Faculty Calibration as Essential for the Future of Periodontal Education
Welcome

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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

General Dentist Calibration 2011
All of our educators are periodontists

Non-periodontal educator calibration

- All of our educators are periodontists
- No
- Yes
Faculty Calibration 2011 and 2014

Hours spent calibrating yearly

- 2011: 5.25 hours
- 2014: 3.5 hours

The bar chart shows the hours spent calibrating yearly from 2011 to 2024.
Faculty Calibration 2011 and 2014

- > 2x yearly
- 2x yearly
- At least once yearly
- < 1x yearly
Faculty Calibration 2011 and 2014

- Other: 7.5
- Faculty Handbook: 15
- Group Sessions: 22.5
- Online Exercises: 30
- One-on-one/In Person Sessions: 30
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:
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.
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
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.
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.
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 following 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
f) Loss of clinical attachment
g) 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!