



## CLINICAL PERIODONTOLOY II

COURSE DIRECTOR : Dr. Reem Al Kattan

COURSE COORDINATOR : Dr. Sumaia Alajlan

Academic Year 1435/1436 H (2014/2015) G

#### **Created by**

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COURSE TITLE: Clinical Periodontology II

COURSE CODE: PCS 413

CREDIT HOURS: 4 hours (1 hour Lecture & 3 hours Clinic)

PREREQUISITES: PCS 313

#### **COURSE DESCRIPTION:**

This course consists of a didactic and clinical component with four credit hours. This course is given to the fourth year students with the objective of teaching them how to do diagnosis, prognosis and comprehensive treatment plan that include surgery. It will cover:

- 1. The treatment of advanced forms of periodontal diseases.
- 2. The interrelation between Periodontics and other dental specialties.
- 3. Introduction to the surgical approaches in the management of moderate to advanced periodontal diseases
- 4. Overview of the Surgical implant procedures and implant maintenance
- 5. Communication, Presentation and Writing Skills Development
- 6. Introduction to evidence based and problem based learning

#### **COURSE OBJECTIVES:**

At the end of this course the student will be able to:

- 1. Perform a comprehensive diagnosis and prognosis 1.2, 1.3, 2.1
- 2. Formulate treatment plan that includes specific surgical approaches 1.3, 1.4, 2.2, 2.3
- 3. Motivate and Train patients to perform oral hygiene techniques 1.4, 5.1
- 4. Practice subgingival scaling and root planing. 1.4, 5.1
- 5. Identify the indications and procedures of periodontal surgical techniques 1.4
- 6. Evaluate the result of the performed periodontal therapy and plan the long-term result. 2.2
- 7. Identify recent materials and techniques in periodontal therapy 1.8
- 8. Recognize the role of trauma from occlusion in the etiology of periodontal disease 1.2
- 9. Identify peri-implant structures. 1.4
- 10. Identify the surgical procedures in implant dentistry from a periodontal point of view 1.4
- 11. Demonstrate improved communication, presentation and writing skills 3.1, 3.4, 4.1
- 12. Distinguish between Evidence based and problem based learning and apply it to the treatment approaches 2.3

#### **CLINICAL COMPONENTS**

This second part of this course will involve the treatment of patients with periodontitis. Upon completion of this part, the student should be able to:

- Discuss the etiology; diagnosis, prognosis and treatment plan for Periodontitis.
- Complete periodontal treatment of patients with different degree of severity and extent of disease, including routine preventive care and non-surgical periodontal treatment.
- Interpret and evaluate the treatment response.
- Discuss the surgical procedures such as Gingivectomy, periodontal flap surgery, and regenerative procedures.
- Describe regenerative periodontal techniques (bone regeneration and periodontal tissue regeneration).

#### COURSE CLINICAL REQUIREMENTS:

Students must satisfactorily complete the following minimum requirements:

Finish at least six (6) clinical cases:

- One case with generalized periodontitis including slight/moderate amount of subgingival calculus and/or systemic factors
- One case with generalized periodontitis case including moderate/severe amount of subgingival calculus systemic factors

- One submitted surgical report case including either crown lengthening procedure or conventional periodontal surgery (open flap debridement or modified Widman flap) or implant Fixture placement.
- One moderate to severe periodontitis re-evaluation case treated from the students own patients
- One recall and periodontal maintenance case treated by the student or any other colleagues
- Clinical case presentation based on evidence based learning and/or problem based learning
- Any additional cases will be considered positively in your clinical grading.

#### **COURSE PROTOCOL:**

- ➤ Screening of clinical cases by the COURSE DIRECTOR is mandatory.
- Approval of the **COURSE DIRECTOR** to dismiss or transfer patients is mandatory.
- ➤ The COURSE DIRECTOR should approve a selected clinical case for the final competency clinical examination.
- > <u>SIGNING AND APPROVING of the treatment plan is mandatory before</u> starting the treatment procedures
- > Students are expected to perform satisfactorily in both clinical and written components of the course
- ➤ The Clinical Evaluation Form will be strictly followed for each clinical procedure, and the instructor must sign each step during the session.
- ➤ All report of the assigned patients should be kept with the student.
- > The student should maintain discipline with regards to attending the clinic sessions on time.
- ➤ The students are expected to maintain a good relationship with his/her patients, colleagues and instructor alike.
- ➤ The student must always observe cleanliness and neatness in appearance and wear their proper clinical gowns during the clinical session; otherwise they will not be allowed to perform their clinical procedures.
- ➤ It is the responsibility of the student to complete the patient's permanent file, indicating clearly the Name, university number and signature of the students.
- At the end of each clinical session the student should obtain the signature of the instructor. A temporary file is not acceptable.
- > The patient's file, without the signature of the assigned instructor, shall be considered as an incomplete clinical procedure, and will affect your daily grade.
- ➤ In a situation where the patient is unable to attend the clinic, the instructor should immediately be notified.
- > Students should attend the clinic session despite the absence of their patients.
- Each student must fulfill the minimum treatment requirements of the course (6 patients).
- ➤ The quality of treatment for each clinical step provided will be of primary concern in the assignment of the final grade.
- ➤ Regularity, punctuality & adherence to college didactic & clinical regulation in treating patients must be strictly observed and will be graded.
- ➤ Your instructor will continually monitor your clinical skills, behavior and patient management.
- ➤ All patients under the student's care will undergo routine evaluation.
- > Scaling and root planing will be evaluated on a quadrant or sextant basis.
- > The STUDENT is responsible to assure that his/her clinical work is regularly evaluated.
- ➤ The clinical mark will be affected if the Student will show:
  - ▶ Poor management of the case
  - **▶** Repeated ignorance to given instructions
  - **▶** Unacceptable behavior with patients and/or clinical instructors.

- > Student who fails to finish the clinical work during the allotted clinical time per session will receive a zero mark. Another Zero (0) will cancel the clinical requirement for that case with the student continuing to treat the clinical case.
- > All performed clinical procedures should be recorded in the patient's file.
- ➤ It is the Student responsibility to prepare the clinic before starting the treatment. Radiographs, treatment plan, saline and sharpened instrument should always be available in the clinic.
- Attendance to the lectures and the clinic is mandatory. Being 10 minutes late to the lecture or 15 minutes late to the clinical session will be considered as absence affecting the student's evaluation.
- ➤ King Saud University rules and regulations stipulate that missing 25% of the lecture or the clinical sessions will deprive the student from setting in the final exam.
- ➤ It is the students responsibility to coordinate with the Booking Area for patients appointments
- > Student who does not fulfill the all the above-mentioned items will have their final grade negatively affected

#### MEASUREMENT AND EVALUATION:

To pass the course you should have passing grades in both the didactic and clinical parts. The student should pass both the final written exam and the final clinical exam.

Final mark will be calculated as follows:

A.	WRITTEN EXAMINATION	(40%)
	1. Midterm examination	20%

2. Final examination 20%

#### B. CLINICAL EVALUATION (60%)

- 1. Routine clinical evaluation 30%
- 2. Final Clinical competency exam 20%
- 3. Punctuality/Quizzes 10%

TOTAL 100%

#### **ROUTINE EVALUATION MARKS:**

This evaluation measures the quality of the work performed by the student during the management of his/her periodontal patients. Marks will be calculated using the point system depending on the case selection and the procedure:

•	Gingivitis case	1	point out of 15
•	Slight periodontitis case	1.5	points out of 15
•	Moderate periodontitis case	3	points out of 15
•	Severe periodontitis case	3	points out of 15
•	Re-evaluation after initial therapy of a case	3	points out of 15
•	Recall of a finished case treated by student	2	points out of 15
•	Periodontal surgery/implant case report	1.5	points out of 15

#### **REQUIREMENT MARKS:**

- A clinical treated case will not be considered in the requirement until it has a passing grade of 60%.
- Any grade below 60% will only be counted in the routine evaluation.
- Accordingly each requirement case will be calculated in accordance with their type as the following:

<u>Example</u>: Student treats a slight periodontitis case (examination, diagnosis, treatment plan and initial therapy, scaling and root planing) and the calculated average of the case from student evaluation form is 80% then the point for this case is:

$$(80 \times 1.5) \div 100 = 1.2$$
 out of 1.5 points

#### Clinical Case Presentation (Oral) Exam:

- A group of six to eight students will be assigned to one faculty.
- Each group will be assigned an advanced periodontal case.
- Each student should make an evidence based comprehensive treatment plan
- A meeting between group members to discuss and submit only one type written comprehensive treatment plan (data, treatment plan, Reference) is mandatory.
- The final case report should be submitted to the supervising faculty two days prior to the oral case presentation.
- The time allocated for all presentation will be from 9am-12pm.

#### Note

- \* Grading of the case report is out of 10 marks.
- \* Incomplete or Failure to submit the report two days prior to the presentation will be given a failing grade

#### **CLINICAL SCALING AND ROOT PLANING EXAM:**

- Each student should perform a scaling and root planing examination in a selected quadrant of his/her ingoing clinically treated case
- Presence of moderate amount of subgingival calculus is mandatory
- The COURSE DIRECTOR should first approve the selected teeth.
- The Examination should only start with the approval of both the course director and the clinical supervisor.
- Duration of the clinical examination is one hour and a half (1:30)
- The timing for performing the scaling and root planning examination should be done during the 2<sup>nd</sup> semester TWO weeks BEFORE the end of the semester.

#### SURGICAL PROCEDURE REPORT:

- The surgical procedure will be evaluated on the preparation, knowledge and a submitted report.
- The report should be type written and include:
  - o Type of surgery
  - o Detailed surgical procedure
  - o Advantages and disadvantages of the procedures
  - Pre and post surgical radiographs and photographs.

• All photographs and radiographs should be documented and submitted on a flash disk with the report TWO weeks after the surgical procedure.

#### ROUTINE EVALUATION AND REQUIREMENT:

The final mark will account for 40% of the total marks of the course and it is distributed as follows:

Routine evaluation 15%
Clinical Requirement 15%
Punctuality/Quizzes 10%

#### **REQUIRED TEXT:**

- 1. **Carranza's Clinical Periodontology**, 11<sup>th</sup> edition, Michael G. Newman, Henry Takei, Perry R. Klokkevold, and Fermin A. Carranza (editors), Saunders Elsevier, 2011.
- 2. **Color Atlas of Dental Medicine** 1, Periodontology, 3<sup>rd</sup> ed. Herbert F. Wolf, Edith M. Rateitschak-Pluss, Klaus H. Rateitschak, Thieme Inc., 2005.
- 3. Periodontal Division Clinical Manual

#### Periodontal, examination and evaluation forms:

The forms, lectures and the clinical manual required for this course can be downloaded from the website: <a href="http://faculty.ksu.edu.sa/nashri/default.aspx">http://faculty.ksu.edu.sa/nashri/default.aspx</a>

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## 413 PCS CLINICAL EVALUATION GUIDELINES

GRADE	CLINICAL PRCEDURE
	Students will be evaluated for the following:
	Attitude
	Professionalism
	Cleanness of the field
	Organization
	Availability of the charting and x-ray
	Scaling and root planing
	No injury to gingival tissue
	No roughness left
90-100	Good knowledge
	Complete removal of sub.& supragingival calculus
	No injury to gingival tissue
80-89	Localized roughness left
	Complete removal of supra. & sub-gingival calculus
	Some injury to gingival tissue
70-79	Unable to detect localized areas of subgingival calculus
	Multiple areas with root roughness left
	Obvious injury to gingival tissue
60-69	Multiple areas with sub. & supragingival calculus
	Remarkable injury to gingival tissue
<60 (Fail)	Unable to detect huge amount of sub & supragingival calculus
<uv (fall)<="" td=""><td>Does no deserve to pass (unsafe)</td></uv>	Does no deserve to pass (unsafe)

#### PERIODONTAL CLASSIFICATION AAP 1999

Plaque induced gingival disease   I-A1   Gingivitis associated with plaque only   Gingival disease modified by systemic factors e.g. puberty, diabetes				11111 1777					
Plaque induced gingival disease  I-A3 Gingival disease modified by medication e.g. phenytoin  Gingival disease modified by malnutrition e.g. vitamin C deficiency  I-A4 Gingival disease modified by malnutrition e.g. vitamin C deficiency  I-B1 Gingival disease of specific bacterial origin e.g. syphilis  I-B2 Gingival disease of specific viral origin e.g. candidiasis  I-B2 Gingival disease of specific viral origin e.g. candidiasis  I-B3 Gingival disease of specific viral origin e.g. candidiasis  I-B4 Gingival disease of genetic origin e.g. candidiasis  I-B5 Traunatic lesion of the gingival it. c. chemical, physical, thermal  I-B6 Foreign body reaction of the gingival it. c. chemical, physical, thermal  II-A1 Slight I-2mm clinical attachment loss  II-A2 Moderate Attachment loss  II-A3 Severe III-A3 Severe clinical attachment loss  II-A4 Severe clinical attachment loss  II-A5 Severe attachment loss  II-A6 Absence of large amount of plaque and calculus  II-A6 Absence of large amount of plaque and calculus  II-A7 Such as periodontitis in acquired neutropenia or leukemia  II-A8 Such as periodontitis in acquired neutropenia or leukemia  III-A9 Congressive periodontitis  III-A9 Necrotizing ulcerative periodontitis  III-A9 Necrotizing ulcerative periodontitis  III-A9 Congressive periodontitis  III-A9 Periodonal abscess  IV-A9 Endo-perio lesion  V-A9 Endo-perio lesion  V-B9 Perio-endo lesion			I-A1	Gingivitis asso	Gingivitis associated with plaque only				
GINGIVAL DISEASE  Non-plaque induced gingival disease of specific bacterial origin e.g. syphilis  I-B1 Gingival disease of specific bacterial origin e.g. syphilis  I-B2 Gingival disease of specific viral origin e.g. syphilis  I-B3 Gingival disease of specific viral origin e.g. herpes infection  I-B4 Gingival disease of fungal origin e.g. candidiasis  I-B4 Gingival disease of genetic origin e.g. candidiasis  I-B5 Traumatic lesion of the gingival i.e. chemical, physical, thermal  I-B6 Foreign body reaction of the gingival i.e. chemical, physical, thermal  II-A1 Slight I-2mm clinical attachment loss  II-A2 Moderate 3-4mm clinical attachment loss  Severe Smm or more clinical attachment loss  II-A3 Severe Smm or more clinical attachment loss  II-A3 Severe Smm or more clinical attachment loss  II-A4 Absence of large amount of plaque and calculus  Periodontitis as manifestation of systemic disease  NECROTIZING PERIODONTAL DISEASE  ABSCESSES OF PERIODONTIUM  PERIODONTITIS ASSOCIATED WITH  ENDODONTIC LESIONS  II-A4 Gingival disease of specific viral origin e.g. syphilis  I-B2 Gingival disease of fungal origin e.g. candidiasis  I-B3 Gingival disease of genetic origin e.g. candidiasis  I-B4 Gingival disease of fungal origin e.g. candidiasis  I-B4 Gingival disease of fungal origin e.g. candidiasis  I-B4 Gingival disease of genetic origin e.g. candidiasis  I-B4 Gingival disease of fungal origin e.g. candidiasis  I-B4 Gingival disease of specific viral origin e.g. candidiasis  I-B4 Gingival disease of genetic ori		Plague induced	I-A2		se modified by syste	emic factors e.g. p	uberty,		
PERIODONTITIS   PERIODONTITIS ASSOCIATED WITH   PERIODONTITIS ASSOCIATED WITH   ENDODONTITIS ASSOCIATED WITH   ENDODONTITI LESIONS   Perio-endo lesion   Perio-endo lesio			I-A3	Gingival disease modified by medication e.g. phenytoin					
Non-plaque induced gingival disease   Secure			I-A4						
Non-plaque induced gingival disease   I-B3   Gingival disease of fungal origin e.g. candidiasis	GINGIVAL DISEASE		I-B1	Gingival disea					
II-A3 Severe Severe Clinical attachment loss III-A3 Severe Clinical attachment loss involved III-A4 Severe Clinical attachment loss III			I-B2	Gingival disea	se of specific viral o	rigin e.g. herpes i	nfection		
Periodontitis as manifestation of systemic disease   II-C   Periodontitis as manifestation of systemic disease   III-A   Such as periodontitis in acquired neutropenia or leukemia   III-A   Such as periodontitis   III-A   Such as periodontitis   III-A   Such as periodontitis   III-A			I-B3	Gingival disea	se of fungal origin e	.g. candidiasis			
Traumatic lesion of the gingival i.e. chemical, physical, thermal			I-B4	Gingival disea	se of genetic origin o	e.g. hereditary fib	romatosis		
PERIODONTITIS  Aggressive Periodontitis as manifestation of systemic disease  NECROTIZING PERIODONTAL DISEASE  ABSCESSES OF PERIODONTIUM  PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS  III-A1 Slight   1-2mm clinical attachment loss   3-4mm clinical attachment loss   5mm or more clinical attachment loss   30% of sites involved   530% of sites involved   5		arsease	I-B5	Traumatic lesi	on of the gingival i.e	e. chemical, physic	cal, thermal		
PERIODONTITIS  Aggressive Periodontitis  Periodontitis  II-A2  Moderate  II-A3  Severe  III-A3  Severe  III-B  Absence of large amount of plaque and calculus  III-C  Such as periodontitis in acquired neutropenia or leukemia  NECROTIZING PERIODONTAL DISEASE  ABSCESSES OF PERIODONTIUM  Aggressive Periodontitis  III-B  Necrotizing ulcerative gingivitis  III-B  Necrotizing ulcerative periodontitis  IV-A  Gingival abscess  IV-C  Pericoronal abscess  V-A  Endo-perio lesion  Perio-endo lesion  III-A  Signt  attachment loss  3-4mm clinical attachment loss  Somm or more clinical attachment loss  involved  Absence of large amount of plaque and calculus  III-B  Necrotizing ulcerative gingivitis  IV-A  Gingival abscess  IV-C  Pericoronal abscess  V-A  Endo-perio lesion  Perio-endo lesion			I-B6	Foreign body	reaction of the gingiv	val			
PERIODONTITIS  Aggressive Periodontitis  Periodontitis  Aggressive Periodontitis  II-A3  Absence of large amount of plaque and calculus  III-B  Absence of large amount of plaqu			II-A1	Slight					
PERIODONTITIS  Aggressive Periodontitis  Periodontitis as manifestation of systemic disease  NECROTIZING PERIODONTAL DISEASE  ABSCESSES OF PERIODONTIUM  PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS  II-A3  Severe Shm or more clinical attachment loss  Absence of large amount of plaque and calculus  Generalized >30% of sites involved  Such as periodontitis in acquired neutropenia or leukemia  Such as periodontitis in acquired neutropenia or leukemia  Such as periodontitis in acquired neutropenia or leukemia  Functional abscess  IV-A Gingival abscess  IV-C Pericoronal abscess  V-A Endo-perio lesion  V-B Perio-endo lesion			II-A2	Moderate		>30% of sites	<30% of		
Aggressive Periodontitis  Periodontitis  II-B  Absence of large amount of plaque and calculus  III-B  Periodontitis as manifestation of systemic disease  NECROTIZING PERIODONTAL DISEASE  III-A  Absence of large amount of plaque and calculus  III-C  Such as periodontitis in acquired neutropenia or leukemia  III-B  Necrotizing ulcerative gingivitis  III-B  Necrotizing ulcerative periodontitis  IV-A  Gingival abscess  IV-C  Pericoronal abscess  IV-C  Pericoronal abscess  V-A  Endo-perio lesion  V-B  Perio-endo lesion	PERIODONITITIS		II-A3	Severe	clinical	involved			
manifestation of systemic disease  NECROTIZING PERIODONTAL DISEASE  III-A Necrotizing ulcerative gingivitis  Necrotizing ulcerative periodontitis  IV-A Gingival abscess  IV-B Periodontal abscess  IV-C Pericoronal abscess  V-A Endo-perio lesion  PERIODONTIC LESIONS  III-C Such as periodontitis in acquired neutropenia or leukemia  Necrotizing ulcerative gingivitis  Necrotizing ulcerative periodontitis  V-A Gingival abscess  V-A Endo-perio lesion  Perio-endo lesion	TERROSONTINS		II-B			>30% of sites	<30% of sites		
NECROTIZING PERIODONTAL DISEASE  III-B Necrotizing ulcerative periodontitis  IV-A Gingival abscess  IV-B Periodontal abscess  IV-C Pericoronal abscess  V-A Endo-perio lesion  PERIODONTIC LESIONS  V-B Perio-endo lesion		manifestation of	II-C	Such as periodontitis in acquired net		eutropenia or leukemia			
ABSCESSES OF PERIODONTIUM  III-B Necrotizing ulcerative periodontitis  IV-A Gingival abscess  IV-B Periodontal abscess  IV-C Pericoronal abscess  V-A Endo-perio lesion  PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS  V-B Perio-endo lesion	NECDOTIZING DEDIC	DONTAL DISEASE	III-A	Necrotizing ul	cerative gingivitis				
ABSCESSES OF PERIODONTIUM  IV-B Periodontal abscess  IV-C Pericoronal abscess  V-A Endo-perio lesion  PERIODONTIC LESIONS  V-B Perio-endo lesion			III-B	Necrotizing ul	cerative periodontitis	S			
PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS  IV-C Pericoronal abscess  V-A Endo-perio lesion  V-B Perio-endo lesion			IV-A	Gingival absce	ess				
PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS  V-A Endo-perio lesion  V-B Perio-endo lesion			IV-B	Periodontal ab	scess				
PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS  V-B Perio-endo lesion			IV-C	Pericoronal ab	scess				
ENDODONTIC LESIONS V-B Perio-endo lesion	DEDICE ON THE SECOND		V-A	Endo-perio les	sion				
V-C Combined lesion		V-B	Perio-endo les	ion					
· · · · · · · · · · · · · · · · · · ·			V-C	Combined lesi	on				

#### PROGNOSIS CLASSIFICATION McGuire & Nunn, 1996

GOOD	Control of the etiologic factors and adequate periodontal support as measured clinically and radiographically to ensure the tooth would be relatively easy to maintain by the patient and clinician assuming proper maintenance
FAIR	Approximately 25% attachment loss as measured clinically and radiographically and/or class I furcation involvement.  The location and depth of the furcation would allow proper maintenance with good patient compliance.
POOR	50% attachment loss and/or class II furcations.  The location and depth of the furcations would allow proper maintenance, but with difficulty.
QUESTIONABLE	>50% attachment loss resulting in a poor crown/root ratio.  Poor root form, class II furcations not easily accessible to maintenance care, or class III furcations.  ≥2+ mobility.  Significant root proximity.
HOPELESS	Inadequate attachment to maintain the tooth in health, comfort, and function. Extraction is suggested.

# STUDENT'S PROGRESS 413 PCS FIRST SEMESTER

Date	Requirement	Complete	In Progress	Needed

# STUDENT'S PROGRESS 413 PCS SECOND SEMESTER

Date	Requirement	Complete	In Progress	Needed

## DEPARTMENT OF PERIODONTICS AND COMMUNITY DENTISTRY DIVISION OF PERIODONTICS

#### **413 PCS**

**Evaluation Form** 

Patient's Name:	Patient's File No:		
Case Diagnosis: <u>Severity of local factor</u> : slight - moderate - severe	Extent of local factor: localized - generalized Faculty Signature:		
PROCEDURE	GRADE FACULTY SIGNATURE		
<ul> <li>Part I – Initial Examination         <ol> <li>Chief complaint, oral history, medical his</li> <li>Examination, intra and extra-oral exami</li> </ol> </li> <li>Part II- Clinical Examination         <ol> <li>Periodontal Charting</li> <li>Radiographic interpretation</li> <li>Systemic and oral diagnosis</li> </ol> </li> <li>Part III - Treatment Plan         <ol> <li>Motivation, OHI, Periodontal treatment plan</li> <li>Other dental treatment specialties needed</li> <li>Initial surgical treatment plan</li> <li>Specific and general prognosis</li> </ol> </li> <li>Part IV - Therapy         <ol> <li>Motivation and oral hygiene performance</li> <li>Gross Scaling and polishing</li> <li>Scaling and root planning</li></ol></li></ul>	story nation		
b. Quadrant II c. Quadrant III d. Quadrant IV 4. Availability of the charting and x-ray 5. Cleanness and instrument sharpening 6. Attitude 7. Professionalism 8. Organization 9. Surgical Procedure • Quadrant • Teeth			
<ul> <li>Part V – Re-evaluation</li> <li>1. Plaque, bleeding indices and re-evaluation f</li> <li>2. Definitive treatment plan</li> </ul>	indings		
Part VI – Recall and maintenance			
Faculty Signature:	TOTAL GRADE:  TOTAL POINTS:		

## DEPARTMENT OF PERIODONTICS AND COMMUNITY DENTISTRY DIVISION OF PERIODONTICS

# 413 PCS Final Clinical Competency Exam I (10%)

#### SCALING & ROOT PLANING EXAM

Date:	
Patient Name:	
File No.:	
Teeth Selected:	

Clinical Procedure	Grade 10	Instructor's I Signature	Grade 10	Instructor's 11 Signature	Average
Neatness					
Competence					
Time management					
Instrument Sharpness					
Tissue management					
Scaling and root planning					
TOTAL					

STUDENT SIGNATURE:

## DEPARTMENT OF PERIODONTICS AND COMMUNITY DENTISTRY DIVISION OF PERIODONTICS

## 413 PCS

## Clinical Competency Exam II (10%) Case Presentation

Student Name:	 	
Group Number:		

Performance	Grade 10%	Grade 10%	Signature I	Signature II
Preparation				
Organization				
Confidence				
Scientific back ground				
Discussion				
TOTAL Grade				

## Student's Performance

PATIENT NUMBER	CLINICAL DIAGNOSIS	SEVERITY LOCAL FACTORS	REQ/ADDIT	CLINICAL EVALUATION AVREAGE	POINTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
Total					
Additional Points					

#### LECTURE SCHEDULE

MIDTERM EXAM 20	FINAL CLINICAL EXAM I 10	CASE PRESENTATI ON 10	TOTAL 40	PUNCTUALITY 10	CLINICAL EVALU. 15	CLINICAL REQIR. 15	TOTAL 40

Course Director Signature

#### 413 PCS 2014-2015

	FIRST SEMESTER					
DATE	LECTURE	LECTURE/CLINIC	LECTURER			
1/9/2014 4/9/2014	Introduction to the Course Course Objectives, requirements and distribution of grades	Introduction to forms; periodontal, examination, daily evaluation and competency exams	Dr. AlKattan Dr. Alsarhan			
8/9/2014 11/9/2014	Classifications of Diseases and Conditions Affecting the Periodontium I &II (chapter 4)	Review of data collection, clinical examination and radiographic interpretation, clinical diagnosis, prognosis and treatment plan	Dr. Alomar Dr. Alsarhan			
15/9/2014 18/9/2014	The Surgical Phase of Periodontal Therapy and classification (chapter 52)	Review of Non-Surgical treatment, sharpening	Dr. AlKattan Dr. Qutub			
22/9/2014 25/9/2014	Surgical Anatomy of Periodontium and Related Structures (Chapter 53)	Improve Communication skills and Review of Oral Hygiene instruction, patient motivation	Dr. Alajlan Dr. Alsarhan			
	HA.	JJ Break				
13/10/2014 16/10/2014	General Principles of Periodontal Surgery (Rationale and Objectives) (Chapter 54)	Regular Patients	Dr. Alhazimi Dr. Alsarhan			
20/10/2014 23/10/2014	Instruments for Periodontal Surgery (Chapter 54)	Regular patients	Dr. Nath Prof. Anil			
27/10/2014 30/10/2014	Sutures and Suture Technique (additional reading)	Regular patients	Prof. Ashri Dr. Alhamdan			
3/11/2014 6/11/2014	Periodontal Flap Surgical Procedures (Chapter 57, 59)	Regular Patient	Dr. Alsiniaidi Prof. Anil			
10/11/2014 13/11/2014	Treatment of Gingival enlargement (Chapter 58)	Regular Patients	Dr. Shaheen Dr. Alsarhan			
17/11/2014 20/11/2014	Preparation of Periodontium for Restorative Dentistry (Chapter 65,66)	Regular Patient	Prof. Awaratani Dr. Qutub			
24/11/2014 27/11/2014	Osseous Defects (Classifications) (Chapter 14)	Regular Patient	Dr. Alahmari Dr. Alzoman			
1/12/2014 4/12/2014	Resective Osseous Surgery (Chapter 60)	Regular Patient	Dr. Alhazemi Dr. Alghamdi			
8/12/2014 11/12/2014	Regenerative Osseous Surgery I (Bone Grafting) (Chapter 61)	Live Demonstration of Surgical instruments, Periodontal Flaps on Animal Head model	Dr. Alomar Dr. Alghamdi			
15/12/2014 18/12/2014	Regenerative Osseous Surgery II: Guided Tissue Regenerations (Chapter 61, additional reading)	Live Demonstration of Suturing Technique on Animal Head model	Dr. Alajlan Prof. Babay			
22/12/2014 25/12/2014	Review	Regular Patient	Dr. AlKattan Dr. Alsarhan			

#### LECTURE SCHEDULE 413 PCS 2014-2015

SECOND SEMESTER					
DATE	LECTURE	LECTURE/CLINIC	LECTURER		
26/1/2015 29/1/2015	Periodontal Plastic and Esthetic Surgery: A. Procedures to increase the width of attached gingiva (chapter 63)	Regular Patients	Dr. Alsinaidi Dr. Alhamdan		
2/2/2015 5/2/2015	Periodontal Plastic and Esthetic Surgery: B. Root Coverage of Denuded Roots (chapter 63 online)	Regular Patients	Dr. ALahmari Dr. Alhamdan		
9/2/2015 12/2/2015	Advanced periodontitis Case Presentation (additional reading)	Problem based Case assignment/Regular Patients	Dr. Alajlan Dr. Alqutub		
16/2/2015 19/2/2015	Evidence Based Decision Making and Problem Based learning (online 768.e5)	Regular Patients	Dr. Alomar Dr. Alghamdi		
23/2/2015 26/2/2015	Furcation: The Problem and Its Management (chapter 62)	Problem based Case Discussion	Dr. Alhazemi Prof. Babay		
2/3/2015 5/3/2015	Systemic and Local Anti-microbial Agents in Periodontal Therapy (chapter 47)	Regular Patients	Dr. AlOtaibi Prof. Anil		
9/3/2015 12/3/2015	Oral Malodor (Chapter 29 and additional readings)	Regular Patients	Dr. Alajlan Dr. AlHamoudi		
16/3/2015 19/3/2015	Periodontal Response to External Forces (chapter 15)	Regular Patients	Dr. AlKattan Dr. Alzoman		
	Mid Term 1	Break			
30/3/2015 2/4/2015	Periodontal - Endodontic Continuum (chapter 51)	Regular Patients	Dr. Alharbi Prof. Babay		
6/4/2015 9/4/2015	Splints In periodontal therapy (Additional readings)	Regular Patients	Dr. Alsinaidi Dr. ALsarhan		
13/4/2015 16/4/2015	Results of periodontal treatments (Chapter 79)	Regular Patients	Dr. Alajlan Dr. AlHamoudi		
20/4/2015 23/4/2015	Peri-implant Structure (Chapter 68)	Regular patients	Dr. AlKattan Dr. Alsarhan		
27/4/2015 30/4/2015	Surgical Implant site preparation (Chapter 71)	Regular Patients	Dr. AlOtaibi Dr. Alzoman		
4/5/2015 7/5/2015	Diagnosis and Treatment of Peri- implantitis and implant complications (Chapter 77)	Regular Patients	Dr. Shaheen Dr. Alhamdan		
11/5/2015 14/5/2015	Dental Implants Maintenance (chapter 78, additional reading)	Regular Patients	Dr. Basudan Prof Babay		



1<sup>st</sup> Week

1<sup>st</sup> Semester

1 September 2014

#### LECTURE NO. 1 LECTURER: Dr. Reem AlKattan

TITLE: Introduction to the course and discussion of the course outline

AIM: Introduce the course objectives and ILOs

ILOs:

- ➤ Introduce the course
- > Explain the course outline
- Clarify course objective
- > Explain mark distribution
- Identify the course requirement
- Name the required text books

#### **CLINICAL SESSION NO. 1**

#### **ORIENTATION:**

- **▶** Assignment of Instructors
- **▶** PCS Clinical Evaluation Form
- **▶** PCS History and Exam Form
- >> PCS Diagnosis and Treatment Plan Form
- ➤ Clinical Competency Exam Form
- **▶** Sample Treatment Plan Form



2<sup>nd</sup> Week

1<sup>st</sup> Semester

8 September 2014

#### LECTURE NO. 2 LECTURER: Dr. Nuha Alomar

TITLE: Classifications of Diseases and Conditions Affecting the Periodontium I and II

AIM: Clarify and classify diseases and conditions affecting the periodontium

according to AAP 1999

ILOs:

➤ The students should be able to classify:

▶ Gingival diseases

Periodontal diseases

▶ Necrotizing periodontal disease

→ Abscess of the periodontium

▶ Periodontitis associated with endodontic lesions

▶ Developmental or acquired deformities and conditions

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (4)

#### **CLINICAL SESSION NO. 2**

#### **REVIEW OF:**

- ▶ Data collection
- → Clinical examination
- **▶** Radiographic interpretation
- ➤ Clinical diagnosis
- Prognosis
- >> Treatment plan

3<sup>rd</sup> Week

1<sup>st</sup> Semester

15 September 2014

#### LECTURE NO. 3 LECTURER: Dr. Reem AlKattan

TITLE: The Surgical Phase of Periodontal Therapy and Classification

AIM: Explain the need for surgical periodontal therapy and classify it

ILOs:

> The students should be able to:

**▶** Identify the objectives of the surgical phase

>> Contrast between pocket elimination and pocket maintenance

**▶** Apply re-evaluation after phase I therapy

▶ Demonstrate indications for periodontal surgery

▶ Describe critical zones in pocket surgery

**Explain methods of pocket therapy** 

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (52)

#### **CLINICAL SESSION NO. 3**

#### **REVIEW OF:**

- **▶** Non-Surgical Instrument
- **▶** Sharpening Stones
- ➤ Sharpening technique
- ▶ Seating positions
- ▶ Instrument grasping
- ▶ Finger rest

4<sup>th</sup> Week

1<sup>st</sup> Semester

22 September 2014

LECTURE NO. 4 LECTURER: Dr. Sumaia Alajlan

TITLE: Surgical Anatomy of Periodontium and Related Structures

AIM: Revise and maintain the important anatomical structures related to

periodontal surgery

ILOs:

The students should be able to:

**▶** Describe the anatomy of the maxilla and related structures

**▶** Describe the anatomy of the mandible and related structures

**▶** Identify the presence and locations of exostoses

**▶** Recognize the intraoral muscles in relation to periodontal surgery

▶ Identify anatomic spaces

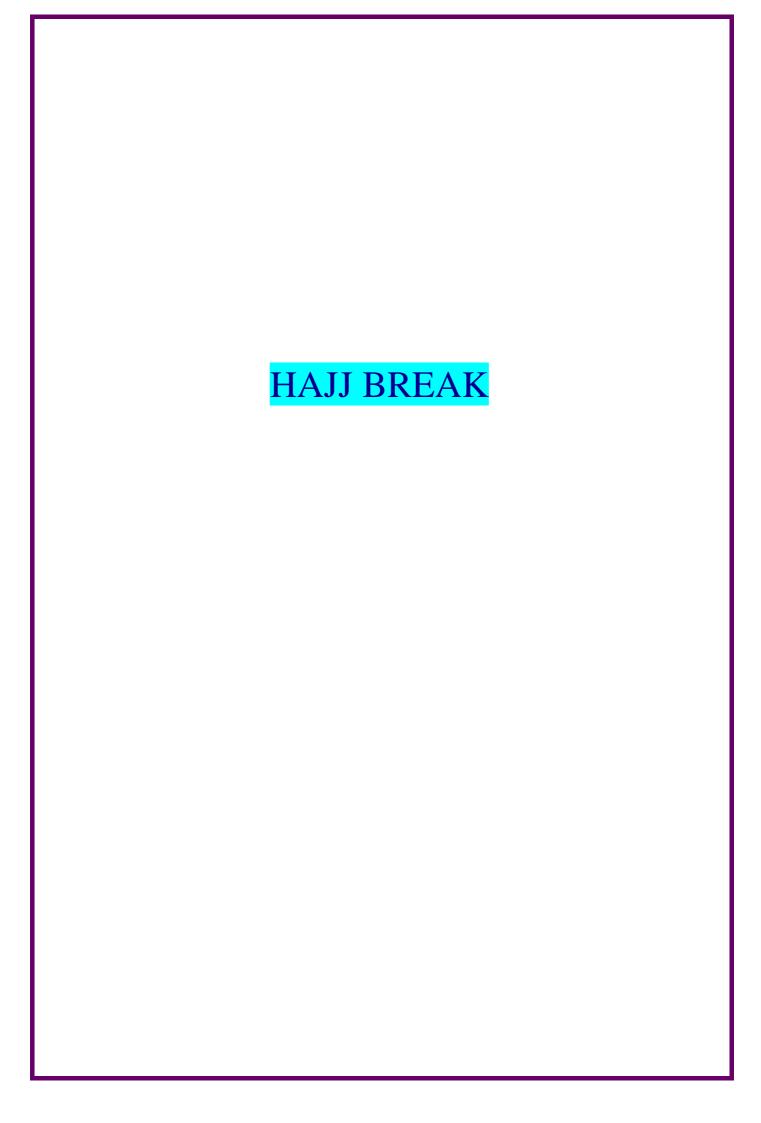
REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (53)

#### **CLINICAL SESSION NO. 4**

► How to develop and improve Communication skills

#### **REVIEW OF:**

- → Oral Hygiene instruction
- ▶ Patients Motivation
- **▶** Brushes and brushing techniques
- ▶ Interdental Cleaning Aids





1<sup>st</sup> Semester

13 October 2014

#### LECTURE NO. 5 LECTURER: Dr. Bann Al Hazemi

TITLE: General Principles of Periodontal Surgery (Rationale and Objectives)

AIM: Introduce the rational and objectives of the general principle of periodontal

Surgery

ILOs:

> The students should be able to:

➤ Compare between outpatient and hospitalized patients in regards to periodontal surgery

**▶** Value the importance of Consent Form

**▶** Explain the surgical side effects

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (54 pg 525)

#### **CLINICAL SESSION NO. 5**



1<sup>st</sup> Semester

20 October 2014

#### LECTURE NO. 6 LECTURER: Dr. Preetha Nath

TITLE: Instruments for Periodontal Surgery

AIM: Identify and recognize the different periodontal surgical instruments

ILOs:

> The students should be able to:

- ➤ Classify the periodontal surgical instruments
- **▶** Identify excisional and incisional instruments
- **▶** Describe periosteal elevators
- **▶** Compare between surgical curettes and sickles
- Recognize the Surgical chisels and tissue forceps
- ▶ Identify surgical Scissors, nippers and needle holders

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (54 pg 531)

#### **CLINICAL SESSION NO. 6**



1<sup>st</sup> Semester

27 October 2014

#### LECTURE NO. 7 LECTURER: Prof. Nahid Ashri

TITLE: Sutures and Suture Technique

AIM: To describe and illustrate the different suturing materials and techniques

used in periodontal surgery

ILOs:

The students should be able to:

Recognize the anatomy of the needle

**▶** Describes the different types of suturing materials

▶ Apply the most commonly used suturing techniques in periodontal surgery

REFERENCE: Additional Reading

#### **CLINICAL SESSION NO. 7**

8<sup>th</sup> Week

1<sup>st</sup> Semester

3 November 2014

#### LECTURE NO. 8 LECTURER: Dr. Aljohara AlSinaidi

TITLE: Periodontal Flap Surgical Procedures

AIM: To classify and describe the different periodontal flap surgical procedures

ILOs:

- > The students should be able to:
  - >> Classify the periodontal flaps
  - ▶ Identify the design of periodontal flap
  - Describe and differentiate the different periodontal Incisions
  - >> Illustrate periodontal flap elevation
  - >> Explain the healing process after periodontal flap surgery
  - Describe the different periodontal flap techniques: Modified Widman, Undisplaced and Apically positioned flap.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapters (57 pg 550, 59 pg 562)

#### **CLINICAL SESSION NO. 8**



1<sup>st</sup> Semester

10 November 2014

#### LECTURE NO. 9 LECTURER: Dr. Marwa Shaheen

TITLE: Treatment of Gingival Enlargement

AIM: To define and recognize the different treatment options for gingival

enlargement

ILOs:

The students should be able to:

**▶** Recognize chronic inflammatory enlargement

- ▶ Differentiate between periodontal and gingival abscesses
- >> Describe gingival enlargement associated with drug
- >> Recall leukemic gingival enlargement
- ▶ Describe gingival enlargement in pregnancy and puberty
- ► Analyze the recurrence of gingival enlargement
- Describe the treatment options for gingival enlargement: Gingivectomy vs. Flap technique.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (58 pg 556)

#### **CLINICAL SESSION NO. 9**

## 10<sup>th</sup> Week

1<sup>st</sup> Semester

17 November 2014

LECTURE NO. 10	LECTURER:	<b>Prof. Fatin Awartani</b>

TITLE: Preparation of Periodontium for Restorative Dentistry

AIM: To understand the effect of different restorative and prosthodontics

procedures on gingival health

ILOs:

The students should be able to:

- **▶** Comprehend the rationale for therapy
- **▶** Appraise the importance of the biological width
- **▶** Analyze the consequence of inadequate biological width
- **Explain** the sequence of treatment
- Recognize the steps for pre-prosthetic surgery
- **▶** Appreciate the biologic considerations of the restorative treatment

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapters (65 pg 608, 66 pg 610)

#### **CLINICAL SESSION NO. 10**

## 11<sup>th</sup> Week

1<sup>st</sup> Semester

24 November 2014

#### LECTURE NO. 11

**LECTURER: Dr Fatima AlAhmari** 

TITLE: Osseous Defects (Classifications and Diagnosis)

AIM: To classify osseous defects and make the proper diagnosis

ILOs:

- > The students should be able to:
  - ▶ Identify the bone destructions caused by extension of gingival inflammation
  - ➤ Categorize the factors determining bone morphology in periodontal disease
  - Recognize the bone destruction patterns in periodontal disease

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (14 pg 140)

#### **CLINICAL SESSION NO. 11**

## 12<sup>th</sup> Week

1<sup>st</sup> Semester

1 December 2014

#### LECTURE NO. 12 LECTURER: Dr. Bann AlHazemi

TITLE: Resective Osseous Surgery

AIM: To explain and demonstrate the different bone resective surgical procedures

ILOs:

- > The students should be able to:
  - **▶** Select the treatment technique rational
  - **▶** Recognize the normal alveolar bone morphology
  - ▶ Terminology
  - **▶** Identify the factors for selection of resective osseous surgery
  - ▶ Describe the osseous resective technique
  - Apply postoperative maintenance

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (60 pg 572)

#### **CLINICAL SESSION NO. 12**

## 13<sup>th</sup> Week

1<sup>st</sup> Semester

8 December 2014

#### LECTURE NO. 13 LECTURER: Dr. Noha AlOmar

TITLE: Regenerative Osseous Surgery I: Bone Grafting

AIM: To explain and demonstrate the different bone regenerative procedures

using bone grafts

ILOs:

> The students should be able to:

Evaluate the importance of new attachment and bone regeneration

**▶** Recognize the regenerative surgical techniques

>> Comprehend the bone graft materials

**▶** Describe bone grafting procedures

**▶** Identify the factors influencing a successful outcome.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (61 pg 577)

#### **CLINICAL SESSION NO. 13**

- > Live demonstration of surgical instruments,
- ► Hands on workshop of periodontal flaps on animal head model

## 14<sup>th</sup> Week

1<sup>st</sup> Semester

15 December 2014

#### LECTURE NO. 14 LECTURE

**LECTURER:** Dr. Sumaia Al Ajlan

TITLE: Regenerative Osseous Surgery II: Guided Tissue Regenerations

AIM: To explain and demonstrate the different bone regenerative procedures using Guided Tissue Regeneration (GTR)

ILOs:

- > The students should be able to:
  - **▶** Define the different terminology related to GTR
  - >> Comprehend the objectives of the procedure
  - **▶** Recognize the GTR regenerative surgical techniques
  - Recognize the different regenerative surgical techniques
  - **▶** Differentiate between resorbable and non-resorbable membranes
  - **▶** Evaluate clinically and radiographically the results of GTR
  - **▶** Describe clinical applications of GTR

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (61 pg 577, additional reading)

#### **CLINICAL SESSION NO. 14**

- Live demonstration of surgical instruments,
- Hands on workshop of periodontal flaps on animal head model

15<sup>th</sup> Week

1<sup>st</sup> Semester

28 December 2014

# MIDTERM WRITTEN EXAMINATION

## 16<sup>th</sup> Week

2<sup>nd</sup> Semester

26 January 2015

#### LECTURE NO. 16 LECTURER: Dr. Aljohara Al Sinaidi

TITLE: Periodontal Plastic and Esthetic Surgery: I. Procedures to increase the Width of attached gingiva

AIM: To introduce and explain procedures used to increase the width of attached gingiva

ILOs:

- > The students should be able to:
  - ▶ Describe the problems associated with attached gingiva
  - ▶ Identify shallow vestibule
  - ▶ Diagnose aberrant frenum
  - Distinguish the different techniques to increase the width of attached gingiva
  - **▶** Differentiate between frenectomy and frenotomy
  - >> Comprehend the criteria for technique selection.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (63 pg 595)

#### **CLINICAL SESSION NO. 16**

## 17<sup>th</sup> Week

2<sup>nd</sup> Semester

2 February 2015

#### LECTURE NO. 17 LECTURER: Dr. Fatima AlAhmari

TITLE: Periodontal Plastic and Esthetic Surgery: II. Root Coverage of Denuded

Roots

AIM: To introduce and explain procedures used for root coverage

ILOs:

The students should be able to:

>> Comprehend the etiology of marginal tissue recession

➤ Classify recession

>> Understand the different root coverage treatment options

**▶** Identify the surgical procedures for root coverage

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (63 online)

#### **CLINICAL SESSION NO. 17**

## 18<sup>th</sup> Week

2<sup>nd</sup> Semester

9 February 2015

#### **LECTURE NO. 18**

LECTURER: Dr. Sumaia Alajlan

TITLE: Advanced Periodontitis Case presentation

AIM: 1. To prepare periodontal comprehensive case presentation with Diagnosis and Treatment plan

ILOs:

> The students should be able to:

▶ Select the proper examination measures

**▶** Relate clinical data to diagnosis and prognosis

**▶** Select the appropriate mode of treatment

▶ Apply evidence base in regards to deferential diagnosis, risk factors and alternative treatment plans

Present an advanced periodontal case treatment plan

REFERENCE: Additional Reading

#### **CLINICAL SESSION NO. 18**

- Regular Patients
- Distribution of PBL cases and groups



# 19<sup>th</sup> Week

2<sup>nd</sup> Semester

16 February 2015

#### LECTURE NO. 19 LECTURER: Dr. Nuha Al Omar

TITLE: Evidence Based Decision Making and Problem Based Learning

AIM: 1. To integrate EBDM on their clinical practice

2. Explain PBL and it's application

ILOs:

➤ The students should be able to:

▶ Apply evidence based decision making

→ Assess and analyze evidence

▶ Apply problem based learning

**▶** Differentiate between EBDM and PBL.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (e5 online

pg 768)

## **CLINICAL SESSION NO. 19**

# 20<sup>th</sup> Week

2<sup>nd</sup> Semester

23 February 2015

#### LECTURE NO. 20 LECTURER: Dr. Bann Al Hazemi

TITLE: Furcation: The Problem and Its Management

AIM: To comprehend the anatomy, classification and management of furcation

ILOs:

> The students should be able to:

- **▶** Understand the etiological factors of furcation problems
- Diagnose furcation defects
- ➤ Classify furcation involvement
- **▶** Integrate local anatomic factors in the treatment of furcation
- **▶** Treat furcation defects
- **▶** Describe the surgical therapy for furcation involvement
- ▶ Present a prognosis for the furcation surgical treatment outcome

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (62 pg 825)

#### **CLINICAL SESSION NO. 20**

PB case presentation

## 21<sup>st</sup> Week

2<sup>nd</sup> Semester

2 March 2015

#### LECTURE NO. 21 LECTURER: Dr. Dalal Al Otaibi

TITLE: Systemic and Local Anti-microbial Agents in Periodontal Therapy

AIM: 1. To understand the effect of systemic and local antibiotic therapy

2. Apply antibiotic therapy when needed

ILOs:

> The students should be able to:

Comprehend the systemic administration of antibiotics in periodontal diseases

**▶** Judge when to apply single or combination of antibiotic therapy

**▶** Apply local delivery of antibiotics

▶ Apply local delivery of antiseptic agent.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (47 pg 482)

## **CLINICAL SESSION NO. 21**

22<sup>nd</sup> Week

2<sup>nd</sup> Semester

9 March 2015

LECTURE NO. 22 LECTURER: Dr. Sumaia Al Ajlan

TITLE: Oral Malodor

AIM: To describe oral malodor in terms of causes, diagnosis and treatment

ILOs:

> The students should be able to:

- **▶** Define halitosis
- Discuss halitosis causes
- Diagnose halitosis
- ▶ Describe the differential diagnosis
- Manage soft and hard tissue lesions that affect oral malodor.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (29 pg 331

plus additional reading)

## **CLINICAL SESSION NO. 22**

# 23<sup>rd</sup> Week

2<sup>nd</sup> Semester

16 March 2015

#### LECTURE NO. 23 LECTURER: Dr. Reem AlKattan

TITLE: Periodontal Response to External Forces

AIM: To define trauma from occlusion and understand the causative factor

ILOs:

- > The students should be able to:
  - **▶** Understand the adaptive capacity of the periodontium to occlusal forces
  - ▶ Define trauma from occlusion
  - Discuss the tissue response to increased occlusal forces
  - **▶** Comprehend the effects of insufficient occlusal force
  - ➤ Assess the reversibility of traumatic lesions
  - Describe the influence of trauma from occlusion on the progression of marginal periodontitis

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (15 pg151)

#### **CLINICAL SESSION NO. 23**

24<sup>th</sup> Week

2<sup>nd</sup> Semester

22 - 29 March 2015

# Midterm break

# 25<sup>th</sup> Week

2<sup>nd</sup> Semester

30 March 2015

LEGIONE NO. 23 LEGIONEN. DI HINA MINAN	LECTURE NO.	25	LECTURER:	Dr.	. Hind A	l Harb	)i
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TITLE: Periodontal - Endodontic Continuum

AIM: To describe the interrelation between periodontium and the endodontic in

relation to disease and medication

ILOs:

The students should be able to:

**▶** Understand the etiological factors of pulpal disease

>> Classify pulpal disease in relation to periodontal disease

>> Comprehend the effects of pulpal disease on the periodontium

**▶** Comprehend the effect of periodontitis of the dental pulp

**▶** Differentiate between periodontal and pulpal lesions

**▶** Differentiate between periodontal and pulpal lesions

**▶** Differentiation between pulpal and periodontal abscesses

Manage pulpal and periodontal disease

▶ Predict the prognosis of perio- endo lesions

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (51 pg 507)

#### **CLINICAL SESSION NO. 25**

# 26<sup>th</sup> Week

2<sup>nd</sup> Semester

6 April 2015

## LECTURE NO. 26 LECTURER: Dr. Aljohara AlSinaidi

TITLE: Splints in Periodontal Therapy

AIM: To understand the concept of splint application, indication and

contraindications

ILOs:

➤ The students should be able to:

▶ Define splints

→ Identify types of splints

Classify splints

▶ Understand the different school of thoughts

**▶** List the indication and contraindication

REFERENCE: Additional Reading

## **CLINICAL SESSION NO. 26**

# 27<sup>th</sup> Week

2<sup>nd</sup> Semester

13 April 2015

## LECTURE NO. 27 LECTURER: Dr. Sumaia Al Ajlan

TITLE: Results of Periodontal Treatments

AIM: To understand the outcome of periodontal treatment and apply the long

term maintenance

ILOs:

> The students should be able to:

▶ Prevent and treat gingivitis

▶ Prevent and treat loss of attachment

➤ Comprehend the tooth mortality

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (79 pg 756)

## **CLINICAL SESSION NO. 27**

# 28<sup>th</sup> Week

2<sup>nd</sup> Semester

20 April 2015

#### LECTURE NO. 28 LECTURER: Dr. Reem AlKattan

TITLE: Peri-implant Structure

AIM: To identify the anatomical structures around the implant

ILOs:

> The students should be able to:

- ▶ Define implant
- ▶ Define endosseous implant
- ▶ Understand the hard tissue interface
- ▶ Understand the soft tissue interface
- **▶** Compare between teeth and implants histologically

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (68 pg 626)

## **CLINICAL SESSION NO. 28**

# 29<sup>th</sup> Week

2<sup>nd</sup> Semester

27 April 2015

### LECTURE NO. 29 LECTURER: Dr. Dalal Al Otaibi

TITLE: Surgical Implant Site Preparation

AIM: To identify the procedures to surgically prepare the implant site

ILOs:

> The students should be able to:

- ▶ Understand the general principles of implant surgery
- **▶** Describe the preparation of Implant site
- **▶** Comprehend the postoperative care
- ▶ Describe the second stage exposure surgery.

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (71 pg 663)

## CLINICAL SESSION NO. 29

# 30<sup>th</sup> Week

2<sup>nd</sup> Semester

4 May 2015

#### LECTURE NO. 30 LECTURER: Dr. Marwa Shaheen

TITLE: Diagnosis and Treatment of Peri-implantitis and Implant Complications

AIM: 1. Diagnose and treat peri-implantitis

2. Identify implant complication

ILOs:

> The students should be able to:

▶ Define implant survival

▶ Define implant success

**▶** Explain types of implant complications

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (77 pg 731)

## **CLINICAL SESSION NO. 30**

## 31<sup>st</sup> Week

2<sup>nd</sup> Semester

11 May 2015

#### LECTURE NO. 31 LECTURER: Dr. Amani Basudan

TITLE: Dental Implants Maintenance

AIM: To plan implant maintenance program

ILOs:

- > The students should be able to:
  - ▶ Understand the recall intervals
  - ▶ Apply the special instruments for implant scaling
  - **▶** Design the type of brush and prophy paste used in maintenance program

REFERENCE: CARRANZA's Clinical Periodontology 11th Edition Chapter (78 pg 753 + additional reading)

## **CLINICAL SESSION NO. 31**

# FINAL WRITTEN EXAMINATION