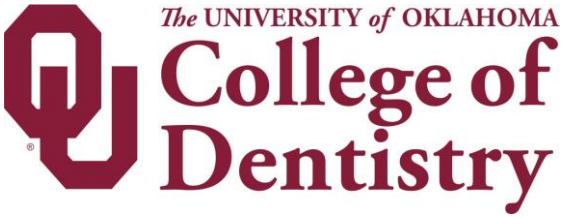
OUCOD
DEPARTMENT OF PERIODONTICS
MANUAL



Department of Periodontics
2014 - 2015

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INTRODUCTION

The overall objective of the Department of Periodontics is to educate and to train the predoctoral dental student through didactic and clinical experiences, to be competent in the diagnosis of all types of periodontal diseases and conditions, prevent and treat gingivitis, slight and moderate chronic periodontitis patients, perform phase I re-evaluation, periodontal maintenance and properly, timely and correctly refer periodontal disease patients to the specialist for care. It is also our department goal to initiate the dental student in a lifelong learning and continuing education in periodontics.

This Manual is intended to help you, the predoctoral student, with clinical operations, periodontal procedures and expectations during your periodontal education at the University of Oklahoma College of Dentistry. Our department wants you to develop a commitment to care about yourself, your patients, your education, your classmates, staff, faculty, physical facility, our college and this University.

You must be familiar with this Manual prior to beginning periodontal clinical procedure on your patients. It is also important to know that only excellent and ethical patient care will lead to excellent education. The Department of Periodontology wants you to spend your time wisely and efficiently while in the clinic. Your clinical exposure to periodontal conditions is limited; therefore, by referring to this Manual in regards to protocol, procedures, documentation, and competencies prior to your clinical appointments, will provide you more time for learning and rendering of clinical treatment. We hope you find this handbook helpful during your clinical periodontal education at OU College of Dentistry.

PERIODONTICS COURSES, EXPERIENCES AND COMPETENCIES FOR GRADUATION

In order to complete OU periodontal program, the student must:

A. Take and pass all didactic and clinical courses listed.
B. Take and pass all pre-clinical and clinical competencies listed.
C. Examine, treat, and be responsible for the periodontal care of all patients assigned to your family of patients.

PRE-DOCTORAL PERIODONTAL COURSES

DS1

FALL SEMESTER - 2014

PERI - 7194: Preventive Dentistry (Ms. Sehorn and Ms. Amme Co-directors)

SPRING SEMESTER 2014

PERI - 7305: Oral Prophylaxis (Ms. Sehorn, Course Director)

DS2

FALL SEMESTER

Didactic Course - PERI 7491: Periodontics I (Dr. Chaves, Course Director)

SPRING SEMESTER

Didactic Course - PERI 7791: Periodontics II (Dr. Hall & Dr. Peres, Co-Directors)

FALL AND SPRING SEMESTER

PERI - 7592: Clinical Periodontics I (Ms. Sehorn Course Director)

DS3

FALL SEMESTER

Didactic Course - PERI 8191: Periodontics III (Dr. Dmytryk Course Director)

FALL AND SPRING SEMESTER

PERI 8292 Clinical Periodontics II (Dr. Hall-Course Director)

MILESTONES IN PERIODONTICS COURSES

	Semester	Clinical competency	Pre-clinical examination
DS-1	Fall	----------	1.Instrumentation
	Spring	----------	2.Adult Oral Prophylaxis
DS-2	Fall and/or spring	3.Adult Oral Prophylaxis	----------
		4.OHI-Oral health promotion	----------
DS-3	Fall and/or spring	5.Diagnosis and treatment plan	----------
		6.Scaling and root planing	----------
		7.Phase 1 re-evaluation or periodontal maintenance	----------

ANY COMPETENCY NOT COMPLETED BY THE END OF THE SPRING SEMESTER OF THE DS-3 YEAR WILL DENY THAT STUDENT ENTRY INTO DS-4 COMP CARE. AND LATE GRADUATION IS LIKELY.

Each dental student is responsible for the periodontal care of all patients assigned to their family of patients. All patients assigned to you must be current with their periodontal treatment, maintenance and recall intervals.

BY THE END OF	PRE-CLINICAL ASSESSMENTS AND CLINICAL COMPETENCIES	EVALUATIONS/GRADES
1st. Year fall	Instrumentation	A, B, C or F
spring	Adult prophylaxis	Satisfactory-Unsatisfactory
2nd. Year	OHI (Oral Health promotion) + adult prophylaxis	Satisfactory-Unsatisfactory
3rd. Year	CPE (1), SC + RP (1), Phase I Eval. or Maintenance (1)	Satisfactory-Unsatisfactory

Final Clinical Grades for DS-2 periodontal course PERI – 7592 will be based on:

a. Clinical production (RVU´s) 40%
b. Average of daily periodontics clinic grade 60%
c. Must successfully pass all 2 clinical competency exams

Final Clinical Grades for DS-3 periodontal course PERI - 8292 will be based on;

a. Clinical daily scores average 40%
b. Clinical production (RVU´s) 20%
c. Participation on Graduate Clinic Rotations 10%
d. Final Report on Patient care – reflection 30% (*Appendix 1)
e. Must successfully pass all 3 clinical competency exams

CLINICAL PERIODONTAL PROCEDURES

I. Diagnosis and Treatment Planning

Diagnosis and treatment planning is to be accomplished prior to initiation of treatment. A periodontal faculty member will be present to assist the DS in this effort.

It is the responsibility of the dental student (DS) to perform a comprehensive examination of the patient, including a thorough evaluation of the periodontium on all assigned patients. The code used upon completion of this procedure is D0150PE.

A. Examination

Gingival evaluation: A written description of the tissue color, contour, texture and form should be accomplished within the AxiUm Periodontal Form, OUCOD Diagnostic Findings Form – Periodontal Tx Plan (Appendix 2).

Periodontal Evaluation and Probing: All teeth present in the oral cavity should be evaluated by periodontal probing using the UNC- 12 periodontal probe and recording probing depths (PD), presence of bleeding on probing (BOP), the position of the gingival margin (GM) in relation to the tooth CEJ or cervical restorative margin as reference point ("+" for gingival margin exposing CEJ, i.e. gingival recession; "-" for gingival margin covering the CEJ and 0 when gingival margin is at the CEJ). Clinical attachment levels are calculated by axiUm which is the sum of the PD and GM values on six sites per tooth recorded by the DS (Appendix 3).

Exceptions, such as severe soft tissue sensitivity or presence of gross calculus deposits, may require modification of this step. If such a circumstance exists, it should be discussed with the periodontology faculty member and clearly documented in the patient's records.

Bleeding on probing: Sites that bleed upon probing should also be recorded (B) in the AxiUm periodontal charting (Appendix 4).

Furcation involvement: Using a Nabers 2N probe, evaluate all furcations for invasion. Clinical loss of attachment must exist for furcation exposure and exam. Do not look for furcation in patients without loss of clinical attachment in multirooted teeth. Chart all areas of furcation invasion in the AxiUm periodontal charting. Classification used is according to Hamp et al., 1975*

- F1 – Slight Penetration
- F2 – Partial Penetration
- F3 – Through and Through Penetration

Evaluation of tooth mobility: Tooth mobility should be evaluated using the Miller, 1950** classification and designated in axiUm periodontal charting as follows:

- 0 – None
- 1 – Slight
- 2 – Moderate
- 3 – Advanced

Mucogingival involvement: Areas of inadequate (less than 2 mm) or no attached and/or keratinized gingiva should be noted in the AxiUm periodontal charting.

Abnormal tooth positioning and/or contact relationships and defective restorations: Abnormal tooth positioning and/or contact relationships should also be noted in Axium periodontal charting. The same should happen for restorations with overhangs, poor adaptation and overcontour.

Plaque Scores A plaque score (O'Leary et al.,1972)*** should be performed using a disclosing solution, counting the number of tooth surfaces with plaque and dividing the total surfaces with plaque by the total surfaces existent in the patients mouth. When performing periodontal examination the surfaces presenting plaque should be entered in axiUm Perio Chart. When performing a plaque score in subsequent visits, before adult prophylaxis and scaling and root planning, you should use the plaque score paper form (Appendix 5). The percentage of tooth surfaces with plaque must be recorded and in the Plaque score spreadsheet in axiUm..

* Hamp SE, Nyman S, Lindhe J. Periodontal treatment of multirooted teeth. Results after 5 years. *J Clin Periodontol* 1975; 2: 126-135.

**Miller SC. Textbook of Periodontia, 3rd ed. Philadelphia: Blackston; 1950: 125.

***O'Leary TJ, Drake RB, Naylor JE. The plaque control record. *J Periodontol* 1972; 43: 38.

B. Classification of Periodontal Diseases
(American Academy of Periodontology & American Dental Association)

04500 GINGIVITIS (Type I)

Inflammation of the gingiva characterized clinically by changes in color, gingival form, position, surface appearance, and presence of bleeding and/or exudate. It infers that there is no loss of clinical attachment (CAL = 0) and attachment level is

normal. If there is excessive tissue inflammation, height or hyperplasia, probing pocket depths may be present and deeper than the normal range of 1-3mm.

04600 SLIGHT PERIODONTITIS (Type II - Slight Chronic Periodontitis)

Progression of the gingival inflammation into the deeper periodontal structures and alveolar bone crest, with slight bone loss. The usual periodontal probing depth is 3-4 mm, with slight loss of connective tissue attachment (CAL = 1-2mm) and slight loss of alveolar bone.

04700 MODERATE PERIODONTITIS (Type III - Moderate Chronic Periodontitis)

A more advanced stage of the above condition presents deeper probing depth (PD 3-5mm), with increased destruction of the periodontal structures (CAL 3-4mm) and noticeable loss of bone support, possibly accompanied by an increase in tooth mobility. There may be furcation involvement in multi-rooted teeth.

04800 ADVANCED PERIODONTITIS (Type IV - Severe Chronic Periodontitis)

Further progression of periodontitis presenting deeper probing depths (PD >4mm), more destruction of periodontal support (CAL $\geq$ 5mm) with > 1/3 loss of alveolar bone support, usually accompanied by increased tooth mobility. Furcation involvement in multirooted teeth is likely.

04900 AGRESSIVE PERIODONTITIS (Type V - Aggressive Periodontitis)

Includes several unclassified types of periodontitis characterized either by rapid bone and attachment loss or slow, but continuous, bone and attachment loss. There is resistance to normal therapy, and the condition is usually associated with gingival inflammation, continued pocket formation and severe loss of clinical attachment in individuals younger than 30 years of age.

Additional important information on the Diagnosis of Periodontal Diseases and Conditions is available on Carranza's pages 161-165.

C. Treatment Planning

Following a comprehensive examination, the student, under faculty guidance, should determine the appropriate treatment plan sequence or appropriate referral to graduate periodontal clinic for care of periodontal disease beyond the scope of the care. Periodontal treatment plan sequence should be as follows:

- Dental Urgent Care
- Initial Periodontal Therapy
- Reevaluation of Initial Therapy
- Referral for Further Periodontal Therapy or
- Periodontal Maintenance

It is important to list all procedures in a sequential manner. For instance, urgent care should be placed on the treatment plan prior to initiation of periodontal treatment. If extractions or caries control procedures are needed as part of initial periodontal therapy, they should precede the *Reevaluation of Initial Therapy* appointment.

Important Reminders:

- The classification of periodontal diseases should be stated before a treatment plan is developed.
- Initial periodontal therapy should include oral hygiene instruction (D1330.1)
- Adult Prophylaxis (D1110) is a preventive therapy for **healthy** and **gingivitis** patients.
- The main codes used in Initial Therapy are for adult prophylaxis (D1110), scaling and root planing (D4341 for more than 4 teeth in each quadrant or D4342 when the quadrant needs Sc + RP in 1-3 teeth only).
- Patient Fee is by appointment and based on the dental codes completed upon faculty approval.
- Complete your notes including anesthesia used and amount.
- **Re-evaluation of Initial Therapy (D4999P) should be a part of <u>all</u> periodontal treatment plans for PERIODONTITIS cases and should occur 3-4 weeks after the completion of Initial Periodontal Therapy.**
- In gingivitis patients, this "re-evaluation" will occur at the first 3, 4, or 6-month recall prophy visit (D0120 and D1110). This should be clearly documented in the treatment plan and progress notes.
- Anticipated or potential referral to specialist and surgical needs of the patient should be outlined in the treatment plan at the time of initial examination, if at all possible.

- All periodontitis patients receiving periodontal treatment should have periodontal maintenance (D4910) included within each treatment plan. The only exception is for the gingivitis patient (D4500), which uses the recall code of periodic oral exam (D0120) and adult prophylaxis (D1110).
- Additional considerations for the periodontal treatment plan are topical use of fluoride (D1208) after D1110, D4910 or D4999P.
- Patients with prior diagnosis of periodontitis and treatment, evidenced by clinical attachment loss and alveolar bone loss with minimal probing depths and without gingival inflammation or BOP should be evaluated to determine if direct assignment to recall maintenance therapy (D4910) is appropriate.

D. Codes and Fees

During the initial therapy phase, patients will be charged for each visit based on the completed procedures and codes approved by faculty at the end of each appointment.

When performing initial periodontal therapy, the following clinical scenarios are possible:

- OHI (D1330.1)
- Adult prophylaxis (D1110) or
- Adult prophylaxis and one Sc + Rp (D4341 or D4342) or
- Adult prophylaxis and two Sc + RP (D4341 or D4342)
- Performing more than 2 quadrants of scaling and root planning in a single visit can be accomplished in very rare situations with approval by the periodontal faculty.

II. Periodontal Scaling and Root Planing (SRP)

A. Definition:*

Scaling: instrumentation of crowns and root surfaces of the teeth to remove plaque, calculus and stains from these surfaces. **Root planing**: a treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins and microorganisms. At each scaling and root planning appointment, oral hygiene instruction or reinforcement with a plaque score should occur.

Anesthesia: If a patient does not have sensitive teeth, local infiltration will usually be satisfactory for both the maxillary and mandibular arches. If the patient already has dentinal sensitivity, then block anesthesia should be utilized in the mandibular arch. A primary consideration in determining the need for local anesthesia is that of patient comfort while gaining access to the apical extent of the diseased root surface.

Ultrasonic Instruments: If moderate or heavy calculus deposits are present either supra or subgingivally, ultrasonic instrumentation should be utilized to remove the calculus deposits. These instruments do not root plane teeth. Hand instruments should be used to complete the root planing procedures. Slim line ultrasonic tips should not be used on moderate or heavy calculus deposits. When used, they should be set at a low power (*blue zone*). Make sure you consult the periodontal faculty when selecting to use ultrasonic instrumentation for your patients.

* The American Academy of Periodontology Glossary of Periodontal Terms 2001, 4th Edition.

B. Goals for Single Appointment Visit

The amount of scaling and root planning accomplished during a single appointment will vary considerably among the patients. In general, the mouth should be divided into either quadrants or sextants in order to accomplish scaling and root planning therapy. It is usual that a maxillary and mandibular quadrant on the same side of the mouth be instrumented during a single appointment. This allows patients to have a side of their mouth for eating/chewing which has not been instrumented. It is possible that four patient appointments (one quadrant per appointment) will be necessary in order to complete scaling and root planning. This, again, will depend on

the severity and extension of periodontitis, amount of calculus deposits, ease of removal, probing depths, patient attitude, and operator's experience and ability.

C. Timely Appointments

Initial periodontal therapy should ideally be accomplished within a maximum of a two-month period of time. While this is not always possible, delays in treatment may result in the need for additional scaling and root planing therapy in areas previously treated.

D. Basic Instruments

Clinical Exam and Sc + Rp Kit
Marquis color coded periodontal probe
UNC 12 periodontal probe – to be used in all periodontal exams
Cowhorn explorer
ODU 11/12 explorer
Sickle anterior scaler H6/7
Sickle posterior scaler 204
Barnhart 1 /2 curette
Gracey 11/12 curette
Gracey 13/14 curette
*Appendix 6

Periodontal Instruments available upon request at clinic dispensary desk
Anesthesia Instruments
Nabers probe – Furcation
Hirschfeld files
Ultrasonic instruments and unit:
P-10 or T-10 for initial deposit removal
Slimline – furcations for maintenance
Right and Left - use upon faculty approval
*Appendix 7

E. Fees - Scaling and root planing (D4341 or D4342) should be listed on the treatment plan sequence by quadrant. There will be always a fee for each appointment, regardless of number of quadrants completed.

III. Reevaluation of Initial Therapy – Phase I Evaluation D4999P

A. Indications

Every patient diagnosed as having periodontitis - any case type - needs to receive a clinical session dedicated to the *Reevaluation of Initial Periodontal Therapy* or *Phase I Evaluation* (D4999P) within 3-4 weeks after treatment completion.

B. Time to schedule patient

The reevaluation of initial therapy (Phase I re-evaluation) should occur between **3 - 4 weeks** after the completion of initial periodontal therapy, scaling and root planing, throughout the mouth. This time interval has been proven scientifically to allow optimal gingival healing to occur. It is not an endpoint of the healing process; however, the timing of the appointment should be flexible within the range (3 -4 weeks) in regard to patient scheduling. While a week variance may not be critical, this should be the exception to a planned treatment, and, as such, the reason for any variance in the timing of the appointment must be clearly documented in the periodontal progress notes. An important point is that if the time interval is insufficient to allow for adequate healing, an additional re-evaluation appointment will be needed. If the time for healing has been prolonged, then additional scaling/root planning, as needed, will be accomplished prior to an additional reevaluation appointment.

C. Fee – There is a regular fee for Phase I Evaluation visit (D4999P). If topical fluoride is applied, there will be an additional fee associated with this procedure code (D1206 or D1208) at this visit.

D. Goals

Complete evaluation of the periodontal status of the patient is accomplished and a complete periodontal charting is performed at this visit. These findings are then integrated into the overall treatment plan of the patient. An outline of such an evaluation is as follows:

<u>Changes of significant existing medical and dental conditions</u>: These should be noted always and/or if they affect the potential treatment of the patient.

Gingival evaluation: A written description of the tissue color, contour, texture and form should be accomplished in the progress notes. This should be concise, but accurate, and should occur early in the evaluation and definitely performed prior to the patient using any dental plaque disclosing solution.

Probing depth (PD) and Gingival margin (GM) measurements : **PD and GM should be recorded on 6 sites around each tooth as required by axiUm.**

Bleeding on probing: Sites that bleed upon probing should be recorded (checked) in AxiUm as done at the initial exam.

Plaque Scores: A Plaque Score (O'Leary et al., 1972) should be taken, concentrating on the plaque present at area adjacent to the gingival margin, and the percentage should be recorded in the plaque score spreadsheet.

Evaluation of mobility: Changes from the initial evaluation of mobility (Miller, 1950) should be included in AxiUm and in the written description.

Occlusion: Occlusal factors influencing periodontal therapy – specifically, evaluation of habit patterns and/or occlusal trauma, should be noted in the written description.

Furcations: Should be evaluated in all multi-radicular teeth and recorded according to Hamp (1957) classification.

Statement on the response of initial therapy: A concise written description of the success and areas not responding to initial periodontal care should occur as part of the written description (i.e., reduction of bleeding on probing sites and reductions in probing depths).

Future periodontal treatment needs and referral: Additional initial periodontal therapy or further periodontal therapy including periodontal surgical needs should be addressed and so noted during the written description and referral form in axiUm.

Relation of periodontal therapy to overall patient treatment plan: The stability of the periodontal status in regard to proposed restorative treatment should occur and be documented in the written description of the patient.

E. Incomplete Phase I Evaluation or in Process

Occasionally, the reevaluation of Phase I therapy will not be completed as a single appointment. The student will use make a note in the AxiUm and open the code for Phase I Evaluation (D4999P) by indicating "in process" (I) in AxiUm. The fee will be collected at the completion of the D4999P procedure. Several reasons for such an occurrence are:

- Poor plaque control and extensive OHI and scaling and root planning is needed at this visit.
- Restorations, either carious or poorly adapted, which affect the periodontal health, are still present.
- A delay has occurred in the timing of the phase I evaluation appointment.
- Need for additional scaling and root planing therapy is noted.
- The completion appointment will <u>not</u> count as an additional phase I re-evaluation.

IV. Referring for Further Periodontal Therapy to Graduate Periodontics

A. Basic Guidelines for Referral

Referral may be indicated in three different situations:

- **Periodontal disease patients** (periodontitis) who still present gingival inflammation, deep PD, BOP, etc in spite of proper completion of Initial Periodontal Therapy
- **Periodontitis patients in maintenance** who present specific site or sites showing progression of clinical attachment loss, gingival inflammation, deep PD, BOP , etc
- **Patients undergoing restorative dentistry** and there is a need for periodontal surgery to facilitate treatments prior to restorative dentistry, crown and bridge, endodontic therapy, orthodontic tooth movement, increase amount of attached gingiva, reducing gingival recession, modified ridge contours, extraction for socket preservation and future placement of dental implants.
- **In cases that after the initial exam, periodontitis is too severe and beyond the capacity of the dental student.**

The need for periodontal therapy beyond the scope of the general dentist and referral to the specialist in the Graduate Periodontal Clinic can be determined after the completion of following periodontal examination visits;

- Initial periodontal examination and evaluation
- Phase I Re-evaluation visit
- Maintenance visit
- Restorative, endodontic, or orthodontic treatment plan requiring periodontal consultation/treatment.

In general, the following criteria may apply to determine the need for referral to the periodontist:

1. Multiple probing depths of ≥ 5 mm, especially in molars with furcation involvement.
2. Spontaneous bleeding or BOP in multiple sites and/or suppuration on probing, especially if probing depth is ≥ 5 mm.
3. Radiographic evidence of generalized vertical bony lesions (≥ 5 mm), especially isolated lesions conducive to regenerative treatment - "bone fill".
4. Young adults with localized or generalized forms of Aggressive Periodontitis
5. Mucogingival Deformities and Conditions:

- Recession with minimal or no attached gingiva, especially prior to orthodontic or restorative treatment.
- Gingival clefts.
- Frenal attachments that are resulting in gingival recession and loss of attached gingiva.
- Decreased vestibular depth.

6. Deep subgingival restorative margins, caries, or fractures that may require surgery for periodontal health or to facilitate the ability to restore the teeth.
7. Tooth extraction where implants and socket preservation is required.

The referral to the specialist should be made without offering guarantees. Although you and the periodontal faculty have found reasons for referral, the periodontal surgical procedures, fees and cost should be left to the periodontist to decide and explain to the patient. Each patient must be evaluated individually and his or her overall need for surgery determined and treatment plan presented. .

There is no fee or cost to our OU predoctoral patients of record when referred for a consultation to the Graduate Periodontal Clinic.

B. Referring to Graduate Periodontics Clinic 2nd floor using axiUm (Appendix 8)

Use AxiUm to refer to Grad Perio as follows;

a) Open the OUCOD Referral Form and fill out.
b) Go to the "running man" icon on the far right, and click on it.
c) Open the status box and hit initial contact, hit OK
d) The main information box will open, and fill in appropriate data
e) Select Grad Perio Staff, it will show Tanya Thompson and Kelly McCown as a recipient.
f) Upon approval by faculty, this form is electronically sent directly to Graduate Periodontics that will contact the patient for scheduling a consultation in Graduate Periodontics on the 2nd fl of our OU CoD building.

It is your responsibility to follow-up the progress of your patients referred to Graduate periodontics. If your patient is not contacted in 2 weeks, please contact Graduate Periodontics directly and ask about the future appointment of your patient.

V. Periodontal Maintenance Care

The initial maintenance interval for all periodontitis patients should be noted as part of the written description. In general, it is a 3 month interval.

A. Indications

Every patient diagnosed as having periodontitis - any case type – and assigned to be in periodontal maintenance (D4910) needs to be on a 3 month recall interval after completion of Phase I Evaluation. There is some flexibility in this interval. Some patients may be placed in short intervals for the first year after surgical therapy and other patients without clinical or radiographic periodontal changes, and in periodontal maintenance more than one year, can be placed on longer recall intervals than 3 months. It will be the prerogative of the attending faculty to determine the maintenance recall interval . This recall interval should be clearly defined and approved by a periodontology faculty in AxiUm.

B. Codes and Fees – There is a fee for each Periodontal Maintenance visit associated with the following dental codes D0120, D4910, D1208 if fluoride is applied. There is no fee associated with OHI D1330.1 in this visit.

C. Goals of the Periodontal Maintenance Visit

Complete evaluation of the periodontal status of the patient is accomplished and a complete periodontal charting is performed at this visit. These findings are then integrated into the overall treatment plan of the patient. An outline of such an evaluation is as follows:

Changes of significant existing medical and dental conditions: These should always be noted and/or if they affect the potential periodontal treatment of the patient.

Gingival evaluation: A written description of the tissue color, contour, texture and form should be accomplished in the progress notes. This should be concise, but accurate, and should occur early in the evaluation and definitely performed prior to the patient using any dental plaque disclosing solution.

Probing depth measurements**: For a periodontitis patient, probing depths should be recorded on axiUm periodontal charting for 6 sites around each tooth.**

Bleeding on probing: Sites that bleed upon probing should be recorded (checked) in AxiUm as done at the initial exam.

Plaque Score: A Plaque Score (O'Leary et al., 1972) should be taken, concentrating on the plaque present at area adjacent to the gingival margin.

Evaluation of mobility: Changes from the initial evaluation of mobility (Miller, 1950) should be included in AxiUm and in the written description.

Occlusion: Occlusal factors influencing periodontal therapy – specifically, evaluation of habit patterns and/or occlusal trauma, should be noted in the written description.

Statement on the periodontal health and stability of periodontium: A concise written description of the stability of periodontium should occur as part of the written description (i.e., reduction of bleeding on probing sites and reductions in probing depths)

Future periodontal treatment needs: Additional initial periodontal therapy or further periodontal therapy, including the need for referral to Graduate Periodontics should be specifically addressed and so noted during the written description.

Relation of periodontal therapy to overall patient treatment plan: The stability of the periodontal status in regard to future restorative treatment should occur and be documented in the written description of the patient.

D. Incomplete Periodontal Maintenance Visit - in Progress

Occasionally, the periodontal maintenance visit will not be completed as a single appointment. The student will make a note in the axiUm and open the code for Periodontal Maintenance (D4910) by indicating "incomplete" (I) in AxiUm. The fee will be collected at the completion of the D4910 procedure. Several reasons for such an occurrence are:

- Poor plaque control and extensive OHI and scaling and root planning is needed at this visit.
- Restorations, either carious or poorly adapted, which affect the periodontal health, are present.
- A delay has occurred in the timing of the periodontal maintenance recall.
- Need for additional scaling and root planing therapy is noted.

- The completion appointment will not count as an additional periodontal maintenance visit.

Additional reminders:

- Further instrumentation and/or oral hygiene instruction may occur in the same visit, if adequate time remains.
- The fee for the periodontal maintenance visit appointment should be charged appropriately. If any alterations occur, they should be well documented in the patient's record with an explanation in respect to rationale for alteration.
- Specific areas may need non-surgical periodontal instrumentation and re-treatment including anesthesia for scaling and root planning, and application of localized antimicrobial such as tetracycline fibers, Arestin etc. Codes for these procedures exist with specific fees that must be explained to patient before their signature and acceptance of the suggested treatment. This may be performed in the same maintenance visit or in a next scheduled appointment.

GENERAL INFORMATION

Before providing any periodontal probing or instrumentation on your assigned patient, Permission to Proceed (PTP) must be obtained from a Periodontics faculty member with proper approval in axi**U**m.

When requesting PTP, you must have a grade slip already prepared with the patient's name, student's name, date and planned procedure circled. To receive proper credit in periodontics, all perio grade slips must be signed by periodontal faculty at the end of the procedure. The faculty will take the white form and a yellow copy will remain with the student.

Clinical hours are 9:00 a.m. to 12:00 noon, and 1:00 p.m. to 4:00 p.m. In order to dismiss your patient by 11:45 a.m. and 3:45 p.m., you should be to a stopping point by 11:30 a.m. and 3:30 p.m. for any procedure. No PTP's will be given after 10:45 a.m. or 2:45 p.m. Following these guideline will help prevent backup of patients to be dismissed. Feel free to call our periodontal faculty any time during your clinical period.

Lack of preparation by a single student will demand more faculty time with a single patient and student. This will affect and jeopardize the clinical progress of other students that are waiting for periodontal faculty to complete their daily clinical procedures in periodontics.

<u>Patient scheduling in Periodontics</u>

After your initial appointment, which is made by the Communication Center staff (PSC), the PSC in your clinic will make the next appointment based on your information and request for next appointment.

Make sure you make the correct entry in axi**U**m -Edit appointment
***Appendix 9**

Clinical Grading

All periodontal clinical procedures will be evaluated and graded by periodontal faculty, including periodontal treatment plans.

Every periodontal clinical procedure completed in AxiUm must receive a clinical grading. At this time we are using a grade slip form with a yellow copy, that after being finalized and signed by faculty, must be given to the student for their own records. In the future, upon faculty approval of procedure in axiUm a clinical grade will be entered electronically. Grade slips will not be necessary when AxiUm grading is available. For now, use the grade slip and retain all yellow copies of grade slips to rectify any discrepancy that could arise.

Patient "No Show"

It is imperative you record all NO SHOW appointments in axiUm and have it approved by faculty before leaving the clinic. You will not be allowed to request patient dismissal after 3 no-shows without proper entries in axiUm.

Oral Hygiene Instruction and Oral Health Promotion

When performing preventive or non-surgical initial periodontal therapy, the dental student is required to apply disclosing solution, record plaque score, and provide patient education and OHI prior to periodontal treatment, **EXCEPT** before a periodontal examination and treatment plan.

All patients assigned to you must be current with their periodontal treatment, maintenance and recall intervals.

Critical Errors in Periodontal Clinic

The following are critical errors that students must avoid when treating patients in periodontal clinic:

1. Seeing a patient that requires antibiotic therapy that was not premedicated, and dental student is delivering invasive periodontal procedures such as periodontal probing or treatment
2. Not complying with infection control procedures
3. Causing severe tissue damage during scaling and root planning

4. Not being able to control patient discomfort during scaling and root planning and continuing with the procedure

These critical clinical errors will lead to a failing grade for the procedure and patient dismissal. Repeated cases, or unethical behavior will lead to more severe sanctions and loss of clinical privileges by the department and the dental school.

Periodontal Chart and Recording *(Appendix 2)

a) C.A.L. = Clinical Attachment Level
P.D. = probing depth
G.M. = gingival margin (distance from CEJ to gingival margin)
C.A.L. calculated by axiUm = P.D. + G.M.

Distance from CEJ to GM over root: recording done as +mm.

Distance from CEJ to GM over crown: recorded as –mm.

b) Give a diagnosis and prognosis in your Treatment Plan

c) State an active disease diagnosis.

d) After diagnosis and prognosis go to ph1 therapy, double click and choose the best treatment options.

e) See description of recording ph1 treatment in guidelines discussion in this handbook.

f) Record planned perio treatment and designate current treatment as complete and have perio faculty approve.

Daily Grading

CRITICAL ERRORS: (daily grade of zero)

Not maintaining proper infection control

Medical History : Inaccuracies that endanger patient.

Primary Etiologic factors not identified.

Anesthetize both sides of either arch without faculty permission.

Rude, disrespectful, or unprofessional conduct to faculty, staff, or a patient.

Not obtaining permission to proceed before starting a procedure.

Starting a prophy or SRP immediately after an approved perio treatment plan WITHOUT GETTING APPROVAL FROM PERIO FACULTY.

MAJOR ERRORS : 15 point deduction

- Failure to take and record a plaque score before all hygiene procedures
- Failure to give adequate oral hygiene instructions when indicated.
- A consistent P.S. of 50 or above, without referral to Grad Perio, or patient release
- Maintenance overdue by 3 months.
- Ph1 re-eval overdue by 3 months.
- Violation of proper clinical attire.
- Disorganized unit. (Faculty to determine)
- Unattended unit with light in patient's eyes.

- Recording plaque score before a perio exam and treatment plan.
- Not having a mirror and perio probe available to faculty when doing a perio treatment plan.
- X-rays not pulled up in axiUm when working on a patient.
- Not treating a gingivitis patient within two months of the diagnosis, and no reason with faculty approval in axiUm.

Remediation

Remediation will be done at the discretion of the course director.

DS - 2 – OU PERIODONTAL COMPETENCIES

Adult Oral Prophylaxis

Objectives: Assess the ability to perform an Adult Oral prophylaxis by (1) Obtaining consent (both verbally and in written format) prior to treatment; (2) Giving oral hygiene instructions; (3) Removal of supra and sub gingival calculus, plaque and stain; (6) Identifying and removing iatrogenic plaque retentive factors and (7) Pain control throughout the procedure.

Required Experiences: (1) Successfully complete all didactic and clinical courses in the 1st year of dental school; (2) Have performed at least one adult oral prophylaxis in the DS-2 clinic.

Patient Requirements: Diagnosed as a gingivitis case (i.e. No clinical attachment loss, therefore NO need of SRP)

When to Take: During the DS-2 year.

Examiners: Full or Part- time Hygienists, Periodontists or Periodontology Graduate Teaching Assistants.

Evaluation: See details in the assessment form.

Grades: < 80 points fail; ≥ 80 points pass

Consequence of Failure: Remediation will be at the discretion of the Course Director. Remediation may involve didactic (i.e., reading assignment) and clinical exercises, and will require a repeat of the Competency.

DS2
Adult Oral Prophylaxis (D1110) – Instrumentation Competency Assessment Form

Student Name and No. _____
Patient Name_____ Chart No._____

Total (100 minus errors) = _____ Satisfactory >80 Unsatisfactory <80

Graded Item	Possible Points	Student Self Assessment	Faculty Assessment
HISTORY			
* Medical History accuracy	5		
RECORDS, CONSENT FOR TREATMENT AND PLAN			
Appropriate records, accurate periodontal diagnosis and rational for treatment	5		
*Informed Consent for Treatment Obtained	5		
Plaque Score	5		
OHI	10		
Identification of supra/sub gingival plaque, calculus and stain	10		
Correct instrument selection	10		
PATIENT MANAGEMENT			
Removal of supragingival calculus/ Instr. technique	15		
Removal of supra/sub gingival plaque calculus and stain/ Instr. technique	15		
Soft and hard tissue condition (trauma)	5		
Student awareness of completion of procedure	5		
Infection Control/Patient Management	10		

* Critical Error = Failure (unsatisfactory grade)
Faculty Signature:_____ Date: _____

DS - 2 – OU PERIODONTAL COMPETENCIES

Oral Health Promotion (OHI)

Objectives: Assess the ability to perform Oral Health promotion: (1) Obtain consent (both verbally and in written format) prior to treatment; (2) Disclose and identify plaque in patient´s mouth; (3) Perform O´Leary plaque Score; (4) Describe dental deposits; (5) Discuss disease progression and patient´s disease state; (6) Demonstrate OHI techniques and introduce one plaque control aid.

Required Experiences: (1) Successfully complete all didactic and clinical courses in the 1st year of dental school; (2) Have performed at least one Oral Health Promotion (OHI) prior to the competency exam, on the same patient.

Patient Requirements: Patient must have received a periodontal diagnosis and treatment plan before the oral health promotion.

When to Take: During the DS-2 year.

Examiners: Full or part-time Hygienists.

Evaluation: See details in the assessment form.

Grades: < 80 points fail; ≥ 80 points pass

Consequence of Failure: Remediation is at the discretion of the Course Director. Remediation may involve didactic (i.e., reading assignment) and clinical exercises, and will require a retake of the Competency.

PATIENT EDUCATION/ ORAL HEALTH PROMOTION COMPETENCY EXAMINATION

Student name_____**Patient name**_____**Date**_____**Timing** _____

Satisfactory >80 Unsatisfactory <80

Criteria		**Comments**
1. Identifies plaque biofilm in patient´s mouth □ Patient disclosed □ Plaque retentive areas shown to patient □ Rationale for disclosant □ Plaque score explained and reviewed (current PS% and goal for PS% □ Use of visual aids (hand mirror, patient´s plaque score)	**10** **9** **8** **7** **5**	
2. Describes dental deposits □ Describes plaque and calculus □ Discusses deposits relationship to dental diseases □ Use of visual aids (Optional – Oral B atlas, radiographs)	**10** **9** **8** **7** **5**	
3. Discusses progression of disease from health to bone loss □ Explains the signs, symptoms and stages of gingivitis and periodontitis □ Use of visual aids (Oral B atlas)	**10** **9** **8** **7** **5**	
4. Discusses patient´s disease state □ Advised patient of their present disease state □ Discussion personalized with use of visual aids (Oral B atlas, patient´s periodontal charting-optional radiographs, pt. study model)	**10** **9** **8** **7** **5**	
5. Introduces plaque control aid □ Appropriate aid chosen to teach □ Rationale of why, when and what to use □ Technique is correct □ Use of visual aids (Teaching model, aid, hand mirror-optional patient´s study model)	**10** **9** **8** **7** **5**	
6. Patient Involvement □ Patient demonstrates current technique in mouth □ Patient demonstrates new technique correctly in mouth □ Student corrects patient´s technique	**10** **9** **8** **7** **5**	
7.Clinician/Patient/Relationship	**10**	

Patient/Management □ Student's role in plaque control and maintenance □ Patient left with understanding of disease state, role and knowledge of new techniques	**9** **8** **7** **5**	
8. Communication skills □ Student uses lay terms □ Involved patient with open ended questions □ Can answer patient's questions	**10** **9** **8** **7** **5**	
9. Preparation and organization □ Covered objectives □ Facts researched and information correct □ Materials needed were available □ Presentation and instruction proceeds in logical, sequential manner	**10** **9** **8** **7** **5**	
10.Professionalism □ Student demeanor, attitude □ Appearance □ Infection control	**10** **9** **8** **7** **5**	

Grade Criteria:

10 - student met objective without any errors, misjudgment or difficulty
9 - student met most of objective or made minor errors in accuracy or judgment
8 - student met some of objective, but made errors in adequacy of information
7- student deleted information, made gross errors
5 - student totally failed to accomplish objective

STUDENT SELF-EVALUATION: PATIENT EDUCATION/ ORAL HEALTH PROMOTION COMPETENCY

Student name_____ **Date**_____

Grade S/U

Please write legibly

1**.** What is the present disease state that your patient has been diagnosed?

2. Give a brief outline of your presentation.

3. List the visual aids you employed in your plaque control discussion.

4. What areas of instruction did you feel particularly well?

5. What areas could you improve upon or do different next time?

6. What did you gain form this experience?

7. Please evaluate your communication skills (Listening, explaining, questioning, clarity, rapport, etc).

8. Did you feel you were well organized and prepared before your session? If not, what could you have done to improve your presentation?

***This form MUST be completed within one week after your OHI competency and turned in to Ms. Sehorn. Your grade will not be released until the form is received.**

REQUIRED QUESTIONS: AFTER COMPETENCY PLAQUE SCORE (PS)

(Turn this form in and a copy of the patient´s Plaque Score to Ms. Sehorn)

Student name_____ **Date**_____

1**.** What was the last PS percentage and what is the current percentage?

2. Did your post competency plaque score show that your patient was successful using the method you taught (at least 10% reduction in PS)?

3. If not, what was their problem and how can they correct it (need of motivation or indication of a different aid)?

4. What feedback did they give you?

5. Did you have to modify any of your original plan of OHI due to patient difficulties and if so, what were they and how did you change your plan?

DS - 3 – OU PERIODONTAL COMPETENCIES

PERIODONTAL EXAMINATION, DIAGNOSIS AND TREATMENT PLANNING

Objectives: Assess the ability to (1) Obtain and record periodontal and other intra/extra-oral findings; (2) Evaluate periodontal condition; (3) Determine periodontal diagnosis; (4) Establish a periodontal prognosis; (5) Refer cases to dental specialties, including periodontics, if needed; (6) Formulate a periodontal treatment plan as part of a comprehensive dental treatment.

Required Experiences: (1) Successfully complete all didactic, laboratorial and clinical courses in the 1st and 2nd years of dental school; (2) Have performed at least two comprehensive periodontal examinations during student's periodontal clinic experiences including DS-2 clinic.

Patient Requirements: (1) At least 14 teeth present in the mouth; (2) Available full-mouth radiographs that are not older than 18 months; (3) Radiographic evidence of at least moderate alveolar bone loss in at least one quadrant; (4) Individual has not received a comprehensive periodontal examination at OU COD in the last year.

Examiners: Full- or Part-Time Periodontists or Periodontology Graduate Teaching Assistants .

Evaluation: A correct Periodontal Diagnosis is necessary to pass this competency as well as critical elements of medical history, infection control and patient management. That would compromised patient safety and general health during procedure. A symbol * should remind the student of these critical assessments that if not performed correctly will fail the entire competency.

Grades: < 80 points fail; $\underline{\geq}$ 80 points pass

Consequence of Failure: Remediation is to be done with the predoctoral periodontology director or an assigned faculty member. Remediation normally involves (1) didactic (i.e., reading assignment) and (2) clinical exercises (i.e., retake competency assessment exam).

PERIODONTAL EXAMINATION, DIAGNOSIS AND TREATMENT PLANNING
(D0150PE)
Competency Assessment Form

Student Name _____
Patient Name _____Chart No._____

Total (100 minus errors) = _____ Satisfactory= >80 Unsatisfactory <80

Graded Item (points)	Possible Points	Student Self Assessment	Faculty Assessment
HISTORY (10)			
* Medical History accuracy	4		
Chief Complaint accuracy	2		
Dental History accuracy	2		
* Addressing emergency	2		
PERIODONTAL CLINICAL EXAMINATION (30)			
Probing Depth (PD within -/+2mm)	4		
Position of Gingival Margin (GM)	4		
Clinical Attachment Level (CAL)	4		
Bleeding on Probing (BOP)	3		
Mucogingival Junction	2		
Furcation Involvement	3		
Tooth mobility/fremitus	2		
Gingival tissue description – color, texture contour	3		
Caries/faulty restorations/prosthesis	2		
Plaque Score	3		
RADIOGRAPHIC EXAM (10)			
Patterns and severity of bone loss	2		
Furcation radiolucencies	2		
Abnormal widening of PDL	1		
Crown radiolucencies (caries, restorative margins)	1		
Abnormal root form, proximity, length	1		
Periapical radiolucencies	1		
Abnormal crown-root ratio	1		
Additional radiographic findings	1		
PERIODONTAL ASSESSMENT (50)			
Etiology and Risk Factors	5		
Periodontal Diagnosis	10		
Periodontal Prognosis	5		
Periodontal/ComprehensiveTreatment Plan	10		
Consideration for referral to specialist	10		
Infection Control/Patient Management	10		

* Critical Error = Failure (unsatisfactory grade)
Faculty Signature:_____ Date: _____

DS - 3 – OU PERIODONTAL COMPETENCIES

SCALING AND ROOT PLANING

Objectives: Assess the ability to (1) Obtain consent (both verbally and in written format) prior to treatment; (2) Give oral hygiene instructions; (3) Remove supragingival deposits; (4) Remove subgingival deposits; (5) Perform root planing; (6) Control pain throughout the procedure and give post-operative instructions.

Required Experiences: (1) Successfully complete all didactic, laboratorial and clinical courses in the 1st and 2nd years of dental school; (2) Have performed at least two quadrants of scaling and root planing.

Patient Requirements: (1) Have one or two quadrants with at least 4 teeth present in each with subgingival calculus and PD≥ 4mm in at least one site per tooth, with at least one molar that presents proximal contact. The student must indicate the presence of calculus on the selected tooth surfaces using the clinical diagram inserted at the bottom of the evaluation form (see below on the following page).

When to Take: Once in DS3 periodontal clinic.

Examiners: Full or Part- time Hygienists, Periodontists or Periodontology Graduate Teaching Assistants.

Evaluation: See details in the assessment form.

Grades: Pass ≥ 80 points / Fail < 80 points.

Consequence of Failure: Remediation is to be done with the predoctoral periodontology director or an assigned faculty member. Remediation normally involves (1) didactic (i.e., reading assignment) (2) laboratorial (as needed, for technical skill reinforcement), and (3) clinical exercises (i.e., retake competency assessment exam).

PERIODONTAL SCALING AND ROOT PLANING (D4341)
Competency Assessment Form

Student Name and No. _____
Patient Name _____Chart No._____

Total (100 minus errors) = _____ Satisfactory = >80 Unsatisfactory <80

Graded Item	Possible Points	Student Self Assessment	Faculty Assessment
HISTORY (10)			
* Medical History accuracy	6		
Patient seen at reasonable time interval	4		
RECORDS, CONSENT FOR TREATMENT AND PLAN (30)			
Appropriate records, accurate periodontal diagnosis and rational for treatment	5		
Informed Consent for Treatment Obtained	5		
Identification of supragingival plaque, calculus and stain	10		
Identification of subgingival calculus	10		
PAIN CONTROL AND PATIENT MANAGEMENT (60)			
Appropriate anesthetic, anesthesia and pain control	5		
Removal of supragingival calculus, plaque and stain	10		
Removal of subgingival calculus	10†		
Effective root planning and smooth surfaces	10		
Soft and hard tissue condition (trauma)	5		
Plaque Score and OHI	5		
Student awareness of completion of procedure	5		
Understanding of future treatment needs	5		
*Infection Control/Patient Management	5		

*** Critical Error = Failure (unsatisfactory grade)**
† Full 10 points for Heavy deposit, points subtracted for lesser difficulty.
Faculty Signature:_____ **Date:** _____

Select a minimum of 4 teeth in a quadrant with subgingival calculus and PD≥ 4mm in at least one site per tooth, with at least one molar with proximal contact per quadrant.

Tooth Number																																
Calculus Present: Place a √ for yes	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**
Probing Depth	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**	**M**	**F**	**D**	**L**

Patient accepted for competency Yes ☐ No ☐
Faculty Signature_____

DS - 3 – OU PERIODONTAL COMPETENCIES

REEVALUATION OF INITIAL PERIODONTAL THERAPY OR MAINTENANCE

Objectives: Assess the ability to (1) Obtain and record all necessary periodontal data; (2) Evaluate treatment outcome and periodontal status; (3) Determine additional treatment needs, including referral to a specialist.

Required Experiences: Successfully complete all didactic, laboratorial and clinical courses in the 1st and 2nd years of dental school.

Patient Requirements: (1) Patient who received initial periodontal therapy by the same student within the last 3 to 4 weeks; (2) Patient should have a minimum of 14 teeth present in the mouth, ideally as close to full-dentition as possible.

Clinical Examiners: Full- or Part-Time Periodontists or Periodontology Graduate Teaching Assistants.

When to Take: During Junior year DS-3 academic year.

Evaluation: See details in the actual assessment form.

Grades: < 80 points fail; ≥ 80 points pass

Consequence of Failure: Remediation is to be done with the predoctoral periodontology director or an assigned faculty member. Remediation normally involves (1) didactic (i.e., reading assignment) and (2) clinical exercises (i.e., retake competency assessment exam).

REEVALUATION OF INITIAL PERIODONTAL THERAPY OR MAINTENANCE
(D4910 or D4999P)
Competency Assessment Form

Student Name and No. _____
Patient Name_____ Chart No._____

Total (100 minus errors) = _____ Satisfactory = >80 Unsatisfactory <80

Graded Item (points)	Possible Points	Student Self Assessment	Faculty Assessment
HISTORY (10)			
* Medical History accuracy	5		
Patient seen at appropriate time interval	5		
PERIODONTAL CLINICAL EXAMINATION (40)			
Probing Depth (PD within -/+2mm)	5		
Position of Gingival Margin (GM)	5		
Clinical Attachment Level (CAL)	5		
Bleeding on Probing (BOP)	4		
Mucogingival Junction	3		
Furcation Involvement	4		
Tooth mobility/fremitus	3		
Gingival tissue description – color, texture contour	4		
Caries/faulty restorations/prosthesis	3		
Plaque Score	4		
PERIODONTAL ASSESSMENT (50)			
Etiology and Risk Factors	5		
Additional Preventive Measures	10		
Update Periodontal Prognosis	5		
Update Periodontal Treatment Plan	10		
Specialists Referral Addressed	10		
Infection Control/Patient Management	10		

* Critical Error = Failure (unsatisfactory grade)

Faculty Signature:_____ Date: _____

Appendix 1.

OUTLINE FOR PERIODONTAL REPORTS

1. Give a brief summary of the medical and dental history.

2. List Risk Factors, and proposed etiology, for this patient.

3. Initial Periodontal diagnosis (Justify your diagnosis).

4. Overall Prognosis. List any individual tooth (teeth) prognosis, and give all criteria used to produce your prognosis.

5. Description of your phase one therapy, and reevaluation. Give rationale for choosing maintenance and the interval, or for referral to Graduate Periodontics.

6. If maintenance, describe your evaluation criteria used to determine the periodontal status of your patient, at each visit.

7. If referred to Graduate Periodontics, describe what was done, why and the results.

8. Was your OHI, plaque control, patient compliance and periodontal therapy successful? Give the rationale for your answer. What periodontal armamentarium did you use to treat and evaluate this patient?

9. What are the highlights from this case?

Supplemental Suggestions for Final Report on Patient Care Reflection
Faculty Evaluation

Student name:_____

Date:_____

Final Report on Patient Care - Reflection				
	Clinical Case 1		Clinical Case 2	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
1. Medical and Dental History				
- Description of general health				
- Description of previous dental history				
2. Risk Factor and Etiology				
- Plaque score and OHI improvement				
- Plaque retentive factors				
- Discussion of patient risk factors				
3. Periodontal Diagnosis				
- Accurate Periodontal diagnosis				
4. Overall Prognosis				
- Rationale of the given prognosis				
5. Phase-1 Therapy				
- Improvement of plaque score/OHI over time				
- Satisfactory instrumentation (plaque, calculus and all plaque retentive factors removal)				
6. Phase-1 Reevaluation				
- Inflammation resolution				
- Improvement periodontal parameters				
- Decision making on referring to graduate periodontics or periodontal maintenance in undergraduate clinic				
7. Maintenance				
- Treatment delivered at maintenance				
8. Referral to Graduate Periodontics				
- Rationale for referral				
9.Highlights from the case				
- High and low points of the treatment (pt. treated timely and properly)				
Total				

Supplemental Suggestions for Final Report on Patient Care Reflection – Self-Evaluation

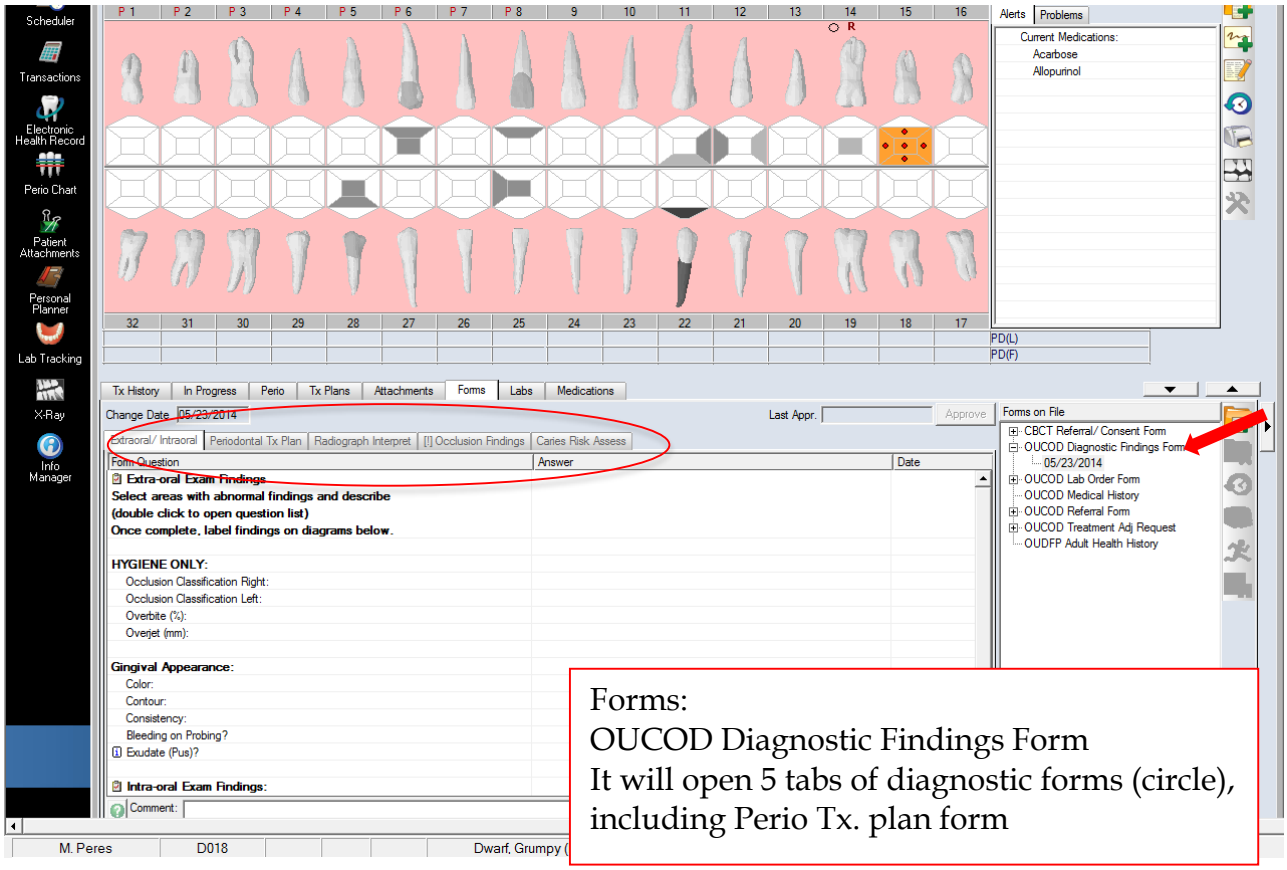
Student name:_____

Date:_____

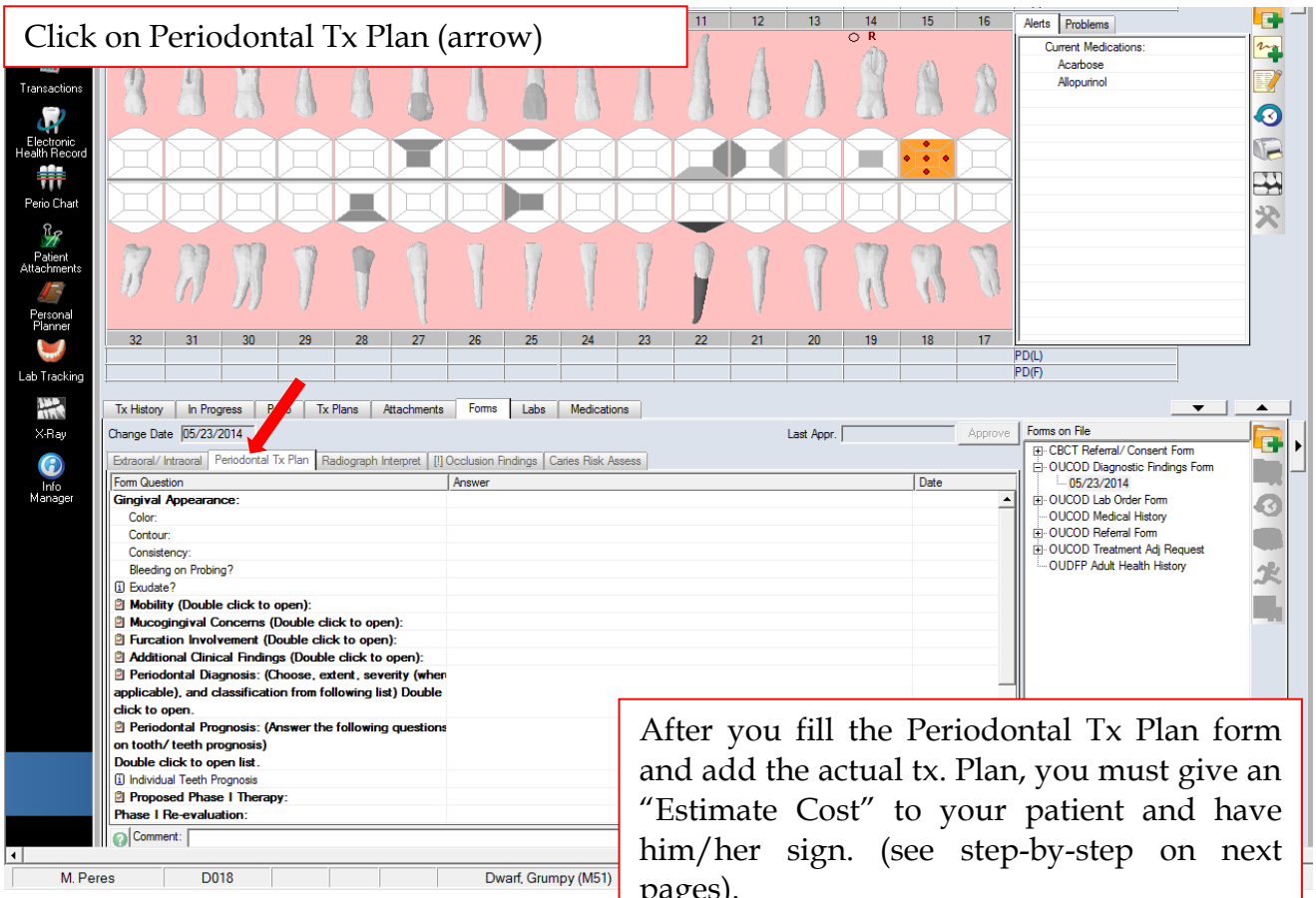
Final Report on Patient Care - Reflection				
	Clinical Case 1		Clinical Case 2	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
1. Medical and Dental History				
- Description of general health				
- Description of previous dental history				
2. Risk Factor and Etiology				
- Plaque score and OHI improvement				
- Plaque retentive factors				
- Discussion of patient risk factors				
3. Periodontal Diagnosis				
- Accurate Periodontal diagnosis				
4. Overall Prognosis				
- Rationale of the given prognosis				
5. Phase-1 Therapy				
- Improvement of plaque score/OHI over time				
- Satisfactory instrumentation (plaque, calculus and all plaque retentive factors removal)				
6. Phase-1 Reevaluation				
- Inflammation resolution				
- Improvement periodontal parameters				
- Decision making on referring to graduate periodontics or periodontal maintenance in undergraduate clinic				
7. Maintenance				
- Treatment delivered at maintenance				
8. Referral to Graduate Periodontics				
- Rationale for referral				
9.Highlights from the case				
- High and low points of the treatment (pt. treated timely and properly)				
Total				

Appendix 2.

OUCOD Diagnostic Findings Form - red arrows indicate where to "click" to open the forms

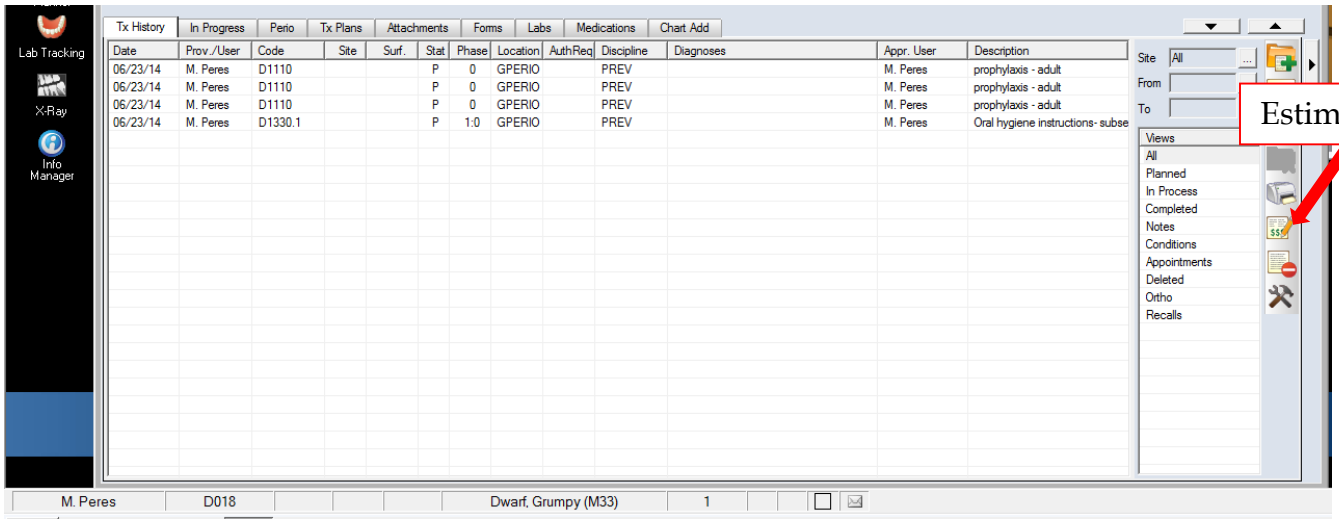


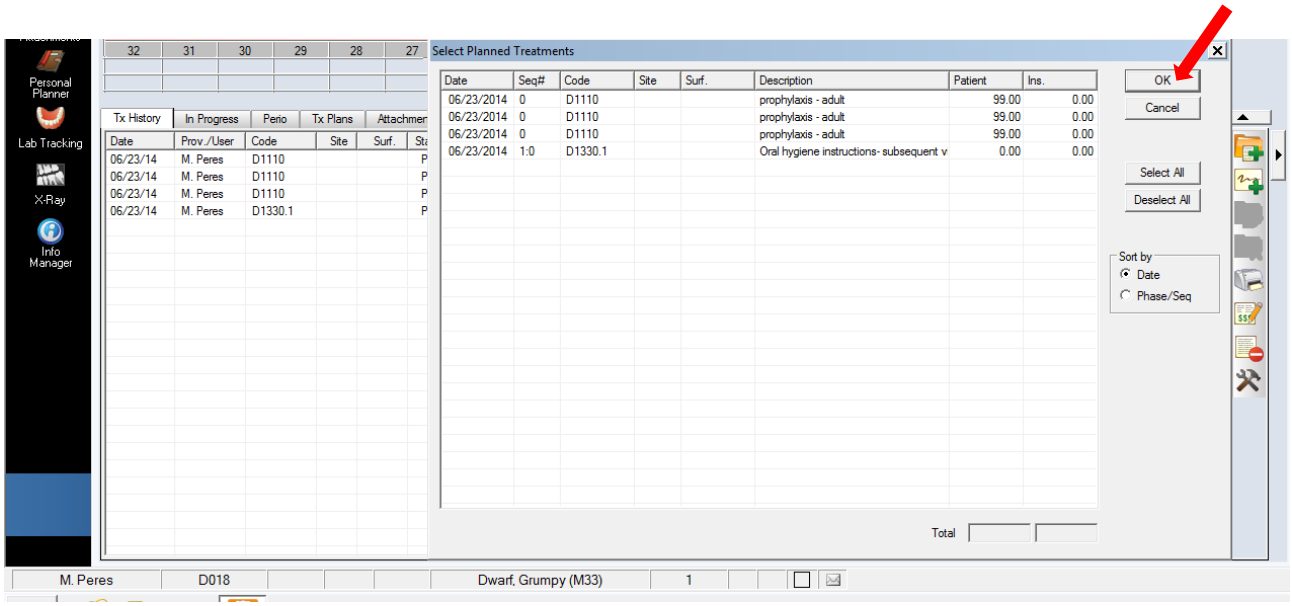
Periodontal Tx Plan



After you fill the Periodontal Tx Plan form and add the actual tx. Plan, you must give an "Estimate Cost" to your patient and have him/her sign. (see step-by-step on next pages).

This creates a mini treatment plan for Perio and allows immediate Perio treatment.





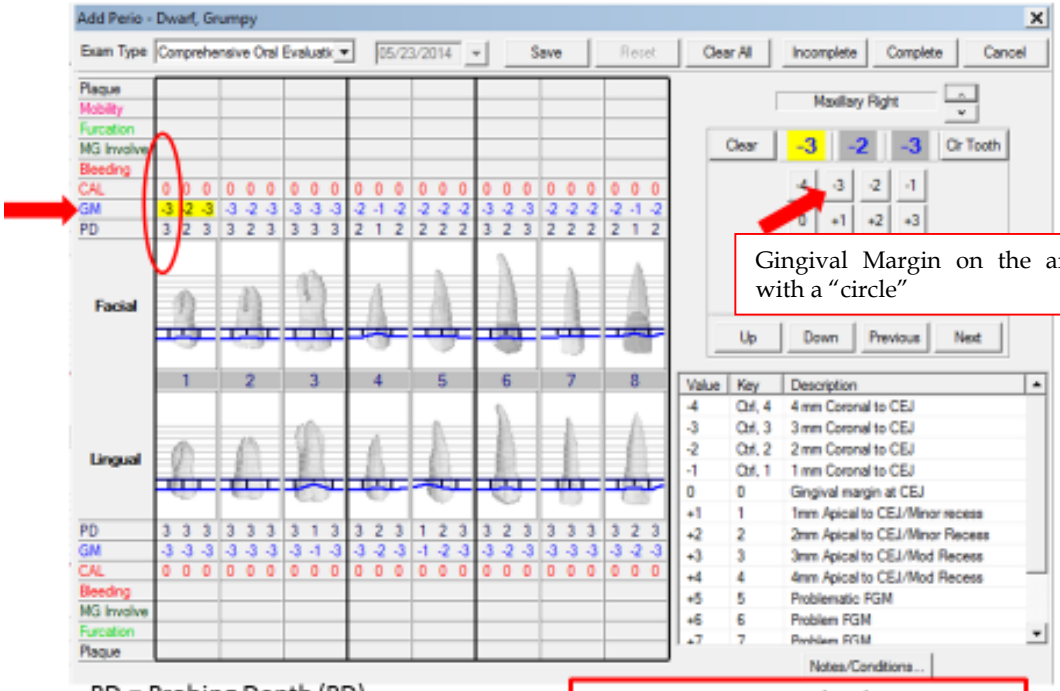
Step-by-Step Estimate:

1. Open "Estimate", if only Perio Tx. showing, then hit "Select all" – patient total fee shows in the lower left box.
2. If other disciplines Tx. are showing, hit "control" and "command" and select ONLY Perio Tx.
3. Hit "OK"
4. Next screen, at bottom, click on "S. Current Values"
5. Hit "Print"
6. Be sure to plug in e-sig. pad at least 3 minutes before the signature.
7. Once print is selected, a new screen shows allowing e-sign.
8. Don't forget to print a copy to your patient.

Appendix 3.

Periodontal Evaluation, Probing and Recording in AxiUm

Diagnosis: Generalized Gingivitis



Gingival Margin on the area signalized with a "circle"

PD = Probing Depth (PD)

CAL = PD + (GM)

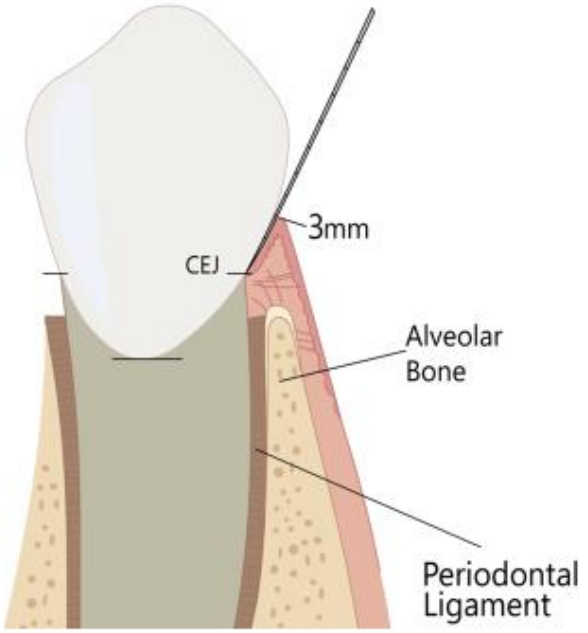
CAL = 3 + (-3) CAL = 3 - 3

CAL = 0

NOTE: Gingival Margin (GM)
Positive number (+): Recession
Negative number (-): Coronal to the CEJ
Zero (0): GM is Right at the CEJ

PD= 3
GM= -3
CAL= 0

Gingivitis



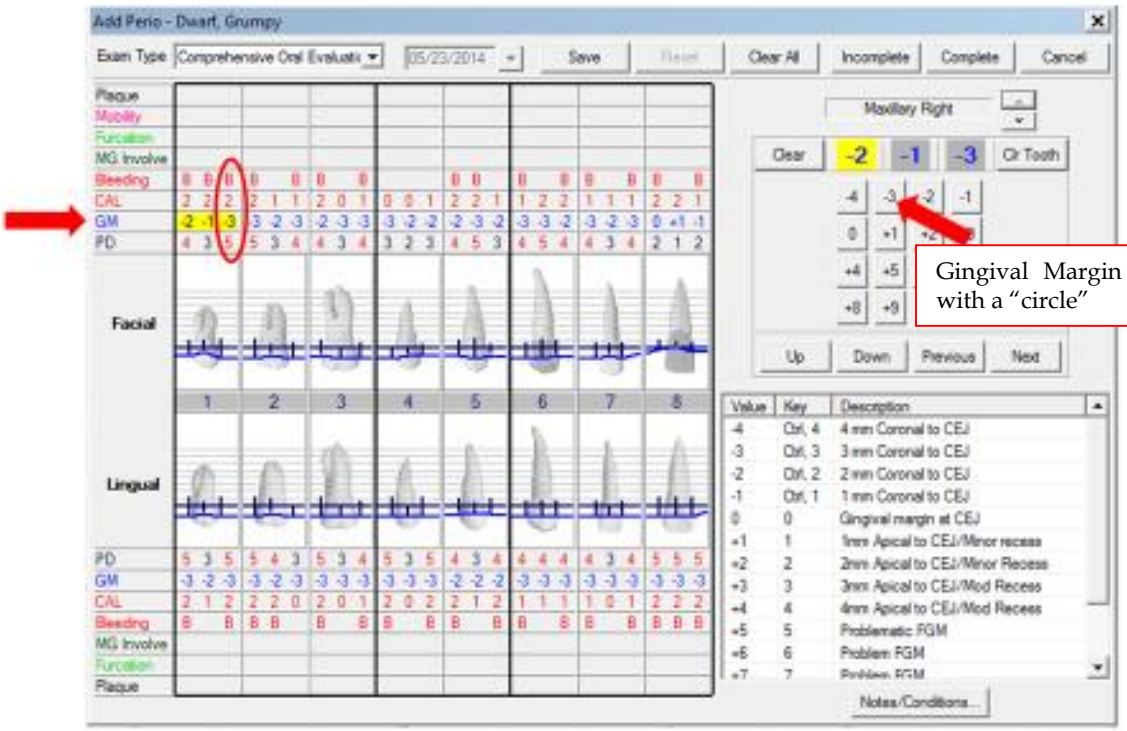
When the free gingival margin (GM) is below the CEJ (root exposure) the GM is a positive "+" number in mm.

When the GM is above the CEJ (Covering the CEJ) the GM is a negative "-" number.

PD + GM = CAL

When CAL = 0, there has been NO attachment loss.

Diagnosis: Generalized Slight Chronic Periodontitis

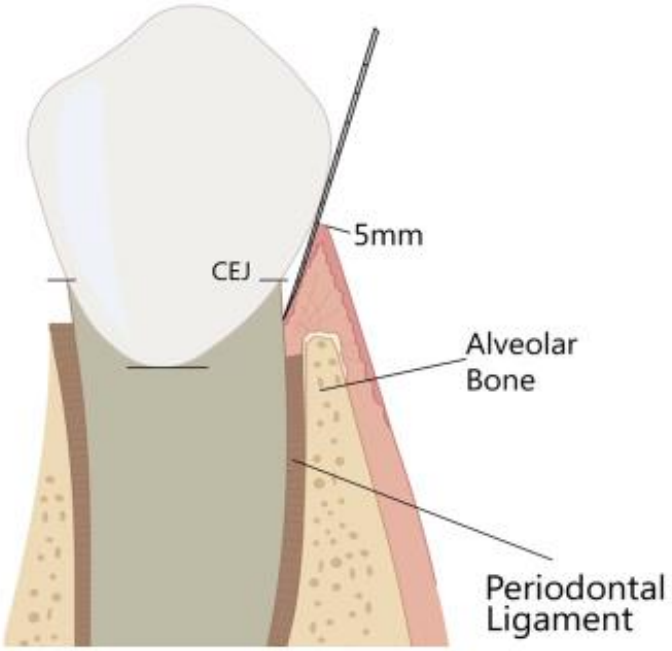


Gingival Margin on the area signalized with a "circle"

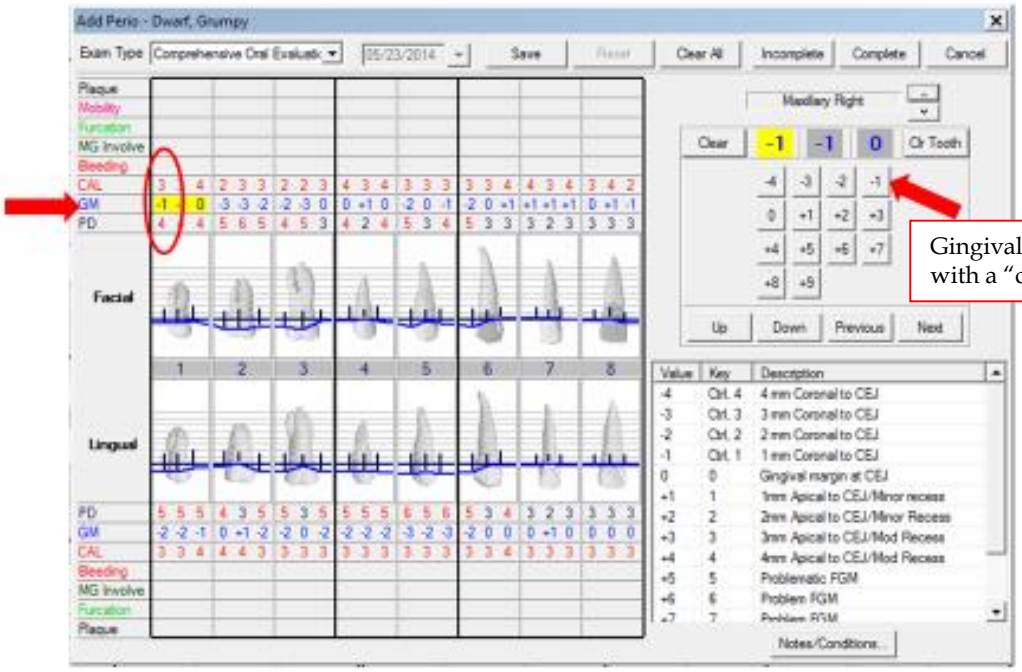
PD = Probing Depth (PD)
CAL = PD + (GM)
CAL = 5 + (-3) CAL = 5 - 3
CAL = 2 (SLIGHT PERIODONTITIS)

PD= 5
GM= -3
CAL= 2

Slight Periodontitis



Diagnosis: Generalized Moderate Chronic Periodontitis

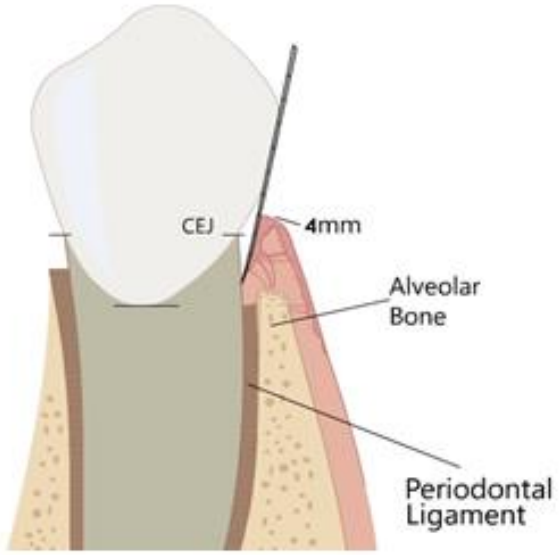


Gingival Margin on the area signalized with a "circle"

PD = Probing Depth (PD)
CAL = PD + (GM)
CAL = 4 + (-1) CAL = 4 - 1
CAL = 3 (MODERATE PERIODONTITIS)

MODERATE PERIODONTITIS

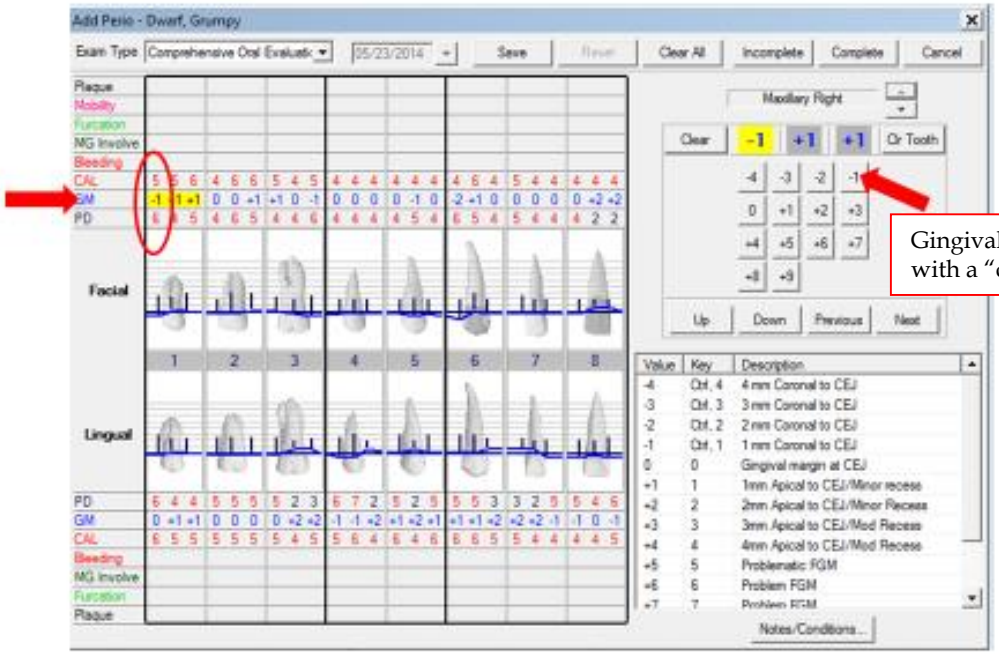
CAL = 3 – 4 mm



PD= 4
GM= -1
CAL= 3

Moderate Periodontitis

Diagnosis: Generalized Severe Chronic Periodontits

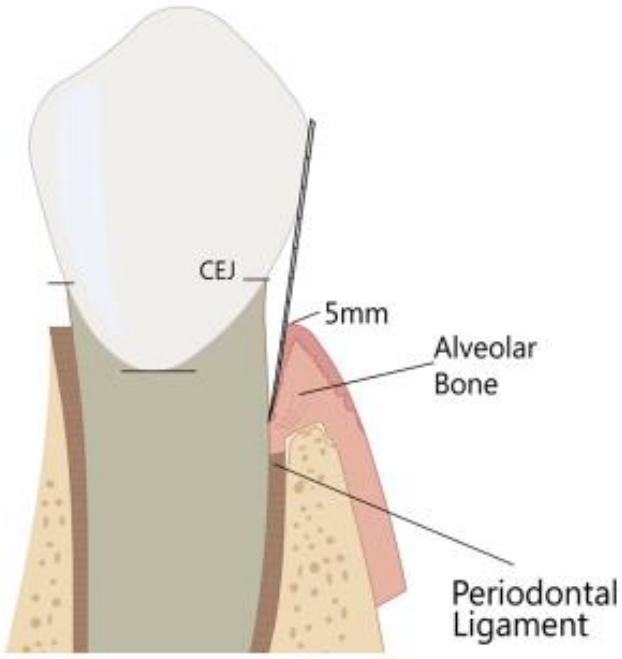


Gingival Margin on the area signalized with a "circle"

PD = Probing Depth (PD)
CAL = PD + (GM)
CAL = 6 + (-1) CAL = 6 - 1
CAL = 5 (SEVERE PERIODONTITIS)

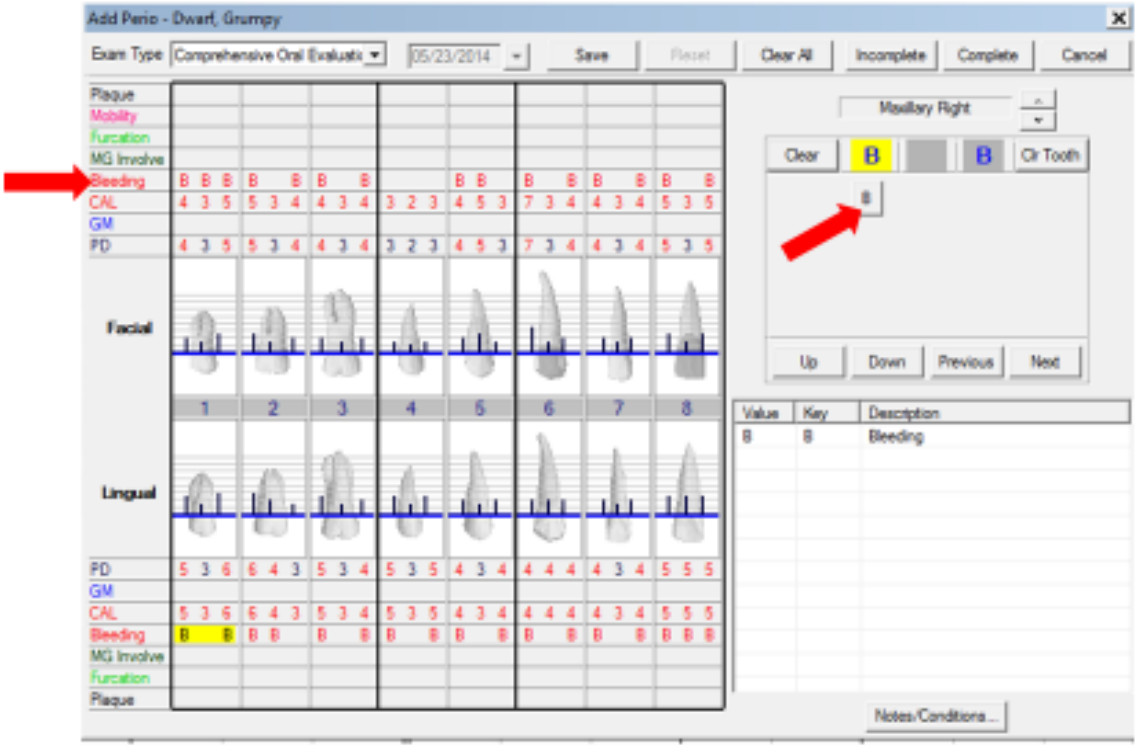
PD= 5
GM= +2
CAL= 7

Severe Periodontitis



Appendix 4.

Bleeding on Probing



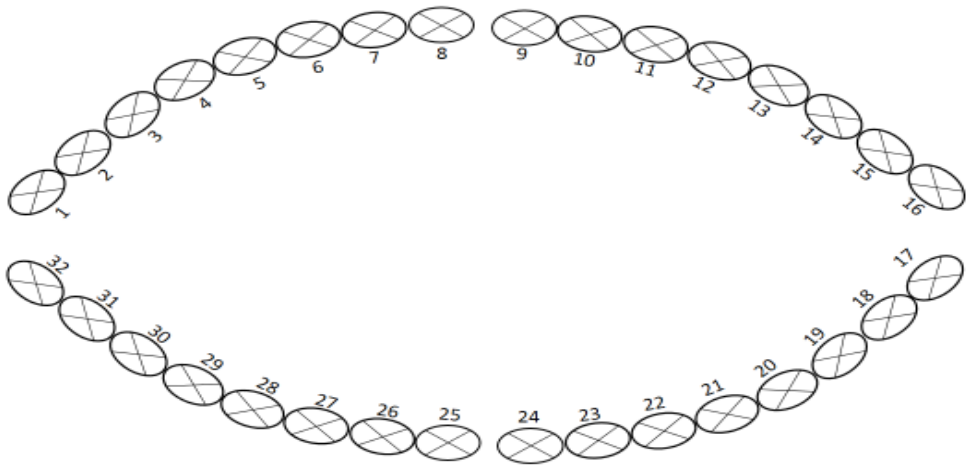
Bleeding = Bleeding on probing, must check after finishing the PD for every quadrant.

Place a "B" by every P.D. that bleeds

Appendix 5.

PREVENTIVE MEASURES	
First Exam	**Recommended**
Type of Brush	
Frequency of Brushing	
Brushing Technique	
Interproximal Cleansing Device	
Dentifrice	

Visit #_____ Plaque Score_____%



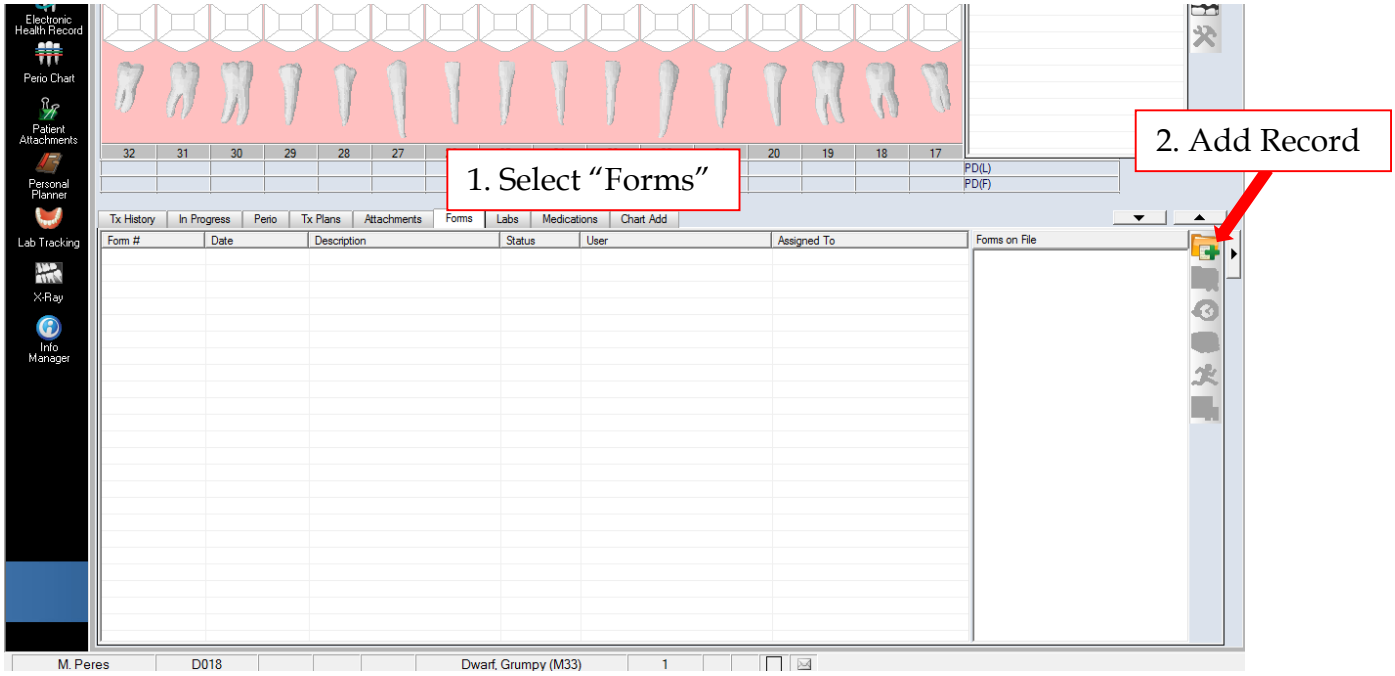
Fac. Sig. _____ Date_____

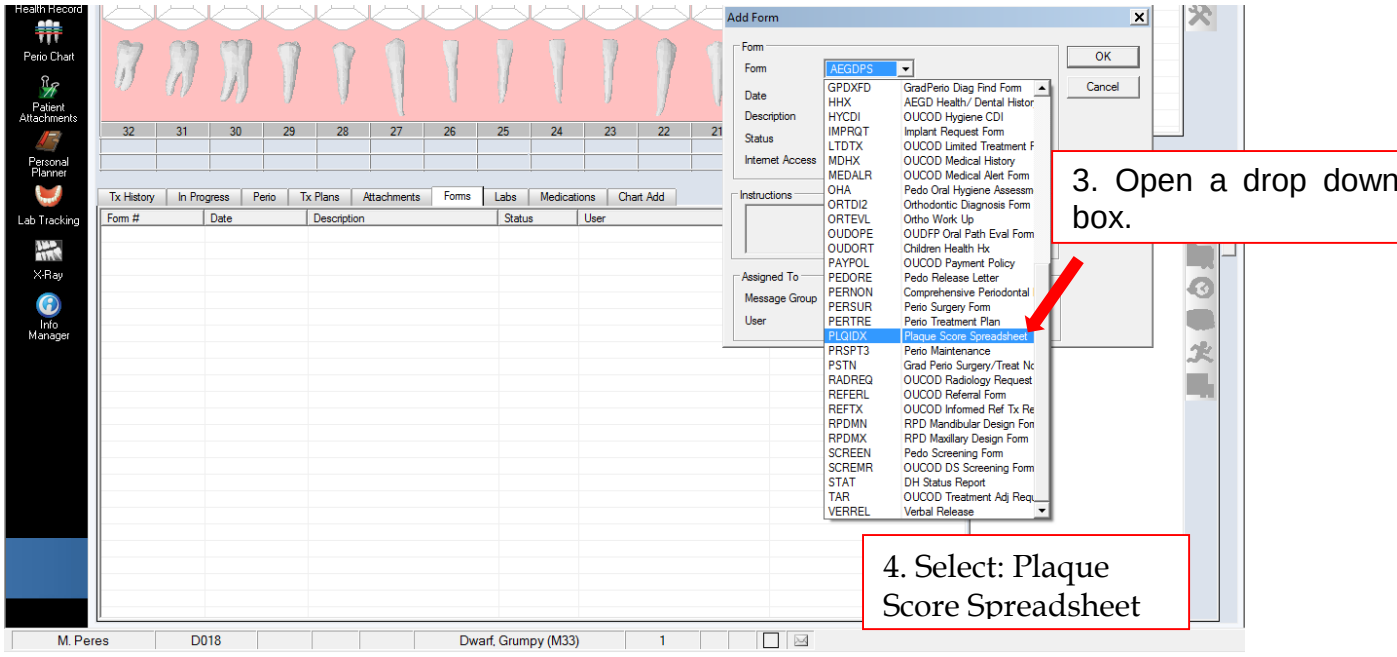
No. Plaque containing Surfaces = % Score

No. Available Surfaces

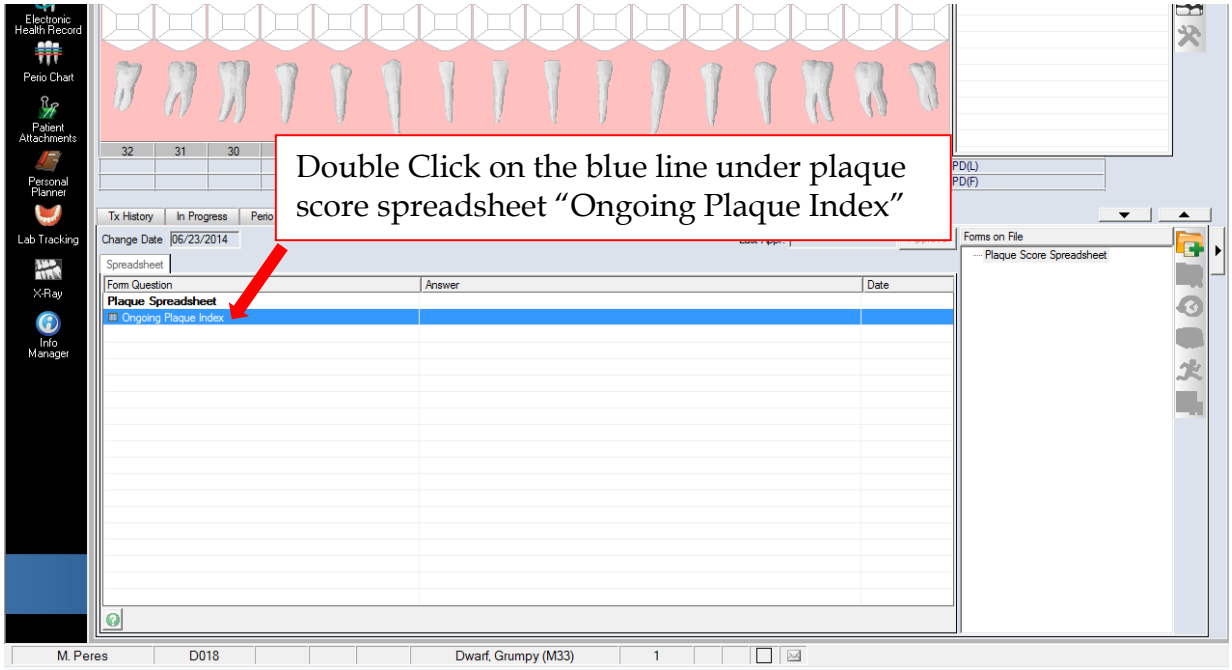
***After you perform the plaque score on paper, you MUST enter the plaque % in Plaque Score Spreadsheet in AxiUm, as it follows:**

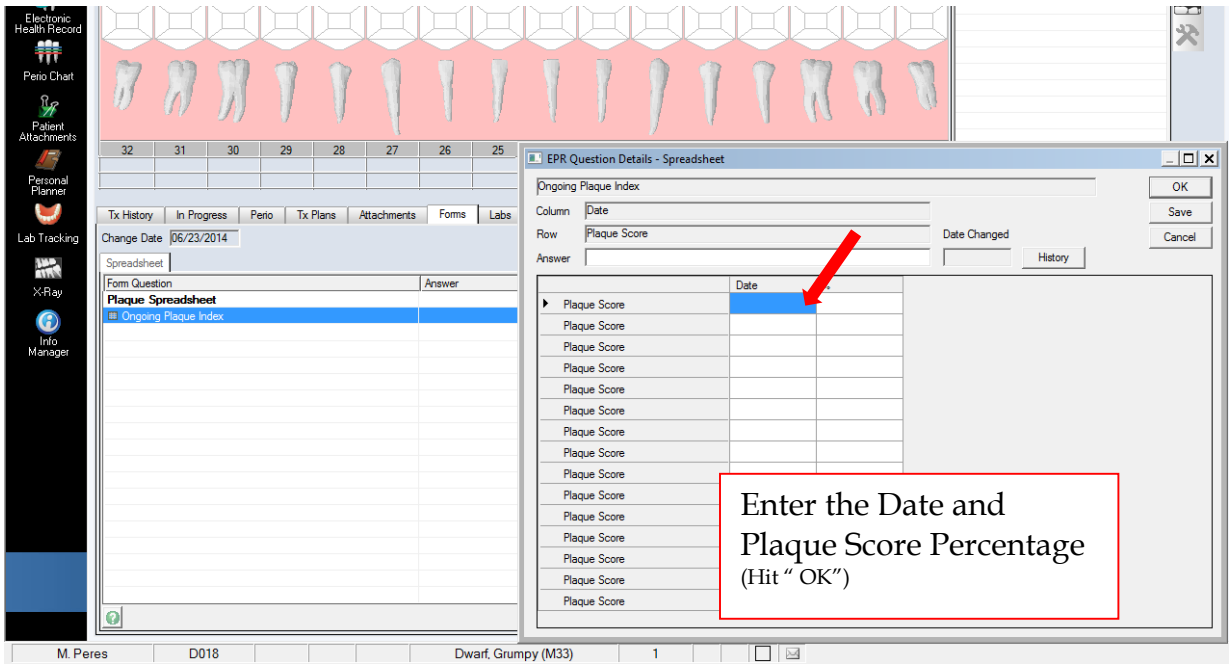
To find the Plaque Scores spreadsheet:





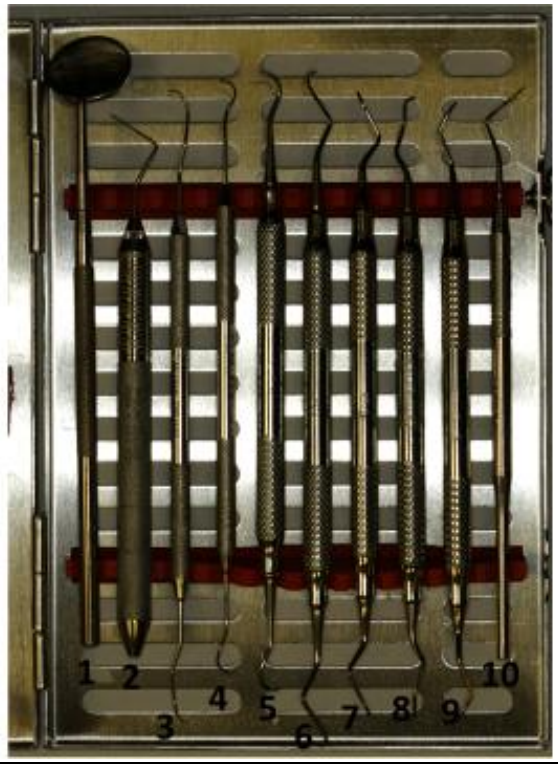
5. Hit "OK" the next screen will show the plaque score spreadsheet

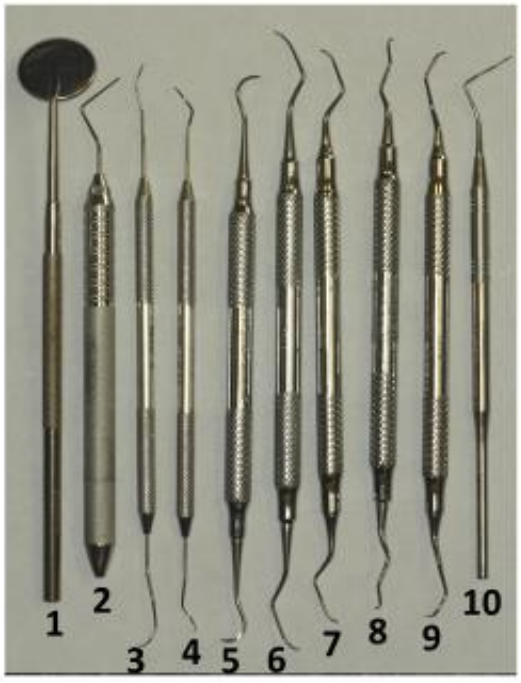

Double Click on the blue line under plaque score spreadsheet "Ongoing Plaque Index"
Electronic Health Record
Perio Chart
Patient Attachments
Personal Planner
Lab Tracking
X-Ray
Info Manager
Tx History
In Progress
Change Date 06/23/2014
Spreadsheet
Form Question
Answer
Date
Plaque Spreadsheet
Ongoing Plaque Index
Forms on File
Plaque Score Spreadsheet
M. Peres
D018
Dwarf, Grumpy (M33)


Enter the Date and Plaque Score Percentage
(Hit " OK")
EPR Question Details - Spreadsheet
Ongoing Plaque Index
Column Date
Row Plaque Score
Answer
Date Changed
History
OK
Save
Cancel
Plaque Score
Tx History
In Progress
Perio
Tx Plans
Attachments
Forms
Labs
Change Date 06/23/2014
Spreadsheet
Form Question
Answer
Plaque Spreadsheet
Ongoing Plaque Index
M. Peres
D018
Dwarf, Grumpy (M33)

Appendix 6.

Clinical Exam and Sc + Rp Kit





1 - Mouth Mirror

2 - UNC-12 Periodontal Probe

3 - ODU 11/12 Explorer

4 - Cowhorn Explorer

5 - Sickle anterior scaler H6/7

6 - Sickle posterior scaler

7 - Barnhart 1/ 2 Curette

8 - Gracey 11/ 12 Curette

9 - Gracey 13/14 Curette

10 - Marquis Color Coded Periodontal Probe

Appendix 7.

Periodontal Instruments available upon request at clinic dispensary desk

Anesthesia Instruments:

Carpule Syringe

Anesthetic Carpules

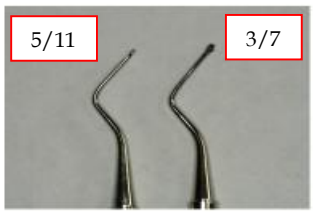
Injection Needles: Long, short and extra short

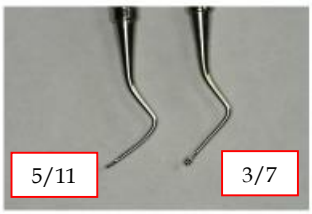
Oraqix – Local Anesthetic for periodontal use (intra sulcular application)

Nabers Probe:

Furcation involvement exam

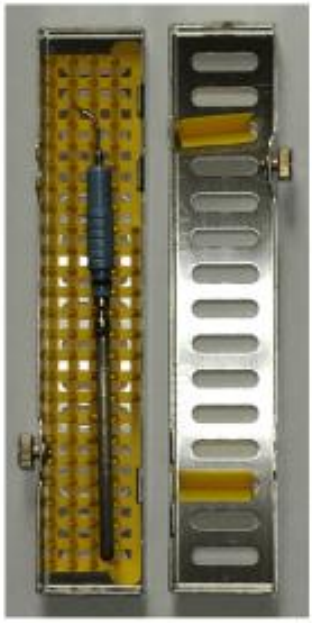
Hirschfield Files:





Indication:
Heavy, tenacious calculus

Ultrasonic instruments and unit:



1 **2** **3**

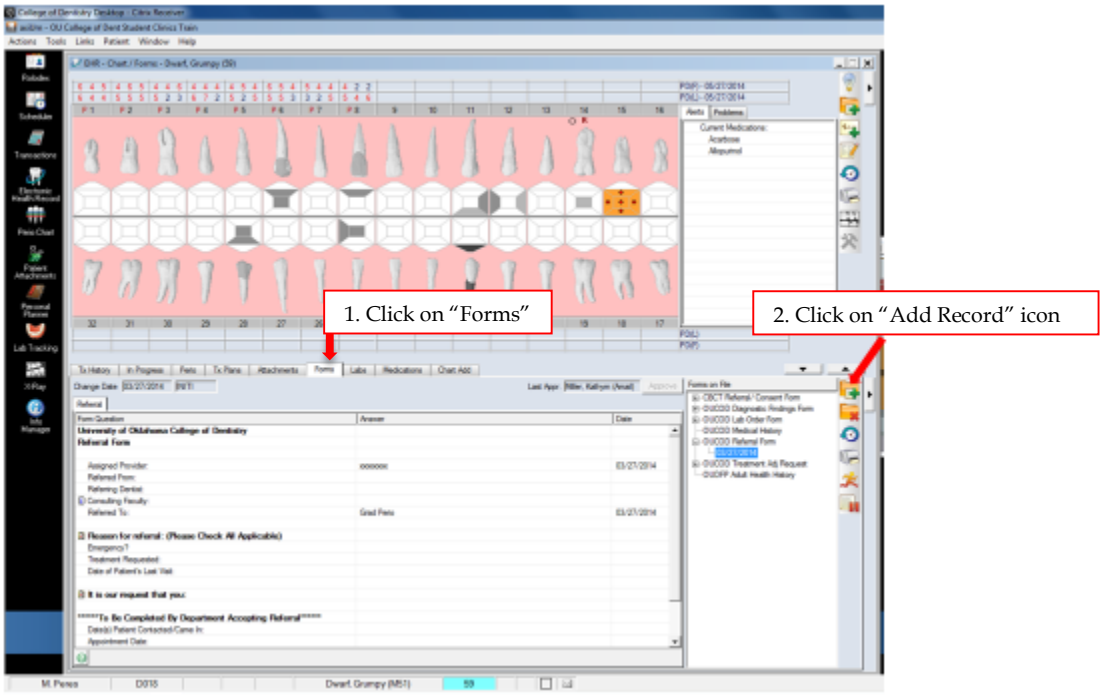
1- P-10 or T-10 – For heavy calculus.

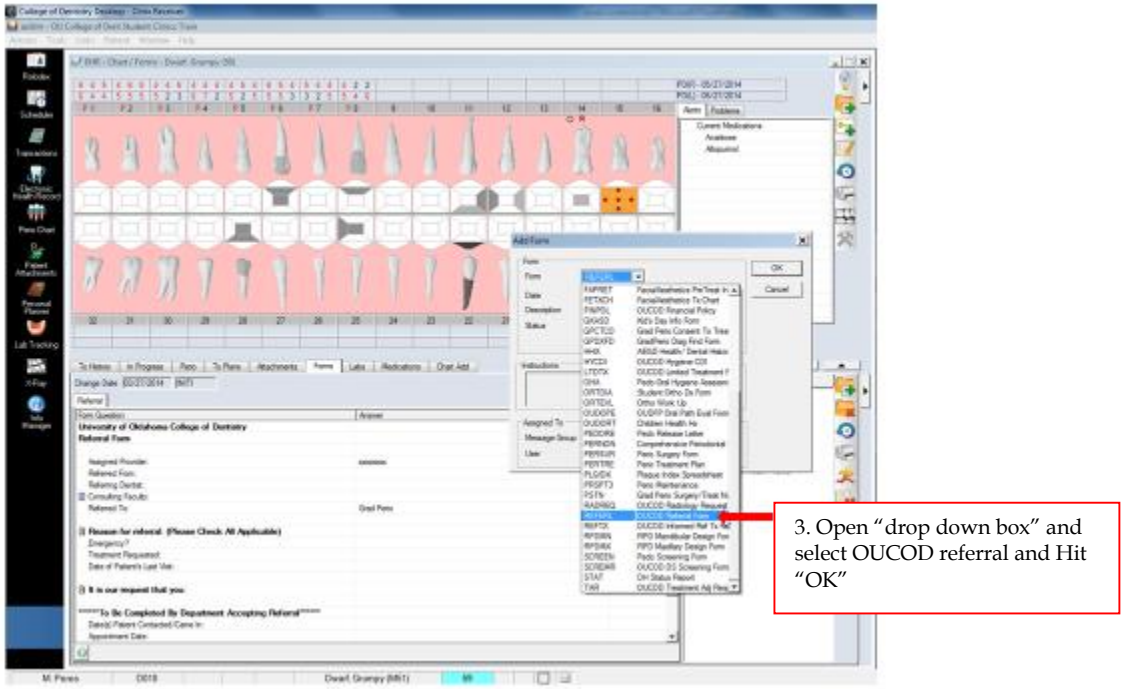
2- Slimline – Removal of plaque, light calculus, and use after P-10 or T-10

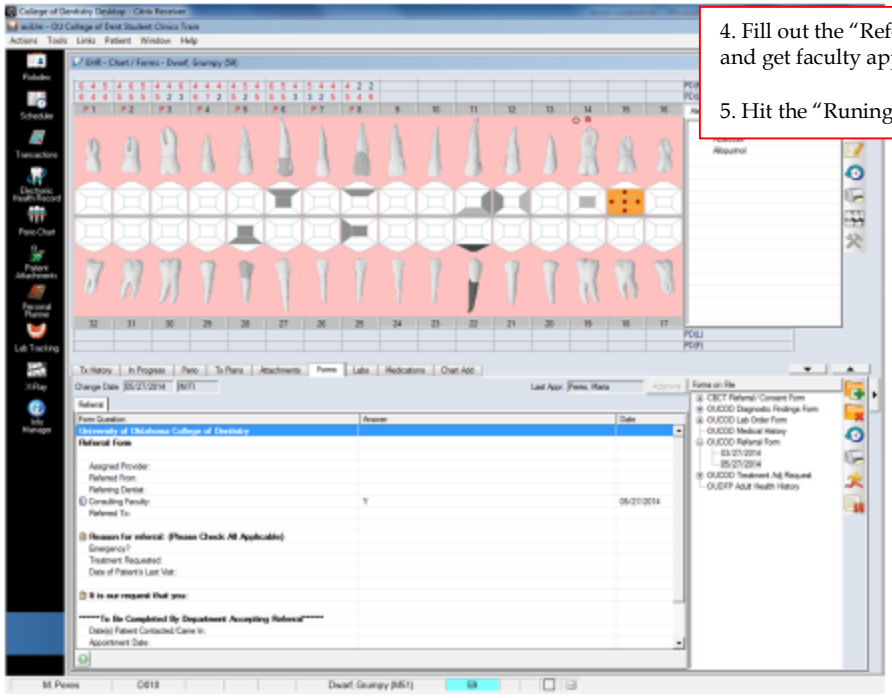
3- Right and Left – Posterior teeth, and furcation areas.

Appendix 8.

Referring to Graduate Periodontics Clinic 2nd floor using axiUm

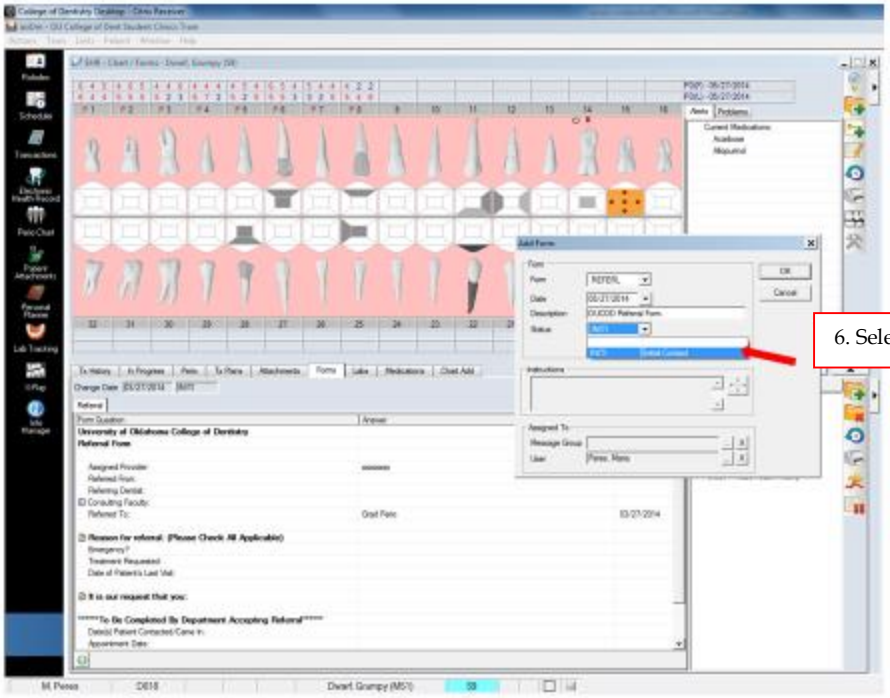




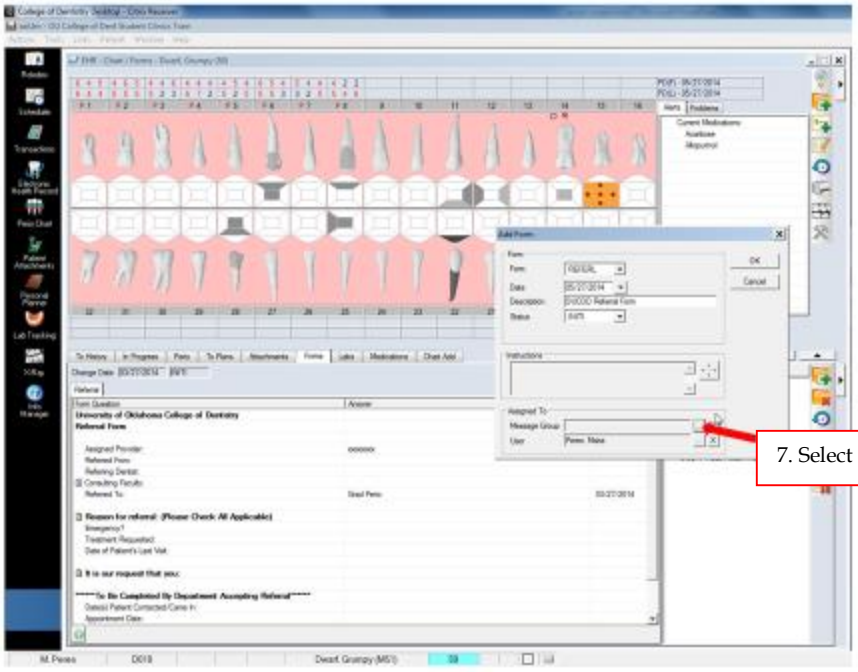


4. Fill out the “Referral form” and get faculty approval

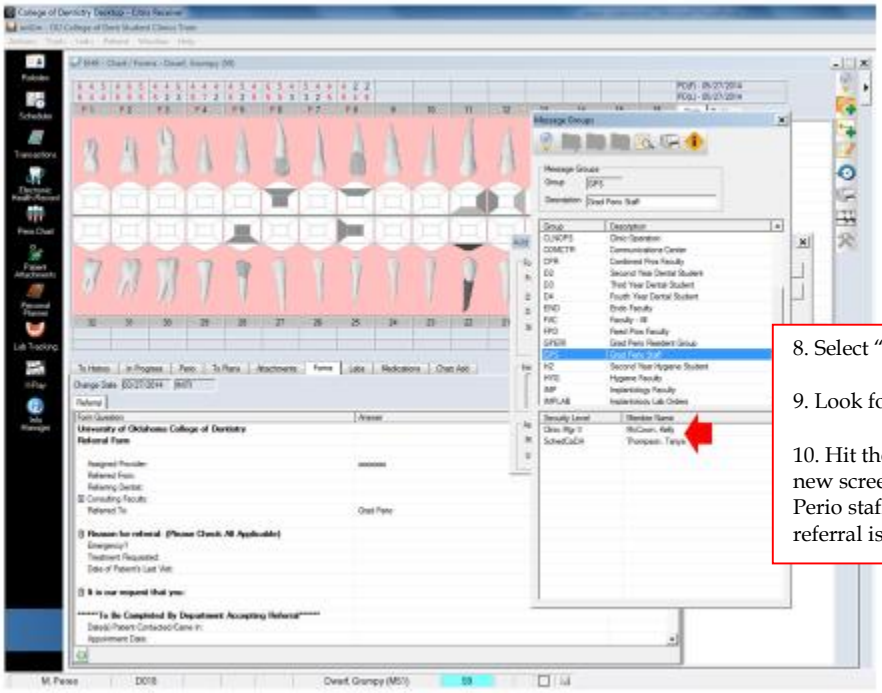
5. Hit the “Runing man “ icon



6. Select “initial contact”



7. Select “message group”



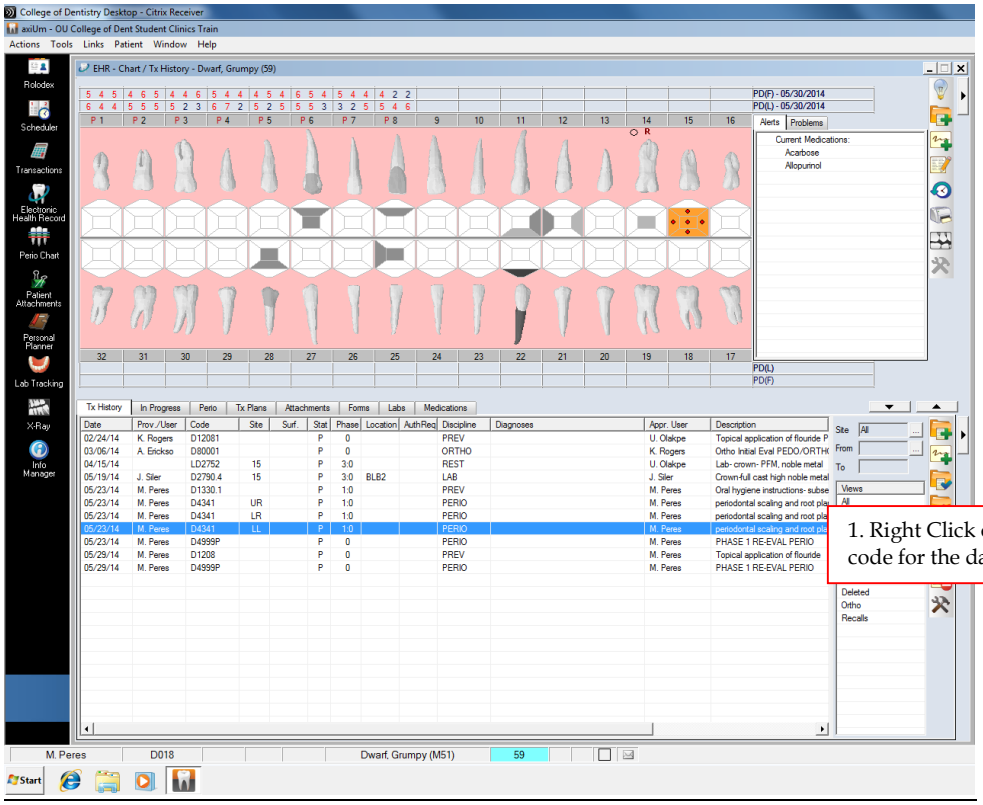
8. Select “Grad Perio Staff”

9. Look for Tanya´s name

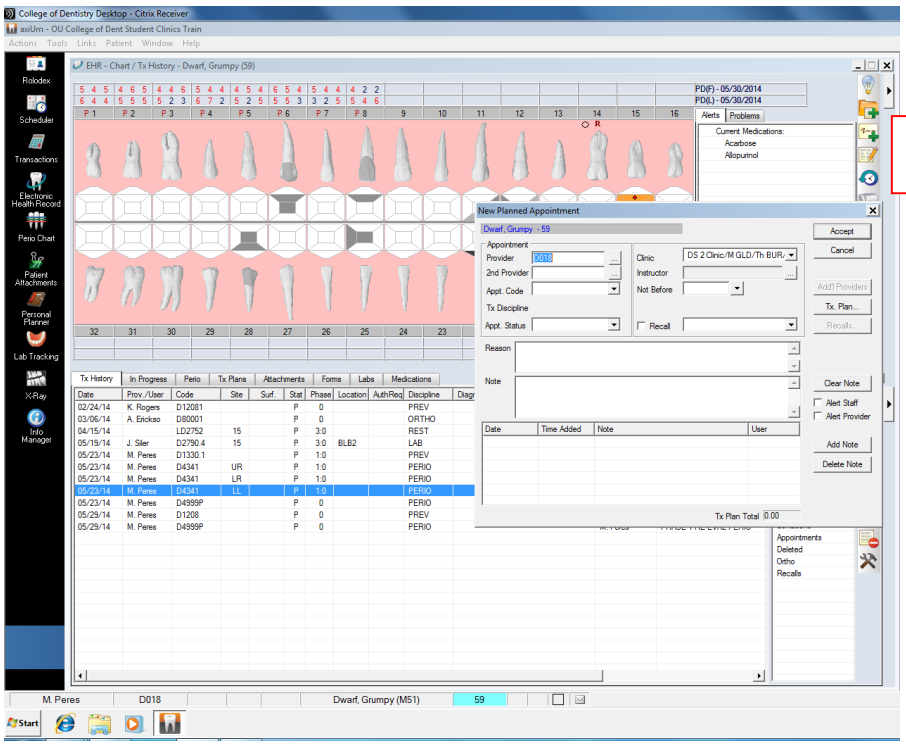
10. Hit the “X” at the top right, new screen should show grad. Perio staff, hit “OK” and the referral is sent

Appendix 9.

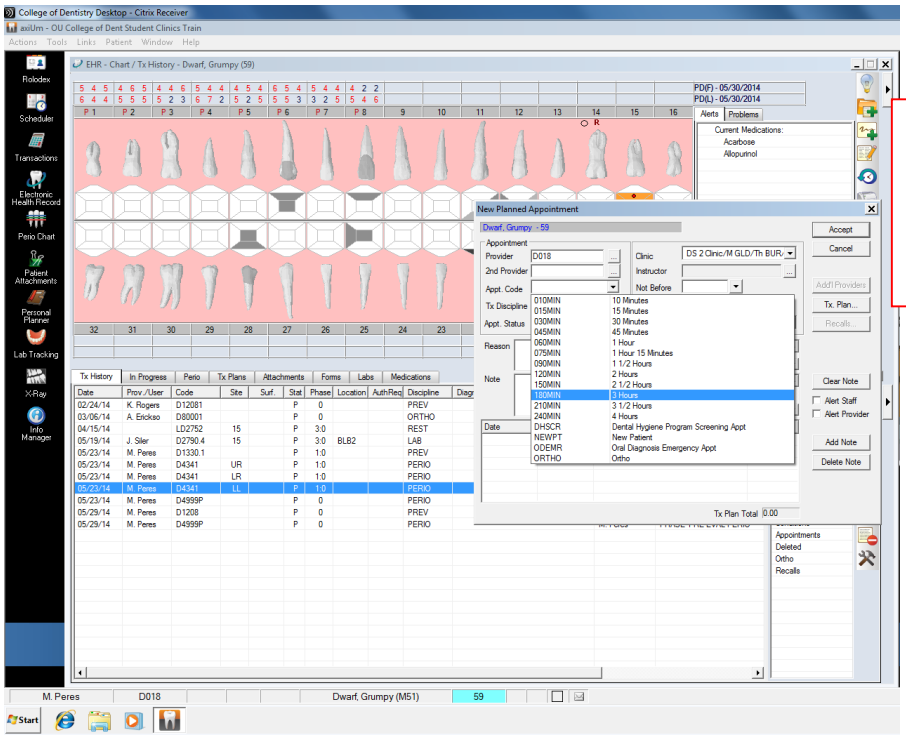
Requesting a new appointment with the PSC's



1. Right Click on a planned code for the day.

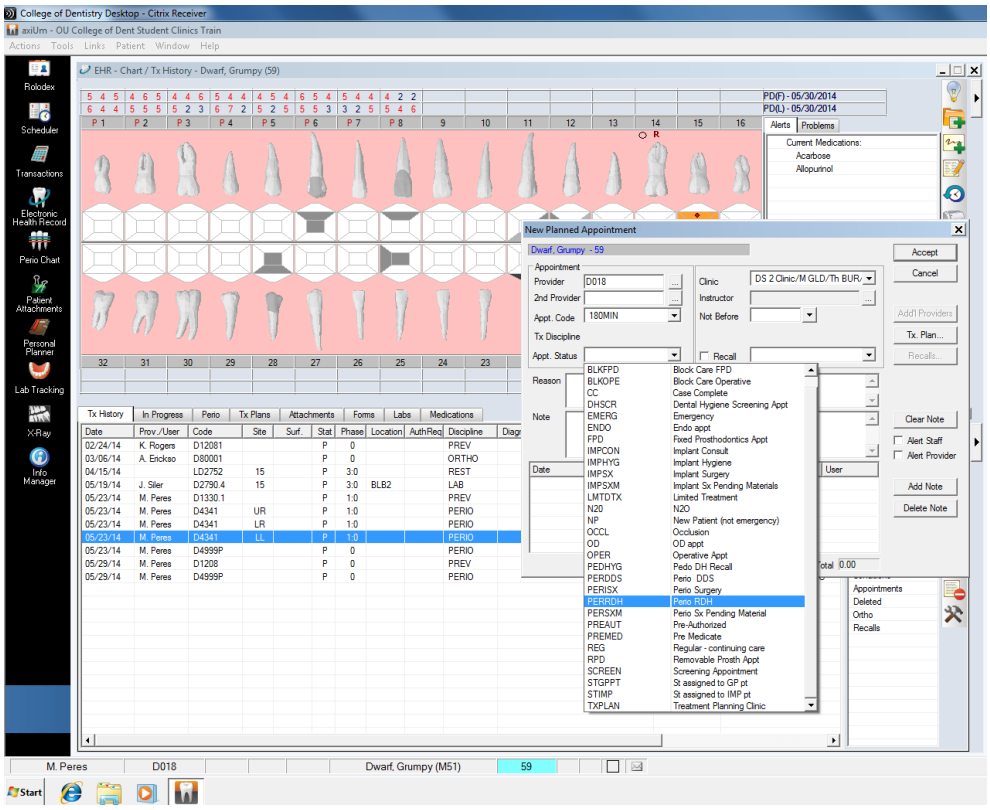


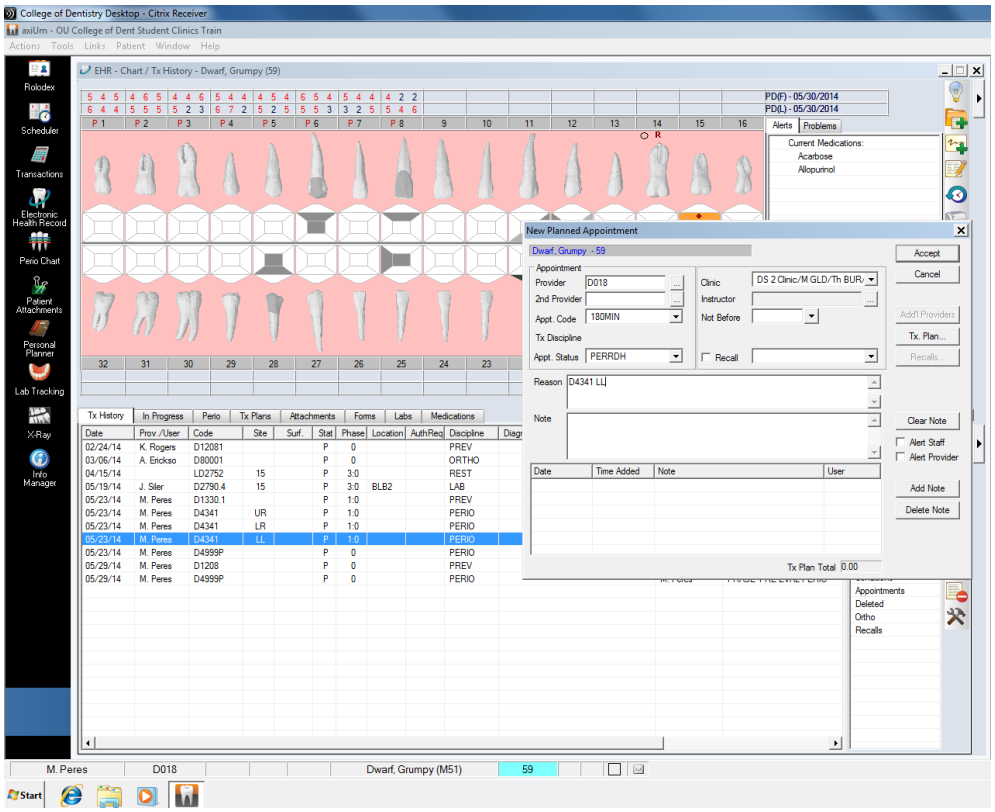
2. Select "make a new appointment"



3. Fill in the screen. You MUST have a code planned, and approved for the PSC to make an appointment.

Attention: Only ONE code and description per appointment


College of Dentistry Desktop - Citrix Receiver
axiUm - OU College of Dent Student Clinics Train
EHR - Chart / Tx History - Dwarf, Grumpy (59)
New Planned Appointment
Dwarf, Grumpy - 59
Provider D018
Clinic DS 2 Clinic/M GLD/Th BUR/
Appt. Code 180MIN
Not Before
Appt. Status
Recall
Reason
Note
Accept
Cancel
Add'l Providers
Tx. Plan...
Recalls...
Clear Note
Alert Staff
Alert Provider
Add Note
Delete Note
Tx Plan Total 0.00
Current Medications:
Acarbose
Allopurinol
Alerts
Problems
Tx History
In Progress
Perio
Tx Plans
Attachments
Forms
Labs
Medications
M. Peres
D018
Dwarf, Grumpy (M51)
59


College of Dentistry Desktop - Citrix Receiver
axiUm - OU College of Dent Student Clinics Train
EHR - Chart / Tx History - Dwarf, Grumpy (59)
New Planned Appointment
Dwarf, Grumpy - 59
Provider D018
Clinic DS 2 Clinic/M GLD/Th BUR/
Appt. Code 180MIN
Not Before
Appt. Status PERRDH
Recall
Reason D4341 LL
Note
Accept
Cancel
Add'l Providers
Tx. Plan...
Recalls...
Clear Note
Alert Staff
Alert Provider
Add Note
Delete Note
Tx Plan Total 0.00
Current Medications:
Acarbose
Allopurinol
Alerts
Problems
Tx History
In Progress
Perio
Tx Plans
Attachments
Forms
Labs
Medications
M. Peres
D018
Dwarf, Grumpy (M51)
59