University of Florida

College of Dentistry

Clinical Curriculum
Pre-Doctoral Program in Periodontology

Room D10-6
Department of Periodontology
Tel: (352) 273-8360
<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number</th>
<th>Minimum Cumulative Perio Cases (Phase I Evals)</th>
<th>Surgical Experiences</th>
<th>Competency Requirement</th>
<th>Tobacco counsellin g</th>
<th>Clinical Experience</th>
<th>Minimum Experience to Attempt Competency</th>
<th>Grade Components</th>
<th>Perio Cases (Phase I Evals)</th>
<th>Daily Score</th>
<th>Competency</th>
<th>RVU's</th>
<th>Cumulative RVU's</th>
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<tbody>
<tr>
<td>Junior Summer</td>
<td>7834L</td>
<td>Simple – 4380</td>
<td></td>
<td></td>
<td></td>
<td>1 Maintenance Case (1110/4910)</td>
<td>Maintai n All</td>
<td>70</td>
<td>P/F</td>
<td>30</td>
<td>2</td>
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<tr>
<td>Junior Fall</td>
<td>7835L</td>
<td>Recommend 3</td>
<td>Rotation to Graduate Perio 1**</td>
<td>Calculus detection and removal skills assessment (D1110/4346/4341/4342)</td>
<td>1 D1320 code needs to be completed until graduatio n</td>
<td>3 SRP Quadrants</td>
<td>Maintai n All</td>
<td>70</td>
<td>P/F</td>
<td>30</td>
<td>2</td>
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<tr>
<td>Junior Spring</td>
<td>7836L</td>
<td>Must have 6°</td>
<td>Rotation to Graduate Perio 1**</td>
<td>SRP Part II (Complex Case) 4341/4342</td>
<td>5 Phase I Evaluations with at least 1 Complex</td>
<td>10 SRP Quadrants</td>
<td>Maintai n All</td>
<td>70</td>
<td>P/F</td>
<td>30</td>
<td>2</td>
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<tr>
<td>Senior Summer</td>
<td>8837L</td>
<td>Recommend 8°</td>
<td>Rotation to Graduate Perio 1**</td>
<td>Phase I 4380A</td>
<td>5 SPT Patient Cases</td>
<td>Maintai n All</td>
<td>70</td>
<td>P/F</td>
<td>30</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Senior Fall</td>
<td>8838L</td>
<td>Must have 9 Total**: 4 Complex/5 Simple. At least 5 cases should be completed on patient you performed the SRPs</td>
<td>Rotation to Graduate Perio 1**</td>
<td>Periodontal Maintenance 4910</td>
<td>5 SPT Patient Cases</td>
<td>Maintai n All</td>
<td>70</td>
<td>P/F</td>
<td>30</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>Senior Spring</td>
<td>8839L</td>
<td>All remediation must be completed</td>
<td></td>
<td></td>
<td></td>
<td>Minimum 10 cumulative Periodontal Maintenance (4910 or 4910RC)</td>
<td>Maintai n All</td>
<td>70</td>
<td>P/F</td>
<td>30</td>
<td>2</td>
<td></td>
<td></td>
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</tbody>
</table>
***All students should complete at least 1 clinical procedure as primary provider per semester. Daily grades from clinical activities account for 70% of semester grade.
DEPARTMENT OF PERIODONTOLOGY COURSE OVERVIEW

How many periodontitis cases do I need to treat by graduation?

Students must complete:

- A minimum of 10 SRP appointments (D4341/4342)
- A minimum of 9 cumulative Phase-I Evaluations (D4380, D4380A, D4380S, D4380AS). At least 4 of these should be “Complex cases”.
- Students are allowed to share Phase I evaluation cases with classmates and receive credit for them as long as 1) Both are familiar with the case, medical history and dental history 2) Both actively participate in Phase 1 evaluation 3) Both are present from beginning to end of the appointment.
  ○ Codes: D4380/D4380A for the primary provider to whom the case belongs and D4380S/D4380AS for the secondary provider who is joining the case.
  ○ We allow only one secondary provider per case.
  ○ Secondary provider is not allowed for classmates’ competency case.
  ○ Out of the 9 total Phase I evaluations that should be completed by end of senior fall semester, 4 should be performed on a complex case and 5 should be performed on a case the student has provided initial therapy. 4 cases can be completed on a classmate’s patient.
- A minimum of 10 total SPT appointments (Periodontal maintenance, 4910/4910RC)
  Students are expected to perform at least the first 2 maintenance visits for any patient for whom they have performed the Phase 1 re-evaluation.

It is recommended that you aim to complete these requirements by the end of Senior Fall semester, so that Spring semester is available for students to complete any remediation/remaining assigned treatment and to arrange ongoing care for your patients. This will allow you to be certified for Graduation.

What is a complex case?
The requirements for a complex case are:

- Adult dentition
- Minimum 10 teeth
- Probing depth ≥4mm on at least 5 teeth
- Radiographic evidence of at least 20% bone loss
- Minimum of one molar tooth with furcation involvement
- Clinically detectable subgingival calculus

What is a simple case? - All periodontitis cases that do not meet the aforementioned classification criteria (Complex).

* Students who are more than 2 cases behind the recommended number of completions at any deadline date will receive a Notification of Progress letter from the department regarding lack of clinical progress and will be eligible to obtain a maximum C grade for that semester.

What else do I have to do prior to graduation?
Successfully pass all Clinical skills assessments and competency examinations.

Students must also successfully complete the Periodontal Mock Board Exams within the Senior year and complete the rotation to Graduate Periodontology.

Semester 6 (Junior Summer)
As this is your first semester on clinics, there is no competency test. We encourage you to start with examination and treatment of patients as soon as possible in the semester.

**Note:** The Rotation to Graduate Periodontology runs throughout semesters 7 - 10, with 2-3 DMD students attending the clinic each week. Students receive RVU credit for completing the rotation at the end of the semester in which they complete the rotation.
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INTRODUCTION TO CLINICAL PERIODONTOLOGY

The overall goal of the Department of Periodontology is to educate the pre-doctoral dental student through didactic material and clinical experiences to be able to diagnose and manage the periodontal conditions of patients upon entering the private practice of General Dentistry.

Progress through periodontal clinical education is marked by semester thresholds (minimal participation in the educational experience), which are established to guide students toward competency for independent practice in several areas of periodontal patient care. These areas include but are not limited to:

- Periodontal Diagnosis and Treatment Planning
- Non-surgical Periodontal Therapy including Implant Maintenance
- Periodontal Maintenance Therapy
- Evaluation of Treatment Outcomes and Need for Referral

As an individual patient traverses the continuum of periodontal therapy, each “new” category of periodontal care becomes a primary factor in maintaining that particular patient’s oral health. Therefore, the Department’s goal is to help you individualize patient care by accurately diagnosing periodontal needs, consistently providing periodontal therapy, assessing outcomes, and maintaining periodontal health.

This Syllabus is to acquaint you, the pre-doctoral dental student, with clinical periodontal procedures. You must be thoroughly familiar with each section of this Syllabus prior to beginning any periodontal procedures on your patients. 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 Syllabus in regards to protocol, procedures, documentation, etc, prior to your clinical appointments, more time should be available for learning and the rendering of clinical treatment.

Department of Periodontology

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NOTE TO STUDENTS

The content of this document and associated attachments represent an agreed format for the teaching of clinical periodontology at UFCD. The Department has used evidence-based criteria where available and presents these standards and guidelines in teaching to national guidelines for pre-doctoral education in periodontology (CODA).

Educational guidelines and prevailing thought within clinical disciplines develops with time and may change.

The Department of Periodontology is committed to constantly develop our teaching efforts and to enhance student learning at UFCD. Clinical and curriculum content are reviewed regularly; this may result in suggestions for change/reconfiguration of course requirements. The Department commits to make every effort to reduce the impact of changes, and to minimize changes for a class that has already received its clinical expectations.

Any proposed changes will be discussed initially with the class representatives and introduced formally to the class at an assigned discussion session. The Curriculum Committee/Clinical Administration will be notified of any planned changes.
OVERVIEW OF PERIODONTAL COURSES

The periodontal syllabus at University of Florida incorporates didactic and clinical training and includes written, oral and psychomotor assessments. Aspects of periodontology are addressed didactically as part of departmental courses but also as part of other courses at UFCD, including those on anatomy, oral histology, tooth development and prevention.

Courses taught exclusively by the Department of Periodontology are:

**Didactic courses**

Year 2:
DEN6421C – Periodontic Treatment Planning and Disease Control

Year 3:
DEN7422C – Periodontal Surgery for the General Practitioner

Year 4:
DEN8423C – Periodontics in General Practice

**Clinical courses**

Year 3:
DEN 7834L – Comprehensive Periodontal Treatment 1
DEN 7835L – Comprehensive Periodontal Treatment 2
DEN 7836L – Comprehensive Periodontal Treatment 3
Rotation to Graduate Periodontology: One rotation, assigned during the period of semesters 7-10

Year 4:
DEN 8837L – Comprehensive Periodontal Treatment 4
DEN 8838L – Comprehensive Periodontal Treatment 5
DEN 8839L – Comprehensive Periodontal Treatment 6
DEN8960L – Clinical Examination II – Periodontal portion

*This document relates primarily to the Clinical Courses listed above.*

**Pre-Clinical Training**

Course DEN6421C is the pre-clinical didactic and laboratory course in DMD Periodontology. This course teaches foundational knowledge in periodontology, including periodontal evaluation, diagnosis, etiology and non-surgical treatment approaches.

Students are also taught fundamentals of periodontal instruments, including instrument handling, selection of instruments for appropriate treatment indications, application to tooth surfaces and instrumentation, and instrument handling.

Students also receive the opportunity to perform clinical periodontal evaluation and treatment on one another as a paired practice exercise.

All psychomotor evaluations in this course must be successfully passed before a student will be authorized to enter clinics to provide clinical patient care.

**Clinical Examination I**

Clinical Examination I (Course DEN7961L) is a global assessment of concepts and knowledge learned during the first two years of the DMD curriculum. Students take this assessment at the start of their junior year.

Students must pass Clinical Examination I prior to commencing clinical patient care in DMD Clinics.
GUIDELINES FOR PATIENT CARE AND CLINICAL REQUIREMENTS

A. Minimum Level of Accomplishments for Graduation

Number of Periodontal Patients: **Nine** cases completed to PPITE (Periodontal Post-Initial Therapy Evaluation) stage.

At least four (4) of the nine (9) total adult periodontitis patients must be “complex case”, i.e. meet the following criteria:

- Clinically detectable subgingival calculus.
- Minimum of five teeth with probing depth ≥ 4mm.
- Adult dentition.
- Minimum of 10 teeth in the mouth.
- Minimum of one molar tooth with furcation involvement.
- Radiographic evidence of at least 20% bone loss.

All periodontitis cases that do not meet the above criteria are considered Simple Cases.

<table>
<thead>
<tr>
<th>Number of SRP Procedures</th>
<th>Minimum of 10 SRP appointments (D4341/4342)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaling and Root Planing (D4341, D4342)</td>
<td>Scaling and root planing on assigned periodontitis patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of PPITEs</th>
<th>Complete Nine (9) Periodontal Post-Initial Therapy Evaluations on assigned patients: four (4) of who have met the “complex case” criteria listed above, by graduation. (The Department requires this be completed by the end of semester 10). Students are allowed to share Phase I evaluation cases with classmates and receive credit for them as long as 1) Both are familiar with the case, medical history and dental history 2) Both actively participate in Phase 1 evaluation 3) Both are present from beginning to end of the appointment. Which codes are used in this situation: D4380/D4380A for the primary provider to whom the case belongs and D4380S/D4380AS for the secondary provider who is joining the case. !!!!Out of the 9 total Phase I evaluations that should be completed by end of senior fall semester, 4 should be performed on a complex case and 5 should be performed on a case the student provided initial therapy (scaling and root planing) 4 cases can be completed on a classmate’s patient. We allow only one secondary provider per case. Secondary provider is not allowed for classmate’s competency case.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal Post-Initial Therapy Evaluation Procedures (D4380/D4380A)</td>
<td></td>
</tr>
</tbody>
</table>

| Rotation to Graduate Periodontology | Satisfactory completion of Rotation assignment (perio rotation and attendance of Literature Review Seminar) scheduled between Semesters 7 and 10. |
### Periodontal Maintenance Cases

(D4910)

**Expected minimum of 10 periodontal maintenance appointments by graduation.**
**You must maintain all assigned cases within your patient pool for at least the first 2 recall appointments.**
**You are responsible for ensuring maintenance care is timely and appropriate.**

### Independent Skills-Based Assessments

Successfully complete:

- 1 skills assessment and 3 competencies
- Calculus detection and removal skills assessment
- Complex SRP competency
- Periodontal Post-Initial Therapy Evaluation competency
- Periodontal Maintenance competency

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### B. General Notes

**Grading**

Expectations for Clinical grades, competencies and RVU’s are outlined by semester in the Course Overview, which indicates the grading weight for each grading component. Semester requirements must be achieved prior to semester grade calculation (see Course Overview chart, page 2).

Daily procedures are graded on a letter scale (E/A/M/D) by periodontal faculty, using procedural criteria. Clinical skills assessments/competencies are PASS/FAIL. The criteria for each graded procedure and patient selection are included in this document. Students should know the guidelines below before challenging any of the independent skills-based clinical assessments.

**Skills/ Competency Assessments (Individual Skills Tests)**

Skills assessment/Competency assessments:

- **Must be completed in the sequence outlined in this document/course overview and recommended to be completed at the assigned semester.** If not completed at the assigned semester the following time frames should be followed.
- **By the end of Semester 8:** Calculus detection and removal skills assessment and SRP complex competency should be completed.
- **By the end of Semester 10:** Phase I evaluation competency and Periodontal maintenance competency should be completed.
- **Must be completed & graded under supervision of Department of Periodontology faculty** (The semester 9 competency [PPITE] must be evaluated by a periodontist/periodontal resident).
- Case selection must follow the criteria outlined in this document (e.g. “Complex” case).
- Students must have achieved a set level of prior experience prior to challenging skills assessment/competency. This is outlined in the Course Overview. **Students must be able to demonstrate this to the attending faculty (use semester progress report in Axium).**

Furthermore:

- **Students who fail a skills assessment/ competency evaluation must remediate that competency in the assigned semester.** Failing a skills assessment/competency once does not affect the semester grade. Unsuccessful 2nd attempts, will be documented independently and the student will receive remediation on an individual basis.
- All skills assessments/competency attempts (successful or unsuccessful) MUST be recorded in the computerized AxiUm database – using a ticket generated the date the competency was attempted. Every competency attempt is an independent documentation event. Unsuccessful competency attempts are to remain in the AxiUm database.

When challenging a skills assessment/competency, the student will complete a self-evaluation on the competency evaluation form in Axium prior to faculty grading. Faculty will evaluate student performance, compare and discuss their findings in comparison to student self-assessment values. A single periodontal faculty member will evaluate periodontal skills assessment/competencies; if unsuccessful, a second periodontal faculty may be asked to evaluate the skills assessment/competency.

**Surgical Treatment**

- Timely completion of recommended periodontal surgical treatment will remain the responsibility of the assigned student. Surgical needs as sequenced in the treatment plan, or as added to patient treatment by clinical faculty, will require the student to assure proper scheduling and assist surgical procedure(s) in Graduate Periodontics.
- The student is responsible for pre-surgical patient preparation, meeting with the periodontics graduate student at least 24 hours prior to surgery, aiding set-up and clean-up procedures and assisting during post-operative surgical care. **Student dentist attendance at a post-operative surgical appointment is mandatory. Attendance/requirement credit will only be received after post-operative care is complete.** Credit for clinic procedures will be given only to the student who assists with the clinical procedure.

**CROWN LENGTHENING PROCEDURES**

- DMD students are allowed to perform simple crown lengthening cases if they are interested in that. They will be paired with a periodontal faculty.
- **For every DMD CL case, an interclinic referral form has to be completed** so that the case is assigned to a resident. If the DMD student is interested in performing the CL, **this should be included in the referral form.**
- The DMD student can find out who is the resident that has been assigned the case by checking the CONSULT ASSIGNMENT TAB of the interclinic referral form and contact the resident to coordinate scheduling of the patient.
- **Type of cases that can be performed by DMD students: Single tooth**
- Students need to get approval for the case that they can perform from Dr. Tanaka or Dr. Aukhil.
- In order to prepare for the procedure they will need to write one page describing the reason the CL is performed, the steps of the procedure and the post-op instructions.
DN3 - Third Year/Junior

DMD junior Student Responsibilities

The third year student will be responsible for the periodontal treatment needs of all assigned patients. Treatment procedures are to be accomplished within the Team Clinic.

As a guide, to meet clinical progress requirements, throughout the Junior year students are expected to:

- Complete at least 1 maintenance case or 1 perio examination during Junior Summer Semester
- Complete a minimum of 6 Periodontal Phase I Evaluations by the end of Junior Spring Semester

A mixture of complex and simple cases is allowed; to allow a minimum of 4 complex and 5 simple cases to be completed by graduation. (The Department recommends these be completed by the end of Senior Fall Semester). At least 5 Phase 1 cases should be completed on patients you performed scaling and root planing. 4 cases can be completed on a patient shared with a classmate.

- Maintain all assigned periodontal maintenance cases in a timely and appropriate manner
- Meet RVU minimums per semester.
- Successfully complete assigned clinical skills assessment/ competency evaluations:

  By the end of the third year, students MUST successfully complete

- Calculus detection and removal skills assessment - recommended semester 7
- SRP complex competency (D4341/D4342) – recommended semester 8

<table>
<thead>
<tr>
<th>Semester</th>
<th>Skills assessment/Competency</th>
<th>Minimum Procedures Experience Prior to Attempting Competency</th>
</tr>
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<tbody>
<tr>
<td>Semester 7</td>
<td>Calculus detection and removal (D1110,D4346,D4341, D4342)</td>
<td>3 Quadrants SRP (Code D4342 or D4341)</td>
</tr>
<tr>
<td>Semester 8</td>
<td>SRP Complex (D4341/4342)</td>
<td>10 Quadrants SRP (Code D4342 or D4341)</td>
</tr>
</tbody>
</table>

Note: It is **strongly recommended** that the student also initiate periodontal treatment on at least three additional patients, to develop a patient pool for meeting Senior Year expectations.
DMD SENIOR STUDENT RESPONSIBILITIES

- Comprehensive care patients will receive care in the assigned Team Clinic.
- Grading will occur on a letter scale described in this syllabus, in accordance with UFCD grading policy. Grades will be issued each semester, following the guidelines listed on the Periodontology Course Overview.

DMD Student Responsibilities

The fourth year student will be responsible for the periodontal treatment needs of all assigned patients. Treatment procedures are to be accomplished within the Team Clinic.

As a guide, to meet clinical progress requirements, throughout the Senior Year students are expected to:

- Complete 9 Phase I evaluations, at least 4 complex, at least 5 cases performed on a patient you performed scaling/root planing
- Maintain all periodontal maintenance cases in a timely and appropriate manner
- Meet RVU minimums per semester.
- Complete Rotation to Graduate Periodontology Clinic. Students will be assigned to a single, one-week rotation during semesters 7-10.
- Successfully complete assigned clinical skills assessments/competency evaluations

Senior Year students MUST successfully complete the following Competency Evaluations:

- One Periodontal Post-Initial Therapy Evaluation (D 4380A - Complex Case – recommended semester 9)
- One SPT Visit Competency (D4910 – recommended semester 10)

Students must also successfully complete the periodontal component of Clinical Examination II (semester 11). This is a section of Course DEN 8960L but is assessed and graded by the Department of Periodontology. Students who fail the Periodontal Mock Board examination, must successfully complete the remediation prior to State Board Examination.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Competency*</th>
<th>Minimum Experience Prior to attempting Competency</th>
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</thead>
<tbody>
<tr>
<td>Semester 8</td>
<td>Periodontal Post-Initial Therapy Evaluation</td>
<td>5 Periodontal Post-Initial Therapy Evaluations with a minimum of 1 complex case</td>
</tr>
<tr>
<td>Semester 9</td>
<td>Periodontal Maintenance</td>
<td>5 Periodontal Maintenance appointments (SPTs)</td>
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</table>

Summary of Minimum Clinical Expectations in Clinical Periodontology
<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>EXPECTED CLINICAL PROGRESS</th>
<th>EVALUATION/ GRADES</th>
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</thead>
<tbody>
<tr>
<td>Semester #6</td>
<td>Complete one periodontal procedure</td>
<td>Letter Grade based on weight given to procedures as outlined in Periodontology Course Overview</td>
</tr>
<tr>
<td>DEN 7834L</td>
<td>Maintain all assigned periodontal maintenance cases on schedule</td>
<td></td>
</tr>
<tr>
<td>Jr. Summer</td>
<td>Complete minimum RVUs</td>
<td></td>
</tr>
<tr>
<td>Semester #7</td>
<td>Complete 3 Periodontal Post-Initial Therapy Evaluations</td>
<td>See Course Overview</td>
</tr>
<tr>
<td>DEN 7835L</td>
<td>Initiate Initial Therapy for at least 3 additional Periodontal Cases</td>
<td></td>
</tr>
<tr>
<td>Jr. Fall</td>
<td>Complete calculus detection and removal skills assessment</td>
<td></td>
</tr>
<tr>
<td>Semester #8</td>
<td>Complete 3 additional PPITEs (6 total)</td>
<td>See Course Overview</td>
</tr>
<tr>
<td>DEN 7836L</td>
<td>Initiate Treatment for at least 2 additional Periodontal cases</td>
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<tr>
<td>Jr. Spring</td>
<td>Complete one SRP complex competency*</td>
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</tr>
<tr>
<td>Semester #9</td>
<td>Complete 2 additional PPITEs (8 total)</td>
<td>See Course Overview</td>
</tr>
<tr>
<td>DEN 8837L</td>
<td>Initiate Treatment for at least 1 additional Periodontal case</td>
<td></td>
</tr>
<tr>
<td>Sr. Summer</td>
<td>Complete one Periodontal Post-Initial Therapy Evaluation Competency*</td>
<td></td>
</tr>
<tr>
<td>Semester #10</td>
<td>Complete 1 additional PPITE (9 total: 5 Complex and 4 Simple)</td>
<td>See Course Overview</td>
</tr>
<tr>
<td>DEN 8838L</td>
<td>Rotation to Graduate Periodontology completed</td>
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</tr>
<tr>
<td>Sr. Fall</td>
<td>Complete 1 Periodontal Maintenance Competency*</td>
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<tr>
<td></td>
<td>Satisfactorily complete Periodontal component of Clinical examination II (&quot;Mock Board&quot;)</td>
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</tr>
<tr>
<td></td>
<td>Maintain all assigned periodontal maintenance cases on schedule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete minimum RVUs</td>
<td></td>
</tr>
<tr>
<td>Semester #11</td>
<td>DEN 8839L</td>
<td>Sr. Spring</td>
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</tbody>
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* Represents Competency (Independent Skills-Based Assessment)

**COMPETENCY ASSESSMENT CRITERIA**

A. **Calculus detection and removal skills assessment**

**Calculus detection and removal skills assessment (F in any category=failure)**

**Minimal requirements for skills assessment**

- Can be performed on a gingivitis (D1110, D4346) or periodontitis case (D4341/D4342)
- At least one molar with proximal contact
- At least 6 sites with **clinically detectable subgingival calculus** (2 sites from IPx of posterior teeth, at least 1 site on a molar)
- Explorer detectable sub-gingival calculus is defined as a distinct deposit of calculus that can be felt with an explorer as it passes over the calculus.
  - A definite jump or bump or
  - Ledges or ring formations or
  - Spiny or nodular formations
- Student must have completed at least 3 prior quadrants of SRP

**Competency Pass or Fail?**

<table>
<thead>
<tr>
<th>PASS</th>
<th>FAIL</th>
</tr>
</thead>
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**Initial assessment (star check, med hx, identification of contributing risk factors)**

P: thorough and up-to-date/minor concerns, not adversely affecting tx  
F: major errors adversely affecting tx

**Calculus deposits identified**

P: calculus deposits detected accurately/minor inaccuracies  
F: major errors in calculus detection

**Plaque control regimen**

P: plaque disclosed/recorded accurately, OH assessed properly, addressing pt’s needs  
F: plaque not recorded/disclosed accurately, insufficient interaction, not addressing pt’s needs

**Supra/ Sub-gingival instrumentation**

P: no more than 2 definable supra/sub-g calculus deposits  
F: 3 or more sites with definable supra/ sub-g calculus deposits

**Post-instrumentation evaluation (tissue trauma)**

P: tissue free of undue trauma/ minor isolated tissue trauma  
F: major damage to the soft tissue (amputated papillae, tissue damage that requires suturing)

**Instrument handing**

P: sufficient knowledge of periodontal instruments, instruments properly applied/sharpened  
F: major deficiencies in knowledge of periodontal instruments and instrumentation process adversely affecting pt care

**Self clinical judgment**
P: student is aware of completed procedure, goal of therapy, re-eval timing  
F: major errors in clinical judgment (unaware of completed procedure, goal of therapy, re-eval)

B. Scaling Root Planing Complex Competency - D4341 & D4342

Scaling/Root Planing (F in any category=failure)

Case Selection Criteria: SRP complex competency is performed on a complex case

Requirements for a complex case:

- Adult dentition
- Minimum of 10 teeth
- Probing depths ≥4mm on at least 5 teeth
- Radiographic evidence of at least 20% bone loss
- Minimum of one molar tooth with furcation involvement
- Clinically detectable sub-gingival calculus

Minimal requirements for SRP complex competency:

- It is performed on a periodontitis case (D4341/D4342)
- At least one molar with proximal contact
- At least 8 sites with clinically detectable sub-gingival calculus (4 sites from IPx of posterior teeth, at least 1 site on a molar)
- Explorer detectable sub-gingival calculus is defined as a distinct deposit of calculus that can be felt with an explorer as it passes over the calculus.
- A definite jump or bump or
- Ledges or ring formations or
- Spiny or nodular formations
- Student must have completed at least 10 prior quadrants of SRP

Competency Pass or Fail? PASS FAIL

Initial assessment (star check, med hx, identification of contributing risk factors)
P: thorough and up-to-date/minor concerns, not adversely affecting tx  
F: major errors adversely affecting tx

Calculus deposits identified
P: calculus deposits detected accurately/minor inaccuracies
F: major errors in calculus detection

Plaque control regimen
P: plaque disclosed/recorded accurately, OH assessed properly, addressing pt’s needs
F: plaque not recorded/disclosed accurately, insufficient interaction, not addressing pt’s needs

Supra/Sub-gingival instrumentation
P: no more than 2 definable supra/sub-g calculus deposits
F: 3 or more sites with definable supra/sub-g calculus deposits

Post-instrumentation evaluation (tissue trauma)
P: tissue free of undue trauma/minor isolated tissue trauma
F: major damage to the soft tissue (amputated papillae, tissue damage that requires suturing)

Instrument handing
P: sufficient knowledge of periodontal instruments properly applied/sharpened
F: major deficiencies in knowledge of periodontal instruments and instrumentation process adversely affecting pt care

Self clinical judgment
D. Competency in Periodontal Post-Initial Therapy Evaluation (Phase I) - D4380A

Case Selection Criteria

Phase I Evaluation (F in any category=failure)

Case Selection Criteria

| Minimal requirements for Phase I competency | ■ Case should meet “Complex” case definition.  
| ■ Student must have completed at least 5 prior Phase Is, including 1 complex case. |

Requirements for a complex case:

- Adult dentition
- Minimum of 10 teeth
- Probing depths ≥4mm on at least 5 teeth
- Radiographic evidence of at least 20% bone loss
- Minimum of one molar tooth with furcation involvement
- Clinically detectable sub-gingival calculus

Competency Pass or Fail? PASS FAIL

Initial assessment (re-eval timing, star check, medical status update)
P: pt seen at appropriate interval after srp, thorough/ up-to-date med history
F: phase 1 eval inappropriately delayed while other elective care was ongoing, not updated med hx/ major concerns not identified, adversely affecting treatment

Charting and documentation
P: perio charting elements recorded clearly/accurately, plaque status properly documented. (Comprehensive periodontal examination is required.)
F: major perio charting elements omitted/inaccurate, plaque and OH status not adequately documented

Management of local factors, OHI
P: supra and sub-g plaque/calculus identified/ managed effectively, plaque retentive factors addressed, correct OH assessment
F: obvious supra and sub-g plaque/calculus remains not identified/ removed, failure to identify and manage major plaque retentive factors. OH assessment not performed/ grossly incorrect

Clinical Judgement
P: perio conditions, diagnosis and prognosis described accurately, contributing factors addressed, additional perio treatment needs identified (retreatment/referral), appropriate SPT interval
F: Diagnosis and prognosis described inaccurately, failure to recognize/manage obvious residual signs of active perio disease and/or contributing factors requiring additional intervention, maintenance plan is irrational and/or inappropriate.
E. Competency in Periodontal Maintenance - D4910

Periodontal Maintenance (F in any category = failure.)

| Minimal requirements for Periodontal Maintenance competency: | ■ At least ten teeth  
| ■ Prior diagnosis of stage II-IV periodontitis  
| ■ Student must have completed at least 5 prior Periodontal Maintenance appointments |

Competency Pass or Fail?  PASS  FAIL

Initial assessment (recall interval, star check, records, medical status update)
P: pt seen at appropriate recall interval, thorough and up-to-date med hx  
F: maintenance appointment inappropriately delayed, med hx not updated/ major concerns not identified/managed, adversely affecting treatment

Charting and documentation
P: perio charting elements recorded clearly and accurately, plaque status properly documented. A comprehensive periodontal evaluation (full mouth charting) must be done regardless of when the last examination was completed.  
F: major perio charting elements omitted/inaccurate, plaque and OH status not adequately documented

Management of local factors, OHI
P: supra and sub-g plaque/calculus identified/ managed effectively, correct OH assessment  
F: obvious sub-g plaque/calculus remains not identified /removed by the student, current OH assessment not performed /grossly incorrect

Clinical Judgement
P: perio conditions and prognosis described accurately, contributing factors addressed, additional perio treatment needs identified (retreatment/referral), appropriate SPT interval  
F: failure to recognize/manage obvious residual signs of active perio disease and/or contributing factors requiring additional treatment, maintenance plan is irrational and/or inappropriate.

CRITICAL ERRORS IN SKILLS/ COMPETENCY ASSESSMENTS

Unsatisfactory performance in these components may result in the competency attempt being deemed unsuccessful. Failure to address medical problems affecting dental care or a serious breach in infection control policies may also result in termination of the procedure and assignment of an automatic “Fail” grade for the competency.

General Comments

■ Daily Evaluation System for Periodontal Clinical Procedures

A faculty member will evaluate student performance at each clinical session. A daily grade for procedural ability and professionalism will be recorded. Students will be graded for each clinical session on the universal criteria below.

- Patient and appointment management  
- Reasoning and integration of evidence
• Clinical skill

Students also receive a grade (Satisfactory/Unsatisfactory) for each periodontal procedure.

**Performance Criteria**
Each of these criteria will be graded on the following scale:

E: Exceeded expected outcome  
A: Achieved expected outcome  
M: Modification/Intervention necessary  
D: Did not meet expected outcome

Grading follows the standardized UFCD grading rubric provided to students in the Clinical Procedures Manual.

The Department of Periodontology has also constructed additional rubrics corresponding to key aspects of periodontal care appointments. The purpose of these assessment/performance rubrics is to:

- To enhance calibration among periodontal faculty in grading aspects of periodontal care and how these relate to “global” criteria
- To assist students in understanding how they are graded and what is expected of them in periodontal assessment, diagnosis and provision of patient care.

**Semester Grading Scale**

Semester grades for each clinical Periodontology course reflect successful completion of semester thresholds and RVU achievements as outlined in the Course Overview.

The following Grading Scale will be utilized for conversion of “numerical” to “letter” grades.

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>4 Point Scale</th>
<th>Percentage Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3.80 - 4.00</td>
<td>95 - 100</td>
</tr>
<tr>
<td>A-</td>
<td>3.60 - 3.79</td>
<td>92 - 94.99</td>
</tr>
<tr>
<td>B+</td>
<td>3.40 - 3.59</td>
<td>88 - 91.99</td>
</tr>
<tr>
<td>B</td>
<td>3.20 - 3.39</td>
<td>84 - 87.99</td>
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<tr>
<td>B-</td>
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<td>C+</td>
<td>2.80 - 2.99</td>
<td>76 - 89.99</td>
</tr>
<tr>
<td>C</td>
<td>2.50 - 2.79</td>
<td>70 - 75.99</td>
</tr>
<tr>
<td>E</td>
<td>&lt; 2.50</td>
<td>&lt; 70</td>
</tr>
</tbody>
</table>

- **Factors with potential to affect semester grade:**
  - Inadequate Clinical Performance
Students identified by faculty for inadequate clinical performance as denoted by 3 or more failed daily clinical evaluations a semester will be requested to complete additional psychomotor training or one-on-one tutoring with a faculty/assigned student colleague, based on individual case needs. An affected student may receive an associated grade penalty for clinical performance and may be referred to SPEC if he/she does not adequately take steps to address these clinical deficiencies.

- **Attendance**

According to UFCD policy, students are required to attend Team Clinics and complete patient care with supervision from attending faculty (Team Leader, Periodontal Faculty, and other departmental faculty).

Late-coming may be reflected in daily assessment.

It is expected that regular non-attendance will be addressed via the Team Clinic/professionalism program.

- **PPITE (Phase I) Case Minimums**

The PPITE visit is used as a measure of completion of the initial therapy and re-evaluation of the case by a student, and as such is considered as a “unit” of progress. This indicates that the patient has had their assigned care and been re-assessed regarding their response to treatment and a plan for future care has been assigned. This satisfactory treatment response is a pre-requisite to advanced restorative/prosthodontics care provision in periodontitis patients.

Minimum requirements for PPITE (Phase I) completions apply for each semester. These are cumulative and are outlined in the course overview. Students occasionally face issues regarding patient pools and timing of patient appointments, which may create difficulty with meeting these requirements. Students who are not more than two cases behind the minimum requirement will not receive a grade penalty, provided they have initiated SRP treatment in additional cases.

Students who are considerably (more than 2 cases) behind the recommended level of progress at any semester end-point are in danger of not meeting graduation expectations. This will result in a student not being eligible for an overall grade higher than “C” in the semester affected.

Periodontal Post-Initial Therapy Evaluations are best completed on cases the individual student has personally rendered initial periodontal therapy (SRP). The department expectation is that students will have performed at least 5 out of 9 post-initial therapy evaluations on cases they have performed initial therapy (scaling and root planing).

Due to limited number of cases, students are allowed to share Phase I evaluation cases with classmates and receive credit for them as long as 1) Both are familiar with the case, medical history and dental history 2) Both actively participate in Phase 1 evaluation 3) Both are present from beginning to end of the appointment. However, 4/9 Phase I evaluations can be completed on a classmate’s case, the rest 5/9 cases should be completed on a case that student has performed initial therapy.

- **Clinical/Professional Variance Forms**

Students who receive 3 variance forms in periodontontology in an academic semester will automatically receive a “Fail” grade for the relevant semester clinical course in clinical periodontology and will be referred to SPEC.

- In the event of a significant variance from expected clinical/professional performance, resulting in a real or perceived threat to the quality of patient care, a professional variance form may be filed by the attending periodontal faculty, Team Leader or clinic dental staff.

- The variance form will be copied to the student’s Team Leader and relevant clinical/academic administrators, and will remain a part of the student’s record.
A first variance will be addressed by counseling at Team Clinic level; any subsequent variance may be referred to the Office of Clinical Affairs/Office of Education, who may in turn recommend referral to the Student Performance and Evaluation Committee (SPEC).

Receipt of a variance form will result in a grade of “1” for that clinical session.

Students who receive 3 variance forms in periodontology in an academic semester will automatically receive a “Fail” grade for the relevant semester clinical course in clinical periodontology and will be referred to SPEC.

Why might a student receive a variance form?

Reasons include but are not limited to:

- The student demonstrates significant lack of preparation for patient care, including lack of knowledge of planned procedure, lack of compliance with patient pre-medication requirements or patient medical conditions of significance to planned treatment.
- The patient is subjected to unnecessary hard/soft tissue trauma from a planned dental procedure.
- The student behaves in an unethical/unprofessional manner towards a patient/faculty/fellow-student/dental staff.
- Students who do not adequately maintain their patient pool with regard to appointment scheduling/periodontal maintenance may receive a variance form in relation to professionalism and expected standards of patient care.

Rotation to Graduate Periodontology Clinic

The rotation to the Graduate Periodontology clinic is addressed in greater detail in a separate document, available in the “Documents” section of each semester’s clinical Periodontology course file in ECO.

Successful completion of the Rotation to Graduate Periodontology will be a departmental requirement for graduation (Students who do not complete their rotation in a manner satisfactory to the graduate and pre-clinical directors will be required to repeat the rotation – this event is likely to occur only for disciplinary/professional variance).

Attendance will be mandatory. A student who fails to attend or participate in the rotation will receive a “Fail” grade for the relevant semester. RVUs will be assigned for attendance of each session.

Bonus RVUs

Students receive bonus RVUs, which are not reflected in their RVU total in Axium. These bonus RVUs are added manually by department staff at the end of the semester the procedures are completed. Sources of bonus RVUs include:

- Rotation to graduate periodontology
  - (600 RVUs added once rotation is completed)
- Occasional bonus RVUs for optional coursework/assignments announced by the department.

Remediation
• Students who fail a periodontal competency assessment may remediate prior to the end of the semester. The patient chosen as a subsequent attempt should meet the competency qualification criteria. A student who fails a second competency attempt will receive individual remediation with the course director.

• Students who fail any academic/clinical coursework will be awarded an “E” grade and required to remediate. Assignment of an “E” grade may trigger a review of the student’s progress by the Student Performance Evaluation Committee (SPEC). The final grade assigned for the course, after remediation, will be a “D”.

• Students failing to satisfactorily complete the remediation program will be required to repeat the course. The “E” grade for the initial course will remain as part of their student record. Re-enrollment will be as soon as deemed feasible by the course director. Students will be eligible to receive a standard grade for the re-enrollment.