



**2016 Postdoctoral Educators Workshop
Making Better Periodontists: Improving Resident Assessment
Small Group Discussion Outcomes: Interactive Session 3**

At the 2016 Postdoctoral Educators Workshop, attendees gathered in small groups to draft a competency assessment for a specific procedure assigned to their table. Their submissions were transcribed and are presented below.

PROCEDURES:

1. Open flap debridement

Diagnostics prior to treatment

- Medical history
- Radiographic examination
- Plaque control
- Phase 1 reevaluation
- Inform consent
- Patient education & resident education and rationale for treatment

Pre-operative

- Patient preparation
- Surgical instrumentation appropriate for the procedure
- Operatory preparation
- Adequate anesthesia or sedation

Operative

- Incision design
- Flap reflection
- Adequate tissue management
- Adequate debridement
- Root management, preparation and scaling
- Closure, flap adaptation
 - Material used
 - Techniques
- Post-operative management of wound

- Post-operative instruction to patient
- Post-operative medications used
- Assessment of organization skills during surgery
- Assessment of instrument handling during surgery
- Adverse outcomes during surgery

2. Pre-restorative/functional crown lengthening

Pre-assessment (SOP)

Surgical technique

- Proper anesthesia vital signs
- Incision design depth evaluation
- Flap elevation
- Secondary flap removal
- Tooth structure management
- Osseous structure management
- Inspection plus evaluation prior to closure
- Suturing, PO instructions, drugs, and written explanation

Post-operative assessment

- Post-operative call back and follow up within 1-6 weeks
- Check if appropriate to send for restoration
- Medical history, dental history, consents, evaluate case

Final evaluation assessment

Additional notes from Table 2:

PreSx + usually for all OHI post Sx expectation photos of aesthetic area for lip + smile resultant.

Pupilla shape

Existing CIPD

Exposure of adjacent (illegible)

Black hole disease resultant (illegible)

Prescriptive in (illegible) for restoration

Evaluate the AG

Root proximity

Root length

Root trunk length

Vital structure proximity

C/L reattachment (illegible)

Margin establishing (illegible) procedure

(illegible) evaluation PDL (illegible)

3. Osseous surgery

Assume patient assessment, diagnosis, treatment planning, informed consent, vitals, anesthesia, and host risk factor assessment

1. Incision design
 - Able to execute planned treatment
 - Amount of keratinized tissue
 - Smooth flowing incisions
 - Appropriate thinning
2. Flap reflection/elevation
 - Adequate reflection for access/treatment
 - Tissue management
 - Clean surgical field
3. Identification of osseous defects
 - Classification
 - Furcations
 - Craters
 - Number of walls, etc.
4. Assessment of the debridement of the defects
5. Identification of local contributing factors and management – CEP, (illegible), furcations, root roughness
6. Roof surface debridement
7. Osseous management
 - Topography defect
 - Identification and management
 - Ostectomy
 - Osteoplasty
 - Odontoplasty
8. Flap Closure
 - Marginal flap adaptation
 - Flap repositioning
9. Suturing
 - Appropriate material technique
 - Closure without tension
10. Use of periodontal dressing rationale
11. Post-operative management

- Instructions
- Medications
- Additional rubrics
- Selection of appropriate instrumentation for each step
- Appropriate assessment of unexpected outcomes
- Interpretation of pre op diagnosis

4. Guided Tissue Regeneration

- Case preparation is thorough and complete
- Medical history is assessed
- Medical consultation is completed and reviewed
- Patient consent forms are signed
- Diagnosis is appropriate
- Treatment plan is appropriate
- Rationale for planned treatment is appropriate
- Pain and anxiety control are appropriate
- Incision design is appropriate
- Flap management is appropriate
- Debridement is thorough and appropriate
- Defect is appropriate for planned therapy
- Selection of materials is appropriate
- Placement of materials is appropriate
- Flap closure is appropriate
- Post-operative instructions and care are appropriate
- Surgical progress note is complete and accurate
- A prognosis for delivered treatment has been recorded
- Clinical sedation form is completed

5. Root coverage procedure without graft

Pre-operative Management Assessment

- Medical history/consultation
- Need for sedation/informed consent

Case selection

- Etiology addressed
- Appropriate for coverage
- Appropriate technique selection

Preparedness

- Knowledge of procedure

- Correct selection of instruments

Technique

- Anesthesia pain control
- Flap design
- Incisions placement
- Mobility
- Root preparation (chemical, mechanical, biologic)

Flap positioning and adaptation (release)

Flap closure

- Suture selection
- Hemostatis

Post-operative Considerations

- Pain management
- Medication
- Instructions

Infection Control

Professionalism

- Patient management
- Staff interactions
- Time management
- Documentation

6. Root coverage procedure with graft

Preoperative

- Medical history review
- Chief complaint
- Diagnosis clarification
- Etiology
- Indications, contradictions, risks, benefits, alternatives
- Rationale

Procedure

- Review of procedure
- Pain management on anesthesia
- Local versus regional
- Advantages and disadvantages
- Surgical design
- Root scaling and planning

- Incision design
- Flap elevation
- Tissue management
- Debridement / root treatment
- Graft selection
- Donor site management
- Stabilization of graft
- Suturing of flap
- Post-operative instructions

7. Extraction & socket preservation

General

- Medical history / vital signs
- Rationale for procedure
- Pain management
- Professionalism
- Patient and time management
- Injection control

Operative

1. Surgical design and execution
2. Appropriate instrument selection and utilization
3. Appropriate material selection and utilization
4. Extraction technique
5. Flap management (if performed)
6. Suturing technique
7. Management of intraoperative complications
8. Post-operative instructions and follow up

8. Guided bone regeneration (ridge augmentation)

Assessment of Patient

- Medical and dental history/consultation
- Informed consent
- Treatment plan/appropriate timing
- Preparedness for procedure
- Pre-operative patient management

Procedure

- Pain and anxiety management
- Local anesthesia

- Sedation (IV/Oral)
- Incision design & execution
- Flap reflection
- Intraoperative assessment of deficiency
 - Site preparation
 - Selection of reg. materials
 - Surgical placement of material
 - Graph & placement
 - Barrier shaping and placement
- Flap closure
 - Adequate flap release
 - Suturing technique

Global Assessment

- Soft tissue/hard tissue management
- Intraoperative patient management
- Timely completion of procedure
- Autonomy
- Professionalism
- Sterile technique
- Post-operative care
- Timely completion of records
- Difference of case

9. Implant placement

Big picture treatment plan

- Are there general prosthetic endpoints or objectives?
- Pre-treatment diagnosis set-up
- Evaluation of medical history
- Evaluation of periodontal health
- Radiographic assessment
- General overview/pathology report
- Access bone quality
- Bone volume & trajectory
- Soft tissue assessment (keratinized mucosa)
- Esthetic assessment
- Ridge assessment
- Adequate surgical guide
- Material selection – brand/surface/size
- Patient management assessment

Actual Procedure

- Set up – Infectious control

- Local anesthesia
- Flap design
 - Skill of incision
 - Flap reflection
 - Tissue management
- Osteotomy
 - Management of instruments
 - Proper drill position
 - Intraoperative assessment of bone quality - insertion torque
- Implant insertion
 - Is implant in anticipated position?
 - Is ideal 3D position achieved?
- 2° grafting/augmentation needed
- Post-op radiograph
- Closure/tension free?
- Provisionalization protocol
- Progress notes (documentation)

Post-operative Management

- Instructions
- Antibiotic/anti inflammatory
- Pain control – analgesic
- Follow up 1 to 6 weeks
- Report progress & outcomes

10. Direct sinus elevation

Preparation

- Medical History
- Social History
- Clinical evaluation
- Proper treatment plan
- Technique review of evidence

Pre-operative

- Sedation / anesthesia
- Incision flap management preparation
- Preparation to include size and location

Access

- Membrane management – appropriate management, if there is a tear, and adequate elevation of membrane
- Graph handling accessed

- Selection preparation of graph material, preparation placement, assessment of closure, suture type and technique

Post-operative

- Medicine
- Homecare instructions
- Follow up

Infection Control

- Time management
- Professionalism
- Documents to include written and images

11. Indirect sinus elevation

- Universal computing prescription assessment
- Infection control
- Patient management
- Medical vitals taken
- Selection of appropriate instrument
- Appropriate local anesthesia/pain management
- Flap design
- Incision
- Appropriate utilization of instrument
- Selection of augmentation materials
- Handling of complications
- Adequate management prepared for complication
- Suturing technique
- Patient post op surgical
- Self-evaluation
- Patient post op surgical management

12. Implant Uncovery

Patient Assessment

- Medical history
- Dental history
- Time placement
- Was resident prepared?
- Did they have proper set up for provisionalization?

Anatomical

- Asses area
- Aesthetic or Non Aesthetic
- Difference in aesthetic or non-aesthetic

Procedure

- Consent signed
- Infection control
- Incision design
- Hard and soft tissue
- Manipulation with site
- Dental implant assessment
- Abutment placement & torque
- Radiograph
- Suturing technique

Follow up

13. Implant Provisionalization

Core Values

- Health history (weight)
- Dental history
- Informed Consent
- Preparation
- Diagnosis/Prognosis
- Infection Control

Pre-operative diagnostic preparation

- Determine whether immediate or non-immediate need for surgery
 - ISQ values/insertion torque/primary stability assessed
 - Soft tissue evaluation and assessment
 - Goals for aesthetic outcome
- Forms
- Abutment selection
- Material selection
- Shade selection
- Quality of seating
- Quality of impression
- Adequate anatomic contour of crown
- Occlusion
- Polish
- No residue left behind
- Suturing