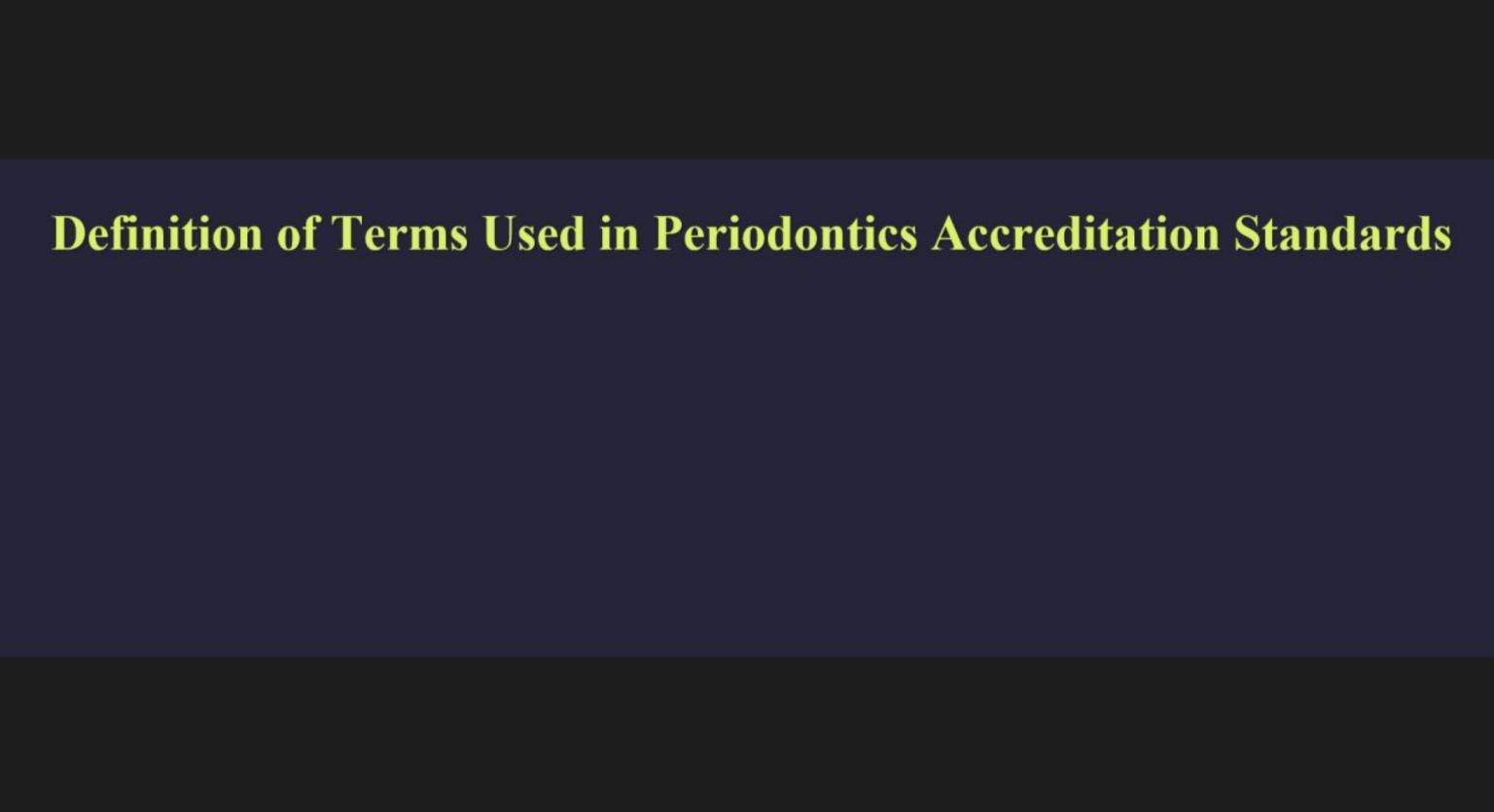
Clinical Competency: Assessment and Documentation

Vincent J. Iacono, D.M.D.

American Academy of Periodontology 102nd Annual Meeting San Diego, CA September 2016







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- In-depth: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.
- Understanding: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

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- a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the <u>competencies</u> for the specialty using formal evaluation methods;
- b. Provides to students/residents an assessment of their performance, at least semiannually

- 4-8 The educational program must provide clinical training for the student/resident to the level of competency. This must include, but is not limited to, the following treatment methods for health, comfort, function and esthetics:
 - a. Nonsurgical management of periodontal diseases, including:

Surgical management of periodontal diseases and conditions, including:

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 - a. Nonsurgical management of periodontal diseases, including:
 - 1. Biofilm control;
 - 2. Mechanical scaling and root planing therapy;
 - 3. Local and systemic adjunctive therapy; and
 - ь. Surgical management of periodontal diseases and conditions, including:

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 - 1. Resective surgery, including gingivoplasty, gingivectomy, periodontal flap procedures, osteoplasty, ostectomy, and tooth/root resection;

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 - 1. Resective surgery, including gingivoplasty, gingivectomy, periodontal flap procedures, osteoplasty, ostectomy, and tooth/root resection;
 - 2. Regenerative and reparative surgery including osseous grafting, guided tissue regeneration, the use of biologics, and utilization of tissue substitutes, where appropriate; and

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 - 2. Regenerative and reparative surgery including osseous grafting, guided tissue regeneration, the use of biologics, and utilization of tissue substitutes, where appropriate; and
 - 3. Periodontal plastic and esthetic surgery techniques including gingival augmentation, root coverage procedures and crown lengthening surgery.

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Intent: The emphasis of surgical training should be periodontal surgical procedures.

4-10.2 Clinical training in dental implant therapy to the level of competency must include:

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- c. Management of peri-implant tissues in health and disease.
- d. Provisionalization of dental implants.

- 4-11 The educational program must provide training for the student/resident in the methods of pain control and sedation to achieve:
- a. In-depth knowledge in all areas of minimal, moderate and deep sedation as prescribed by the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; and

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- 4-11 The educational program must provide training for the student/resident in the methods of pain control and sedation to achieve:
- a. In-depth knowledge in all areas of minimal, moderate and deep sedation as prescribed by the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; and
- b. Clinical training to the level of <u>competency</u> in adult minimal enteral and moderate parenteral sedation as prescribed by the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*.

Assessment Methods at Stony Brook University

- Monthly AxiUm Clinical Activity Reports
- Clinical Scoring of Technical Skills
- Quarterly New Innovations Report
- Competency Tests
- Surgical Seminars Series (weekly/3 years)
- Conferences in Clinical Periodontics (weekly/3 years)

- Unexpected Outcomes in Periodontics (monthly/3 years)
- Simulated American Board of Periodontology Exam (semi-annually/3 years)
- Portfolio (2 mentors/resident)

Monthly AxiUm Resident Clinical Activity Report

Perio Resident Procedures	Resident 1			Resident 2			Resident 3		
	MTD	YTD	RTD	MTD	YTD	RTD	MTD	YTD	RTD
Patients Seen									
Patients Seen: Adults (18+)									
Patients Seen: Children									
Patients Seen: Male									
Patients Seen: Female									
Perio Exams (0180,4110)						- 8		2	
Perio Exams: Healthy								0	
Perio Exams: Medically Compromised				1		- 3		9	
Case Type									
Type 0: Prescription Surgery (4400)									1
Type I: Gingivitis (4500)									
Type II. Slight Periodontitis (4600)									
Type III: Moderate Periodontitis (4700)									
Type IV&V: Severe Periodontitis (4800,4900)									
Type VI&VII: Perimplantitis (4901,4902)									
Treatment Plan (4250)						- 8			
Non Surgical Therapy									
Biofilm Control (1330,4130)									4
Tobacco Counseling (1320)									
SRP (4341,4355)									
Prophylaxis (1110)									
Occlusal Therapy (4330,4360,9951,9952)									
Local Drug Delivery (4381)									
Perio Re-Evaluation (0170,4380)									
Resective Surgery									
Gingivectomy/Gingivoplasty (4210,4274)									
Osseous Surgery (4240,4260,4261)									
Crown Lengthening (4249)	1			1	5				9
Regenerative Surgery									
Regeneration: Osseous Graffs (4263)									
Regeneration: Biologics (4265)									
Regeneration: Barrier Membranes (4266,4267)			-	1	5	13			ē.

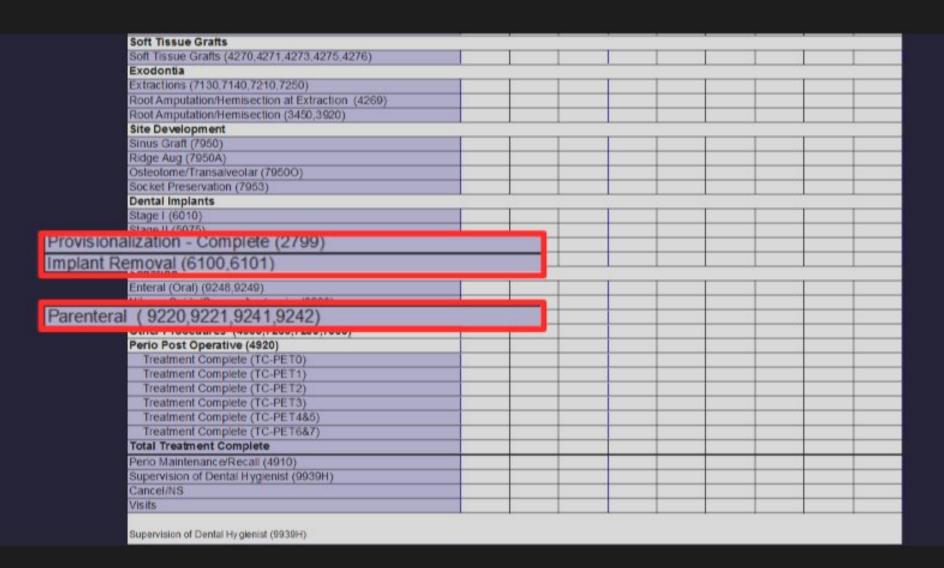
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Tobacco Counseling (1320)									
SRP (4341,4355)									
Prophylaxis (1110)									
Occlusal Therapy (4330,4360,9951,9952)						13			
Local Drug Delivery (4381)									
Perio Re-Evaluation (0170,4380)				7		13			
Resective Surgery									
Gingivectomy/Gingivoplasty (4210,4274)									
Osseous Surgery (4240,4260,4261)									
Crown Lengthening (4249)									
Regenerative Surgery									
Regeneration: Osseous Grafts (4263)									
Regeneration: Biologics (4265)									
Regeneration: Barrier Membranes (4266,4267)).	5	15			7

Monthly AxiUm Resident Clinical Activity Report

Soft Tissue Grafts									
Soft Tissue Grafts (4270,4271,4273,4275,4276)	1					7	(2)		The state of
Exodontia									
Extractions (7130,7140,7210,7250)					9				
Root Amputation/Hemisection at Extraction (4269)									
Root Amputation/Hemisection (3450,3920)		A			- 3				
Site Development									
Sinus Graft (7950)	2								
Ridge Aug (7950A)									
Osteolome/Transalveolar (7950O)					7/				
Socket Preservation (7953)									
Dental Implants				9					
Stage I (6010)									
Stage II (5975)					7/				
Provisionalization - Complete (2799)									
Implant Removal (6100,6101)		A			- 3				
Sedation									
Enteral (Oral) (9248,9249)	1								
Nifrous Oxide/Oxygen Analgesia. (9230)									
Parenteral (9220,9221,9241,9242)					7/				
Other Procedures (4999,7260,7290,7960)									
Perio Post Operative (4920)					7/				
Treatment Complete (TC-PET0)									
Treatment Complete (TC-PET1)					7/				
Treatment Complete (TC-PET2)									
Treatment Complete (TC-PET3)	2				7/				
Treatment Complete (TC-PET4&5)									
Treatment Complete (TC-PET6&7)					1		1		
Total Treatment Complete									
Perio Maintenance/Recall (4910)							- 3		
Supervision of Dental Hygienist (9939H)									
Cancel/NS					3		3		
Visits									
Supervision of Dental Hyglenist (9939H)									

Monthly AxiUm Resident Clinical Activity Report



Clinical Scoring of Technical Skills

Procedures

- Clinical Examination
- Treatment Planning
- Oral Hygiene Instruction
- Scaling and Root Planing
- Occlusal Adjustment
- Gingivectomy
- Osseous Surgery
- Guided Tissue Regeneration and Osseous Grafting

- Sub-antral Sinus Augmentation
- Gingival Grafting and Mucogingival Surgery
- Implant Surgery Stage 1
- Implant Surgery Stage 2
- Periodontal Plastic (Cosmetic) Surgery
- Post-Operative Appointment
- Periodontal Maintenance

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Clinical Scoring of Technical Skills

Scored Attributes

- Judgment, Problem Solving, Clinical Sense, Treatment Selection and Sequence
- Technical Skills
- Degree of Difficulty
- Professionalism

Scores

- 1 = Above Average
- 2 = Average
- 3 = Below Average
- 4 = Unsatisfactory

Guided Tissue Regeneration and Osseous Grafting

Follow guidelines for osseous surgery and include:

1. The incision allows the flaps to adequately cover the graft material and/or regenerative medicine

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- 2. The proper type of graft material is selected

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- 2. The proper type of graft material is selected
- 3. The proper amount of graft material is placed within the defect and material is not lost prior to suturing the flap and/or placing the membrane

- 1. The incision allows the flaps to adequately cover the graft material and/or regenerative medicine
- 2. The proper type of graft material is selected
- The proper amount of graft material is placed within the defect and material is not lost prior to suturing the flap and/or placing the membrane
- The membrane is properly shaped to allow coverage of the defect, creates space between itself and the defect and is smoothly placed beneath the flaps.

- 1. The incision allows the flaps to adequately cover the graft material and/or regenerative medicine
- 2. The proper type of graft material is selected
- The proper amount of graft material is placed within the defect and material is not lost prior to suturing the flap and/or placing the membrane
- The membrane is properly shaped to allow coverage of the defect, creates space between itself and the defect and is smoothly placed beneath the flaps.
- 5. The suturing technique will permit membrane and/or graft coverage without undue tension or slack.

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- 2. The proper type of graft material is selected
- The proper amount of graft material is placed within the defect and material is not lost prior to suturing the flap and/or placing the membrane
- The membrane is properly shaped to allow coverage of the defect, creates space between itself and the defect and is smoothly placed beneath the flaps.
- 5. The suturing technique will permit membrane and/or graft coverage without undue tension or slack.
- 6. A temporary prosthesis (if used) is properly adjusted to prevent pressure on the surgical site.

Case Illustration







The incision allows the flaps to adequately cover the graft material and/or regenerative medicine



The proper amount of graft material is placed within the defect and material is not lost prior to suturing the flap and/or placing the membrane



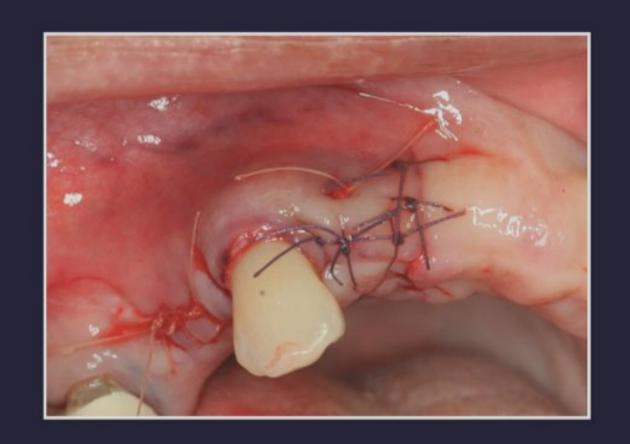






The membrane is properly shaped to allow coverage of the defect, creates space between itself and the defect and is smoothly placed beneath the flaps

The suturing technique will permit membrane and/or graft coverage without undue tension or slack



2 years post op





Quarterly New Innovations Report

Clinical Evaluations by Faculty

New Innovations RMS Evaluations

Department of Periodontology Advanced Specialty Education Program in Periodontics Quarterly Clinical Evaluation Form



[Subject Name] [Evaluation Dates]

[Evaluator Name] [Evaluator Status]

activities. Indicate your response by selecting the realia button for the appropriate number or C/E (cannot evaluate). Perform a patient examination and periodiontal evaluation that is complete, accurate and well-documented. Not Prepared Adequately Prepared Well Prepared C/E

Determine periodontal and other diagnoses that are complete and supported by findings. Not Prepared Adequately Prepared Well Prepared C/E

Develop and present a comprehensive sequenced treatment plan that is appropriate to the patient's needs. Not Prepared Adequately Prepared Well Prepared C/E

Communicate with patients clearly, accurately and comprehensively. Not Prepared Adequately Prepared Well Prepared C/E

Demonstrate respect for and an understanding of patient needs (e.g., behavioral modification).

Not Prepared Adequately Prepared Well Prepared Well Prepared C/E Effectively manage the sequence of patient treatment.

Not Prepared Adequately Prepared Well Prepared C/E

Relate appropriately to other trainees, staff and faculty. Not Prepared Adequately Prepared Well Prepared C/E

Discern and manage ethical issues of dental practice:



Quarterly New Innovations Report

Clinical Evaluations by Faculty

Not Prepared		Adequately Prepared		Well Prepared	C/E	
0	0	0	0	0	0	
Perform clinical pro	cedures	well (comment below).				
Not Prepared		Adequately Prepared		Well Prepared	C/E	
0	0	0	0	0	0	
Acquire and synther	size infor	mation critically, scientifica	lly and e	ffectively.		
Not Prepared		Adequately Prepared		Well Prepared	C/E	
0	0	0	0	0	0	
Assess personal stre	ingths ar	nd weaknesses and act to a	cquire n	eeded competencie	s/proficiencies.	
Not Prepared		Adequately Prepared		Well Prepared	C/E	
_	_		-			
0	0	0	0	0	0	
Demonstrate under	standing	of basic science principles	in clinica		0	
Demonstrate under	standing	of basic science principles Adequately Prepared	in clinica		C/E	
	standing		in clinica	d situations.		
	standing		in clinica	d situations.	C/E	
Not Prepared	standing		in clinica	d situations.	C/E	

Quarterly New Innovations Report

Clinical Evaluations by Faculty

	A4 - A					-	
	Not Prepared		Adequately Prepared		Well Prepared	C/E	
	0	0	0	0	0	0	
	Perform clinical pro	cedures v	vell (comment below).				
	Not Prepared		Adequately Prepared		Well Prepared	C/E	
	0	0	0	0	0	0	
	Acquire and synthe	size infon	nation critically, scientifica	lly and ef	fectively.		
	Not Dramaned		Arienuately Prenared		Well Prepared	CIF	
s perso	nal strengths and a		esses and act to a			npetencie repared	s/proficier C/E
	ared		oately Prepared		Well Pr	repared	
	ared		oately Prepared		Well Pr	repared O	
	Prot Prepared	Adequ	oately Prepared		Well Pr	repared O	

Postdoctoral Student Competency Tests (Ten)

Date of Competency	Evaluation:	_ Faculty Evaluator:	Print/Sign	<u> </u>
Student: Print/Sign	Г	Year 1	2	3
Dx/Tx Plan	Osseous Sx +/- Regeneration	Site Development	Provi	isionalization
SC/RP	Implant Sx	Eval of tx provided		
Crown Lengthening Sx	Perio Plastic Sx	IV Sedation		

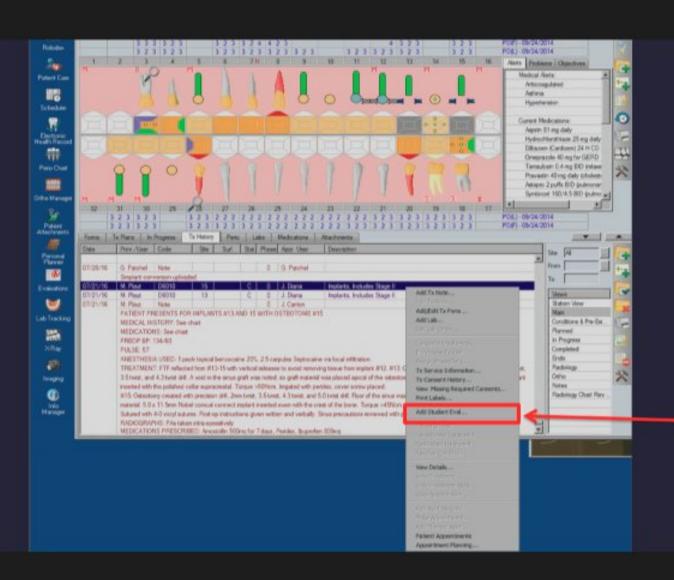
Areas of Evaluation

AREAS OF EVALUATION	S	U	N/A
Professionalism (communication with faculty, peers, students, staff)			
Medical assessment complete & appropriate			
Medical consultation completed & returned			
Accurate periodontal charting			
Accurate interpretation of radiographs			
Diagnoses are correct			
Comprehensive treatment plan provided			
Adequate use and knowledge of instrumentation			
Informed consent given & consent obtained			
Adherence to infection control protocol			
Treatment planned is appropriate for condition: rationale provided			
Treatment selected is based on scientific evidence			
Anxiety control appropriate & effective			
Pain control appropriate & effective			
Incision design appropriate for procedure			

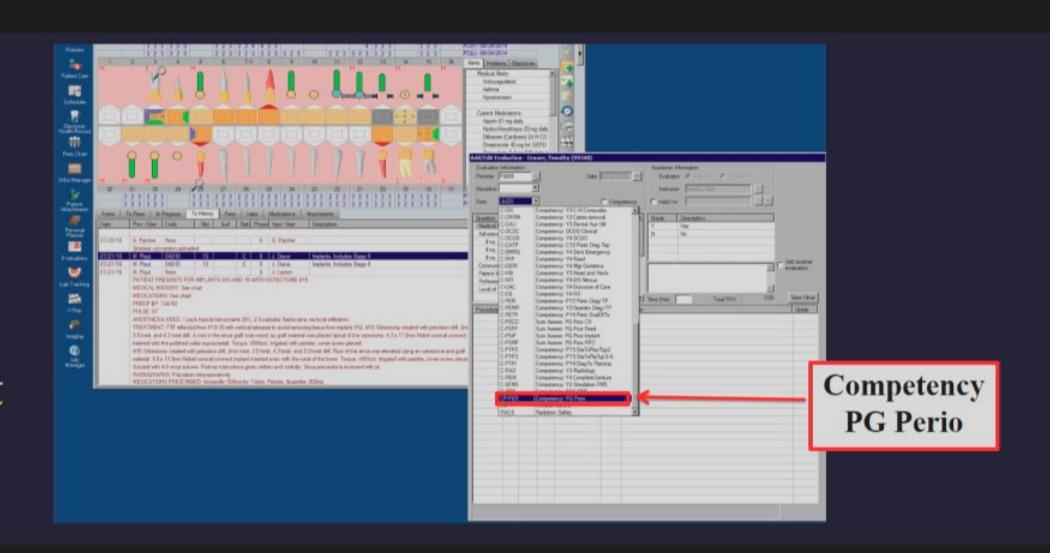
Areas of Evaluation

Flap management appropriate & effective		
Scaling & root planing is adequate & thorough		
Pre-surgical findings appropriately & accurately assessed		
Treatment approach selected is appropriate for findings		
Selected treatment properly performed		
Flap management & suturing appropriate & effective	\neg	
Adequate hemostasis obtained		
Post-operative instructions appropriate & complete		
Post-operative prescriptions appropriate for procedure & patient		
Sedation form accurately and thoroughly completed		
Time management was effective for the given situation		
Management of complications		
Management of medical emergencies		12
Selection of temporary abutment appropriate		
Occlusal evaluation and adjustments are appropriate/indicated		

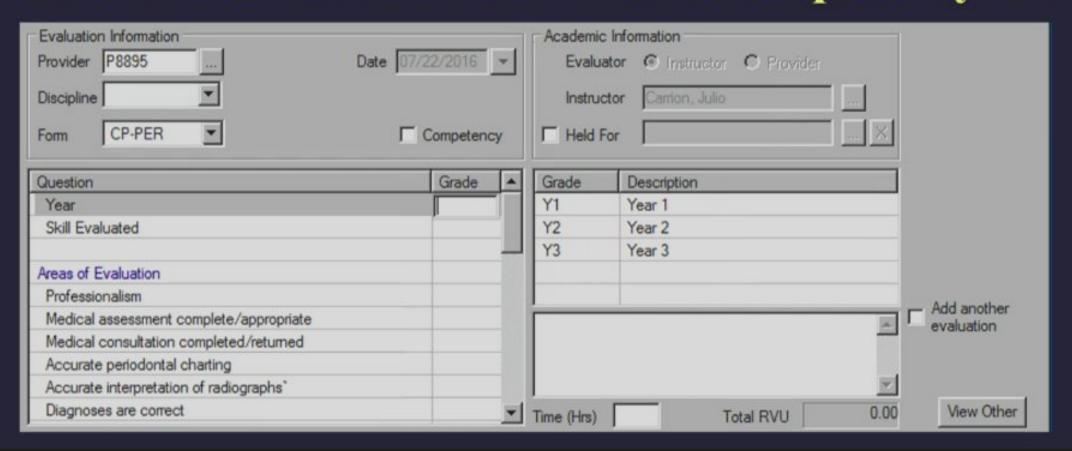
Evaluation Postdoctoral Student Competency Test



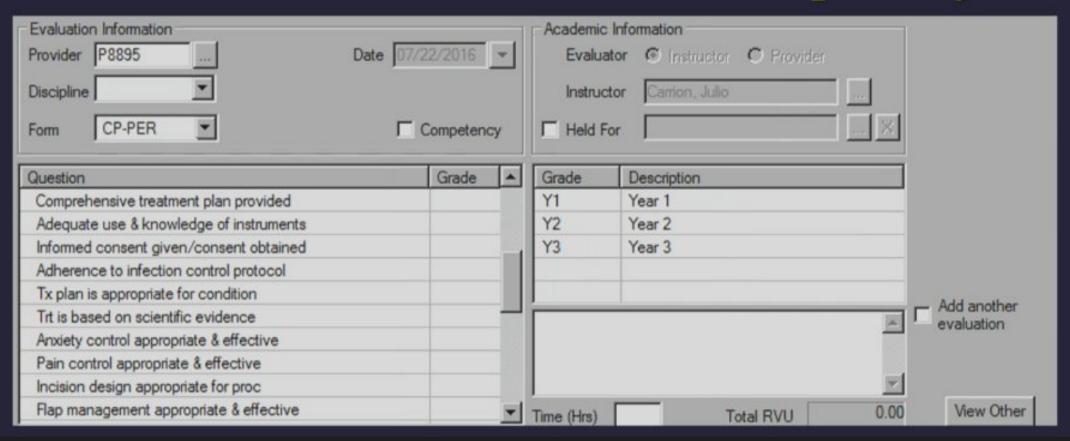
Add Student Evaluation Evaluation
Postdoctoral
Student
Competency Test



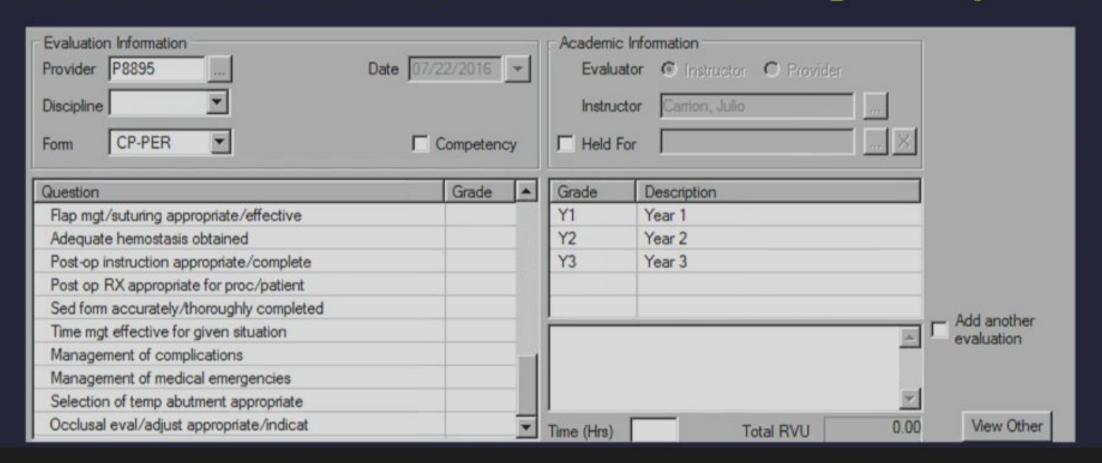
Evaluation Postdoctoral Student Competency Test



Evaluation Postdoctoral Student Competency Test



Evaluation Postdoctoral Student Competency Test



Student Report: Postdoctoral Student Competency

Competencies

Competency: PG Perio	2014-2015	03/02/15	Skill Evaluated	SC/RF
			Professionalism	S
			Medical assessment complete/appropriate	S
			Medical consultation completed/returned	S
			Accurate periodontal charting	8
			Accurate interpretation of radiographs'	s
			Diagnoses are correct	8
			Comprehensive treatment plan provided	S
			Adequate use & knowledge of instruments	S
			Informed consent given/consent obtained	S
			Adherence to infection control protocol	S
			Tx plan is appropriate for condition	S
			Trt is based on scientific evidence	s

Anxiety control appropriate & effective	S
Pain control appropriate & effective	8
Incision design appropriate for proc	NA
Flap management appropriate & effective	NA.
Scaling/Root planing adequate/thorough	8
Pre-surg findings assessed appro & accur	NA
Trt approach is appropriate for findings	s
Selected treatment properly performed	s
Flap mgt/suturing appropriate/effective	NA
A dequate hemostasis obtained	S
Post-op instruction appropriate/complete	S
Post op RX appropriate for proc/patient	NA:
Sed form accurately/thoroughly completed	NA.
Time mgt effective for given situation	S
Management of complications	NA
Management of medical emergencies	NA
Selection of temp abutment appropriate	NA.
Occlusal eval/adjust appropriate/indicat	NA.

Student Report: Postdoctoral Student Competency

		Competencie Resident	•	
Competency: PG Perio	2014-2015	04/29/15	Skill Evaluated	SD
			Professionalism	S
			Medical assessment complete/appropriate	S
			Medical consultation complete d/returned	NA
			Accurate periodontal charting	NA
			Accurate interpretation of radiographs'	S
			Diagnoses are correct	8
			Comprehensive treatment plan provided	S
			Adequate use & knowledge of instruments	S
			Informed consent given/consent obtained	8
			Adherence to infection control protocol	s
			Tx plan is appropriate for condition	S
			Trt is based on scientific evidence	s
			Anxiety control appropriate & effective	8
			Pain control appropriate & effective	8
			Incision design appropriate for proc	8

Flap management appropriate & effective	S
Scaling\Root planing adequate\thorough	NA
Pre-surg findings assessed appro & accur	S
Trt approach is appropriate for findings	s
Selected treatment properly performed	S
Flap mgt/suturing appropriate/effective	s
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Post-op instruction appropriate/complete	S
Post op RX appropriate for proc/patient	s
Sed form accurately/thoroughly completed	NA
Time mgt effective for given situation	s
Management of complications	NA
Management of medical emergencies	NA
Selection of temp abutment appropriate	NA
Occlusal eval/adjust appropriate/indicat	NA

Surgical Seminars Series

- Weekly presentations by individual periodontal residents on surgical procedures used in contemporary periodontics.
- Case example
- AAP In-Service Questions

DEPARTMENT OF PERIODONTOLOGY ADVANCED SPECIALTY EDUCATION PROGRAM IN PERIODONTICS SURGICAL SEMINARS 2016-2017 TUESDAYS 4:00-5:00 P.M.

Top	ic	Resident Leader	Date
1.	New Attachment Procedures Replaced (Modified Widman) Flap Papilla Preservation Procedures	Michael Plaut	09/20/16
2.	Resective Procedures		
	Gingivectomy and Gingivoplasty	Vanesza Robles	09/27/16
	Apically Positioned (Advanced) Flap (including osseous resection and functional crown lengthening)	Shalia Santana	10/04/16
	Root resection/hemisection	James Iovino	10/11/16
3.	Osseous Grafting (Reconstructive) Procedures		
	Autograft (Intra/Extraoral)	Sylvia Arsuaga	10/18/16
	Xenograft Allograft Alloplast	Zev Lazarus	10/25/16

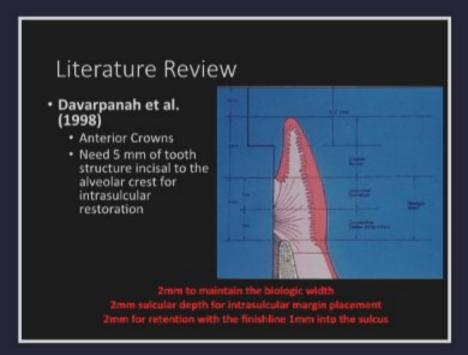
Case Illustration

Esthe&c(Crown(Lengthening(

January(20,(2015) Department(of(Periodontology) School(of(Dental(Medicine) Stony(Brook(University)

Presentation Outline

- · Rationale for Crown Lengthening
- · Basic Surgical Considerations
- Esthetic Considerations
- · Clinical Cases



Case Illustration



Gingival Display

- When smiling, you should see no more than 3mm of gingiva
- Women>Men
- Symmetry
- Gingival line follows lip line





AAP In-Service Questions

AMERICAN ACADEMY OF PERIODONTOLOGY 2008 IN-SERVICE EXAMINATION - SECTION D

According to Davarpanah (1998), following a crown lengthening procedure where the finish line will be placed subgingivally, tooth preparation should be postponed for at least weeks.

- a) 4
- b) 8
- c) 10
- d) 12

AMERICAN ACADEMY OF PERIODONTOLOGY 2008 IN-SERVICE EXAMINATION - SECTION D

According to Davarpanah (1998), following a crown lengthening procedure where the finish line will be placed subgingivally, tooth preparation should be postponed for at least _____weeks.

b) 8

AMERICAN ACADEMY OF PERIODONTOLOGY 2010 IN-SERVICE EXAMINATION - SECTION D

According to Bragger et al. (1992), how long did it take the MAJORITY of gingival margins to stabilize after surgical crown lengthening of the anterior teeth?

- a) 2 weeks
- b) 6 weeks
- c) 6 months
- d) 1 year

Surgical Seminars Evaluation Forms

Advanced Education Program in Periodontics Department of Periodontology Stony Brook University

Surgical Seminars

Faculty Assessment of Presentation Skills

Name of Postdoctoral Student Presenting	Date
Faculty Name	Faculty Signature
Торк	
Assess the postdoctoral student in each of the Rill in one response for each (tem. Use the line	
Communication Skills Use the scale: A=Outstanding; B=Satisfactory,	C=Marginal; D=Unsatisfactory
Presenter:	
1. Speaks clearly	
2. Speaks at the right pace	
Speaks at the right pace Speaks to the audience	· ·
	dence
3. Speaks to the audience	dience
Speaks to the audience Makes ongoing eye contact with the au	dience
Speaks to the audience Makes ongoing eye contact with the au Appears confident	dence
Speaks to the audience Makes ongoing eye contact with the au Appears confident Appears enthusiastic	

Accuracy of	references
3. Quality of sl	ides
4. Clear emph	asis on major points
5. Logical flow	of the presentation
5. Quality of h	istorical examples of the procedure(s)
7. Presentation	n of own examples of the procedure(s)
8. Soundratio	nale for procedure(s) presented
. Soundratio	nale for alternative procedures
10. Response to	guestions
r the past the	orgical seminar rank with others presented in Surgical Seminars ee (3) years?
A=Top 10%	B=Top 1/3 C=Middle 1/3 D=Bottom 1/3 E=Don't Know
rall Commen	ts and Recommendations
the season	or strengths of this surgical seminar?

What modifications/changes can the postdoctoral student make to enhance the next surgical

Surgical Seminars Evaluation Forms

Advanced Education Program in Periodontics Department of Periodontology Stony Brook University

Surgical Seminars

Faculty Assessment of Presentation Skills

Name of Postdoctoral Student Presenting	Date
Faculty Name	Faculty Signature
Торіс	
Assess the postdoctoral student in each of the Rill in one response for each item. Use the line	
Communication Skills Use the scale: A=Outstanding: 8=Satisfactory;	C=Marginal; D=Unsatisfactory
Presenter:	
Speaks clearly	
2. Speaks at the right pace	
3. Speaks to the audience	
4. Makes ongoing eye contact with the aud	dience
5. Appears confident	
6. Appears enthusiastic	
7. Is open to constructive criticism	8-
Presentation Use the scale: A=Outstanding; 8 =5atisfactory;	C=Marginal; D=Unsatsfactory
Depth of background information	

2	Accuracy of references
3	Quality of slides
4.	Clear emphasis on major points
5	Logical flow of the presentation
6.	Quality of historical examples of the procedure(s)
eser	ntation of own examples of the procedure(s)
8.	Sound rationale for procedure(s) presented
9.	Sound rationale for alternative procedures

How does this surgical seminar rank with others presented in Surgical Seminars over the past three (3) years?

A=Top 10% B=Top 1/3 C=Middle 1/3 D=Bottom 1/3 E=Don't Know

Overall Comments and Recommendations

10. Response to questions

What were the major strengths of this surgical seminar?

What modifications/changes can the postdoctoral student make to enhance the next surgical seminar?

Surgical Seminars Evaluation Forms

Advanced Education Program in Periodontics Department of Periodontology Stony Brook University

Surgical Seminars

Faculty Assessment of Presentation Skills

Name of Postdoctoral Student Presenting	Date
Faculty Name	Faculty Signature
Торк	
Assess the postdoctoral student in each of the Rill in one response for each item. Use the line	
Communication Skills Use the scale: A=Outstanding: 8=Satisfactory;	C=Marginal; D=Unsatisfactory
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5. Appears confident	
6. Appears enthusiastic	
7. Is open to constructive criticism	8-
Presentation Use the scale: A=Outstanding; 8 =Satisfactory;	C=Marginal; D=Unsatsfactory
Depth of background information	N-

2. Accuracy of references	
I. Quality of slides	
Clear emphasis on major points	
i. Logical flow of the presentation	
Cuality of historical avanuales of the moce	durates
tation of own examples of the	procedure(s)
. Sound rationale for procedure(s) presented	0
). Sound rationale for alternative procedures	
IO. Response to questions	

How does this surgical seminar rank with others presented in Surgical Seminars

A=Top 10% B=Top 1/3 C=Middle 1/3 D=Bottom 1/3 E=Don't Know

What modifications/changes can the postdoctoral student make to enhance the next surgical

7. Presen

over the past three (3) years?

Overall Comments and Recommendations

What were the major strengths of this surgical seminar?

Conferences in Clinical Periodontics

DEPARTMENT OF PERIODONTOLOGY ADVANCED SPECIALTY EDUCATION PROGRAM IN PERIODONTICS CONFERENCES IN CLINICAL PERIODONTICS

Liabel below are the treatment planning commencious presentation conferences that postdoctoral shadonts in periodentics are to present in an environced-based format. All faculty in the Department of Periodenticopy are urged

			Tuesday	
			00 - 7:00 p.m.*	41
			DO, Rockland Hall	4
	te		Resident	Motor
August			Orientation (3:00-4:00 PM)	
	16	E00 PM	Yorkson Robins	
	- 23	4:00 PH	Sheka Santana	
Market Lat	30	4(00 PM	Sylvia Arsuaga	
September	13	_	Pichael Plant	
		_	AAP Heating James Joyne	
	10	_	James Barnes	
October	4	_	Risser Repaid	Salizadamo
Centrales	11	_	Vonesto Robies	Para Nation Co.C.
	18	_	Michael Plant	The effect of
	10	_	Align Zagin	
November	1		Stella Serbina	
			Synia Arsuaga	
	15		James Joyne	
	33		Zev Latarus	
	29		Jornes Harriss	
December	25		Written Mid-Torm Exam	
E-MINISTER -	13		Oral Mic-Terra Exacts	
	20	-	Department Holiday Lunchoon	
January	3		Planer Regard	
	10	_	Ains Zusin	
	17	_	History Place	- 2
	24	_	Variesas Robies	
	- 21		Shaka Sentana	
Fobruary:	. 7		Syrira Amuraga	
****	- 14	_	James Jovine	
	21		Zev Lazimas	
	28		James Rames	
Harch	7		AAP In Service Exam	
	1.4		Spring Recess	
	- 21		Disser Resect	
-	28		Aire Zasin	
April	31		Phihad Plaut	
			Vanessa Robies	
	- 15		JOSEA SACKLES	
Marin .	25		Sylvia Arthunia	
May	-		James Jovins	
	- 1		Zev Latterus	
	16		James Ramos	
	- 62		Nisser Respei	
and the latest and th	39	d of Periodonto	Airy Zusin	
			ve Examinations:	
June	- 6		Hickori Haut	
June	13		Vanesza Robles	
June	20		Shalia Sentana	
June			Year 2 Residents Year 1 Residents	

Conferences in Clinical Periodontics

• Weekly presentations by individual periodontal residents on clinical cases

DEPARTMENT OF PERIODONTOLOGY ADVANCED SPECIALTY EDUCATION PROGRAM IN PERIODONTICS

Label below are the treatment planning cominant/coor presentation conferences that postdoctoral students in periodictics are to present in an enterior diseased format. All facility in the Department of Periodicitology are urged

		Time: St	: Tuesday 00 - 7:00 p.m.*	
			00, Rockland Half	-
Di	te		Resident	Motor
August	9		Grientation (3:09-4:00 PH)	
100000	16		Yorksox Robins	
	- 23		Sheka Santana	
	30	4:00 PM	Sylvin Argunga	
September	-		Michael Plant	
	13	_	AAP Heating	
	- 39	_	Jarens Joven	
With the	- 17	_	Jarres flarces	
October	4	_	Risser Repaid	Stati Padiantin
	- 11	_	Vonesta Robies	Park Kipper EAST.
	- 18	_	Michael Plant	
November	-62	_	Aire Zapin	
November		_	Stella Sentina	_
	- 1	$\overline{}$	Sovia Arquaca James Joven	
	- 15	_	Zes Latarus	
	- 60	_	James Rames	
December	25		William Mid-Torm Exam	
IONESETHER.	13	_	Oral Mic-Term Exams	
	20	_	Department Holiday Luncheon	
January			Planer Rozani	
January.	10	_	Alex Zusin	
	13	_	Philad Plad	
	24	_	Varietas Robies	
	31	_	Shaha Sentana	
Fobruary:	- 1		Sylvia Arsuago	
	14		James Joyne	
	21		Zev Lapinus	
	28		James Barres	
Harch	7		AAP In Service Exam	
	1.4		Spring Recess	
	121		Bigger Resact	
Ucernia	26		Alex Zasin	
April	4		Michael Plaut	
4000	31		Vanessa Robies	
	18	_	Sheka Sarkana	
	25		Sirina Attivisos	
May	2		James Jovins	
	9		Zev Lazarus	
	16		James Rames	
	23		Nieser Rossel	
	30		Aigs Zusin	
		d of Periodonto al Composherai	logy Ive Examinations:	
June	6		Hichael Plaut	
June	13		Vanesza Robles	
June	20		Shalia Sertana	
June	-		Year 2 Residents	
June		200	Year I Residents	

Conferences in Clinical Periodontics

- Weekly presentations by individual periodontal residents on clinical cases
- Comprehensive treatment plan is presented for discussion and critique by residents and faculty

DEPARTMENT OF PERIODONTOLOGY ADVANCED SPECIALTY EDUCATION PROGRAM IN PERIODONTICS CONFERENCES IN CLANCE, PERIODONTICS

Label below are the treatment planning cominant/coor presentation conferences that postdoctoral students in periodictics are to present in an enterior diseased format. All facility in the Department of Periodicitology are urged

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	30	4:00 PM	Sylvin Argunga	
September	-		Michael Plant	
	13		AAP Heating	
	- 39	_	Jarens Joven	
With the	- 17	_	Jarres flarces	
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	- 11	_	Vonesta Robies	Park Kipper EAST.
	- 18	_	Michael Plant	
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November		_	Stella Sentina	_
	- 1	$\overline{}$	Sovia Arquaca James Joven	
	- 15	_	Zes Latarus	
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June	20		Shalia Sertana	
June	-		Year 2 Residents	
June		200	Year I Residents	

Case Illustration



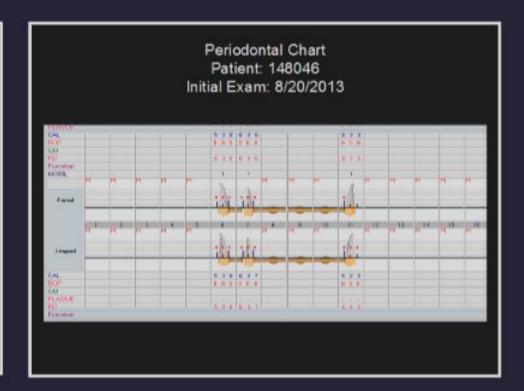
Final Case Presentation

Dept. Periodontology Stony Brook University

Patient History:

- Mr.\$4\$s\$70\$years\$old,\$male\$pa3ent\$\$referred\$rom\$GPR.\$
- Chief\$Complaint:\$'\$The\$other\$doctor\$old\$ne\$\$nave\$
 bone\$oss\$and\$\$vant\$o\$keep\$ny\$eeth."\$





Case Illustration







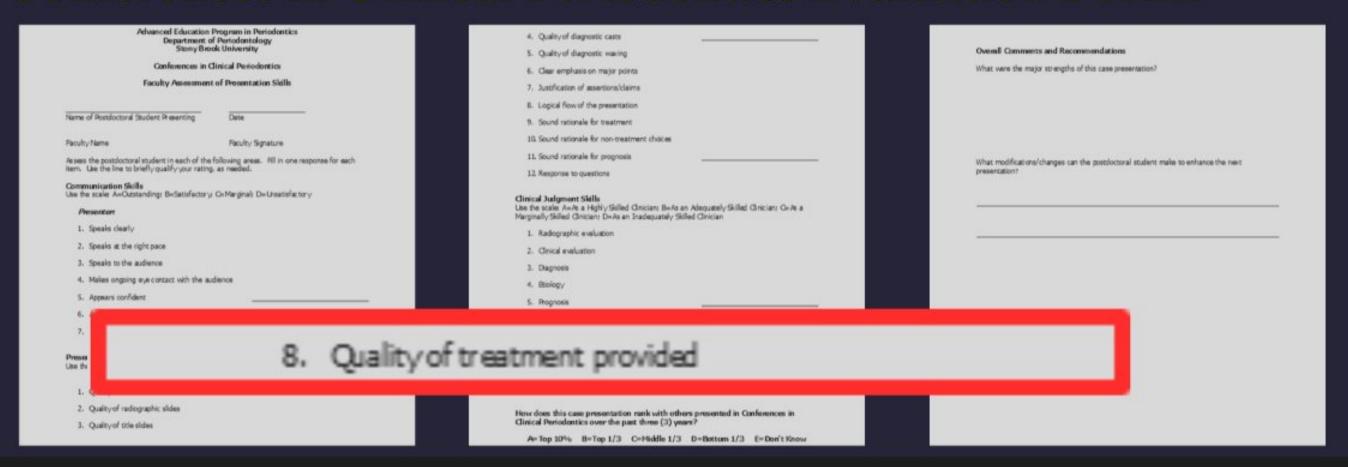
Conferences in Clinical Periodontics Evaluation Forms

Department of	Program in Periodontics of Periodontology ok University
Conferences in C	Sinical Periodontics
Faculty Assessmen	t of Presentation Skills
Name of Postdoctoral Student Presenting	Date
Faculty Name	Paculty Signature
As sess the postdoctoral student in each of the sen. Like the line to briefly qualify your rating	following areas. All in one response for each p as needed.
Communication Skills Use the scale: A=Outstanding: B=Satisfactory	: C+Marginal: D=Unatisfactory
Presentor	
1. Speaks clearly	
2. Speaks at the right pace	
3. Speaks to the audience	
4. Makes ongoing eye contact with the au	dence
5. Appears confident	
6. Appears enthusiastic	
7. Is open to constructive criticism	
Presentation Lise the scale A=Cutstanding: B=Setisfactory	- G-Marginali Di-Unsatisfactory
1. Quality of clinical slides	
2. Quality of radiographic slides	
3. Quality of title slides	

5. Quality of diagno	ostic waving		
6. Clear emphasis o	on major points		
7. Justification of a	esertions/claims		
B. Logical flow of th	he presentation		
9. Sound rationale t	for treatment		
10. Sound rationale	for non-treatment choice	es .	
11. Sound rationale	for prognosis		
1Z Response to que	estions		
Radographic eve		ally Skilled Clinician	
2. Cirical evaluation	in.		
3. Diagnosis			
4. Biology			
5. Prognosis			
6. Treatment plan			
7. Logical sequence	for treatment		_
B. Quality of treatm	nent provided		
9. Maintanance pro	gram		
10 Evaluation of tre	atment	-	

Overall Comm	sents and Recommend	ations		
What were the	major strengths of this ca	ese presentation?		
What modificati	ons/changes can the post	ploctoral student mak	te to enhance the next	
-				

Conferences in Clinical Periodontics Evaluation Forms



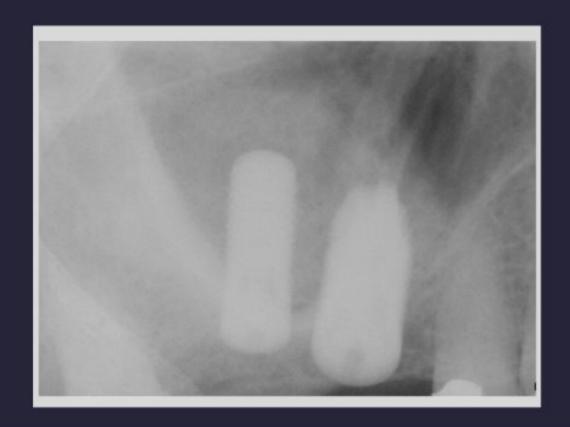
 Monthly presentation and analysis of unintended outcomes of periodontal therapy including identification of potential contributing factors and treatment modifications to improve outcomes.

- Monthly presentation and analysis of unintended outcomes of periodontal therapy including identification of potential contributing factors and treatment modifications to improve outcomes.
 - Criteria to be evaluated include:
 - -Diagnosis
 - -Etiology

- Monthly presentation and analysis of unintended outcomes of periodontal therapy including identification of potential contributing factors and treatment modifications to improve outcomes.
 - Criteria to be evaluated include:
 - -Diagnosis
 - -Etiology
 - -Prognosis
 - -Treatment Plan
 - -Selected Therapy
 - -Execution of Therapy
- Monthly resident-presented seminar during the 3 years of the residency training.

Case Illustration

- 57 years old, male
- Referred to Perio for Lateral Window and Implants at #2, 3
- Chief complaint: "I need teeth on this side to chew."
- UR Quadrant
 - -Lateral Window Sinus Augmentation + 2x Dental Implants at #2, 3



Case Illustration

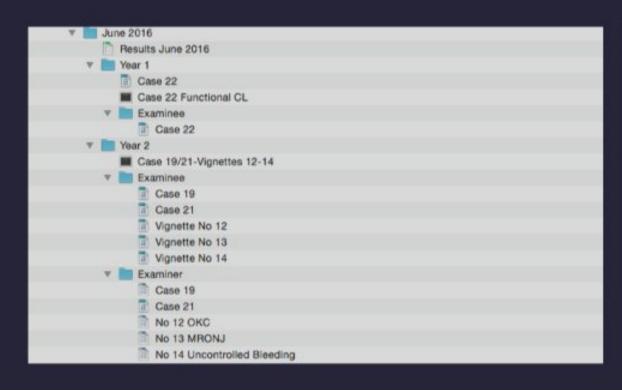
Emergency Visit – 4 days

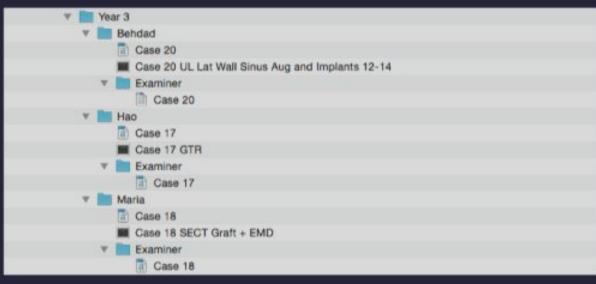
- Pt returned to DCC for evaluation of surgical site with chief complaint:
- "I am in a lot of pain and there is pressure behind my right eye."
- Clinical exam revealed good flap approximation, all sutures were intact, no purulence
- Determined that patient had a sinus graft infection and was placed on:
 - Levaquin 500 mg for 10 days
 - Medrol dosepak
- Patient to return for sinus graft and implant removal in 3 days and pre-op CBCT





Simulated ABP Examinations





Simulated ABP Examinations Forms

Simulated American Board of Periodontology **Oral Examination Evaluation Rating Scale Definitions** Unsatisfactory (1) Marsinal (2) Satisfactory (2) Outstanding (4) Diagnosis (Intra-and extra-oral pathoses and Periodontal Dx) Dx is incomplete Dx is correct but Dx is correct and incomplete and potentially harmful but safe not outstanding is thoroughly and impressively reasoned Etiology that is Etiology is Etiology is correct Etiology is correct Etiology (2) incorrect or incomplete but and is thoroughly incomplete and outstanding and impressively Prognosis is incorrect or incomplete but correct but not correct and is incomplete and potentially harmful outstanding thoroughly and impressively Tx Plan is incorrect or Tx Plan is incomplete and incomplete but potentially harmful safe and is thoroughly outstanding and impressively Selected Therapy (5) Selected Therapy is Selected Therapy Selected Therapy Selected Therapy incorrect or is incorrelete but is correct but not is correct and is incorrected incorrelete and safe outstanding thoroughly and thoroughly and potentially harmful impressively reasoned Evaluation and Evaluation and Maintenance of Maintenance of Evaluation and Evaluation and Maintenance of Maintenance of Maintenance of Therapy are incorrect Therapy are Therapy are Therapy are or incomplete and incomplete but potentially harmful safe correct but not correct and is thoroughly and impressively reasoned

Postdoctoral Student Name		Postdoct	toral Student 5	ignature
Faculty Name	_	Faculty	Signature	
			Rating Sc	ale
Date		Circle the qual performance v this rating scal	with regard to the	octoral student's following skills using
		poter	defactory: Income righty harmful leat Incomplete.	ct or incomplete and
				ut not outstanding
				nd is thoroughly and
			suively reasoned	and its controlled with
	Case	Vignette #		
Diagnosis	1	2	3	4
Etiology	1	2	3	4
Prognosis	1	1	3	4
Treatment Plan	1	2		4
Therapy	1	2	3	4
Evaluation and Maintenance	1	2		

Simulated ABP Examinations Results

Advanced Specialty Education Program in Periodontics

Department of Periodontology

Stony Brook University

Simulated American Board of Periodontology
Oral Examination Cumulative Results
Spring 2016
Year 1

Case 22

	Resident 1	Resident 2	Resident 3
Faculty 1	3	3	3.5
Faculty 2	3	3.2	3.5
Avg.	3	3.1	3.5

Advanced Specialty Education Program in Periodontics Department of Periodontology Stony Brook University

Simulated American Board of Periodontology Oral Examination Cumulative Results Spring 2016 Year 2-Besidents

		Care 19					
an manage	Resident 1	Resident 2	Resident 3				
Faculty 1	3	3	3				
Faculty 2	2.83	2.67	3				
Avg.	2.9	2.8	3.0				

	Case 21					
	Resident 1	Resident 2	Resident 3			
Faculty 1	2.67	3	3			
Faculty 2	2.5	2.83	. 3			
Avg.	2.6	2.9	3.0			

	Vignette 12					
	Resident 1	erri 1. Resident 2 Resi				
Faculty 1	3)	3			
Faculty 2	3	3	3			
Ave.	3.0	3.0	3.0			

	Vignette 14				
	Resident I	Resident 2	Resident 3		
Faculty 1	2	2	3		
Faculty 2	2.5	3	3		
Avg.	2.3	2.5	3.0		

Advanced Education Program in Periodontics

Department of Periodontology

Stony Brook University

Simulated American Board of Periodontology
Oral Examination Cumulative Results
Spring 2016
Year 3

	Case 18	Case 17	Case 20	
*	Resident 1	Resident 2	Resident 3	
Faculty 1	3.3	3.2	3.5	
Faculty 2	3.3	3	3.2	
Avg.	3.3	3.1	3.35	

Portfolio

Dea	ır		

In order to insure the satisfactory completion of 20 case reports for your portfolio by your anticipated graduation date(summative assessment). I have instituted a semi-annual review process by clinical attending faculty (formative assessment). The process will include the distribution of the CDs that are submitted to me during your semi-annual evaluation schedule to teams of two attending clinical faculty members assigned to each resident. Upon receipt of the CDs, the attendings will review and assess their content and report to you (copy me) if the cases are satisfactory or, if necessary, any modifications and/or additional cases are to be incorporated. I will be updated by your faculty review teams on an ongoing basis as to the achievement of this program requirement.

The following is the list of review teams with their respective residents for academic year 2016-2017:

Resident Semi-Annual Examination Report

ADVANCED SPECIALTY EDUCATION PROGRAM IN PERIODONTICS SEMI-ANNUAL EXAMINATION REPORT/STUDENT CHECKLIST

n w

					IU II	
School of Dental Medicine	1	(ear)	Y	ear II		Year III
Stony Brook University Subject	July-Dec 2016	Jan-June 2017	July-Dec 2017	Jan-June 2018	July-Dec 2018	Jan-June 2019
Axium Clinical Activity Report Updated, Corrected and Signed	101	lay	Non	Nay	Non	Vay
implant Log Updated						
Implant Site Development Log Updated						
Sedation Log Updated						
Competency Tests						
Literature Review Paper	1-1	14	B-1	14		
Literature Review List of References	fet.	10	2-1	5-0	5-1	5-2
In-Service Exam Report	DRI	Apr	Dec	Apr	Dec	Apr
Faculty Evaluation Forms						
Program Evaluation Form						
Academic Record Sheet						
Semi-Annual Evaluation Report						
20 Case Reports Portfolio						
Oral Comprehensive Exam/ Simulated ABP Exam						
Chart Audit Complete				-	100	

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ADVANCED SPECIALTY EDUCATION PROGRAM IN PERIODONTICS SEMI-ANNUAL EXAMINATION REPORT/STUDENT CHECKLIST

Jan-June 2017 ID#

Jan-June 2019

July-Dec 2018

Jan-June 2018

Resident Semi-Annua
Examination Report

Competency Tests

School of Dental Medicine

Stony Brook University

Axium Clinical Activity Report Updated, Corrected and Signed Implant Log Updated

			8-1	2-2	5-1	5-2	
In-Service Exam Report	DRI	Apr	Dec	Apr	Dec	Apr	Ħ
Faculty Evaluation Forms		7 —	7	ī			目
Program Evaluation Form							Ħ
Academic Record Sheet		7 —	T	ī			╡
Semi-Annual Evaluation Report		i —	i	ī			一
20 Case Reports Portfolio	\vdash	╡┝	╡┝═	i	=	╗	╡
Oral Comprehensive Exam/ Simulated ABP Exam				j			Ħ
Chart Audit Complete		7 —	7 -	7 —		_	目
						Franchistry (pages 12	UD1/15

MEMORANDUM

Summative Assessment (Year 3)

To: (Third Year Resident)

From: Dr. Vincent J. Iacono, Chair

Subject: Final "Mock" ABP and Oral Comprehensive Examination

Date: July, 2016

Please be advised that your final "mock" ABP and oral comprehensive examinations, clinical/didactic evaluation, grading, and course/faculty review have been scheduled for Tuesday, June 7, and Monday, June 27, 2016.

It is imperative that you bring:

- 1. Reviewed and corrected final axiUm clinical report that includes number of implants and implant site development log.
- 2.CD of presented surgical seminars.
- 3. Updated Sedation Log (20 completed cases)
- 4. Copies of any manuscripts/oral presentations completed.
- 5.A CD of your clinical portfolio including case reports (to total 20 by completion of the program) that have been reviewed by your two mentors.
- 6. Completed Program Evaluation form.

• Psychometricians state that we cannot absolutely certify competence.

• Psychometricians state that we cannot absolutely certify competence.

Why?

• Clinical numerical scoring is based on subjective criteria.

• Psychometricians state that we cannot absolutely certify competence.

Why?

- Clinical numerical scoring is based on subjective criteria.
- The validity and reliability of the scoring are based on the successful calibration of the attending faculty and their compliance.

Conclusion

• The multifaceted comprehensive process of formative and summative assessment of clinical competence for our postdoctoral students leading to satisfactory completion of the program lessens the likelihood of an incompetent periodontist treating a patient.



THANK YOU

Grazie

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差別がとうございました

Gr

THANK YOU

Banke
Grazie

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ইনিক্রিয়া

ইনিক্রেয়া

ইনিক্রিয়া

ইনিক্রেয়া

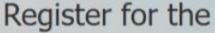
ইনিক্রিয়া

ইনিক্রেয়া

ইনিক্রিয়া

ইনিক





2017 Annual Meeting in Boston!

Registration opens **Sunday, Sept. 11** in Registration Hall A in the SDCC

- > Take advantage of the early-bird Boston rate
- Receive priority access to hotels near the Boston Convention and Exhibition Center













EV10: Postdoctoral Educators Workshop Course Completion Code: FR40

Thank you for your participation.





