will be a "C", and the faculty will determine the terms for re-taking the examination. If a competency examination is not passed with at least a "C" on the first attempt and the terms for re-taking the examination are not successfully fulfilled during the semester, then the student will receive an "F" for the semester clinical course grade. The Periodontics Department faculty retain the discretion to evaluate individual cases and circumstances where a competency examination is not successfully completed as scheduled.

** During the spring semester and late spring session of the junior year the student may choose the order in which to take the Phase I Reevaluation Competency Examination and the Scaling and Root Planing Competency Examination. If a student does not pass the first one of these two competency examinations, the student may either retake the competency examination that was failed or take the other of these two competency examinations. For example, if a student does not pass the Phase I Reevaluation Competency Examination during the spring semester, the student may retake the failed competency examination or take the Scaling and Root Planing Competency Examination. The student must successfully pass one of these two competency examinations before the end of the spring semester in order to not receive a failing grade for the spring semester. The student must then pass the remaining junior year competency examination before the end of the late spring session in order to not receive a failing grade for the late spring session. The spring semester and late spring session of the junior year are the ONLY times when a student will be allowed to take one of the Periodontics Department competency examinations before passing a prior competency examination.