

PERIODONTOLOGY (DHYG 1311-3A1)

CREDIT

3 Semester Credit Hours (Lecture)

MODE OF INSTRUCTION

Face to Face

Monday, 8:00- 10:30 am, MPC 112

PREREQUISITE/CO-REQUISITE:

Prerequisite: DHYG 1301, 1227, 1431, 1304, 1207, 1219, 1235, 1260, & 2301

Co-Requisite: DHYG 1339, 2261, & 2331

COURSE DESCRIPTION

Normal and diseased periodontium including the structural, functional, and environmental factors. Emphasis on etiology, pathology, treatment modalities, and therapeutic and preventive periodontics.

COURSE OBJECTIVES

Upon completion of this course, the student will be able to:

- Contrast normal and abnormal periodontium
- Analyze the etiology and pathology of periodontal diseases
- Differentiate treatment modalities used for therapy and prevention
- Interpret periodontal assessment data to develop a dental hygiene care plan

INSTRUCTOR CONTACT INFORMATION

Instructor: Michelle DeMoss, RDH, MS

Email: mdemoss@lit.edu

Office Phone: 409-247-4759

Office Location: MPC 209

Office Hours: Monday, 11:00-3:00 pm

Tuesday, 12:00-1:00 pm

REQUIRED TEXTBOOK AND MATERIALS

- Gehrig, JS & Shin, DE. (2023). *Foundations of Periodontics for the Dental Hygienist* (6th edition). Jones & Bartlett Learning. ISBN: 9781284289367 (eBook), 9781284261059 (paperback)

REFERENCES

- Boyd, LD & Mallonee, LF. (2023). *Wilkins' Clinical Practice of the Dental Hygienist* (14th edition). Jones & Bartlett Learning.
- Newman, MG, Klokkevold, PR, Carranza, FA, et al. (2024). *Newman and Carranza's Clinical Periodontology and Implantology* (14th edition). Elsevier.
- Pieren JA, Gadbury-Amyot C. (2024). *Darby & Walsh Dental Hygiene: Theory and Practice* (6th edition). Elsevier.



**LAMAR INSTITUTE
OF TECHNOLOGY**

ATTENDANCE POLICY***Absenteeism***

In order to ensure the students in the dental hygiene program achieve the necessary didactic and clinical competencies outlined in the curriculum, it is necessary that the student complete all assigned lecture classes, clinical and laboratory hours. It is the responsibility of the student to attend class, clinic or lab. The instructor expects each student to be present at each session.

It is expected that students will appear to take their exams at the regularly scheduled examination time. Make-up examinations will be given **only** if the absence is due to illness (confirmed by a physicians' excuse), a death in the immediate family, or at the discretion of the instructor.

If students are unable to attend lecture class, clinic or lab, it is **mandatory that you call the appropriate instructor prior to the scheduled class, clinic or lab time. An absence will be considered unexcused if the student fails to notify the course faculty prior to the start of class, clinic, or lab. Attendance through Blackboard Collaborate is considered an absence. The course instructor must be notified at least one hour prior to the beginning of class/lab if the student plans to attend through Blackboard Collaborate.** The student is responsible for all material missed at the time of absence. Extenuating circumstances will be taken into account to determine if the absence is excused. Extenuating circumstances might include but are not limited to funeral of immediate family member, maternity, hospitalization, etc. If the student has surgery, a debilitating injury, or an extended illness, a doctor's release will be required before returning to clinic.

a. **Fall/Spring Semesters:**

Dental hygiene students will be allowed **two excused absences** in any lecture, clinic or lab. Absences must be accompanied by a written excuse on the next class day. In the event that a student misses class, clinic or lab beyond the allowed absences, the following policy will be enforced:

2 absences = notification in Starfish

Beginning with the third absence, **2 points** will be deducted from the final course grade for each absence thereafter.

Two (2) points will be deducted from the final course grade for each unexcused absence.

Tardiness

Tardiness is disruptive to the instructor and the students in the classroom. A student is considered tardy if not present at the start of class, clinic or lab. It is expected that students will arrive on time for class, clinic or lab, and remain until dismissed by the instructor. If tardiness becomes an issue, the following policy will be enforced:

Tardy 1 time = notification in Starfish

Tardy 2 times = is considered an unexcused absence. (See the definition of an unexcused absence)

If a student is more than 15 minutes late to any class period, it will be considered an unexcused absence.

Students should plan on attending classes, labs and clinic sessions as assigned throughout the semester. Family outings, vacations and personal business should be scheduled when school is not in session and will not be considered excuses for missing assignments, examinations, classes, labs or clinic time.

DROP POLICY

If you wish to drop a course, you are responsible for initiating and completing the drop process. If you stop coming to class and fail to drop the course, you will earn an "F" in the course.

COURSE CALENDAR

DATE	TOPIC	READING/ ASSIGNMENTS
UNIT 1: -The Periodontium in Health -Diseases Affecting the Periodontium and Peri-Implant Tissues		
Week 1 8/24	Course Introduction Ch 1. Periodontium: The Tooth-Supporting Structures Ch 2. Microscopic Anatomy of the Periodontium	Review Course information & syllabus Text: Ch 1, 2 *Submit course contract
Week 2 8/31	Ch 3. Overview of Diseases of the Periodontium Ch 4. Classification of Periodontal and Peri-Implant Diseases and Conditions Pgs. 447-449 Clinical Attachment Level	Text: Ch 3, 4, & pgs. 447-449
Labor Day 9/7	No Class	
Week 3 9/14	Ch. 5 Periodontal Health and Gingival Diseases/ Conditions Ch. 6 Periodontitis	Text: Ch 5, 6
Week 4 9/21	Ch. 7 Mucogingival Deformities and Conditions Around Teeth Ch. 8 Peri-implant Health and Diseases Ch. 9 Acute Periodontal Diseases	Text: Ch 7, 8, 9 *Perio Patient identified & Part 1 Care Plan due by 9/27, 11:59 pm
Week 5 9/28 EXAM 1	Unit 1 Exam On-campus, 8:00-9:00 am	Ch 1-9, & p 447-449
UNIT 2: -Assessment and Planning for Patients with Periodontal Diseases and Peri-Implant Diseases		
Week 5 9/28 (cont.)	*Lecture following Exam 1, 9:15- 10:30 am Ch. 24 Best Practices for Periodontal Care	Text: Ch 24 Discuss Major Assignment: Periodontal Article Review
Week 6 10/5	Ch. 19 Clinical Periodontal Assessment Ch. 20 Radiographic Analysis of the Periodontium Ch. 21 Clinical Decision-Making for Periodontal Care	Text: Ch 19, 20, 21
Week 7 10/12 EXAM 2	Unit 2 Exam: On-campus, 8:00-9:00 am	Ch. 19, 20, 21 & 24
UNIT 3: -Etiologic Factors for Periodontal Diseases and Peri-Implant Disease/ Conditions		
Week 7 10/12	*Lecture following Exam 2, 9:15- 10:30 am	Text: Ch 10

(cont.)	Ch 10. Risk Factors for Periodontal Disease	*Perio Article Review: due 10/18, 11:59 pm
Week 8 10/19	Ch 11. Oral Biofilms Ch 12. Basic Concepts of Immunity and Inflammation	Text: Ch 11, 12 *Presentation slides due by SATURDAY 10/24, 11:59 pm
Week 9 10/26	Ch 13. Host Immunoinflammatory Response to Dental Biofilm Ch 14. Impact of Systemic Conditions on Periodontal Health Ch 15. Impact of Periodontal Inflammation on Systemic Health	Text: Ch 13, 14, 15 Class presentations <i>(Note: Recommended to finish quad scaling on perio pt in clinic by 10/30)</i>
Week 10 11/2	Ch 16. Local Factors Contributing to Periodontal Disease Ch 17. Tobacco, Smoking, and Periodontal Disease Ch 18. Nutrition, Inflammation, and Periodontal Disease	Text: Ch 16, 17, 18 Class presentations
Week 11 11/9 EXAM 3	Unit 3 Exam: <i>On-campus, 8:00-9:00 am</i>	Ch: 10-18
UNIT 4: -Implementation of Therapy for Patients with Periodontal Diseases and Peri-Implant Diseases/Conditions		
Week 11 11/9 (cont.)	*Lecture following Exam 3, 9:15- 10:30 am Ch 25. Nonsurgical Periodontal Therapy	Text: Ch 25
Week 12 11/16	Ch 26. Patient's Role in Nonsurgical Periodontal Therapy Ch 27. Supragingival and Subgingival Irrigation Ch 28. Chemotherapeutics in Periodontal Care Ch 29. Host Modulation Therapy	Text: Ch 26, 27, 28, 29 *Periodontal Office Observation/ Report due by 11/22, 11:59 pm (Last date to schedule observation is 11/19)
Week 13 11/23	Ch 30. Periodontal Surgical Concepts for the Dental Hygienist Ch 31. Maintenance for the Periodontal Patient	Text: Ch 30, 31 *Part 2 Perio Care Plan due by 11/27, 11:59 pm *E-Portfolio Assignment- Periodontal Care Plan section due 11/29, 11:59 pm
Week 14 11/30 Exam 4	Unit 4 Exam: <i>On-campus, 8:00-9:00 am</i>	Ch. 25- 31
Week 14 11/30	*Lecture following Exam 4, 9:15- 10:30 am	Text: Ch 33

(cont.)	Ch 33. Future Directions for Management of Periodontal Patients Semester Review	
Week 15 FINAL EXAM	Comprehensive Final Exam On campus (finals week) 12/7- TENTATIVE- (SUBJECT TO CHANGE)	

IMPORTANT DATES See Appendix page 22 for assignment instructions	• August 30: Course Contract due • Sept 27: Last date to submit Part 1 Perio Care Plan • Oct 18: Periodontal Article Review due • Oct 24: Slides for class presentations due • Oct 26: Class presentations • Nov 2: Class presentations • Nov. 19: Last day for Periodontal Office Observations • Nov 27: Part 2 Perio Care Plan- last date to submit • Nov 29: E-Portfolio Assignment- Perio Care Plan section due
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COURSE EVALUATION

Final grades will be calculated according to the following criteria

4 Examinations (weighted equally)	45%
Comprehensive Final Exam	15%
Blackboard Assessments (weighted equally)	10%
Periodontal Care Plan (Part 1)	10%
Periodontal Care Plan (Part 2)	10%
Periodontal Article Review	5%
Class Presentation: Periodontal Risk Factors	5%

GRADE SCALE

A	=	92 - 100
B	=	83 - 91
C	=	75 – 82
D	=	60 - 74
F	=	59 and below

TECHNICAL REQUIREMENTS

The latest technical requirements, including hardware, compatible browsers, operating systems, etc. can be online at <https://lit.edu/lit-online/lit-online-experience>. A functional internet connection or Wi-Fi is necessary to maximize the use of online technology and resources.

DISABILITIES STATEMENT

The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 are federal anti-discrimination statutes that provide comprehensive civil rights for persons with disabilities. LIT provides reasonable accommodations as defined in the Rehabilitation Act of 1973, Section 504 and the Americans with Disabilities Act of 1990, to students with a diagnosed disability. The Special Populations Office is located in the Eagles' Nest Room 129 and helps foster a supportive and inclusive educational environment by maintaining

partnerships with faculty and staff, as well as promoting awareness among all members of the Lamar Institute of Technology community. If you believe you have a disability requiring an accommodation, please contact the Special Populations Coordinator at (409) 247-0046 or email specialpopulations@lit.edu. You may also visit the online resource at [Special Populations - Lamar Institute of Technology \(lit.edu\)](https://www.lit.edu/specialpopulations).

STUDENT CODE OF CONDUCT STATEMENT

It is the responsibility of all registered Lamar Institute of Technology students to access, read, understand and abide by all published policies, regulations, and procedures listed in the *LIT Catalog and Student Handbook*. The *LIT Catalog and Student Handbook* may be accessed at www.lit.edu. Please note that the online version of the *LIT Catalog and Student Handbook* supersedes all other versions of the same document.

ARTIFICIAL INTELLIGENCE STATEMENT

Lamar Institute of Technology (LIT) recognizes the recent advances in Artificial Intelligence (AI), such as ChatGPT, have changed the landscape of many career disciplines and will impact many students in and out of the classroom. To prepare students for their selected careers, LIT desires to guide students in the ethical use of these technologies and incorporate AI into classroom instruction and assignments appropriately. Appropriate use of these technologies is at the discretion of the instructor. Students are reminded that all submitted work must be their own original work unless otherwise specified. Students should contact their instructor with any questions as to the acceptable use of AI/ChatGPT in their courses

STARFISH

LIT utilizes an early alert system called Starfish. Throughout the semester, you may receive emails from Starfish regarding your course grades, attendance, or academic performance. Faculty members record student attendance, raise flags and kudos to express concern or give praise, and you can make an appointment with faculty and staff all through the Starfish home page. You can also login to Blackboard or MyLIT and click on the Starfish link to view academic alerts and detailed information. It is the responsibility of the student to pay attention to these emails and information in Starfish and consider taking the recommended actions. Starfish is used to help you be a successful student at LIT.

ADDITIONAL COURSE POLICIES/INFORMATION

STUDENT EXPECTED TIME REQUIREMENT

For every hour in class (or unit of credit), students should expect to spend at least two to three hours per week studying and completing assignments. For a 3-credit-hour class, students should prepare to allocate approximately six to nine hours per week outside of class in a 16- week session.

ACADEMIC DISHONESTY

Students found to be committing academic dishonesty (cheating, plagiarism, or collusion) may receive disciplinary action. Students need to familiarize themselves with the institution's Academic Dishonesty Policy available in the Student Catalog & Handbook at

<http://catalog.lit.edu/content.php?catoid=3&navoid=80#academic-dishonesty>.

EXAMINATION AND QUIZ POLICY

Examinations will be based on objectives, lecture notes, handouts, assigned readings, audiovisual material and class discussions. Major examinations will consist of multiple choice, true/false, matching, short answer, and case study questions. Students are not permitted to ask questions during an exam.

Students are expected to complete examinations as scheduled. Make-up examinations will be given ONLY if the absence is due to illness (confirmed by a physicians' excuse), a death in the immediate family, or at the discretion of the Instructor. All make-up examinations must be taken within two (2) weeks from the scheduled exam date. All examinations will be kept on file by the Instructor. Students may have access to the examination by appointment during the Instructor's office hours. Exams may be reviewed up to two (2) weeks following the exam date. **You may not copy, reproduce, distribute or publish any quiz or exam questions.** This action may result to dismissal from the program.

Respondus Lockdown Browser and Respondus Monitor may be used for quizzes and examinations taken off campus, therefore, a webcam is required. The student is required to show the testing environment at the beginning of the test to assure the instructor that it is clear of any study materials. Failure to do so will result in a 10-point exam grade deduction. If you need online assistance while taking the test, please call the Blackboard 24/7 Support Desk at (936) 294-4395 or send an email to lit-bbsupport@lit.edu.

Respondus Lockdown Browser will be used for examinations administered on campus. The student is required to bring their own portable electronic device for any scheduled on-campus exams, unless a testing lab is being utilized. Approved devices include a personal laptop, tablet, or ipad.

Mandatory Tutoring and Remediation

If a student receives a failing grade on any major exam, the student will be required to meet with the course instructor within 2 weeks of the failed exam for academic remediation and review.

Academic Integrity

It shall be considered a breach of academic integrity (cheating) to use or possess on your body any of the following devices during any examination unless it is required for that examination and approved by the instructor: cell phone, smart watch/watch phone, electronic communication devices (including optical), and earphones connected to or used as electronic communication devices. It may also include the following: plagiarism, falsification and fabrication, abuse of academic materials, complicity in academic dishonesty, and personal misrepresentation. Students are not permitted to discuss the content of the examination with anyone at any time.

Use of such devices during an examination will be considered academic dishonesty. The examination will be considered over, and the student will receive a zero for the exam.

Students with special needs and/or medical emergencies or situations should communicate with their instructor regarding individual exceptions/provisions. It is the student's responsibility to communicate such needs to the instructor.

ELECTRONIC DEVICES

Portable electronic devices may only be used in class or lab for accessing approved course content (eBooks, slides, publisher content, Blackboard, etc.). Texting or web browsing will not be allowed during class, lab, or clinic. Students are prohibited from recording instructors during class without the consent of the instructor (audio or video).

LATE COURSEWORK

Assignments, Quizzes and Tests must be completed by the due date. Late submissions or completion will not be accepted and will result in a zero for that assignment/quiz/test.

REMEDIATION

Remediation is required when a student does not meet course requirements or performance expectations. Remediation is designed to identify deficiencies, provide targeted instruction, and support the student in achieving the expected level of performance.

All remediation must be documented using the program's approved remediation forms for clinical and didactic coursework.

Didactic Remediation

Didactic remediation is required when a student does not meet course objectives, exam standards, or minimum academic expectations.

Requirements

- Students receiving a failing grade on any major exam must meet with the instructor within 2 weeks to initiate remediation.
- Remediation will include targeted review, assigned activities, and re-evaluation as determined by the instructor.
- All assigned remediation activities must be completed by the specified deadline.

Documentation

All didactic remediation will be completed using the Didactic Remediation Agreement form, including:

- Identified areas of deficiency
- Assigned remediation plan
- Completion timeline
- Student and faculty acknowledgment

Student Responsibility and Progression

- Remediation is mandatory and must be completed as assigned.
- Remediation supports learning but does not guarantee improved performance or passing the course.
- Students remain responsible for meeting all course requirements and demonstrating required performance levels.
- Failure to meet course requirements after remediation may result in a final course grade of "F" in accordance with program policy.

* Faculty has the authority to modify the above policies if unusual circumstances mandate a change. Please refer to the Dental Hygiene Student Handbook for a complete listing of program policies.

COURSE OUTLINE

Periodontium: The Tooth-Supporting Structures

- a. Tissues of the periodontium
- b. Nerve supply, blood supply, and lymphatic system

Microscopic Anatomy of the Periodontium

- a. Histology of the body's tissues
- b. Histology of the gingiva
- c. Histology of root cementum and alveolar bone

Overview of Diseases of the Periodontium

- a. The Periodontium in health and disease
- b. Pathogenesis of Bone Destruction
- c. Periodontal pockets
- d. Theories of disease progression
- e. Epidemiology of the diseases of the periodontium

Classification of Periodontal and Peri-Implant Diseases and Conditions

- a. Disease classification systems
- b. The 2017 Classification of Periodontal and Peri-implant Diseases and Conditions

Periodontal Health and Gingival Diseases/Conditions

- a. Periodontal health/ gingival health
- b. Dental biofilm-induced gingivitis
- c. Non-dental biofilm-induced gingival diseases and conditions

Periodontitis

- a. Periodontitis
- b. Periodontitis Staging and Grading System

Mucogingival Deformities and Conditions Around Teeth

- a. Overview of mucogingival deformities and conditions
- b. Normal mucogingival condition and periodontal biotype
- c. Recession of the gingival margin
- d. Classification systems for recession of the gingival margin
- e. Treatment considerations for gingival recession defects

Peri-Implant Health and Diseases

- a. Anatomy of the dental implant and surrounding peri-implant tissues
- b. Peri-implant health, diseases, and conditions
- c. Recognition of peri-implant diseases
- d. Clinical and radiographic monitoring of peri-implant health and diseases
- e. Guidelines for maintenance of patients with dental implants

Acute Periodontal Conditions

- a. Introduction to acute periodontal diseases
- b. Abscesses of the periodontium
- c. Endodontic-periodontal lesions (EPL)
- d. Necrotizing periodontal diseases
- e. Primary herpetic gingivostomatitis

Best Practices for Periodontal Care

- a. What is best practice?
- b. Role of evidence-based decision making in best practice
- c. Finding clinically relevant information
- d. Lifelong learning skills for best practice

Clinical Periodontal Assessment

- a. Overview of the periodontal assessment process
- b. The comprehensive periodontal assessment
- c. Periodontal screening examination
- d. Supplemental diagnostic tests

Radiographic Analysis of the Periodontium

- a. Radiographic appearance of the periodontium
- b. Use of radiographic images during periodontal evaluation

Clinical Decision-Making for Periodontal Care

- a. Guidelines for arriving at a periodontal diagnosis
- b. Guidelines for periodontal treatment sequencing
- c. The need for ongoing decision-making

Risk Factors for Periodontal Disease

- a. Risk factors for periodontal disease
- b. Balance between periodontal health and disease
- c. Periodontal risk assessment

Oral Biofilms

- a. Microbial biofilms
- b. The Structure and colonization of oral biofilms
- c. The role of bacteria in periodontal disease

Basic Concepts of Immunity and Inflammation

- a. The body's defense system
- b. Leukocyte migration, chemotaxis, and phagocytosis
- c. The inflammatory process

Host Immunoinflammatory Response to Dental Biofilm

- a. The host response in periodontal disease
- b. Histologic stages in the development of periodontal disease
- c. The impact of host immunoinflammatory response on bone homeostasis

Impact of Systemic Conditions on Periodontal Health

- a. The burden of systemic disorders on the oral cavity
- b. Systemic disorders as risk factors for periodontitis
- c. Systemic medications with periodontal side effects

Impact of Periodontal Inflammation on Systemic Health

- a. Linking periodontitis with systemic disease
- b. The role of periodontitis on systemic diseases

Local Factors Contributing to Periodontal Disease

- a. Introduction to local contributing factors
- b. Local factors that increase biofilm retention
- c. Dental restorations as local factors

- d. Local factors that cause direct damage

Tobacco, Smoking, and Periodontal Disease

- a. Nicotine dependence and addiction
- b. Categories of smoking delivery products
- c. Smoking as a risk factor for periodontal disease
- d. Cannabis as a risk factor for periodontal disease
- e. Smoking and peri-implant disease
- f. Smoking cessation for the periodontal patient

Nutrition, Inflammation, and Periodontal Disease

- a. Association between obesity and periodontal disease
- b. Micronutrients, antioxidants, and periodontal disease
- c. Macronutrients and periodontal disease

Nonsurgical Periodontal Therapy

- a. Overview of nonsurgical periodontal therapy (NSPT)
- b. Mechanical nonsurgical therapy
- c. Decisions following nonsurgical therapy

Patients Role in Nonsurgical Periodontal Therapy

- a. Patient self-care in nonsurgical therapy
- b. Types of toothbrushes
- c. The effectiveness of various interproximal cleaning modalities
- d. Tongue cleaning as an adjunct

Supragingival and Subgingival Irrigation

- a. Patient-applied power-driven irrigation devices
- b. Professional subgingival irrigation

Chemotherapeutics in Periodontal Care

- a. Introduction to chemical agents in biofilm control
- b. Use of systemic antibiotics to control biofilm
- c. Use of locally delivered chemotherapeutic agents
- d. Topical mouth rinses and toothpastes
- e. Educating patients on the use of complimentary/ alternative medicine (CAM) dental products/ remedies/ practices

Host Modulation Therapy

- a. Introduction to host modulation therapy
- b. Potential host modulating therapies in periodontal patients
- c. Host modulation therapy as part of comprehensive periodontal patient management

Periodontal Surgical Concepts for the Dental Hygienist

- a. Introduction to periodontal surgery
- b. Understanding the periodontal flap
- c. Descriptions of common types of periodontal surgery
- d. Biological enhancement of surgical outcomes
- e. Patient management following periodontal surgery

Maintenance for the Periodontal Patient

- a. Introduction to periodontal maintenance therapy
- b. Planning and implementing periodontal maintenance therapy
- c. Periodontal disease recurrence

- d. Patient compliance with periodontal maintenance
- e. Root caries as a complication during periodontal maintenance

Future Directions for Management of Periodontal Patients

- a. Contemporary and evolving diagnostic technology
- b. Periodontal disease/systemic disease connections
- c. Research in dental implantology
- d. Treatment modalities in periodontal care

COURSE OBJECTIVES**PERIODONTIUM: THE TOOTH-SUPPORTING STRUCTURES**

- 1-1 Identify the tissues of the periodontium on an unlabeled drawing depicting the periodontium in cross section.
- 1-2 Describe the function that each tissue serves in the periodontium, including the gingiva, periodontal ligament, cementum, and alveolar bone.
- 1-3 In a clinical setting or on a color photograph, identify the following anatomical areas of the gingiva in the oral cavity: free gingiva, gingival sulcus, interdental gingiva, and attached gingiva.
- 1-4 In a clinical setting or on a color photograph, identify the following boundaries of the gingiva: gingival margin, free gingival groove, and mucogingival junction.
- 1-5 In a clinical setting, identify the free gingiva on an anterior tooth by inserting a periodontal probe to the base of the sulcus.
- 1-6 In a clinical setting, compare and contrast the coral pink tissue of the attached gingiva with the darker, shiny tissue of the alveolar mucosa.
- 1-7 In the clinical setting, use compressed air to detect the presence or absence of stippling of the attached gingiva.
- 1-8 Identify the alveolar process (alveolar bone) on a human skull.
- 1-9 Describe the shape and contour of the alveolar crest of the bone in health.
- 1-10 Describe the nerve and blood supply to the periodontium.
- 1-11 Explain the role of the lymphatic system in the health of the periodontium.

MICROSCOPIC ANATOMY OF THE PERIODONTIUM

- 2-1 Describe the histology of the tissues and the function that each serves in the human body.
- 2-2 List and define the layers that comprise the stratified squamous epithelium of the skin.
- 2-3 Define keratin and describe its function in the epithelium.
- 2-4 Describe the composition and function of the connective tissue.
- 2-5 Describe the epithelium–connective tissue interface found in most tissues of the body, such as the interface between the epithelium and connective tissues of the skin.
- 2-6 Define the term *cell junction* and describe its function in the epithelial tissues.
- 2-7 Compare and contrast the terms *desmosome* and *hemidesmosome*.
- 2-8 Identify the three anatomical areas of the gingival epithelium on an unlabeled drawing depicting the microscopic anatomy of the gingival epithelium.
- 2-9 Describe the location and function of the following regions of the gingival epithelium: oral epithelium, sulcular epithelium, and junctional epithelium.
- 2-10 State the level of keratinization present in each of the three anatomical areas of the gingival epithelium (keratinized, nonkeratinized, or parakeratinized).
- 2-11 State which of the anatomical areas of the gingival epithelium have an uneven, wavy epithelium–connective tissue interface in health and which have a smooth junction in health.
- 2-12 Identify the enamel, gingival connective tissue, junctional epithelium, internal basal lamina, external basal lamina, epithelial cells, desmosomes, and hemidesmosomes on an unlabeled drawing depicting the microscopic anatomy of the junctional epithelium and surrounding tissues.
- 2-13 Compare and contrast the function of the supragingival fiber bundles and the periodontal ligament in the periodontium.
- 2-14 Identify the fiber groups of the periodontal ligament on an unlabeled drawing.
- 2-15 Define the terms *cementum* and *Sharpey's fibers* and describe their function in the periodontium.
- 2-16 State the three relationships that the cementum may have in relation to the enamel at the cements/enamel junction.
- 2-17 Define the term alveolar bone and describe its function in the periodontium.

OVERVIEW OF DISEASES OF THE PERIODONTIUM

- 3-1 Define the term *disease progression*.
- 3-2 Define the term *periodontal disease* and contrast it with the term *periodontitis*.

- 3-3 Compare and contrast the (1) position of the junctional epithelium; (2) characteristics of the epithelial–connective tissue junction; and (3) position of the crest of the alveolar bone in health, gingivitis, and periodontitis.
- 3-4 Explain why there is a band of intact transseptal fibers even in the presence of severe bone loss.
- 3-5 Describe the progressive destruction of alveolar bone loss that occurs in periodontitis.
- 3-6 Describe the pathway of inflammation that occurs in horizontal bone loss and contrast it with the pathway of inflammation that occurs in vertical bone loss.
- 3-7 Compare and contrast the characteristics of gingival and periodontal pockets.
- 3-8 For patients in the clinical setting, identify visible clinical signs of health and periodontal disease for your clinic instructor.
- 3-9 For a patient with periodontal disease, measure the probing depth of the sulci or pockets on the facial aspect of one sextant of the mouth. Using the information gathered visually and with the periodontal probe, explain whether this patient's disease is gingivitis or periodontitis.
- 3-10 Given a drawing of a periodontal pocket, determine whether the pocket illustrated is a suprabony or infrabony pocket.
- 3-11 Describe variables associated with periodontal disease that an epidemiologist might include in a research study.
- 3-12 Define prevalence and incidence as measurements of disease within a population.
- 3-13 Describe how clinical dental hygiene practice can be affected by epidemiologic research.

CLASSIFICATION OF PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS

- 4-1 Explain the rationale for a classification system for periodontal disease.
- 4-2 List the three major categories of periodontal diseases and conditions.
- 4-3 Explain why clinicians need to be familiar with terminology from the 1999 disease classification, such as *chronic periodontitis* and *aggressive periodontitis*.
- 4-4 Compare and contrast the 2017 and the 1999 Classification Systems.
- 4-5 List the four subcategories which fall under the Peri-Implant Diseases and Conditions category.

PERIODONTAL HEALTH AND GINGIVAL DISEASES/ CONDITIONS

- 5-1 Define periodontal health and be able to describe the clinical features that are consistent with signs of periodontal health.
- 5-2 List the two major subdivisions of gingival disease as established by the American Academy of Periodontology and the European Federation of Periodontology.
- 5-3 Compare and contrast the etiologic factors associated with dental biofilm-induced gingivitis and non–biofilm-induced gingival diseases.
- 5-4 List the conditions that are classified under the non–plaque-induced gingival diseases category.
- 5-5 Describe the differences between an intact periodontium and a reduced periodontium.
- 5-6 Differentiate papillary gingivitis, marginal gingivitis, and diffuse gingivitis.
- 5-7 Describe the clinical signs which are characteristic of dental biofilm-induced gingivitis.
- 5-8 Describe how systemic factors can modify the host response to plaque biofilm and lead to gingival inflammation.

PERIODONTITIS

- 6-1 Describe the clinical signs and symptoms that are pathognomonic (def: specifically characteristic or indicative of a disease) of periodontitis.
- 6-2 Define the term *clinical attachment loss* and explain its significance in staging and grading periodontitis.
- 6-3 In the clinical setting, be able to explain to your patient the warning signs of periodontal disease and why these signs should not be ignored.
- 6-4 Describe the radiographic hallmarks of periodontitis.
- 6-6 Explain how disease severity and complexity of management play a role in determining the staging of periodontitis.
- 6-7 Explain the differences in criteria of direct evidence of disease progression versus indirect evidence of disease progression and be able to describe the roles each plays in periodontitis grading.
- 6-8 Define the meaning of the descriptors *recurrent* and *refractory* as they pertain to periodontitis.

MUCOGINGIVAL DEFORMITIES AND CONDITIONS AROUND TEETH

- 7-1 Define the terms mucogingival, normal mucogingival condition, and mucogingival deformity and condition.
- 7-2 Explain the significance of periodontal biotype and be able to describe the distinguishing features of thin-scalloped biotype, thick-scalloped biotype, and thick-flat biotype.
- 7-3 Define the term gingival recession and explain what factors you need to take into consideration to determine if treatment is indicated.
- 7-4 Explain the Miller and Cairo classification systems used to classify gingival recession.

PERI-IMPLANT HEALTH AND DISEASES

- 8-1 Describe the components of a conventional dental implant and restoration.
- 8-2 Compare and contrast the periodontium of a natural tooth versus the peri-implant tissues that surround a dental implant.
- 8-3 Define the terms *peri-implant health*, *peri-implant mucositis*, and *peri-implantitis* and distinguish the key differences among them.
- 8-4 Define the terms *osseointegration*, *biomechanical forces*, and *biomechanical overload* as they apply to dental implants.
- 8-5 Describe an appropriate maintenance interval for a patient with dental implants.
- 8-6 In the clinical setting, select appropriate self-care aids for a patient with dental implants.

ACUTE PERIODONTAL DISEASES

- 9-1 Define the term *acute periodontal disease* and list the conditions that fall under this category.
- 9-2 Describe the general characteristics of each of the acute periodontal diseases discussed in this chapter.
- 9-3 Name and describe the three types of abscesses of the periodontium.
- 9-4 List the possible causes of abscesses of the periodontium.
- 9-5 Compare and contrast the periodontal and pulpal abscesses.
- 9-6 Outline the typical treatment steps for a gingival abscess, periodontal abscess, and a pericoronal abscess.
- 9-7 Describe the possible outcomes of an untreated pericoronal abscess.
- 9-8 Describe the pathogenesis of an endodontic-periodontal lesion.
- 9-9 List the different categories of endodontic-periodontal lesions based on the signs and symptoms.
- 9-10 Describe the characteristics of necrotizing gingivitis, necrotizing periodontitis, and necrotizing stomatitis.
- 9-11 Outline the typical treatment steps for necrotizing gingivitis.
- 9-12 Compare and contrast the tissue destruction that occurs in necrotizing gingivitis and necrotizing periodontitis.
- 9-13 Describe the symptoms of primary herpetic gingivostomatitis.
- 9-14 List a step-by-step treatment plan to address a patient suffering from herpetic gingivostomatitis.

RISK FACTORS FOR PERIODONTAL DISEASE

- 10-1 Define risk factor and provide various examples of risk factors.
- 10-2 Define etiologic factor and distinguish etiologic factors from risk factors.
- 10-3 Define the term biologic equilibrium and explain how certain factors can disrupt the balance between health and disease.
- 10-4 Explain the differences between modifiable and nonmodifiable risk factors.
- 10-5 Describe the significance of performing a thorough periodontal risk assessment for each patient in a clinical setting.
- 10-6 In a clinical setting—for a patient in your care with periodontitis—explain to your clinical instructor the factors that may have contributed to your patient's disease.

ORAL BIOFILMS

- 11-1 Describe the key structural features of gram-positive and gram-negative bacteria and explain the role of the cell envelope in the gram-staining technique.
- 11-2 Define the term biofilm and explain the advantages to a bacterium of living in a biofilm.
- 11-3 Describe the life cycle of a biofilm.
- 11-4 Explain the significance of the extracellular protective matrix and fluid channels to a biofilm.

- 11-5 Define coaggregation and explain its significance in bacterial colonization of the tooth surface.
- 11-6 Define quorum sensing and explain its significance in coordinating and regulating microbial behavior and growth.
- 11-7 Explain why systemic antibiotics and antimicrobial agents are not effective in eliminating dental plaque biofilms.
- 11-8 List several reasons why newer microbe detection methods have brought Socransky's microbial complexes model and the specific plaque hypothesis into question.
- 11-9 Discuss the evolution of hypotheses to explain the role of bacteria in periodontal disease and how current hypotheses are distinct from the nonspecific plaque hypothesis and the specific plaque hypothesis.
- 11-10 Discuss the hypothesis that plaque biofilm is necessary but not sufficient to cause destruction of the tissues of the periodontium and the implications for the treatment of individuals with periodontitis.

BASIC CONCEPTS OF IMMUNITY AND INFLAMMATION

- 12-1 Describe the function of the immune system.
- 12-2 Compare and contrast innate immunity and adaptive immunity.
- 12-3 Describe the role of polymorphonuclear leukocytes, macrophages, B-lymphocytes, plasma cells, T-lymphocytes, and NK (natural killer)-lymphocytes in the immune system.
- 12-4 Compare and contrast a macrophage and a monocyte.
- 12-5 List the five classes of antibodies (immunoglobulins) and describe the functions of each antibody class.
- 12-6 Describe the three ways that antibodies participate in the host defense.
- 12-7 Describe the complement system and explain the role it plays in the immune response.
- 12-8 Describe the steps in the process of phagocytosis.
- 12-9 Give an example of a type of injury or infection that would result in inflammation in an individual's arm. Describe and contrast the symptoms of inflammation that the individual would experience due to acute inflammation versus chronic inflammation.
- 12-10 Define *inflammatory mediator* and provide several examples of inflammatory mediators of importance in periodontitis.

HOST IMMUNOINFLAMMATORY RESPONSE TO DENTAL BIOFILM

- 13-1 Define the term host response and describe its primary function.
- 13-2 Describe the role the host immunoinflammatory response plays in the pathogenesis of periodontal disease.
- 13-3 Define the term biochemical mediator and list three of these mediators.
- 13-4 Describe the role of cytokines in the pathogenesis of periodontitis.
- 13-5 Describe the role of prostaglandins in the pathogenesis of periodontitis.
- 13-6 Describe the effect of matrix metalloproteinases (MMPs) on periodontal tissues.
- 13-7 Explain the phases of the bone remodeling cycle.
- 13-8 Explain the significance of a balanced OPG-to-RANKL ratio.
- 13-9 Describe the link between periodontitis and RANKL-mediated bone resorption.
- 13-10 For each of the histologic stages of gingivitis and periodontitis listed below name one change in the host immune response likely to be encountered:
- Bacterial accumulation phase
 - Early gingivitis phase
 - Established gingivitis phase
 - Periodontitis phase

IMPACT OF SYSTEMIC CONDITIONS ON PERIODONTAL HEALTH

- 14-1 Name several systemic diseases/conditions that may modify the host response to periodontal pathogens.
- 14-2 Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.
- 14-3 Place the interests of patients at the center of interprofessional health care delivery.
- 14-4 Recognize the importance of educating patients about the relationship between oral health and systemic diseases, states, or conditions (such as the link between diabetes mellitus and periodontitis).

- 14-5 Discuss the potential implications of these systemic diseases on the periodontium:
uncontrolled diabetes, leukemia, and acquired immunodeficiency syndrome (AIDS).
- 14-6 Describe the significance of the AGE–RAGE interactions and its role in amplifying periodontal inflammation.
- 14-7 Discuss how hormone alterations may affect the periodontium.
- 14-8 Define the term osteoporosis and discuss the link between skeletal osteoporosis and alveolar bone loss in the jaw
- 14-9 Discuss the implications of Down syndrome on the periodontium.
- 14-10 Name three medications that can cause gingival enlargement.
- 14-11 For a patient in your care with periodontitis that is amplified by a systemic condition, explain to your clinical instructor the risk factors that may have contributed to the severity of your patient's periodontal disease.

IMPACT OF PERIODONTAL INFLAMMATION ON SYSTEMIC HEALTH

- 15-1 Contrast the terms *association* and *causation* between a given factor (A) and a systemic disease (B).
- 15-2 Educate patients at risk for cardiovascular diseases about the possible impact of periodontal infection on cardiovascular health and be able to motivate the patient to seek oral disease prevention/counseling services.
- 15-3 Educate pregnant women and those planning pregnancies about the possible impact of periodontal infection on pregnancy outcomes and be able to motivate the patient to seek oral disease prevention/counseling service.
- 15-4 Educate patients with diabetes about the probable bidirectional association between periodontal disease and diabetes and be able to motivate the patient to seek oral disease prevention/counseling service.
- 15-5 Educate family members and caregivers about the association between periodontal disease and pneumonia in health-compromised individuals in hospitals and long-term care facilities.
- 15-6 Establish collaborative relationships with other health care providers to ensure the highest standard of care for periodontal patients with systemic diseases and conditions.

LOCAL FACTORS CONTRIBUTING TO PERIODONTAL DISEASE

- 16-1 Describe how local factors contribute to the retention and accumulation of plaque biofilm.
- 16-2 Explain how a local contributing factor differs from a systemic contributing factor.
- 16-3 Identify and describe the location, composition, modes of attachment, mechanisms of mineralization, and pathologic potential of supra- and subgingival calculus deposits.
- 16-4 Discuss how local contributing factors can lead to direct damage to the periodontium.
- 16-5 Explain the role of trauma from occlusion as a possible contributing factor in periodontal disease.

TOBACCO, SMOKING, AND PERIODONTAL DISEASE

- 17-1 Discuss the implications of smoking/the use of tobacco products on periodontal health status.
- 17-2 Describe the different categories of tobacco/nicotine delivery systems and provide examples of each.
- 17-3 Discuss the implications of smoking on the host response to periodontal disease.
- 17-4 Discuss the implications of cannabis on the host response to periodontal disease.
- 17-5 Discuss the effects of smoking on periodontal treatment outcomes.
- 17-6 Discuss current theories as to why smokers have more periodontal disease than nonsmokers.
- 17-7 Explain why tobacco cessation counseling is a valuable part of patient care in the dental setting.
- 17-8 Value the importance of providing smoking cessation counseling as a routine part of periodontal treatment.

NUTRITION, INFLAMMATION, AND PERIODONTAL DISEASE

- 18-1 Discuss the link between obesity and periodontal disease.
- 18-2 Discuss the role of polymorphonuclear leukocytes in the production of reactive oxygen species in response to plaque biofilm.
- 18-3 Discuss how antioxidants may influence periodontal disease onset and progression.
- 18-4 Describe the proposed roles of micronutrients and macronutrients in periodontal disease.
- 18-5 List some oral symptoms associated with ascorbic acid deficiency gingivitis.
- 18-6 Explain the role of dental health care providers in addressing obesity and nutrition in the management of periodontal disease.

CLINICAL PERIODONTAL ASSESSMENT

- 19-1 List the components of a comprehensive periodontal assessment.
- 19-2 Describe how to evaluate each component of a comprehensive periodontal assessment.
- 19-3 Be able to calculate the width of attached gingiva.
- 19-4 Be able to calculate clinical attachment level given several different clinical scenarios.
- 19-5 Compare and contrast a periodontal screening examination and a comprehensive periodontal assessment.
- 19-6 Given a clinical scenario, calculate and document the clinical attachment levels for a patient with periodontitis.

RADIOGRAPHIC ANALYSIS OF THE PERIODONTIUM

- 20-1 Describe dental radiographic characteristics of the healthy periodontium.
- 20-2 Describe early dental radiographic evidence of periodontal disease.
- 20-3 Name some techniques that can be employed with periodontal patients to obtain high-quality dental radiographs.
- 20-4 Explain the basic principles of the vertical bitewing technique.
- 20-5 Describe the limitations of dental radiographs that all clinicians should keep in mind when viewing radiographs.
- 20-6 Explain the difference between vertical and horizontal alveolar bone loss as seen in dental radiographs.
- 20-7 Given a selection sample dental radiographs, apply the information from this chapter when analyzing those radiographs.

CLINICAL DECISION-MAKING FOR PERIODONTAL CARE

- 21-1 List the three fundamental diagnostic questions used when assigning a periodontal diagnosis.
- 21-2 List the two fundamental diagnostic questions used when assigning a peri-implant diagnosis.
- 21-3 Explain how to arrive at appropriate answers to each of the fundamental diagnostic questions.
- 21-4 Explain the difference between the signs of a disease versus the symptoms of a disease.
- 21-5 List several overt and hidden signs of periodontal inflammation.
- 21-6 Define the term silent disease.
- 21-7 Describe what is meant by the term clinical attachment loss.
- 21-8 Describe the elements of a well-written diagnosis for periodontitis.
- 21-9 List the phases of treatment.
- 21-10 Explain why a patient's diagnosis and treatment plan may require modifications at a later point in time.

BEST PRACTICES FOR PERIODONTAL CARE

- 24-1 Summarize how the explosion of knowledge is impacting practitioners and patients.
- 24-2 Identify the three components of evidence-based decision-making.
- 24-3 Discuss the benefits and limitations of experience.
- 24-4 Describe the role of the patient in the evidence-based model.
- 24-5 List locations for accessing systematic reviews.
- 24-6 Explain the difference between a peer-reviewed journal and trade magazine.
- 24-7 State three desired outcomes from attending continuing education courses.
- 24-8 Formulate a question using the PICO process.

NONSURGICAL PERIODONTAL THERAPY

- 25-1 Define the term and list four goals of nonsurgical periodontal therapy.
- 25-2 Explain the role of interdisciplinary collaborative care in nonsurgical periodontal therapy.
- 25-3 Write a typical treatment plan for nonsurgical therapy for (1) a patient with dental biofilm-induced gingivitis and (2) a patient with generalized stage I, grade A periodontitis.
- 25-4 Describe the type of healing to be expected following instrumentation of root surfaces.
- 25-5 Explain strategies for managing dentinal hypersensitivity.
- 25-6 Explain why reevaluation is an important step during nonsurgical therapy.
- 25-7 List steps a clinician should perform at the periodontal reevaluation appointment.
- 25-8 Discuss the rationale and indications for referring a patient to a periodontist.

PATIENT'S ROLE IN NONSURGICAL PERIODONTAL THERAPY

- 26-1 In a classroom or laboratory setting, explain how to select and demonstrate the use of the following to an instructor: manual toothbrush, power toothbrush, and various interdental aids.
- 26-2 Explain why interdental care is of utmost importance for any patient.
- 26-3 In a clinical setting, recommend, explain, and demonstrate appropriate interdental aids to a patient with Type III embrasure spaces. Assist the patient in selecting an appropriate interdental aid that the patient is willing to use on a daily basis.
- 26-4 Explain how the presence of exposed root concavities in a dentition would influence your selection of effective self-care aids.
- 26-5 State the rationale for tongue cleaning and in the clinical setting, recommend and teach tongue cleaning to an appropriate patient.

SUPRAGINGIVAL AND SUBGINGIVAL IRRIGATION

- 27-1 Discuss the oral health benefits of a power-driven irrigation device for the patient with periodontal disease.
- 27-2 Distinguish the depth of the delivery between the power-driven water irrigation device and a power-driven air floss device, a toothbrush, dental floss, and other interdental aids.
- 27-3 Name the types of agents that can be used in a power-driven water irrigation device.
- 27-4 In a clinical setting, be able to educate a patient on how to use a power-driven water irrigation device.
- 27-5 Summarize research findings that relate to using professional irrigation to deliver chemicals to periodontal pockets.

CHEMOTHERAPEUTICS IN PERIODONTAL CARE

- 28-1 Define chemotherapy and explain its use in the treatment and management of periodontal disease.
- 28-2 Describe the difference between systemic delivery and topical delivery of chemical agents
- 28-3 Define the term systemic antibiotics and explain why they are not used routinely in the treatment of patients with plaque-induced gingivitis and patients with periodontitis.
- 28-4 Describe three examples of mouth rinse ingredients that can help reduce the severity of gingivitis.
- 28-5 List three antimicrobial agents that can be delivered with controlled-release delivery devices.
- 28-6 Explain why toothpastes are nearly ideal delivery mechanisms for chemical agents.
- 28-7 List two toothpaste ingredients that can reduce the severity of gingivitis.
- 28-8 Explain the current scientific evidence behind charcoal-based dental products and oil pulling.

HOST MODULATION THERAPY

- 29-1 Define the term host modulation therapy.
- 29-2 Discuss the potential importance of host modulation therapy.
- 29-3 Name some anti-inflammatory mediators.
- 29-4 Name some proinflammatory mediators.
- 29-5 List three types of drugs that have been studied for use as possible host modulating agents.
- 29-6 Explain why subantimicrobial dose doxycyclines are useful as host modulating agents.
- 29-7 Explain the term subantibacterial dose.
- 29-8 Make a list of treatment strategies for a periodontitis patient that includes host modulation.

PERIODONTAL SURGICAL CONCEPTS FOR THE DENTAL HYGIENIST

- 30-1 List objectives for periodontal surgery.
- 30-2 Be able to distinguish the terms relative contraindications and absolute contraindications for periodontal surgery.
- 30-3 Define the terms repair, reattachment, new attachment, and regeneration.
- 30-4 Explain the difference between healing by primary intention and healing by secondary intention.
- 30-5 Explain the rationale, indications, and advantages of elevating a periodontal flap.
- 30-6 Explain two methods for classifying periodontal flaps.
- 30-7 Describe two types of incisions used during periodontal flaps.
- 30-8 Describe healing following flap for access and open flap debridement.
- 30-9 Describe the typical outcomes for apically positioned flap with osseous surgery.

- 30-10 Define the terms ostectomy and osteoplasty.
- 30-11 Define the terms osteogenesis, osteoinductive, and osteoconductive.
- 30-12 Explain the terms autograft, allograft, xenograft, and alloplast.
- 30-13 Name two types of materials available for bone replacement grafts.
- 30-14 Explain why a barrier material is used during guided tissue regeneration.
- 30-15 Explain the term periodontal plastic surgery.
- 30-16 List two types of crown lengthening surgeries.
- 30-17 List some disadvantages of gingivectomy.
- 30-18 Explain what is meant by biological enhancement of periodontal surgical outcomes.
- 30-19 Name two broad categories of materials used for suturing periodontal wounds.
- 30-20 Describe what an interrupted interdental suture is.
- 30-21 List general guidelines for suture removal.
- 30-22 Describe the technique for periodontal dressing placement.
- 30-23 List general guidelines for periodontal dressing management.
- 30-24 Explain the important topics that should be covered in postsurgical instructions.
- 30-25 List steps in a typical postsurgical visit.

MAINTENANCE FOR THE PERIODONTAL PATIENT

- 31-1 List three objectives of periodontal maintenance.
- 31-2 Describe how periodontal maintenance relates to other phases of periodontal treatment.
- 31-3 List the typical steps performed during an appointment for periodontal maintenance.
- 31-4 Explain the term baseline data.
- 31-5 Describe guidelines for determining whether the general practice office or the periodontal office should provide periodontal maintenance.
- 31-6 Describe how to establish an appropriate interval between maintenance appointments.
- 31-7 Define the term periodontal disease recurrence.
- 31-8 List clinical signs of periodontal disease recurrence.
- 31-9 List reasons for periodontal disease recurrence.
- 31-10 Define the term compliance.
- 31-11 Explain the role compliance plays in maintaining periodontal health and stability.
- 31-12 List reasons for noncompliance with periodontal maintenance recommendations.
- 31-13 Explain some strategies that can be used to improve patient compliance.
- 31-14 Define the term root caries and list recommendations for use of fluorides in the prevention of root caries.
- 31-15 Describe the various types of assessment tools an oral health care practitioner can use to evaluate a patient's risk of developing caries.

FUTURE DIRECTIONS FOR MANAGEMENT OF PERIODONTAL PATIENTS

- 33-1 Describe some strategies in the management of patients with periodontal diseases that are likely to evolve in the future.

APPENDIX

APPENDIX**Table of Contents**

Participation, Preparation, and Requirements	23
Periodontal Office Observation	24
Periodontal Article Review	26
Class Presentations: Risk Factors for Periodontal Diseases	28
E- Portfolio Assignment	31
Periodontal Care Plans- Part 1 & Part 2	
• Instructions	33
• Periodontal care plan sequence of Treatment	35
• Gingival Index	39
• Periodontal Care Plan Assignment Template	41
• Periodontal Care Plan Evaluation Rubrics	50

PARTICIPATION, PREPARATION, AND REQUIREMENTS**1. Level of engagement, behavior, and participation:**

- Participation includes answering questions, contributing to class discussions, completing assigned Blackboard content, and participation in class activities.
- Students should be respectful toward others: including group work, class discussions, and interactive learning activities.
- Students should not display disruptive behavior in class or online. Cell phones should be on silent and put away, unless instructed to use them for learning activities. Texting is not permitted at any time while class or laboratory is taking place.

2. Preparation:

- Course syllabus: It is recommended to keep a printed and digital copy of the DHYG 1311 course syllabus. The course syllabus should be readily available and referenced regularly. You should bring a printed copy of the Periodontal Care Plan instructions with you to clinic, for easy reference when working on your periodontal patient.
- PowerPoints: All chapter PowerPoints are available on Blackboard and should be utilized during class. The PowerPoints should be reviewed along with the reading assignment prior to class.
- Class notes: Students are expected to actively take notes during class. Students are expected to supplement the information presented in class with their own notes.
- Read assigned material and complete all coursework by designated due dates. Late submissions are not accepted. Instructor has the right to assign additional assessments as determined necessary.

3. Assessments:

- Students are expected to complete chapter assessments posted on Blackboard.

4. Interprofessional Experience:

- Periodontal Specialist Office Observation: Students are required to complete individual observations in collaboration with the office of Dr. Jerry Burd, DDS, Periodontist. Observations will be scheduled for a minimum of 2 hours each. Students will complete a report and self-assessment of their experience.

5. Major Assignments & Requirements:

- Periodontal Article Review: Students will be required to review and provide a written summarization of a current periodontal journal article. Follow the provided instructions and evaluation rubric.
- Education of Periodontal Risk Factors: Students will be assigned a topic related to etiologic factors in periodontal diseases. Students will prepare and provide a professional presentation to the class. Follow the provided instructions and evaluation rubric.
- Periodontal Care Plans: A periodontal case will be completed consisting of Part I and a Part II care plans. Follow the patient criteria provided, instructions, and evaluation rubric.
 - E-Portfolio Assignment (Requirement)- Periodontal Care Plan (Canva). Students will complete the Periodontal Care Plan portion of the 2nd Year e-Portfolio during this course, after all Perio Care Plans are graded. (Your total e-portfolio score will be 20% of your future grade in DHYG 2153).

PERIODONTAL OFFICE OBSERVATION**OBJECTIVE**

Observe periodontal therapy in an interprofessional specialist setting, to better enhance student understanding of periodontal disease etiology, pathology, treatment modalities, and disease management.

INSTRUCTIONS

Students will be required to observe for a 2-hour time-period in a Periodontist office. Individual student observations will be completed in collaboration with the office of Dr. Jerry Burd. This must be scheduled in advance by calling his office at 409-898-3388 and making an appointment for your individual 2-hour observation time. Dr. Burd's front desk staff have a list of DH student names and will be expecting student phone calls to schedule. There are certain blocks of time that he allows for observations, so please schedule in advance.

NOTE: If a student displays any type of unprofessional behavior, including cancellation or late arrival of scheduled observation times, points will be deducted from final observation grade.

While in the perio office, you will observe the dental hygienist, learn about the type of patients seen in a perio office, and learn about perio maintenance. You may observe Dr. Burd perform a periodontal examination, periodontal root planning procedures, or surgical treatment. You will obtain a better understanding of the care provided to patients in a periodontal office versus a general dental practice.

Arrive prepared:

Before you go- print a copy of the **Student Observation Evaluation form**, found on the next page (**to be completed by Periodontal Office**). This form must be completed by Dr. Burd or his staff. The form will not be provided by his office, so arrive prepared. Students MUST bring their own PPE, including a clean lab coat, mask, and face shield. It is also recommended that you bring a pen and notebook to write notes regarding your observations.

After the observation visit, students will prepare a report of their experience to submit within 5 days of the observation. Submit both the observation report and the Student Observation Evaluation form in Blackboard through the "Periodontal Office Observation" assignment folder. The report should discuss the following topics:

Periodontal Office Observation Report
Discuss the treatment modalities that were observed with the periodontist and the dental hygienist.
Describe observed procedures and/or techniques that you feel may be beneficial to use in your patient treatment; and why.
Discuss similarities as well as differences in procedures & protocols (between the specialist office and our clinic setting).
Explain specific measures that the periodontal office uses to manage periodontal disease in patients.
Provide a self-assessment of your individual experience. Reflect on whether working in a periodontal office would be a potential career choice for you.
Submit report AND the completed student evaluation form through Blackboard within 5 days of observation.

DUE DATE All observations and reports must be complete and submitted by the dates listed in the course schedule and the Blackboard assignment calendar. Observations will not be allowed after this date.

Student Observation Evaluation Form**Periodontal Office Observation**

Student Observation Evaluation Form (To be completed by Periodontal office)	
Student Name:	
Evaluator's Name:	
Instructions: Please evaluate the student according to the following criteria. Circle the most appropriate response. The response may be returned to me. Thank you for your participation in the educational process.	
The student-	
a. was prompt for scheduled observation appointment & did not cancel any scheduled observations without proper notice	yes no
b. was appropriately dressed according to instructions	yes no
c. asked appropriate questions	yes no
d. seemed attentive and interested	yes no
e. exhibited professionalism and did not interrupt the patient-doctor relationship	yes no
Other comments:	

Student instructions:

- Print this form prior to your scheduled observation and take it with you.
- Have Dr. Burd or his staff complete and sign the Student Evaluation Form.
- Submit a copy of the signed Student Observation Evaluation Form along with your observation report in Blackboard. (Within 5 days of observation)

PERIODONTAL ARTICLE REVIEW**OBJECTIVE**

Evaluate a periodontal research study and relate it to the practice of dental hygiene.

INSTRUCTIONS

Students will be required to review and provide a written summary of a current periodontal journal article (published within the last 3 years). The article **must** be published in either the *Journal of Clinical Periodontology* or the *Journal of Periodontology*. You may access the journals digitally through the LU John Gray Library, or through the official publication online library (open-access articles). Use this resource if you need assistance with your LEA account:

<https://www.lamar.edu/it-services-and-support/lit-students.html>

When you select an article for this assignment, it must be an article not already selected by another student. Use the Blackboard discussion board to post the article name you have chosen. Scroll the discussion board to be sure it has not already been selected. It is your responsibility to make sure another student is not already using the same article. It is also your responsibility to make sure you only select a current article from one of the approved Journals.

You should write the review of the article in your own words. Your review must include:

1. Purpose of the study and its importance to the practice of dental hygiene
2. Background of the study (Review of literature)
3. Variables being studied
4. Procedures used to complete the study
5. Findings (results) of the study
6. Discussion of the findings and interpretation of the study from the author(s) point of view.
7. Explanation of the findings as you would interpret them.
8. Explanation of how you might apply the findings to treatment of your patient(s).
9. Identify the level of evidence in study and relate its significance to the article.

Correct grammar should be used throughout the review. You should not quote directly from the article. You should answer all items indicated above in your own words and provide support for your answer.

*You must submit a digital pdf file of the FULL article when submitting your article review assignment in Blackboard. (Weblinks to the article will NOT be accepted). It is recommended that you download and save a file of the article immediately upon selection.

EVALUATION

The periodontal article review will be graded using the evaluation rubric criteria provided.

DUE DATE

Submit assignment in Blackboard by the due date listed in the course schedule and the Blackboard assignment calendar.

PERIODONTOLOGY DHYG 1311 Periodontal Article Review Evaluation			
LIT dental Hygiene Competency Statement	p-2 p-4	- Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. - Communicate effectively with individuals and groups from diverse populations both verbally and in writing	
Student		Date:	
Instructor			
The following criteria will be used to determine the grade on the Periodontal Article Review Evaluation.			
Point values: 1= Completes all listed criteria 0= Does not complete listed criteria		Final grade awarded: _____ Minimum grade required: 75%	
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria:			Points Awarded
1	The purpose of the study and its importance to the practice of dental hygiene		
2	Explain the basis for the study. (Review of literature)		
3	The variables being studied are identified		
4	The procedures used in the study are described		
5	The findings (results) of the study are identified		
6	A discussion of the findings and the interpretation of the study from the author(s) point of view is made		
7	An explanation of the findings as you would interpret is made		
8	An explanation of how you might apply the findings to the care of your patient(s) in dental hygiene practice		
9	Identify the level of evidence in this study and relate its significance to the article		
10	Writing requirements - thoughts are organized and logically presented; correct spelling, grammar, punctuation, capitalization, and sentence structure. Only approved resources are used. The article review and a copy of the article are submitted in Blackboard by the due date.		
The grade will be determined by points awarded divided by the total points possible Comments:			

CLASS PRESENTATIONS: RISK FACTORS FOR PERIODONTAL DISEASES**OBJECTIVE**

Demonstrate effective communication and knowledge relating to etiologic/ risk factors for periodontal diseases, and applications to dental hygiene patient care.

INSTRUCTIONS

Students will be required to plan, prepare, and present an educational session to their peers.

Students will each be assigned a specific periodontal etiologic/ risk factor, including host inflammatory response to dental biofilm, systemic diseases and conditions, local risk factors, damage from occlusal forces, nutrition, and effects of smoking on the periodontium.

Specific student topics/assignments will be posted in the assignment folder in Blackboard. Students are expected to review assigned topics and prepare a professional presentation, approximately 8- 10 minutes in length. The student will create four (4) digital slides to assist in the presentation. The slides will be added to the collaborative Google slide deck (links posted in Blackboard). The student should prioritize and summarize key content to include in the presentation.

Slides will include:

- Student name, introduction to the specific periodontal risk factor/condition you will be discussing.
- The relationship between the risk factor or condition and periodontal disease.
- Education on how a patient could eliminate or manage the risk factor/ condition, and other patient applications.
- Images that relate to assigned topic may be used. Cite image source on the slide.
- Summary of key information presented.

Presentation will include:

- A clear analysis of the etiologic factor and the effects on periodontal disease pathology.
- Implications of the risk factor on the periodontium.
- Applications to treatment planning and patient education.
- Treatment modalities used for periodontal therapy and prevention.
- Elimination or management of the risk factor/ condition.
- See evaluation rubric for full grading criteria.

Students will each be assigned two peers to complete a peer evaluation on.

EVALUATION

The student presentation will be graded by averaging the scores of the Instructor Evaluation rubric and the Peer Review Evaluation.

DUE DATE

Due dates for slide submission and presentation dates are listed on the course schedule and in the Blackboard assignment calendar.

PERIODONTOLOGY DHYG 1311 CLASS PRESENTATION: RISK FACTORS FOR PERIODONTAL DISEASES Instructor Evaluation		
LIT Dental Hygiene Competency Statement	P-4	Communicate effectively with individuals and groups from diverse populations both verbally and in writing
Student _____		Date: _____
Instructor _____		
The following criteria will be used to determine the grade on the <i>Risk Factors for Periodontal Diseases</i> presentation		
Point values: 1= Completes all listed criteria 0= Does not complete listed criteria		Final grade awarded: _____ Minimum grade required: 75%
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria:		Points Awarded
1	Demonstrates effective presentation skills in explaining periodontal risk factors, and the relationship to a dental hygiene patient	
2	The risk factors or conditions being discussed are clearly identified	
3	Clearly analyzes the etiologic factor and the effects on periodontal disease pathology	
4	Displays understanding of specific factors, diseases, or conditions that may alter the host response	
5	Discusses implications of the risk factor on the periodontium	
6	Explains treatment modalities used for periodontal therapy and prevention	
7	Provides education on how to eliminate or manage the risk factor/ condition	
8	Communication is clear and concise. Content provided is engaging and professional	
9	Submits individually prepared slides by assigned due date	
10	Completes peer evaluation for two assigned classmates; provides constructive and professional feedback.	
The grade will be determined by points awarded divided by the total points possible. Instructor comments:		

PERIODONTOLOGY DHYG 1311 CLASS PRESENTATION: RISK FACTORS FOR PERIODONTAL DISEASES Peer Review Evaluation		
Student Instructions: Evaluate effectiveness of topics presented, using the following criteria. (The students to review will be assigned by course instructor).		
LIT Dental Hygiene Competency Statement	P-4	Communicate effectively with individuals and groups from diverse populations both verbally and in writing
Student Presenter		Date:
Peer Evaluator		
Topic presented		
The following criteria will be used to determine the score on Education of Periodontal Risk Factors presentation.		
Point values: 1= Completes all listed criteria 0= Does not complete listed criteria		Total Points:
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria:		Points Awarded
1	Student is prepared; and clearly identifies the risk factor/ topic for the presentation	
2	Provides a clear summary of the etiologic factor and the effects on periodontal disease pathology	
3	Explains treatment modalities used for periodontal therapy and prevention related to the risk factor	
4	Presentation slides are organized and informative	
5	Student is engaging, communication is clear and professional	
The grade will be determined by points awarded divided by the total points possible		

List at least one strength of the student's educational presentation:

Other comments or feedback for the presenter that would assist them in effectively educating patients on this topic:

E-PORTFOLIO ASSIGNMENT- PERIODONTAL CARE PLAN

OBJECTIVE

Document evidence of growth, competency, and critical thinking in accomplishing dental hygiene competencies.

INSTRUCTIONS

- 1. The Periodontal Care Plan portion of your E-Portfolio will be completed AFTER you have submitted your Periodontal Care Plan Part 2.**
 - Once the second portion of the care plan is completed, you can proceed to the DHYG 1311 E-Portfolio Assignment.
- 2. E-Portfolio Assignment for DHYG 1311 - Periodontal Care Plan**
 - Upload a file of your completed Periodontal Care Plan (Parts 1 and 2 combined) onto your e-portfolio site. You must remove patient names prior to uploading the file.
 - The text entry/ discussion portion of your e-portfolio page should include the following:
 - Choose 2-3 Dental Hygiene Program competencies which you feel you excelled at in this assignment.
 - Explain why you feel you excelled in these competencies.
 - Describe how your work shows you are progressing towards achieving the competencies.
 - What did you discover about yourself while working on this assignment?
 - Reflect on how this project might help you when you are working as a dental hygienist.
- 3. Blackboard Submission and Grading**
 - After you have completed the Periodontal Care Plan section/ page on your E-Portfolio site- you must submit your link and a file of the discussion portion.

EVALUATION

The E-Portfolio Assignment will be graded using the evaluation rubric criteria. (Your total e-portfolio score will be 20% of your future grade in DHYG 2153).

DUE DATE

Due date is provided on the course schedule and in Blackboard assignment calendar.

E-Portfolio Assignment DHYG 1311- Periodontal Care Plan

LIT Dental Hygiene Competency Statement

PC.3 Continuously perform self-assessment for lifelong learning and professional growth

	2	1	0	Perio Score
Assignment Submissions	Assignment submitted by due date.	Assignment is submitted after due date.	Assignment is not submitted.	
Assignment Completion	Assignment is complete on 1 st submission.	Assignment is complete after 2 nd submission.	Assignment is complete after several submissions.	
Identifying Competencies	Student correctly identifies 2-3 competencies that are met by the assignment.	Student correctly identifies 1 competency that is met by the assignment.	Student does not correctly identify any competencies that are met by the assignment.	
Self- Assessment	Student's self-assessment shows how the competencies are met with the assignment.	Student's self-assessment does not show how the competencies are met with the assignment.	Student did not include a self-assessment of the assignment.	
Application	Student's reflection shows how the assignment might be applied after graduation.	Student's reflection does not show how the assignment might be applied after graduation.	Student did not include a reflection of how the assignment might be applied after graduation.	
Revision	Revision is evident after the 1st submission with substantial improvement in content, organization, and clarity.	Revision is made after the 2nd submission, with moderate improvements in content, organization, or clarity.	No revision or minimal effort made to improve after feedback.	

PERIODONTAL CARE PLAN

OBJECTIVE

To provide a comprehensive dental hygiene care plan for a periodontal patient. A comprehensive collection of assessment data, periodontal instrumentation, education, dental hygiene interventions, control of risk factors, reevaluation, and documentation will be provided for the patient. The student will apply the data collected in relation to the initiation, progression, and management of periodontal diseases.

INSTRUCTIONS

Overview

The student will select a patient to use as the designated periodontal case. The periodontal patient requires a minimum of 5 appointments. The patient should be a **prophy class 4 or higher, Periodontitis Stage II or higher, and Grade B or C**. The patient must be at least 18 and have at least 22 permanent teeth. The patient selected should not have been seen for treatment in the LIT Dental Hygiene Clinic for the past 3 years or have been a previous periodontal case patient for DHYG 1311. It is the responsibility of the student to identify a clinical periodontal patient that meets these criteria. **This patient should be looked for and started immediately, in order to complete the process within the semester timeframe.**

I. ASSESSMENT PHASE

**Before scaling is initiated on this patient all assessment & data collection must be completed, and care plan prepared.*

- (See full list of required assessments on the SEQUENCE OF TREATMENT page below)
- 1) Full Medical & Dental History
- 2) Diagnostic FMX (**with vertical BWX**)
- 3) All assessment paperwork and baseline data must be completed and graded on the CER
- 4) All index readings documented: bleeding index, plaque index, and gingival index
- 5) Take intraoral pics of significant findings, to be used during patient education sessions
- 6) Establish patient's level of knowledge, skill, motivation, and habits related to oral health and daily self-care
- 7) Complete and discuss patient's risk assessment and informed consent
 - Discuss assessment findings with patient, establish patient-centered goals and desired treatment outcomes
- 8) Documentation (patient chart, Eaglesoft treatment plan, and Eaglesoft clinical chart notes)

After the Assessment Phase is completed, the Periodontal Care Plan-Part I must be written, submitted, graded, and approved by Mrs. DeMoss before the patient returns for the nonsurgical periodontal treatment phase (instrumentation and patient education sessions).

- NOTE: The Care Plan Part I is due in Blackboard within **72 hours** of data collection and assessment phase completion. NOTE: **THE 72 HOURS INCLUDES WEEKENDS. The patient chart and CER must be submitted to Mrs. DeMoss prior to grading.**
- Allow sufficient time for care plan grading before scheduling the patient for the NSPT treatment phase.
- It is recommended that two perio patient cases be started, including care plan write-ups, in the event of unusual circumstances or cancellations of the first periodontal patient.

II. NONSURGICAL PERIODONTAL THERAPY (NSPT) PHASE

Periodontal instrumentation for the designated patient will be completed by quadrant. A full periodontal charting (6-point) will be recorded by quadrant, at each appointment, in conjunction with the quadrant of scaling completed. Full periodontal charting includes documenting: level of the gingival margin (GM), probing depths, CAL, bleeding on probing, exudate, furcation, and mobility (for the designated quadrant). Gingival inflammation will be documented for each quadrant at every appointment.

Note: **All quadrant scaling should be complete by the end of October. This allows two weeks before assessing**

outcomes and tissue response at the final Post-Periodontal Reevaluation appointment.

The student will follow this sequence of treatment at each NSPT appointment:

- (See full list of NSPT procedures on the SEQUENCE OF TREATMENT page below)
- 1) Medical & Dental History
- 2) Record a gingival description for each quadrant to assess for inflammation (color, contour, consistency, etc.)
 - To be documented in patient's journal notes/ clinical notes in Eaglesoft
- 3) Plaque & bleeding scores
- 4) Patient education session
- 5) Local anesthesia
- 6) Ultrasonic 1 designated quadrant
- 7) Full periodontal chart for the designated quadrant → ****MUST** have ultrasonic & full quad of perio charting checked by instructor prior to fine scaling
 - **NOTE:** Each completed quadrant of perio charting **MUST** be checked on the same day it was recorded (prior to the end of that day's clinical session), for accurate documentation of data. Plan accordingly.
- 8) Fine scale 1 quadrant → have checked by instructor
 - **NOTE:** The perio chart and ultrasonic quad **MUST** be checked before fine scaling begins on that quadrant
- 9) No more than one quadrant should be scaled per week, unless permission is given by clinical instructor
- 10) Documentation of all treatment, procedures, and findings in patient chart and Eaglesoft

III. POST PERIO REEVALUATION

Two weeks after the last quadrant has been scaled, the patient will return for a Post Perio Reevaluation appointment. (If the patient is a Class 5 or higher, a post-calculus check will also be done at this visit). Procedures completed at the reevaluation appointment include: full-mouth post-periodontal charting (probing depths, GM, CAL, bleeding, exudate, furcation, and mobility), gingival description for each quadrant, full mouth bleeding score, plaque score, and final gingival index score. Arestin will be placed in designated pockets 5 mm or greater- to be specified by the instructor. Follow-up patient education will be provided to the patient (chairside if all 3 formal sessions are complete), including a summary of goals/ objectives achieved. Post-op intraoral pics may also be taken at this appointment. Document all appointment procedures and treatment in the patient chart and Eaglesoft.

- (See full list of reevaluation procedures on the SEQUENCE OF TREATMENT page below)
- Care Plan Part II is due in Blackboard within **72 hours** of patient completion. **The patient chart and CER must be submitted to Mrs. DeMoss prior to grading.**

STUDENT EVALUATION

Students will be evaluated using the Periodontal Care Plan Part I and Part II evaluation rubrics. Students receiving an unacceptable score in any sections of the care plan will be required to rewrite that section(s) to an acceptable level. Each Care Plan must be completed at a minimum of 75% competency.

DUE DATE

The Periodontal Care Plan Part I should be completed as early as possible within the semester, and no later than the due date. This is to ensure the student has enough time to complete the Periodontal Treatment Phase and Post-Perio Reevaluation within the semester timeframe. The Care Plan Part I is due within **72 hours** of patient assessment completion.

The Periodontal Care Plan Part II will be completed within **72 hours** following the 2-week Post-Perio Reevaluation appointment. Part II due date is listed in the course schedule and the Blackboard assignment calendar.

Upon completing any recommended revisions of Part I and Part II Periodontal Care Plans, the student will complete the Periodontal Care Plan section of the e-portfolio. Prior to uploading to the e-portfolio, all patient names must be removed from the complete care plan (Parts 1 and 2 combined).

PERIODONTAL CARE PLAN

SEQUENCE OF TREATMENT

THE FOLLOWING SEQUENTIAL TIMETABLE WILL BE UTILIZED FOR THE PERIODONTAL PATIENT

I: ASSESSMENT PHASE (Data collection/ First appointment)

The student will complete:

1. Medical/ Social History

- Document any medical or systemic conditions, determine their impact on patient treatment. Include vital signs and ASA classification.
- Document the potential effects of patient's medical/social history on the dental hygiene diagnosis and/or care.
- Document the patient's height and weight (you will need to ask them for this information). Calculate their BMI (Body Mass Index).

2. Dental History

- Identify patient's chief complaint.
- Identify patient's dental/ disease history- including previous periodontal diagnosis and/ or treatment.
- Review patient's homecare/ current oral hygiene habits and existing dental knowledge.

3. Intraoral and Extraoral Examinations

4. Dental Charting Examination

5. Radiographic Findings

- A full mouth series which includes vertical bitewings should be taken and evaluated on the periodontal patient.

6. Periodontal Assessment Examination

a. Gingival description

- A gingival description of each quadrant must be written in detail at each appointment. Describe each area, including visible inflammation, tissue appearance, and other gingival descriptors. Each quadrant must be documented, a generalized statement will not be adequate.

b. Plaque Index (PHP)- Should be taken at each appointment.

c. Gingival Index (GI)- Should be taken at initial and final appointment.

d. Bleeding Index- A bleeding score should be taken at each appointment. Full mouth bleeding score will be taken at first and last appointments. Indicator teeth can be used for bleeding index at other appts, but bleeding points still need to be documented during each quadrant of periodontal charting (to use as baseline data for future comparison).

e. Indices should be evaluated for disease activity and possibility of progression as it relates to periodontal disease. (Plaque, Bleeding, and Gingival Indexes)

f. Initial Periodontal Charting. Charted for the entire mouth (prior to instrumentation), student should document and evaluate the conditions seen:

- Probing depths (for 4+ mm pockets)
 - Level of GM for 4+ mm pocket readings
- Visible recession (GM)
 - Pocket depth for sites with recession
- Clinical attachment level (CAL)- for any sites with PD/ GM recorded
- Bleeding points
- Furcation and/ or mobility

- Suppuration
- Compare clinical and radiographic findings of the periodontium
- (Full periodontal charting (all readings)/ by quadrant will be completed during the NSPT phase)
 - g. Periodontal Stage and Grade
 - h. Prophylaxis Classification (detection of calculus)
- 7. Risk Assessment**
- 8. Intraoral camera**
 - a. A minimum of 2-3 intraoral pictures should be taken on your periodontal patient – Select areas of the patient’s mouth that demonstrate or contribute to the patient’s periodontal disease (calculus, recession, inflammation, missing teeth, etc). These pictures should be utilized in your patient education sessions as visual aids.
- 9. Dental Hygiene Diagnosis and Informed Consent**
 - a. Discuss assessment findings with the patient and begin verbally setting their individual goals and objectives. Provide the patient with a general overview of future appointments, with treatment expectations and outcomes. Obtain patient’s informed consent to treatment. Establish dental hygiene diagnosis based on assessment data.
- 10. Provide chairside patient education** – Assess the patient’s initial learning level and oral hygiene.
- 11. Documentation and Journal Notes** -After patient dismissal, document all patient procedures in the patient’s progress notes. Write journal/ clinical notes in Eaglesoft, create Treatment Plan in Eaglesoft and list proposed and completed treatment. (see quick guide in Blackboard for Eaglesoft documentation)
- 12. Treatment Plan**- Formulate Part I of the patient’s periodontal care plan and submit it on Blackboard within 72 hours. Data collection and the written care plan should emphasize the relationships of findings on periodontal disease, planning, treatment, and outcomes. The patient chart must be delivered to Mrs. DeMoss for grading.
 - Use the provided *Periodontal Care Plan Template* to:
 - Explain assessment findings and their relationship to periodontal disease.
 - Develop individualized treatment plan and interventions by appointment.
 - Determine appropriate topics for patient education. Outline information that will be presented and methods of presentation.
 - Develop long-term goals and short-term objectives, as discussed with the patient.
 - Plan the specific treatment and procedures to be provided at each appointment.

II: NONSURGICAL PERIODONTAL THERAPY (NSPT) PHASE

At each treatment appointment, the student will complete:

- A. Medical and Dental History
- B. Assessment of patient’s homecare, current oral hygiene habits, and learning level
 - Review progress/ or completion of each patient goal and objective
- C. Gingival description at each appointment
 - A description should be completed in detail for each quadrant of the mouth at each appointment
- D. Plaque Index at each appointment
- E. Bleeding index at each appointment
- F. Individualized Patient Education session
- G. One quad of scaling **and** full quad periodontal charting per week, following this sequence:
 - 1. Assess patient for appropriate use of local anesthesia

2. Ultrasonic the designated quadrant
3. Perform a full periodontal charting on that quadrant and **have an instructor check perio charting prior to completion of clinic session.** You may have your ultrasonic scale and full quad of perio checked at the same time. **Both must be checked before beginning fine scaling of quadrant.**
4. **Full quadrant of periodontal charting must include:**
 - Level of gingival margin (ALL sites in that quad)
 - Probing depths (all sites in that quad)
 - Clinical attachment level (CAL)
 - Furcation and/ or mobility
 - Suppuration
 - All bleeding points in that quad
5. Fine scale designated quadrant and have instructor check. (If needed due to time, this may be completed at the next appointment).
 - At each subsequent appointment- every quadrant will be completed in the same sequence listed above, until all quadrants have been scaled and full periodontal charting recorded. Failure to follow this treatment sequence will result in loss of points on the final Care Plan grade.

- H. Detailed Journal Notes/ Clinical Notes: Detailed information should be documented at each appointment. These notes should include specific treatment provided, oral hygiene education, patient response, any complications, oral hygiene improvements, periodontal improvements, patient recommendations, patient learning level, short-term objectives and long-term goals presented, objectives and goals achieved, and patient expectations. *Keep a patient record at each appointment (in Eaglesoft), including details of their treatment and progress. Notes should be written for each patient appointment date, for inclusion in the Part II care plan.
- Document all notes in the patient's progress notes and in Eaglesoft.

III: RE-EVALUATION OF THERAPY (Post-Perio Evaluation)

The final evaluation of the patient should occur at least 2 weeks after the final quadrant is scaled, and will be the patient's final appointment of the semester.

The student will complete:

- A. Medical and Dental History
- B. Reassess patient's homecare, current oral hygiene habits, and learning level
 1. Reassess the completion status of ALL goals and objectives.
- C. Final Gingival Description (of each quadrant)
- D. Final Index scores - plaque, bleeding (full mouth), and gingival
 1. Evaluate indices and relate to activity and progression of periodontal disease
- E. Full Periodontal Chart - Re-evaluation
 1. Probing depth
 2. Level of gingival margin
 3. Clinical attachment level
 4. Bleeding points
 5. Suppuration
 6. Furcation involvement, mobility
- F. Patient education
 1. Review and reinforce previous patient education topics.
 2. Post-op intraoral pictures
- G. Complete treatment

1. Remove residual calculus
 2. Polishing/ plaque free
 3. Administer Arestin in designated perio pockets
 4. Fluoride application
- H. Determine Prognosis
- I. Supportive therapy schedule – Provide necessary referrals and set recall date for Periodontal Maintenance recall.
- J. Document all patient treatment procedures, journal notes, and education in the patient's progress notes and Eaglesoft clinical notes.
- K. Conclusions: Assessment of changes, patient attitudes and cooperation, personal evaluation/self-assessment. Assess how patient data gathered throughout treatment and at the re-evaluation impacts disease pathogenesis.
- L. Submit Care Plan Part II in Blackboard within **72 hours** of patient completion. **The labeled patient chart and CER must be submitted to Mrs. DeMoss prior to grading.**

GINGIVAL INDEX

Loe and Silness

The purpose of the Gingival Index (GI) is to assess the severity of gingivitis based on color, consistency, and bleeding on probing. The GI will be determined for our purposes using tooth #'s 3, 9, 12, 19, 25, 28. Four gingival areas (distal, facial, mesial, and lingual) should be examined systematically for each tooth.

Procedure

The teeth and gingiva are dried, and under adequate light, a mouth mirror and probe are used. The probe is used to press on the gingiva to determine the degree of firmness. The probe is also used to run along the soft tissue wall near the entrance to the gingival sulcus (not at the base of the sulcus) to evaluate bleeding. (If you do not understand this explanation, see the figure in Wilkins p. 338-339.)

Criteria for Scoring

0 = Normal gingiva

1 = Mild inflammation - slight color changes, slight edema. No Bleeding on probing.

2 = Moderate inflammation - redness, edema, and glazing. Bleeding on probing.

3 = Severe inflammation - marked redness and edema. Ulceration. Tendency to spontaneous bleeding.

Scoring

Each of the 4 gingival surfaces (distal, facial, mesial, lingual) is given a score of 0 to 3. Each tooth used will have 4 scores. By totaling the scores and dividing by the number of surfaces examined, the Gingival Index is determined. Indices range from 0 to 3.

Calculating Example for an Individual.

Gingival Area

	M	F	D	L
3	3	1	2	1
9	1	1	1	0
12	2	0	2	0
19	3	1	3	2
25	1	1	1	1
28	2	1	3	2

TOTAL $12 + 5 + 12 + 6 = 35$

Gingival Index = Total **Score** 35 divided by **Number of Surfaces** 24 = 1.45 GI

Interpretation: According to the suggested nominal scale, the score for this individual (1.45) indicates only fair gingival health (moderate inflammation). The ratings for each gingival area or surface can be used to help the patient compare gingival changes toward health at each appointment.

SUGGESTED NOMINAL SCALE FOR PATIENT REFERENCE

Rating	Scores
Excellent (healthy tissue)	0
Good	0.1-0.9
Fair	1.0-1.9
Poor	2.0-3.0

GINGIVAL INDEX PERIODONTAL CARE PLAN

Initial date _____

Gingival Area

	M	F	D	L
3				
9				
12				
19				
25				
28				

TOTAL _____

Final date _____

Gingival Area

	M	F	D	L
3				
9				
12				
19				
25				
28				

TOTAL _____

PERIODONTAL CARE PLAN ASSIGNMENT TEMPLATE

Use this template to write your periodontal care plans and submit through Blackboard.

Care Plan Part 1 submission will include Template items #1-11, using findings from initial patient assessment appointment. Care Plan Part 2 submission will require finishing the entire template with all sections, data, and procedures completed for all patient appointments.

Student Name _____
Patient Name _____ Age _____
Date(s) of initial assessment exams _____ Date of next scheduled appointment _____
Date of post-perio reevaluation _____

A dental hygiene care plan for the periodontal patient provides a comprehensive plan of nonsurgical procedures, education, and interventions to address a patient's periodontal needs and risks, as identified during the patient assessment.

All information and data presented in the periodontal care plan should be carefully analyzed by the student. The student should discuss in depth the applications and correlation of assessment findings to the patient's current periodontal disease status, risk of disease progression, response to periodontal therapy, and future disease maintenance/ management. Failure to evaluate and discuss relationships of patient findings to periodontal disease will constitute loss of points.

1. Medical/ Social History/BMI: (Part 1 submission) Identify age, systemic conditions, medications, need for premedication or medical clearance, medical emergency potential, ASA classification, vital signs, smoking or vaping, BMI, and other findings impacting treatment or disease progression.
Discuss in detail the relationship and effects of medical/ social findings on the patient's periodontal diagnosis, progression, and treatment. Consider whether any systemic risk factors can be managed or modified.
You must calculate and document the patient's BMI (Body Mass Index) in this section. Determine if the BMI indicates the patient is underweight, normal weight, overweight, or obese. Explain if the BMI could be a risk factor for periodontal disease.

2. Dental History: (Part 1 submission) Identify chief complaint, past dental/ periodontal disease, previous response to treatment, attitudes, current dental knowledge, current oral hygiene/ homecare habits, and other findings impacting treatment or disease progression.
Discuss in detail the relationship and effects of dental history findings on the patient's periodontal diagnosis, progression, and treatment.

(Part 2 submission) Review patient's homecare and oral hygiene habits at each appointment and note improvements.

3. Intraoral and Extraoral Examinations: (Part 1 submission) Identify lesions, abnormal or pathological conditions, occlusion/ malocclusion, occlusal trauma, damage from patient habits (tongue thrust, bruxism), oral piercings, and other findings impacting treatment or disease

progression.

Discuss in detail the relationship and effects of findings on patient periodontal diagnosis, progression, and treatment.

4. Dental Charting Examination: (Part 1 submission) Identify caries, attrition, midline position, mal-positioned teeth, plaque-retentive features, poorly contoured restoration or crown, prosthesis, abfraction, missing teeth, and other findings impacting treatment or disease progression. Discuss in detail the relationship and effects of findings on patient periodontal diagnosis, progression, and treatment.

5. Radiographic Findings: (Part 1 submission) An FMX and Vertical BWX will be completed and utilized for diagnosis. Identify bone loss, furcation, unfavorable crown-root ratio, widened PDL, bony irregularities or defects, peri-implant bone loss, faulty restorations, caries, calculus, root resorption, pathology, decay, broken or missing teeth, and other findings impacting treatment or disease progression. Discuss in detail the relationship and effects of findings on patient periodontal diagnosis, progression, and treatment.

6. Periodontal Assessment Examination: (Part 1 & Part 2 submissions)

Discuss in detail the findings from each component of the perio assessment, and the relationship and effects of each on the patient's periodontal diagnosis, progression, and treatment. Do this for each periodontal assessment section below.

6a. Gingival Description: Describe the color, contour, texture, consistency for each quadrant at each appointment. (Looking for the presence or absence of inflammation in all areas of the mouth throughout treatment)

Part 1 submission: Discuss in detail all initial assessment gingival description findings and the relationship and effects on patient periodontal diagnosis, progression, and treatment.

Gingival Description- Initial Assessment Appointment:

- Max R quad:
- Max L quad:
- Mand L quad:
- Mand R quad:

Discuss initial findings:

Part 2 submission: For each appointment, discuss in detail all gingival description findings and the relationship and effects on patient periodontal diagnosis, progression, and treatment. (Compare progress at each appt).

Gingival Description- Appointment 1:

- Max R quad:
- Max L quad:

- Mand L quad:
- Mand R quad:

Discuss findings:

Gingival Description- Appointment 2:

- Max R quad:
- Max L quad:
- Mand L quad:
- Mand R quad:

Discuss findings:

Gingival Description- Appointment 3:

- Max R quad:
- Max L quad:
- Mand L quad:
- Mand R quad:

Discuss findings:

Gingival Description- Appointment 4:

- Max R quad:
- Max L quad:
- Mand L quad:
- Mand R quad:

Discuss findings:

Gingival Description- Post- Perio Reevaluation Appointment:

- Max R quad:
- Max L quad:
- Mand L quad:
- Mand R quad:

Discuss findings:

6b. Plaque Index:

Part 1 submission- Discuss initial findings:

Initial ____

Part 2 submission- Discuss findings:

Each appointment _____, _____, _____, _____, _____, _____

Final ____

6c. Gingival Index:

Part 1 submission- Discuss initial findings:

Initial _____

Part 2 submission- Discuss findings:

Final _____

6d. Bleeding Index:

Complete full mouth bleeding index at first and last appointments- can use indicator teeth for other appointments. But bleeding points still MUST be documented on the periodontal chart for each quadrant of full perio charting (baseline data).

Part 1 submission- Discuss initial findings:

Initial (full mouth) _____

Part 2 submission- Discuss findings:

Each appointment _____, _____, _____, _____, _____, _____

Final (full mouth) _____

6e. Evaluation of all index data. Discuss in detail the relationship and effects of all index findings (plaque, gingival, and bleeding) on patient periodontal diagnosis, progression, and treatment.

Part 1 submission- Evaluate & discuss initial findings:

Part 2 submission- Evaluate & discuss all findings: (Compare progress at final appt).

6f. Periodontal Chart: Document pocket depths, recession, CAL, furcation, mobility, suppuration, bleeding on probing, and other findings impacting treatment or disease progression. Discuss in detail the relationship and effects of the periodontal chart findings on patient periodontal diagnosis, progression, and treatment. Compare progression of initial findings to findings from each quadrant of full perio charting (baseline data). Compare baseline data to perio chart data from the final reevaluation appointment.

Part 1 submission-

1. Initial assessment appointment: Discuss periodontal chart findings at initial assessment appointment. Prior to calculus removal- record 4mm+ readings, visible recession, and CAL for those areas. All bleeding points. Record detectable furcation and mobility. (Full perio charting with all numbers will be completed by quad at each instrumentation appointment)

Part 2 submission-

2. Baseline- Full Periodontal Charting by Quadrant: Discuss baseline findings recorded by quadrant at each treatment appointment (*must be documented and checked at each scaling appt- after ultrasonic/ heavy calculus removal)

3. Post Perio Reevaluation- Full Mouth Periodontal Charting: Discuss reevaluation findings, compare to baseline data. (final appt/ two-weeks post scaling)

6g. Periodontitis Stage: __ Periodontitis Grade: __ Extent & Distribution: _____

Describe determining factors/ etiology behind Stage AND Grade:

Part 1 submission-

- Initial appointment (baseline):

Part 2 submission-

- Final appointment (Post- Perio Reevaluation):

6h. Prophylaxis Classification (detection of calculus): **(Part 1 submission)** Discuss the location and severity of calculus; describe relationship to the patient's periodontal diagnosis, progression, and treatment.

7. Periodontal Disease Risk Factors: (Part 1 submission) Document the positive findings noted on the Periodontal Risk Assessment. Discuss in detail the relationship and effects of risk factors on patient periodontal diagnosis, progression, and treatment. Consider which risk factors are modifiable.

8. Intraoral pictures: (Part 1 submission) Describe what conditions you captured in your pictures and how you will utilize the images to educate your patient.

9. Dental Hygiene Diagnosis: (Part 1 submission) Develop a Dental Hygiene Diagnosis by identifying oral problems recorded in the patient's assessment; and determining the etiology and risk factors which contributed to the conditions diagnosed. Write a diagnostic statement for three key problems your treatment plan will focus on. You will use this information to plan appropriate goals, education, interventions, and outcomes for each patient education session. (Dental Hygiene Diagnostic Statements can be reviewed in Wilkins)

Diagnostic statement #1

Problem:

Risk Factors and Etiology:

Diagnostic statement #2

Problem:

Risk Factors and Etiology:

Diagnostic statement #3

Problem:

Risk Factors and Etiology:

10. Journal Notes and Documentation- completed in Eaglesoft: Record in detail the treatment provided at each appointment- including instrumentation, oral hygiene education, patient response, complications, improvements, recommendations, learning level, progress towards goals and objectives at each appointment, interventions, and outcomes. The notes should be written by appointment date.

Create proposed Treatment Plan in Eaglesoft.

**Detailed instructions for Eaglesoft Documentation and Treatment Plan can be found on Blackboard in the Periodontal Care Plan Part 1 assignment folder.*

(This section will be evaluated in Eaglesoft for Part 1 and Part 2 submissions)

11. Develop an Education and Treatment Plan for Nonsurgical Periodontal Therapy and reevaluation, by appointment. (Part 1 submission)

- Determine the treatment and procedures to be completed at each appointment, based on patient needs
- Enter procedure codes for proposed/ completed treatment in the Eaglesoft NSPT Treatment Plan
- Develop a patient-centered education plan, including one long-term goal (LTG) and three short-term objectives (STO) for each patient education session – using SMART criteria (see additional content on developing goals and objectives in Bb)
- Each goal will relate to the specific DH Diagnosis/ problem being addressed at that session
- GOALS: The broad result that an individual wants to achieve
- OBJECTIVES: The specific, measurable steps that the patient should accomplish to meet each goal. Include skills, interventions, and criteria to measure outcomes.

Initial Appointment - Patient Assessment and Data Collection

Summarize procedures that took place at the patient assessment appointment and chairside patient education completed:

Appointment 1-Education Plan: (include key problem/ diagnosis statement #1).

1. Discuss in detail how you will present the patient education session:
2. Develop one long-term goal and three short-term objectives, using SMART criteria

LTG:

STO 1:

STO 2:

STO 3:

Appointment 1-Treatment Plan: (include all assessments and treatment you plan to perform at this appt, in sequence)

Appointment 2- Education Plan: (include key problem/ diagnosis statement #2).

1. Discuss in detail how you will present the patient education session:
2. Develop one long-term goal and three short-term objectives, using SMART criteria

LTG:

STO 1:

STO 2:

STO 3:

Appointment 2- Treatment Plan: (include all assessments and treatment you plan to perform at this appt, in sequence)

Appointment 3- Education Plan: (include key problem/ diagnosis statement #3).

1. Discuss in detail how you will present the patient education session:

2. Develop one long-term goal and three short-term objectives, using SMART criteria

LTG:

STO 1:

STO 2:

STO 3:

Appointment 3- Treatment Plan: (include all assessments and treatment you plan to perform at this appt, in sequence)

Appointment 4- Chairside Education Plan:

Appointment 4- Treatment Plan:

Post Perio Reevaluation Appointment (min. 2 weeks after final quad of scaling)

Chairside Education Plan:

Post Perio Reevaluation Treatment Plan:

12. Prognosis: (Good, Fair, Poor, Questionable, or Hopeless) **(Part 2 submission)** Discuss the criteria and factors used to determine periodontal prognosis.

13. Supportive Therapy and Documentation: (Part 2 submission) Suggestions to the patient regarding reevaluation, referrals, and recall schedule. (Note: Include date of recall appointment below.) Documentation of all procedures and clinical notes.

14. Assessment of Changes: (Part 2 submission) Provide an overall summary of patient progression throughout treatment – must include tissue response, levels of inflammation, changes in plaque control, bleeding tendency, gingival health, probing depths, CAL, patient homecare, goals and objectives met/not met, progression of patient learning level, and future periodontal disease management.

15. Additional Conclusions: (Part 2 submission)

Describe your patient's experience, attitudes, understanding, and cooperation:

Personal evaluation/ self-assessment of personal progression with this experience:

PART I- PERIODONTAL CARE PLAN EVALUATION RUBRIC

LIT Dental Hygiene Competency	PC.9 PC.10 PC.11 PC.12 PC.13	• Systematically collect, analyze, and record data on the general, oral, psychosocial health status of a variety of patients. • Use critical decision-making skills to reach conclusion about the patient's dental hygiene needs based on all available assessment data. • Collaborate with the patient, and/or other health professionals, to formulate a comprehensive dental hygiene care plan that is patient-centered and based on current scientific evidence. • Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. • Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.
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All information should be discussed in relation to the impacts on periodontal disease diagnosis, disease progression, prognosis, treatment, and treatment outcomes. Failure to evaluate and discuss relationships of findings to periodontal disease, will constitute a loss of care plan points.

Topic area	Points	Excellent 5	Good 4	Fair 3	Unacceptable 0
Medical and Social History, BMI		Identifies <u>all</u> systemic conditions, social behaviors, ASA class, steps taken to prevent related problems/ emergencies, effect on dental hygiene/ periodontal diagnosis and care. Relates <u>all</u> medical and social history findings (including BMI) to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>most</u> systemic conditions, social behaviors, ASA class, steps taken to prevent related problems/emergencies, effect on dental hygiene/ periodontal diagnosis and care. Relates <u>most</u> medical and social history findings (including BMI) to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>several</u> systemic conditions, social behaviors, steps taken to prevent related problems, effect on dental hygiene/ periodontal diagnosis and/or care. Relates <u>several</u> medical and social history findings (including BMI) to periodontal disease diagnosis, progression, prognosis, and treatment.	<u>Fails to</u> identify systemic conditions or social behaviors, nor steps to prevent related problems, effect on dental hygiene/ periodontal diagnosis and/or care. <u>Does not</u> adequately relate medical and social history findings (including BMI) to periodontal disease diagnosis, progression, prognosis, or treatment.
Dental History		Identifies <u>all</u> elements of the dental history, including chief complaint, dental/ perio disease history, knowledge, and OH habits. Discusses effect on dental hygiene/periodontal diagnosis and care. Relates <u>all</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>most</u> elements of the dental history, including chief complaint, dental/ perio disease history, knowledge, and OH habits. Discusses <u>most</u> effects on dental hygiene/periodontal diagnosis and care. Relates <u>most</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>several</u> elements of the dental history, including chief complaint, dental/ perio disease history, knowledge, and OH habits. Discusses <u>several</u> effects on dental hygiene/periodontal diagnosis and care. Relates <u>several</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	<u>Fails to</u> identify required elements of the dental history. <u>Does not</u> discuss effects on dental hygiene/periodontal diagnosis and/or care. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment.
Intra & Extra- oral Exams		Identifies <u>all</u> findings of the intra-and extra-oral exams. Discusses effect on dental hygiene/periodontal diagnosis and care. Relates <u>all</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>most</u> findings of the intra-and extra-oral exams. Discusses effect on dental hygiene/periodontal diagnosis and care. Relates <u>most</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>several</u> findings of the intra-and extra-oral exams. Discusses effect on dental hygiene/periodontal diagnosis and care. Relates <u>several</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	<u>Fails to</u> identify required findings of the intra-and extra-oral exams. <u>Does not</u> discuss effects on dental hygiene/periodontal diagnosis and/or care. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment.
Dental Charting Exam		Describes <u>all</u> findings of the dental charting exam. Relates <u>all</u> findings to the periodontal disease process.	Describes <u>most</u> findings of the dental charting exam. Relates <u>most</u> findings to the periodontal disease process.	Describes <u>several</u> findings of the dental charting exam. Relates <u>several</u> findings to the periodontal disease process.	<u>Fails to</u> describe any of the findings of the dental charting exam. <u>Does not</u> relate findings to the periodontal disease process.
Radiographic Findings		Identifies <u>all</u> radiographic findings. Vert BWX taken at 1 st appt. Discusses effect on dental hygiene/periodontal diagnosis and care. Relates <u>all</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>most</u> radiographic findings. Vert BWX taken. Discusses effect on dental hygiene/periodontal diagnosis and care. Relates <u>most</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Identifies <u>several</u> radiographic findings. Discusses effect on dental hygiene/periodontal diagnosis and/or care. Relates <u>several</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment. Does not take vertical BWX.	<u>Fails to</u> identify radiographic findings. <u>Does not</u> discuss effects on dental hygiene/periodontal diagnosis and/or care. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment.

Periodontal Assessment Exam						
	Gingival Exam & Descriptions		Describes <u>all</u> characteristics of the gingival exam for <u>each</u> quadrant. Relates <u>all</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment	Describes <u>most</u> characteristics of the gingival exam by quadrant. Relates <u>most</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment	Describes <u>several</u> characteristics of the gingival exam by quadrant. Relates <u>several</u> of the findings to periodontal disease diagnosis, progression, prognosis, and treatment	Fails <u>to</u> describe any characteristics of the gingival exam by quadrant. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment.
	Index scores (Plaque, Gingival, & Bleeding)		Evaluates <u>all</u> required indices. <u>All</u> index scores are calculated correctly. Relates <u>all</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Evaluates <u>all</u> required indices and <u>all</u> index scores are calculated correctly. Relates <u>most</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Evaluates <u>all</u> required indices and <u>most</u> index scores are calculated correctly. Relates <u>several</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment.	Fails <u>to</u> correctly evaluate or calculate required index scores. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment.
	Periodontal Chart, Stage and Grade		Documents and discusses <u>all</u> required periodontal chart data. Relates <u>all</u> findings to periodontal diagnosis, progression, prognosis, and treatment. Describes <u>all</u> determining factors for Stage, Grade. & Extent of periodontitis.	Documents and discusses <u>most</u> required periodontal chart data. Relates <u>most</u> findings to periodontal diagnosis, progression, prognosis, and treatment. Describes <u>most</u> determining factors for Stage, Grade. & Extent of periodontitis.	Documents and discusses <u>several</u> required periodontal chart data. Relates <u>several</u> findings to periodontal diagnosis, progression, prognosis, and treatment. Describes <u>several</u> determining factors for Stage, Grade. & Extent of periodontitis.	Fails <u>to</u> document or discuss required periodontal chart data. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment. <u>Does not</u> describe determining factors for Stage, Grade. & Extent of periodontitis.
	Prophylaxis Classification, Intraoral Pics, Periodontal Risk Factors		Identifies correct prophy class, completes intraoral pictures, and correctly identifies <u>all</u> risk factors on the Periodontal Risk Assessment. Relates <u>all</u> findings to periodontal diagnosis, progression, prognosis, and treatment.	Identifies correct prophy class, completes intraoral pictures, and correctly identifies <u>most</u> risk factors on the Periodontal Risk Assessment. Relates <u>most</u> findings to periodontal diagnosis, progression, prognosis, and treatment.	Identifies correct prophy class, completes intraoral pictures, and correctly identifies <u>several</u> risk factors on the Periodontal Risk Assessment. Relates <u>several</u> findings to periodontal diagnosis, progression, prognosis, and treatment.	Fails <u>to</u> identify correct prophy class, complete intraoral pictures, OR correctly identify risk factors on the Periodontal Risk Assessment. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment.
Dental Hygiene Diagnosis			Three key problems are identified and correctly prioritized based on individual patient findings; and <u>three</u> appropriate dental hygiene diagnostic statements are developed. Correct risk factors and etiology are described for <u>all</u> diagnostic statements.	<u>Two</u> key problems are identified and correctly prioritized based on individual patient findings; and <u>two</u> appropriate dental hygiene diagnostic statements are developed. Correct risk factors and etiology are described for <u>most</u> diagnostic statements.	One key problem is identified and correctly prioritized based on individual patient findings; and <u>one</u> appropriate dental hygiene diagnostic statement is developed. Correct risk factors and etiology are described for <u>at least one</u> diagnostic statement.	Fails <u>to</u> correctly identify or prioritize key problems based on individual patient findings; OR dental hygiene diagnostic statements <u>are not</u> appropriately developed. Risk factors or etiology <u>are not</u> correctly described.
Documentation			Documentation of <u>all</u> procedures, findings, education, and detailed notes are correctly recorded in Eaglesoft. Treatment plan with <u>all</u> procedure codes has been entered in Eaglesoft.	Documentation of <u>most</u> procedures, findings, education, and detailed notes are correctly recorded in Eaglesoft. Treatment plan with <u>most</u> procedure codes has been entered in Eaglesoft.	Documentation of <u>several</u> procedures, findings, education, and detailed notes are correctly recorded in Eaglesoft. Treatment plan with <u>several</u> procedure codes has been entered in Eaglesoft.	Fails <u>to</u> document required notes in Eaglesoft. <u>Does not</u> enter treatment plan or procedure codes in Eaglesoft.
Treatment Plan			Assesses <u>all of</u> patient’s individual findings and needs; plans <u>all</u> periodontal treatment to meet these needs. Follows the correct sequence of treatment for <u>all</u> planned appointments.	Assesses <u>most</u> of patient’s individual findings and needs; plans <u>most</u> periodontal treatment to meet these needs. Follows the correct sequence of treatment for <u>most</u> planned appointments.	Assesses <u>several</u> of patient’s individual findings and needs; plans several parts of periodontal treatment to meet these needs. Follows the correct sequence of treatment for <u>several</u> planned appointments.	Fails <u>to</u> assess patient’s individual needs; nor plan periodontal treatment to meet these needs. <u>Does not</u> follows the correct sequence of treatment for planned appointments.
Education Plan			Develops a patient-centered education plan for <u>each</u> session. <u>Each</u> session <u>correctly</u> focuses on a specific problem/topic, as identified in the dental hygiene diagnosis. Education plan includes <u>all</u> appropriate discussion	Develops a patient-centered education plan for <u>most</u> sessions. <u>Most</u> sessions <u>correctly</u> focus on a specific problem/topic, as identified in the dental hygiene diagnosis. Education plan includes <u>most</u> appropriate	Develops a patient-centered education plan for <u>at least one</u> session. <u>At least one</u> session <u>correctly</u> focuses on a specific problem/topic, as identified in the dental hygiene diagnosis. Education plan includes <u>at least one</u> appropriate discussion topic,	Fails <u>to</u> develop patient-centered education plan for any sessions. <u>Does not</u> correctly focus on a specific problem/topic, as identified in the dental hygiene diagnosis, or include appropriate topics, interventions, or

		topics, skills, visual aids, interventions, and strategies related to the specific problem.	discussion topics, skills, visual aids, interventions, and strategies related to the specific problem.	skill, visual aid, intervention, and strategy related to the specific problem.	strategies.
Long-Term Goals and Short-Term Objectives		<u>All</u> patient goals and objectives are related to a specific key problem and the dental hygiene diagnosis. <u>All</u> goals and objectives are specific, measurable, achievable, relevant to individual patient, include a set timeframe, and appropriate interventions. (SMART criteria)	<u>Most</u> patient goals and objectives are related to a specific key problem and the dental hygiene diagnosis. <u>Most</u> goals and objectives are specific, measurable, achievable, relevant to individual patient, include a set timeframe, and appropriate interventions. (SMART criteria)	<u>Several</u> patient goals and objectives are related to a specific key problem and the dental hygiene diagnosis. <u>Several</u> goals and objectives are specific, measurable, achievable, relevant to individual patient, include a set timeframe, and appropriate interventions. (SMART criteria)	<u>Fails to</u> establish goals and objectives related to a specific key problem or dental hygiene diagnosis. Goals <u>are not</u> specific, measurable, achievable, relevant, or do not include timeframe or specific interventions
TOTAL POINTS ___/70					

Late submissions will not be accepted, unless prior approval has been granted by the instructor.

Comments:

PART 2--PERIODONTAL CARE PLAN EVALUATION RUBRIC

LIT Dental Hygiene Competency	P.3 PC.9 PC.10 PC.12 PC.13	- Continuously perform self-assessment for lifelong learning and professional growth - Systematically collect, analyze, and record data on the general, oral, psychosocial health status of a variety of patients. - Use critical decision-making skills to reach conclusion about the patient's dental hygiene needs based on all available assessment data. - Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. - Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.
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All information should be discussed in relation to the impacts on periodontal disease diagnosis, disease progression, prognosis, treatment, and treatment outcomes. Failure to evaluate and discuss relationships of findings to periodontal disease will constitute a loss of care plan points.

Topic area	Points	Excellent 5	Good 4	Fair 3	Unacceptable 0
Periodontal Assessment Exams					
Gingival Exam & Descriptions		Describes <u>all</u> characteristics of the gingival exam for <u>each</u> quadrant, at <u>each</u> appointment. Relates <u>all</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment. Compares progression of <u>all</u> findings by appointment.	Describes <u>most</u> characteristics of the gingival exam by quadrant, for <u>most</u> appointments. Relates <u>most</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment. Compares progression of <u>most</u> findings by appointment.	Describes <u>several</u> characteristics of the gingival exam by quadrant, for <u>several</u> appointments. Relates <u>several</u> of the findings to periodontal disease diagnosis, progression, prognosis, and treatment. Compares progression of <u>several</u> findings by appointment.	<u>Fails to</u> describe any characteristics of the gingival exam by quadrant, for any appointments. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment. <u>Does not</u> compare progression of findings for any appointments.
Index scores (Plaque, Gingival, & Bleeding)		Evaluates <u>all</u> required indices. <u>All</u> index scores are calculated correctly. Relates <u>all</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment. Compares progression of <u>all</u> findings by appointment.	Evaluates <u>all</u> required indices and <u>all</u> index scores are calculated correctly. Relates <u>most</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment. Compares progression of <u>most</u> findings by appointment.	Evaluates <u>all</u> required indices and <u>most</u> index scores are calculated correctly. Relates <u>several</u> findings to periodontal disease diagnosis, progression, prognosis, and treatment. Compares progression of <u>several</u> findings by appointment.	<u>Fails to</u> correctly evaluate or calculate required index scores. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment. <u>Does not</u> compare progression of findings for any appointments.
Periodontal Chart, Stage and Grade		Documents and discusses <u>all</u> required periodontal chart data. Relates <u>all</u> findings to periodontal diagnosis, progression, prognosis, and treatment. Compares and relates progression of <u>all</u> findings from baseline periodontal charts to reevaluation perio chart. Discusses any changes made to Stage, Grade. & Extent of periodontitis from initial diagnosis to final reevaluation.	Documents and discusses <u>most</u> required periodontal chart data. Relates <u>most</u> findings to periodontal diagnosis, progression, prognosis, and treatment. Compares and relates progression of <u>most</u> findings from baseline periodontal charts to reevaluation perio chart. Discusses any changes made to Stage, Grade. & Extent of periodontitis from initial diagnosis to final reevaluation.	Documents and discusses <u>several</u> required periodontal chart data. Relates <u>several</u> findings to periodontal diagnosis, progression, prognosis, and treatment. Compares and relates progression of <u>several</u> findings from baseline periodontal charts to reevaluation perio chart. Discusses any changes made to Stage, Grade. & Extent of periodontitis from initial diagnosis to final reevaluation.	<u>Fails to</u> document or discuss required periodontal chart data. <u>Does not</u> relate findings to periodontal disease diagnosis, progression, prognosis, or treatment. <u>Does not</u> compare or relate progression of <u>any</u> findings from baseline periodontal charts to reevaluation perio chart. <u>Does not</u> describe if any changes were made to Stage, Grade. & Extent of periodontitis from initial diagnosis.

Journal Notes and Documentation – by appointment date						
	Documentation of treatment procedures, patient response, complications		Documents and describes <u>all</u> treatment procedures provided, including patient response, and any complications. <u>All</u> notes are recorded by date, in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes. Notes are signed by student. <u>All</u> treatment services are marked as completed in the Eaglesoft treatment plan for each date of service.	Documents and describes <u>most</u> treatment procedures provided, including patient response, and any complications. <u>Most</u> notes are recorded by date, in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes. <u>Most</u> treatment services are marked as completed in the Eaglesoft treatment plan for each date of service.	Documents and describes <u>several</u> treatment procedures provided, including patient response, and any complications. <u>Several</u> notes are recorded by date, in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes. <u>Several</u> treatment services are marked as completed in the Eaglesoft treatment plan for each date of service.	<u>Fails to</u> document and describe treatment procedures provided, including patient response, and any complications. <u>Does not</u> record notes by date, in the patient’s progress notes (paper chart) <u>or</u> in the Eaglesoft chart notes. Treatment services are <u>not</u> marked as completed in the Eaglesoft treatment plan for each date of service.
	Documentation of patient education, response, complications		Documents and describes <u>all</u> education provided (chairside and formal), including patient response, and any complications. <u>All</u> notes are recorded by date, in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	Documents and describes <u>most</u> education provided (chairside and formal), including patient response, and any complications. <u>Most</u> notes are recorded by date, in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	Documents and describes <u>several</u> of the education sessions provided (chairside and formal), including patient response, and any complications. <u>Several</u> of the notes are recorded by date, in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	<u>Fails to</u> document and describe education provided, including patient response, and any complications. <u>Does not</u> record notes by date, in the patient’s progress notes (paper chart) <u>or</u> in the Eaglesoft chart notes.
	Patient improvements, (or lack of improvement), recommendations, learning level		Describes <u>all</u> patient improvements, recommendations, and progression of learning level. <u>All</u> descriptions are kept by date in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	Describes <u>most</u> patient improvements, recommendations, and progression of learning level. <u>Most</u> descriptions are kept by date in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	Describes <u>several</u> patient improvements, recommendations, and progression of learning level. <u>Several</u> descriptions are kept by date in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	<u>Fails to</u> describe <u>any</u> patient improvements, recommendations, or learning level. Descriptions are <u>not</u> kept by date in chart or Eaglesoft.
	STO & LTG progress, interventions, and outcomes		Describes progress, interventions, and outcomes for <u>all</u> STO & LTG. <u>All</u> descriptions are kept by date in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	Describes progress, interventions, and outcomes for <u>most</u> STO & LTG. <u>Most</u> descriptions are kept by date in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	Describes progress, interventions, and outcomes for <u>several</u> STO & LTG. <u>Several</u> descriptions are kept by date in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft chart notes.	<u>Fails to</u> describe progress, interventions, and outcomes for STO & LTG. Descriptions are <u>not</u> kept by date in the patient’s progress notes (paper chart) <u>or</u> in the Eaglesoft chart notes.
Prognosis			Describes <u>all</u> prognosis determining factors, including control of etiologic factors, biofilm management, CAL, periodontal exam findings, bleeding, frequency of recall, social habits or tobacco use, control of systemic health, attitude, age, number of teeth.	Describes <u>most</u> prognosis determining factors, including control of etiologic factors, biofilm management, CAL, periodontal exam findings, bleeding, frequency of recall, social habits or tobacco use, control of systemic health, attitude, age, number of teeth.	Describes <u>several</u> prognoses determining factors, including control of etiologic factors, biofilm management, CAL, periodontal exam findings, bleeding, frequency of recall, social habits or tobacco use, control of systemic health, attitude, age, number of teeth.	<u>Fails to</u> correctly describe any prognosis determining factors.
Supportive therapy			Describes <u>all</u> suggestions made to the patient regarding reevaluation, referrals, and recall schedule. Includes date of recall appt (month and year). <u>All</u> supportive therapy recommendations are documented in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft clinical chart	Describes <u>most</u> suggestions made to the patient regarding reevaluation, referrals, and recall schedule. Includes date of recall appt (month and year). <u>Most</u> supportive therapy recommendations are documented in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft clinical	Describes <u>several</u> suggestions made to the patient regarding reevaluation, referrals, and recall schedule. Includes date of recall appt (month and year). <u>Several</u> supportive therapy recommendations are documented in the patient’s progress notes (paper chart) <u>and</u> in the Eaglesoft clinical	<u>Fails to</u> describe any of the suggestions made to the patient regarding reevaluation, referrals, or recall schedule. Supportive therapy recommendations are <u>not</u> documented in the patient’s progress notes (paper chart) <u>or</u> in the Eaglesoft clinical chart notes.

		notes.	chart notes.	chart notes.	
Assessment of changes		Provides a detailed summary of <u>all</u> aspects of progression and changes occurring throughout treatment. Including gingival tissue response, inflammation, plaque control, bleeding, probing depths, CAL, patient homecare, goals and objectives met/not met, plans for future perio disease management.	Provides a detailed summary of <u>most</u> aspects of progression and changes occurring throughout treatment. Including gingival tissue response, inflammation, plaque control, bleeding, probing depths, CAL, patient homecare, goals and objectives met/not met, plans for future perio disease management.	Provides a detailed summary of <u>several</u> aspects of progression and changes occurring throughout treatment. Including gingival tissue response, inflammation, plaque control, bleeding, probing depths, CAL, patient homecare, goals and objectives met/not met, plans for future perio disease management.	<u>Fails</u> to summarize any aspects of progression or changes occurring during treatment.
Patient Experience		Describes <u>all</u> aspects of the patient's experience throughout the nonsurgical periodontal therapy process. Including patient attitudes, level of understanding, cooperation, satisfaction, and feedback.	Describes <u>most</u> aspects of the patient's experience throughout the nonsurgical periodontal therapy process. Including patient attitudes, level of understanding, cooperation, satisfaction, and feedback.	Describes <u>several</u> aspects of the patient's experience throughout the nonsurgical periodontal therapy process. Including patient attitudes, level of understanding, cooperation, satisfaction, and feedback.	<u>Fails</u> to describe any aspects of the patient's experience.
Personal evaluation and self-assessment		Discusses personal experience and self-assessment of the periodontal patient experience. Includes <u>all</u> individual strengths during the process, areas for future improvement, and personal progression as a clinician.	Discusses personal experience and self-assessment of the periodontal patient experience. Includes <u>most</u> individual strengths during the process, areas for future improvement, and personal progression as a clinician.	Discusses personal experience and self-assessment of the periodontal patient experience. Includes <u>several</u> individual strengths during the process, areas for future improvement, and personal progression as a clinician.	<u>Fails</u> provide a personal evaluation and self-assessment.
TOTAL POINTS ___/ 60 points					

Late submissions will not be accepted, unless prior approval has been granted by the instructor. The chart must be submitted to the instructor for final grading.

Comments: