



2014 Predoctoral Educators Workshop

**Faculty Calibration as Essential
for the Future of Periodontal Education**



Welcome

- Dr. Mia Geisinger
 - University of Alabama, Birmingham



Thank You to our Sponsor

- Procter & Gamble Professional Oral Health



Workshop Objectives

- Evaluate methods of calibration and their usefulness in predoctoral didactic and clinical instruction for faculty teaching within periodontal and comprehensive care clinical settings and establishing best practices for calibration
- Establish methods to emphasize the importance of faculty calibration to student learning, student performance, and patient care outcomes for periodontal education
- Implement shared calibration materials, methods, and resources at educators' home institutions for improved predoctoral periodontal education

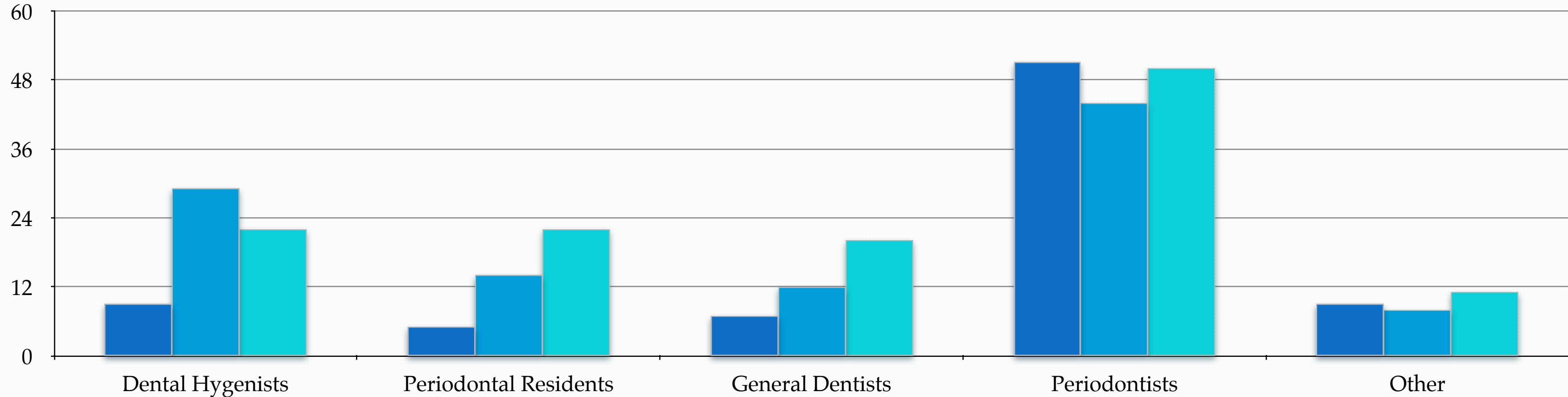


Current Calibration Efforts 2011 and 2014

■ Preclinical Didactic Teaching

■ Preclinical Laboratory Teaching

■ Clinical Teaching

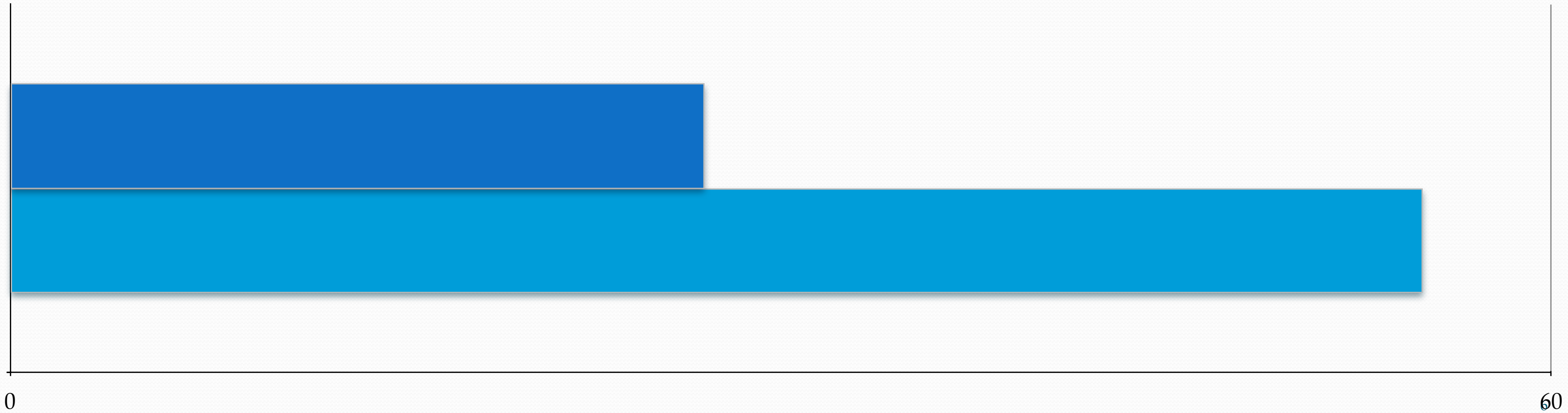




Current Calibration Efforts 2011 and 2014

■ Yes

■ No



General Dentist Calibration 2011

0

60

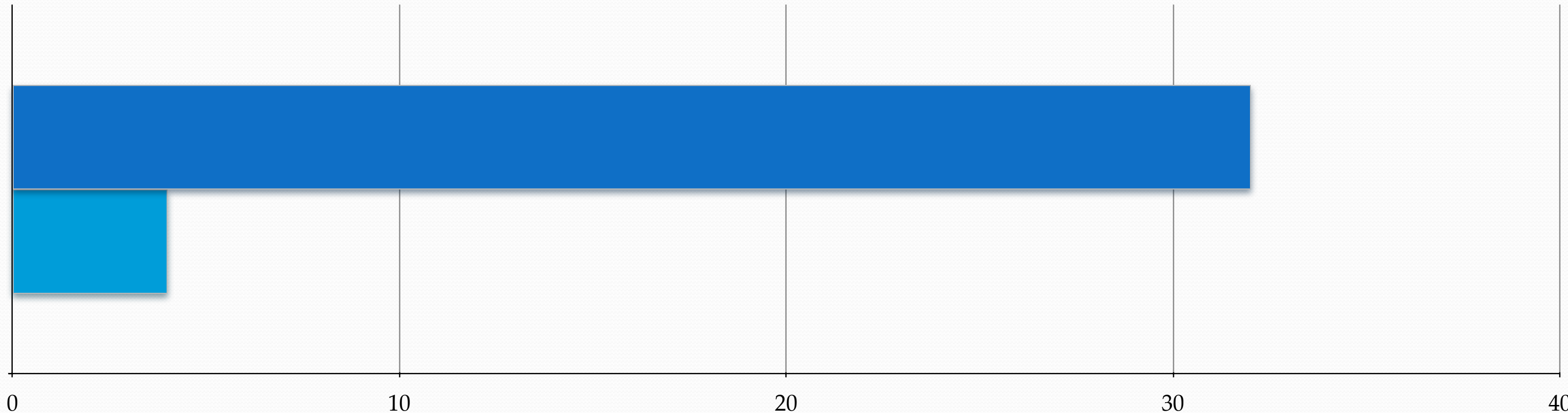


Faculty Calibration in 2011 and 2014

■ Yes

■ No

Periodontist Calibration 2014





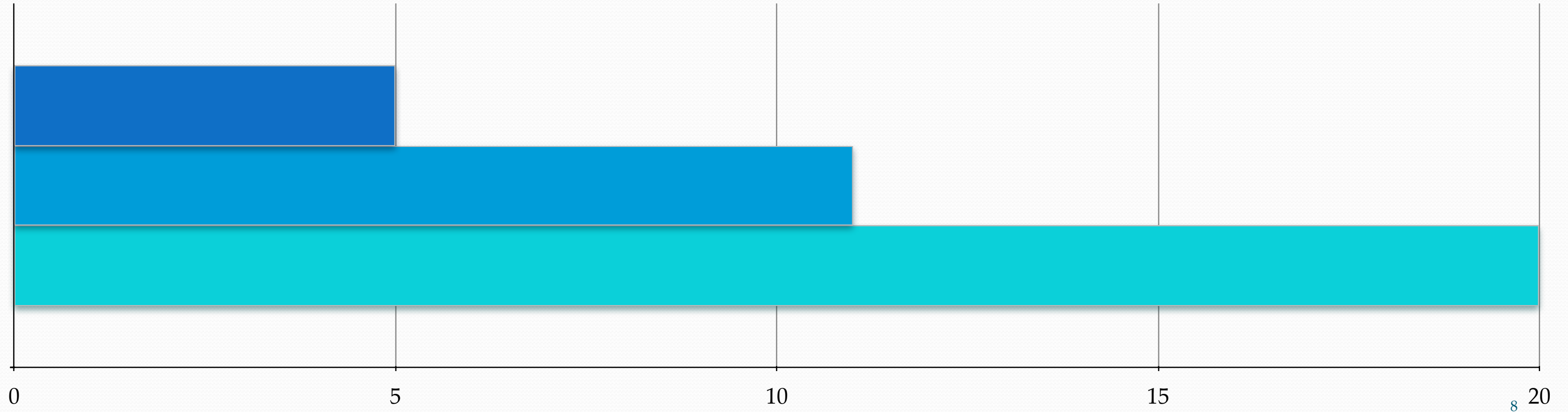
Faculty Calibration 2011 and 2014

■ All of our educators are periodontists

■ No

■ Yes

Non-periodontal educator calibration

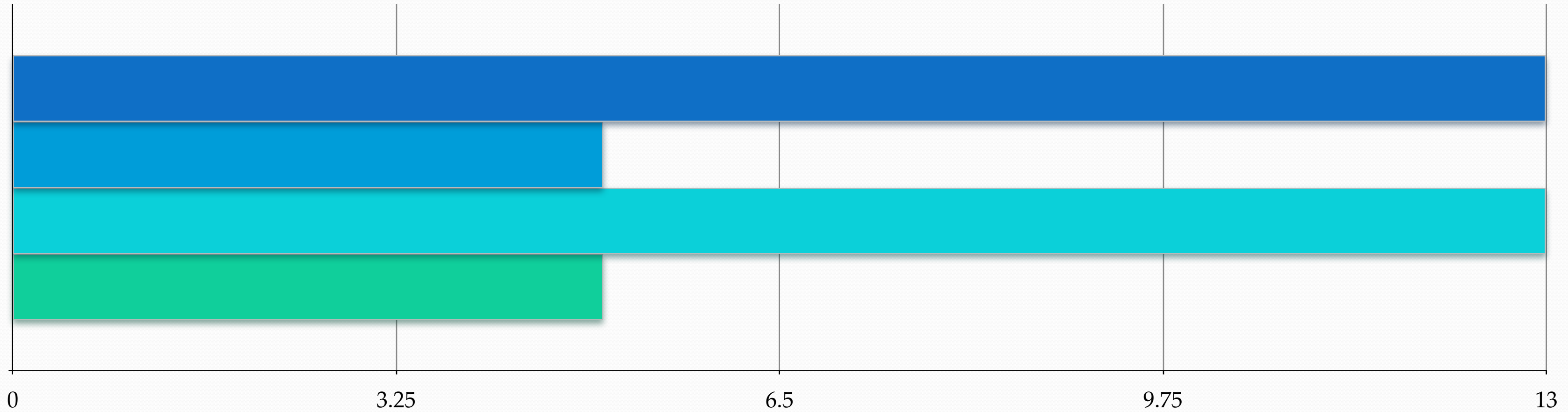




Faculty Calibration 2011 and 2014

■ No Offsite Faculty Used ■ Some ■ No ■ Yes

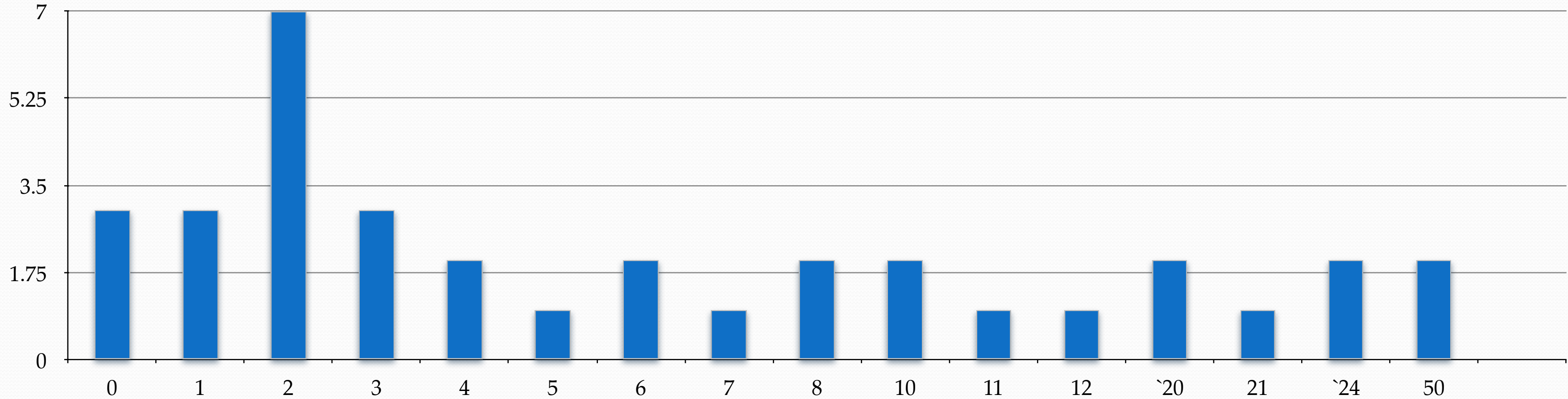
External Faculty Calibration





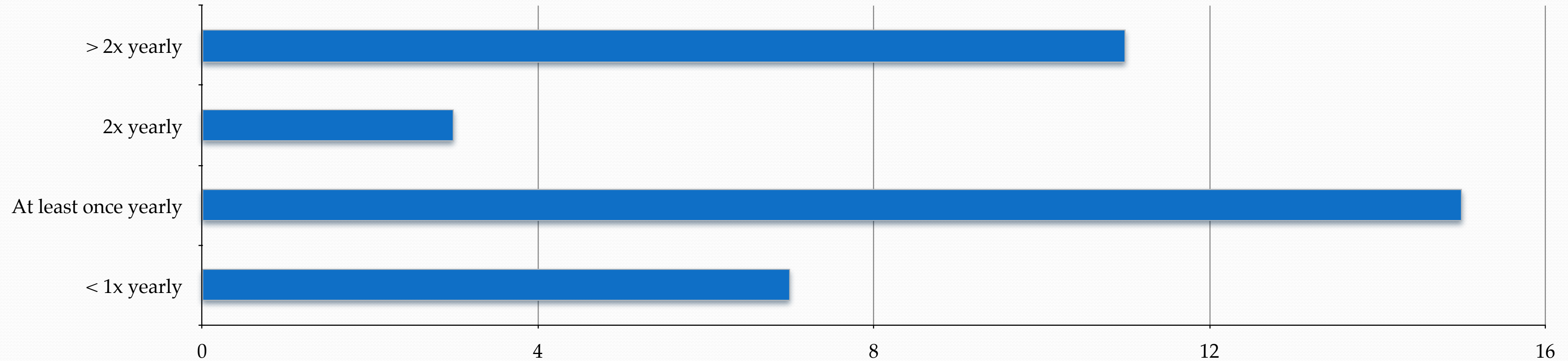
Faculty Calibration 2011 and 2014

■ Hours spent calibrating yearly



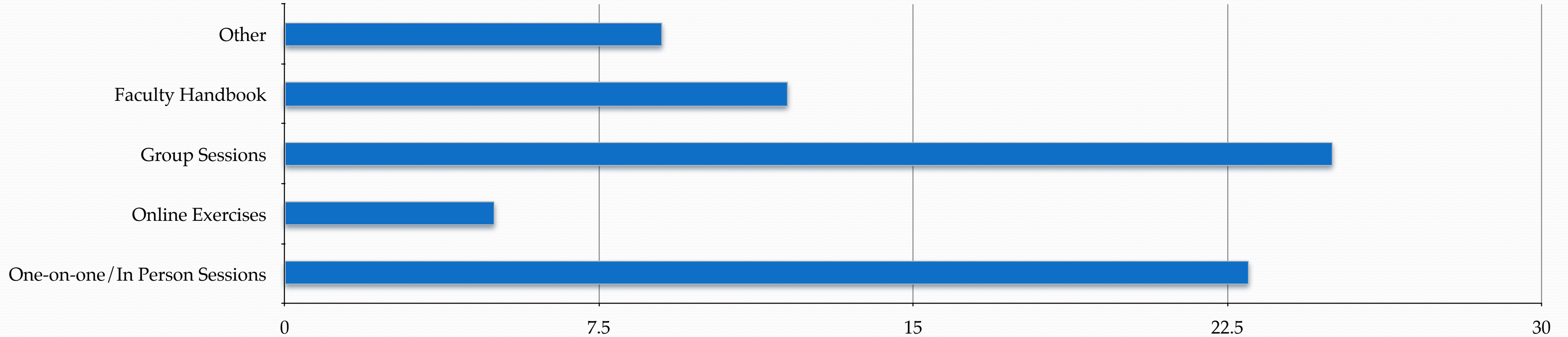


Faculty Calibration 2011 and 2014





Faculty Calibration 2011 and 2014





Expressed Needs with regards to Calibration

- Materials used for calibration
- Efficient use of time (online modules, ability to offer CE, etc.)
- Prioritization of faculty calibration in institutions
- “Best practices”



Case Study Calibration Exercises



Case 1

- When recording the PD, CAL, BOP, presence of exudate, plaque, etc. on the exact site where the UNC-15 periodontal probe is located in the displayed image, the periodontal clinical parameters would be recorded in the EDR (6 sites per tooth) at the site:
 - a) Buccal
 - b) Mesiobuccal
 - c) Distobuccal
 - d) Distolingual





Case 1

- This UNC-15 periodontal probe indicates that the probing depth at this site on tooth #27 is:
 - a) 4mm
 - b) 9mm
 - c) 10mm
 - d) 14mm





Case 1

- This UNC-15 periodontal probe indicates that the clinical attachment loss at this site on tooth #27 is:
 - a) 4mm
 - b) 9mm
 - c) 10mm
 - d) 14mm





Case 1

- What signs of inflammation are visible in this clinical image:





Case 2

- A compliant non-smoking patient in good overall health presents for dental care. PDH is significant for a diagnosis of Generalized moderate chronic periodontitis 7 years ago. Pt received treatment with scaling and root planing at the time of that diagnosis and has been receiving regular dental care and “cleanings” every 6 months in a dental office since then. Upon initial presentation, patient reports no notable intra-oral symptoms. These clinical and radiographic images were taken at initial presentation for a periodontal examination.





Case 2

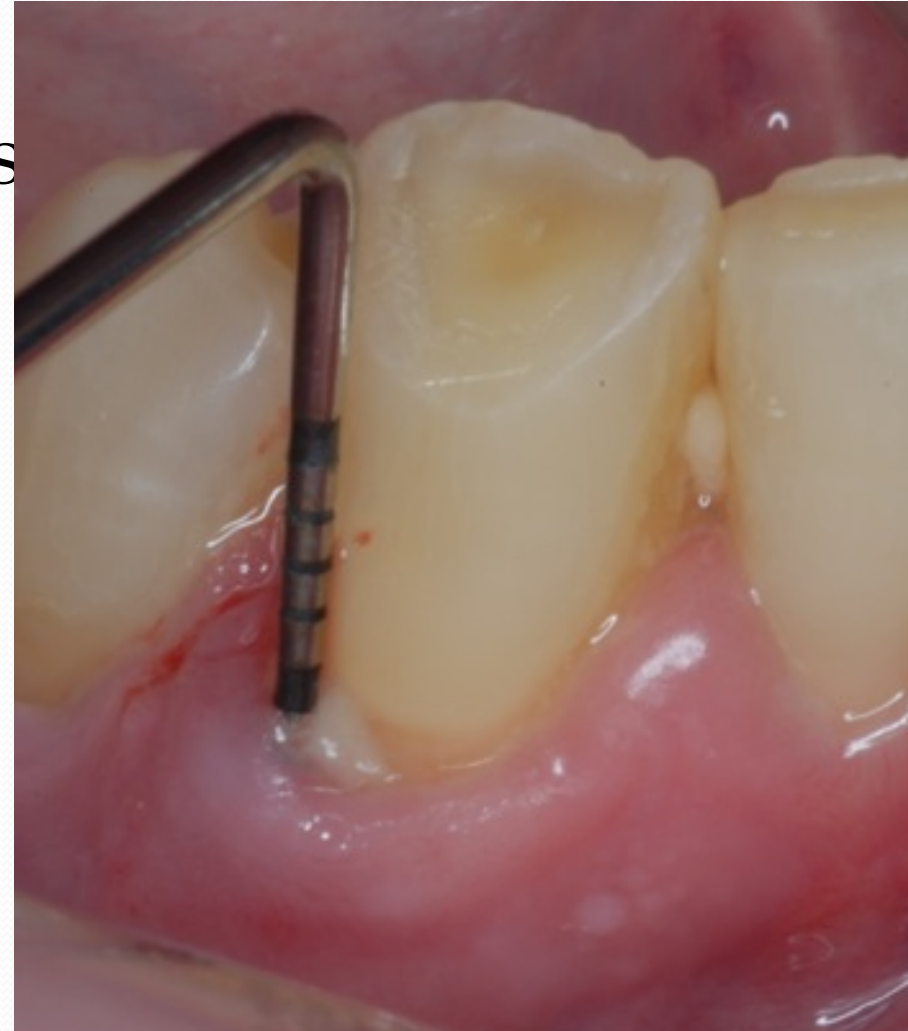
- Assuming that this presentation is typical and the patient demonstrated CAL > 5 mm at > 30% of overall sites, what is the periodontal diagnosis you would assign to this patient?
 - a) Generalized moderate chronic periodontitis
 - b) Generalized mild chronic periodontitis
 - c) Generalized severe chronic periodontitis
 - d) Localized severe chronic periodontitis in a stable and reduced periodontium
 - e) Gingivitis with localized severe chronic periodontitis





Case 2

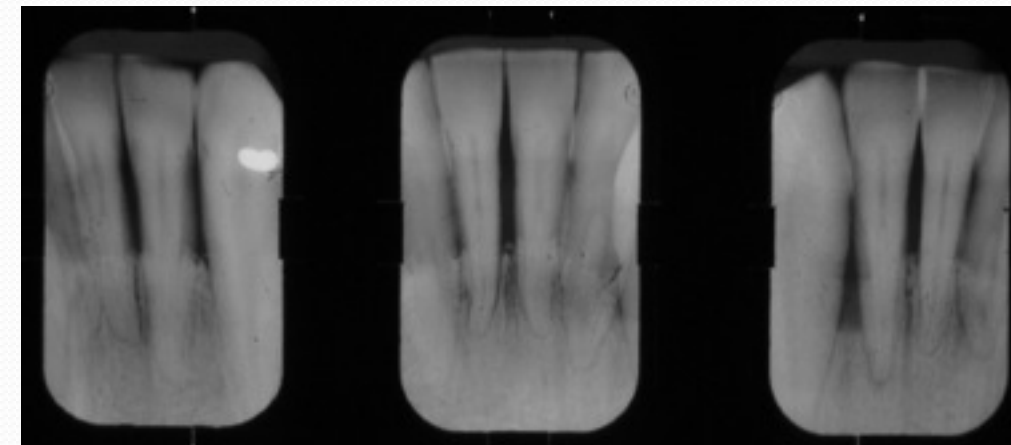
- Using the Kwok and Caton prognosis system, what prognosis would you enter into the EDR for this patient?
 - a) Favorable
 - b) Questionable
 - c) Unfavorable
 - d) Hopeless





Case 3

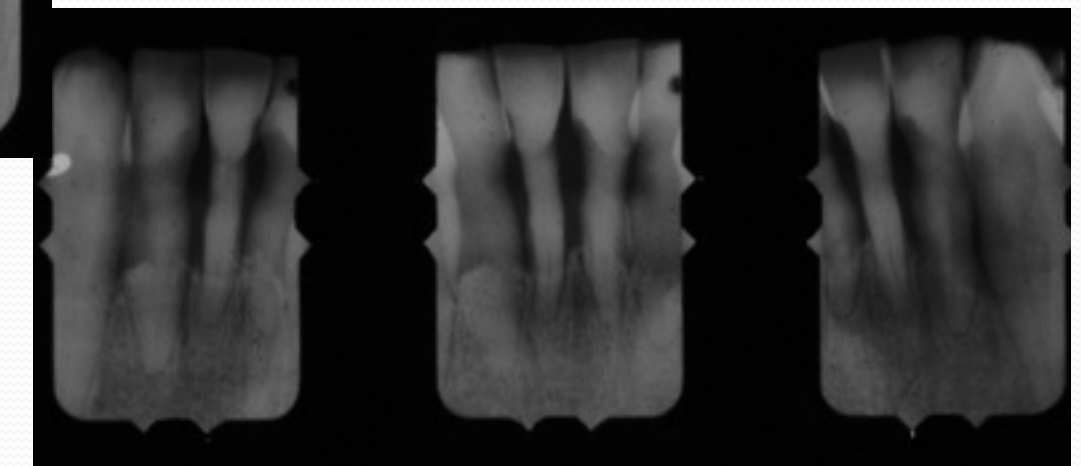
- The radiographic images demonstrated were taken 20 years apart. Upon initial diagnosis, the patient was a healthy non-smoker who was diagnosed with Adult Periodontitis (nomenclature at the time). The patient was treated with 4 quadrants of scaling and root planing, respective osseous surgery, and has been maintained every 3 months in a periodontal office. Upon initial examination, PD range from 2-3mm with one isolated 4mm PD at #23 DB.



1987



2007

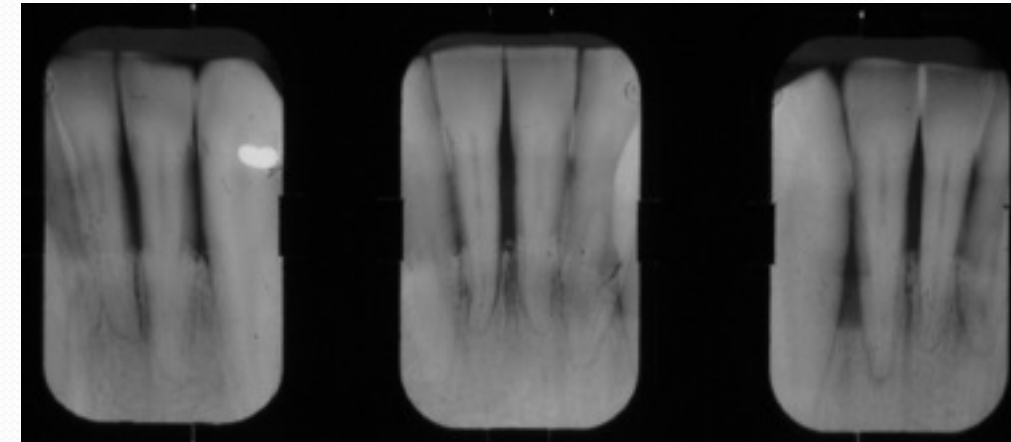




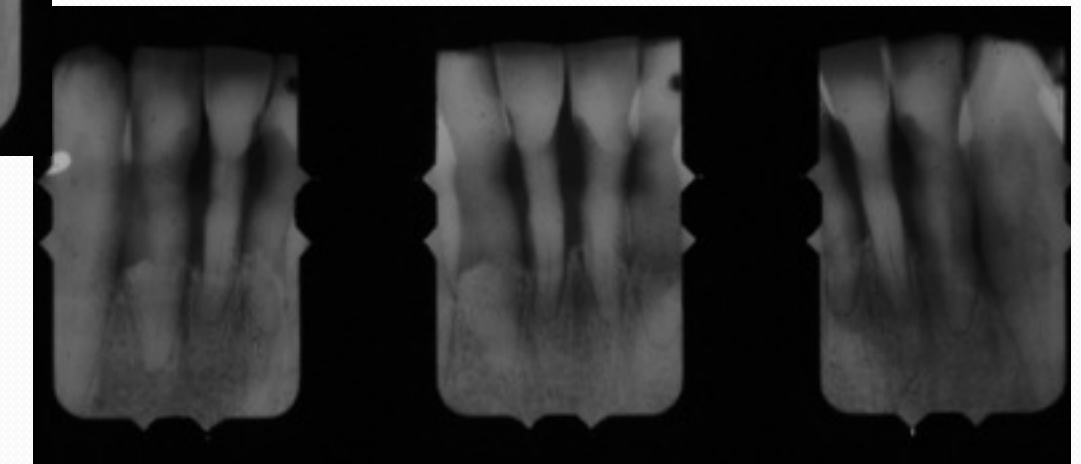
Case 3

- What diagnosis would you enter in the EDR for this patient?
 - a) Generalized moderate chronic periodontitis
 - b) Generalized mild chronic periodontitis
 - c) Generalized severe chronic periodontitis
 - d) Localized severe chronic periodontitis in a stable and reduced periodontium
 - e) Gingivitis with localized severe chronic periodontitis

1987



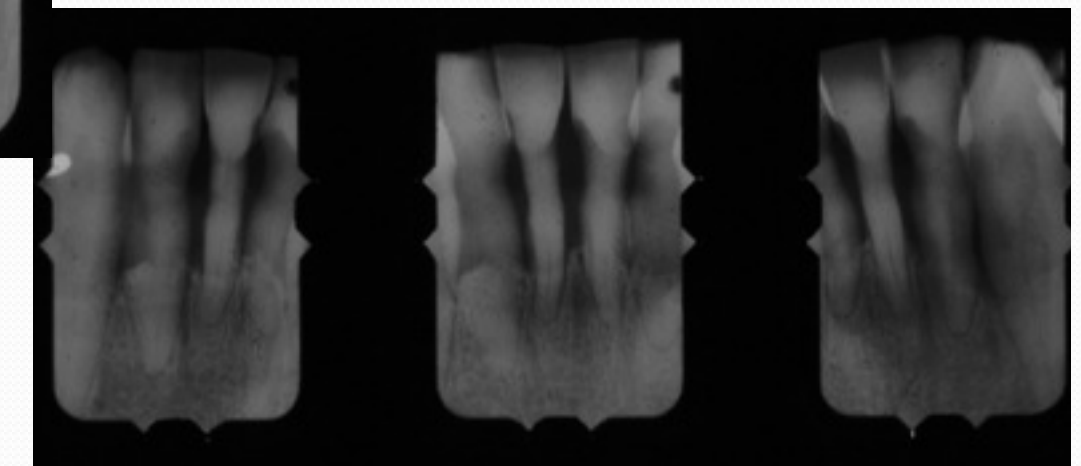
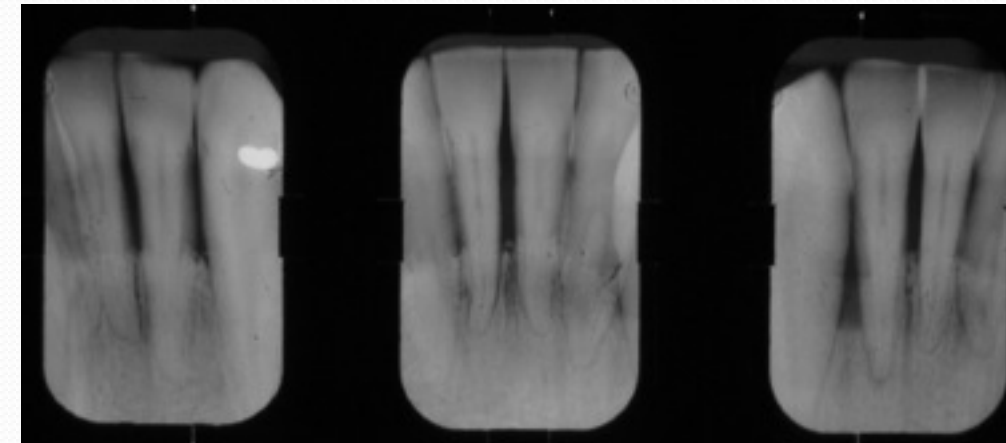
2007





Case 3

- What would be included in a treatment plan for this patient (include all that would apply)? Comprehensive Periodontal Exam
 - a. Oral hygiene instructions reinforcement (D1330.1)
 - b. Periodontal maintenance (D4910),
 - c. Adult prophylaxis (D1110)
 - d. Application of topical fluoride (D1208)
 - e. D4342 (Scaling + RP in 1-3 teeth) in at least one quadrant
 - f. D4341 in at least one quadrant
 - g. Phase I evaluation (D4999P)
 - h. Decide on appropriate periodontal maintenance interval





Case 4

- A healthy 8-9 year old female presents for pediatric dental/orthodontic evaluation. Gingival recession is observed at #25 facial and the clinical presentation is seen here.





Case 4

- List your concerns (Problem List) with regards to #25 periodontal health based upon this clinical presentation.
- What additional data / studies would you like to establish a diagnosis?





Case 4

- What is your periodontal diagnosis in this case?
- List the steps in your treatment plan for this patient with regards to the periodontal health.
- Discuss your rationale for this treatment plan.





Case 5

- What is the normal (healthy) distance from the CEJ to the alveolar crest that would be seen in a gingivitis or periodontally healthy patient?
 - a) 1mm
 - b) 2mm
 - d) 4mm
 - e) 6mm





Case 5

- Which of the follow could be discussed using this radiographic image?
 - a) Radiolucent/radioopaque
 - b) Periodontal pocket
 - c) Bone height
 - d) Loss of bone support
 - e) Percentage of bone loss in relation to root length
 - Loss of clinical attachment
 - Recession





CE Credit

- Receive 3.5 Continuing Education Credit Hours
- CE Pavilion (in the exhibit hall on Level 1 of Moscone West)
- Website Address: www.perio.org
- Password: AH14



Thank you for attending!