



## **College of Dentistry and Dental Clinics**

Office for  
Education

### Department Curriculum Review for Periodontics

- I. Department Report
- II. Questions and Responses

Work Group: Drs. C. Straub-Morarend, T. Lindquist, and Mr. J. Hindman (D2-DS representative)

Curriculum Review presented to Curriculum Committee, October 2015.

Date: April 17, 2015

Department: Periodontics

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| <p><b>I. Department Mission Statement: <i>development a statement if none exists; also.</i></b></p> <p><b>Our mission is to educate dentists for Iowa and beyond through excellence in patient care, education and research.</b></p> <p><b>GOALS :</b></p> <ol style="list-style-type: none"> <li>1) Provide the highest quality education to prepare our graduates to deliver general dental care in a changing environment in Iowa and beyond.</li> <li>2) Maintain nationally recognized advanced training programs in all dental specialties and selected clinical disciplines</li> <li>3) Advance research and scholarship in oral, craniofacial and general health.</li> <li>4) Maintain an effective patient care program to meet the needs and expectations of our patients.</li> <li>5) Recruit, retain and nurture a vital, diverse and collegial faculty.</li> <li>6) Provide a productive and supportive work and learning environment.</li> <li>7) Serve as a resource to the University, the profession and the state.</li> </ol>  |
| <p><b>II. Describe how the department curriculum addresses the <i>Collegiate Characteristics of a College of Dentistry Graduate</i></b></p> <p><b>Technical Competence:</b></p> <ul style="list-style-type: none"> <li>• The D1 and D2 didactic Periodontics courses provide a knowledge and understanding core for periodontal assessment, diagnosis, risk assessment, prognosis, treatment planning and therapy. The D3 and D4 Periodontics curriculum applies these concepts to the delivery of periodontal therapy integrated with comprehensive patient care.</li> </ul> <p><b>Critical thinking/Judgment:</b></p> <ul style="list-style-type: none"> <li>• A case-based learning experience in the D2 year addresses critical thinking/judgment in periodontal diagnosis and treatment planning. Clinical experiences in the D3 and D4 years during patient care provide application of critical thinking skills and clinical judgment in diagnosis, treatment planning, and delivery of therapy and the evaluation of therapeutic outcomes. OSCE's are utilized during the D3 year to evaluate critical thinking skills related to periodontal re-evaluation. During case presentations, D3 students demonstrate incorporation of evidence-based dentistry concepts to a specific topic.</li> </ul> <p><b>Ethical and Professional Values:</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional behavior is a foundation in D1-D4 courses in the classroom and clinical settings. The D3 and D4 patient care experiences provide the opportunity to apply ethical and professional values during patient care.</li> </ul> <p><b>Social Responsibility:</b></p> <ul style="list-style-type: none"> <li>• The D3 and D4 clinical experiences provide students opportunities to provide care to patients from diverse cultural and socioeconomic backgrounds.</li> </ul> <p><b>Function in a Disciplined/Collegial/Professional Setting:</b></p> <ul style="list-style-type: none"> <li>• Students are expected to demonstrate respect to peers, patients, staff and faculty members throughout the D1-D4 years. Students assist each other during D3 and D4 clinical sessions with certain aspects of patient care and collaborate in patient management. An interdisciplinary approach is used in treatment planning and delivery of care.</li> </ul> |

**Patient/Practice Management:**

- The D3 clerkship requires the student manage their patients through effective communication with faculty, peers, staff and patients. Students gain experience in proper use of procedural codes and are exposed to aspects of practice management that relate to working with staff who assist patients with appointments, financial plans and insurance.

**Self-Assessment:**

- During the D3 year, self-evaluation is included in daily clinical evaluations and competency evaluations in order to encourage lifelong learning and improvement.

**III. Include department organizational structure and how it fulfills the department's mission and *predoctoral accreditation standards*.**

The Departmental Executive Officer, Dr. G. Johnson, serves as coordinator of the vision, planning and support for implementation of the predoctoral education program. Drs. Avila, Elangovan, Clark are the course directors of the D1, D2 and D3 courses, respectively; Dr. Weistroffer coordinates the periodontal experience in the D4 year.

Departmental faculty members lecture in the D1-D4 lectures, and all periodontist faculty members teach in the D3-D4 clinics. This provides a solid foundation for vertical integration of concepts within the discipline. A strength is that all of our faculty teach throughout the predoctoral curriculum. Input for curricular planning and change is through departmental meetings, departmental retreats, teaching in-services, and interdepartmental topic- focused meetings.

Curricular planning is based on ongoing review of D1-D4 content that takes into consideration:

- 1) Our overall goal of graduating a general dentist who is competent in the diagnosis of periodontal diseases, treatment of gingivitis through localized moderate chronic periodontitis, recognition of indications for referral and integration of periodontal therapy with comprehensive dental care
- 2) Reinforcement and building upon key concepts of patient evaluation, treatment planning and therapy
- 3) Inclusion of contemporary, up-to-date concepts
- 4) Incorporation of evidence based dentistry
- 5) Vertical integration within the D1-D4 periodontal curriculum
- 6) Horizontal integration with other disciplines
- 7) Patient pool factors
- 8) Enhancement of teaching and learning effectiveness, ie through case based teaching, methods that increase classroom interaction, incorporation of video material, OSCE's, utilization of clinical teaching approaches that foster critical thinking; improvements in clinical evaluation techniques and calibration

Ideas for curriculum improvement are discussed during departmental meetings; details for major projects are developed by faculty in small groups; and are then presented to faculty members for feedback at departmental meetings. Departmental retreats provide an opportunity to work on focused projects (ie Periodontal risk assessment; OSCE's; daily clinical evaluation criteria, competency evaluations). Plans for improving horizontal integration with other departments occur through small group faculty meetings. Annual teaching in-services provide a venue to present completed projects and implementation plans. This is an ongoing process.

**IV. Provide profiles for each course: *additional rows can be added as needed*.**

| Year | Course No. | Course Director/Co-Director | Format: <i>lecture, seminar, PBL, CBL, simulation lab, clinical, etc.</i> | Faculty:Student Ratio |
|------|------------|-----------------------------|---|-----------------------|
| D1   | PERI: 8310 | Gustavo Avila-Ortiz         | Lecture   | 1:82                  |

|    |                                |   |  |                                 |
|----|--------------------------------|---|--|---------------------------------|
| D2 | PERI: 8320                     | Satheesh Elangovan  | Lecture  | 1:82                            |
| D3 | PERI: 8365                     | Steve Clark   | Seminar, Lecture   | 1:41                            |
| D3 | PERI: 8360                     | Steve Clark   | Clinic, Daily Evaluation, Skills Assessments (Competencies), OSCE, Case Presentation | 1:5                             |
| D4 | FAMD: 8494<br>FAMD: 8487, 8488 | Reed Parker, 8494 course director; Group Leaders, 8487 and 8488 course director. Paula Weistroffer coordinates periodontics lecture topics and clinical experiences | Lecture/seminar; clinic  | 1:41 (didactic)<br>1:6 (clinic) |

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| <p><b>V. Describe how <u>horizontal</u> curriculum integration is achieved with other departments, courses, and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.</b></p>   |
| <p><b>D1 PERI:8310:</b> This course provides a foundation in fundamental concepts of periodontics, specifically clinical, histologic, and radiographic features of the normal and diseased periodontium. Basic concepts in disease classification, etiology/pathogenesis, microbiology, risk factors, epidemiology and systemic implications of periodontal diseases are presented.</p> <p><b>The main focus of horizontal integration</b> has been with Preventive Dentistry.</p> <ul style="list-style-type: none"> <li>• The D1 lecture material on periodontal examination is now presented in close proximity and before the students do peer periodontal evaluations.</li> <li>• In 2015, Dr. Avila incorporated a periodontal examination video which students viewed prior to peer periodontal evaluations in Preventive Dentistry.</li> <li>• Dr. Avila, Dr. Elangovan along with other periodontal faculty members have met with course directors from Preventive Dentistry to gain insight regarding the D1-D2 Preventive Dentistry clinical experiences.</li> <li>• Ms. Slach has taught in the D1 - D2 preventive clinics, depending on our departmental faculty resources.</li> <li>• Ms. Slach lectures to the D1 students on tobacco cessation.</li> </ul> <p><b>Additional efforts at horizontal integration</b> have been with faculty who have taught oral histology and immunology. Dental students have not taken histology and microbiology prior to this course.</p> <ul style="list-style-type: none"> <li>• From 2011 to 2013, Dr. Finkelstein presented the histologic features of the periodontium.</li> <li>• Dr. Brogden presents the lecture on immunology of periodontal diseases.</li> </ul> <p><b>D2 PERI:8320</b> This course provides a foundation in the fundamental concepts of periodontal treatment planning and therapy, including control of etiologic and risk factors, correction of periodontal defects, and maintenance of treatment outcomes.</p> <p>In addition to the <b>horizontal integration</b> discussed above with Preventive Dentistry,</p> <ul style="list-style-type: none"> <li>• Interdisciplinary topics related to comprehensive treatment planning, periodontal-restorative relationships, endodontic-periodontic relationships and implant dentistry are presented.</li> <li>• Experiential Learning II (DENT:8219): A case based learning experience which takes students through diagnosis and treatment planning of a patient with slight to moderate chronic periodontitis gives students experience in applying concepts to a patient and opportunity for small group discussions. Students also complete a custom-</li> </ul> |

designed online tutorial, which reviews periodontal concepts, near the end of their second year.

- Case presentations are presented in the D2 course that illustrate application of diagnosis/treatment planning and periodontal and implant therapy and treatment outcomes.

#### **D1-D2 Plans for improvement in horizontal integration:**

- Additional meetings with Preventive Dentistry faculty members on periodontal examination and diagnosis.
- Additional meeting with Preventive Dentistry regarding predoctoral periodontal instrument selection.
- Communication with Director of D2 Implant Course
- Updates in lectures and piloting quizzes in D1 Periodontics Course: PERI: 8310.
- Transfer of D2 Case Based Learning from Experiential Learning to D2 Periodontics Course: PERI: 8320.

#### **D3 Seminar and Clinic PERI:8365 and 8360**

During the D3 year students expand their knowledge regarding periodontal therapy and apply this to the diagnosis and treatment of patients with periodontal diseases.

#### **Horizontal integration:**

- Experiential learning III (DENT:8370): Dr. Marshall has attended faculty meetings and given an overview of the Experiential Learning curriculum. The D3 case presentation has been revised to include a section on evidence based dentistry.
- Interdisciplinary clinical consults from endodontics, operative dentistry, prosthodontics, oral pathology occur on a regular basis in the course of managing new and recall patients.
- Recall patients receive hard and soft tissue examinations and updating of radiographs, and students gain experience in treatment planning new restorative needs and insight into comprehensive management of patients. Depending on the patient's status, referrals are made to oral diagnosis, operative, endodontics, oral surgery, prosthodontics, or graduate periodontics.
- When possible coordination of perio/endo/prosth care by the same D3 student is encouraged, although this does not happen as frequently as we would like.
- Meetings have occurred with clinical administration, D3 oral diagnosis faculty, Kirkwood dental hygiene faculty and periodontics faculty regarding Patient assignment and treatment planning.

#### **D3 Plans for improvement in horizontal integration:**

- Discuss case based examples of application of current concepts in periodontal diagnosis and disease classification, periodontal treatment planning with D1-D2 Preventive Dentistry faculty, Oral Diagnosis and Kirkwood Dental Hygiene faculty members.
- Collaborate with Oral Diagnosis and Preventive Dentistry to establish a mechanism for patients who are referred to Preventive Dentistry and the Kirkwood dental hygiene program to have a comprehensive periodontal examination and periodontal diagnosis.
- Discuss with oral diagnosis best plans for management and treatment planning for recall patients. Meeting was held with Dr. Handhou March 30.
- Seek clarification from operative dentistry and prosthodontics clerkships regarding scope of treatments in these clerkships, so that we are making correct referrals for maintenance patients who have treatment needs.
- Seek updates from operative dentistry faculty in caries detection and management.
- Seek collaboration with endodontics and prosthodontics to identify and implement teaching/learning activities that improve students' concept of comprehensive treatment planning during the "super-block".

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| VI.  | Describe how <u>vertical</u> integration is achieved? across D1 through D4 courses, including with other departments and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.   |
|      | <p><b>D1-D2-D3 vertical integration:</b></p> <ul style="list-style-type: none"> <li>• The department revised lecture topics to reduce redundancy between D1-D2 courses and to improve sequencing of topics.</li> <li>• Meetings with Preventive Dentistry Course Directors regarding periodontal examination and patient experiences as previously noted.</li> <li>• Depending on Departmental teaching resources, Ms. Slach has taught in the D1-D2 clinics which supports communication and continuity.</li> <li>• In 2013, the Periodontal Computer Tutorial was revised; this is a component of Experiential Learning (DENT:8219). This currently occurs at the end of the D2 year and reviews periodontal diagnosis and treatment planning.</li> </ul> <p><b>D3-D4 vertical integration:</b> The intended continuity between D3 and D4 years is a strength, although calibration of the multiple faculty members in D4 year is a challenge.</p> <ul style="list-style-type: none"> <li>• Department of Periodontics faculty members provide a lecture series (total of 28 hours of lecture) in the 4<sup>th</sup> year. Lectures topics through D3-D4 years have been designed to be a continuum.</li> <li>• Periodontal faculty provide periodontal consultation 8 clinic sessions a week in the D4 clinic. There are established criteria for consultation, checkpoints and periodontist teaching supervision.</li> <li>• The same AxiUm periodontal assessment form and scaling competency form is used for D3 and D4 years.</li> <li>• D3-D4 students refer patients to periodontal residents who need advanced periodontal procedures and also work with residents on dental implant treatment. The students also assist with these surgical procedures in the resident clinic.</li> <li>• Dr. Weistroffer participates in D4 faculty orientation.</li> <li>• Meetings are held with Family Dentistry DEO and select faculty members regarding clinical patient management.</li> </ul> <p><b>Plans for improvement in vertical integration:</b></p> <ul style="list-style-type: none"> <li>• Collaborate with Oral Diagnosis and Preventive Dentistry to assure that all collegiate predoctoral clinic patients receive a baseline clinical periodontal examination and periodontal diagnosis, consistent with AAP Parameters of Care.</li> <li>• Increase the use of case based examples during lectures and seminars in order to stimulate interactive learning and demonstrate application of concepts.</li> <li>• Incorporate more video examples in lectures in order to better demonstrate therapies.</li> <li>• Increase use of evidence based dentistry through adding high level references to the Computer Periodontal Tutorials. Update lecture materials with most recent high level evidence.</li> <li>• Move Periodontal Computer Tutorial to the D3 Periodontics clinic orientation.</li> <li>• Review concepts of dental anatomy, calculus detection and instrumentation through use of simulation exercise on periodontal dentoforms. This will occur during D3 clerkship orientation fall 2015.</li> <li>• Develop a video on instrumentation utilizing the periodontal dentoforms.</li> <li>• Meet with D4 group leaders to discuss faculty calibration (Mar 23, 2015).</li> <li>• Meet with D4 group leaders to discuss the best ways to demonstrate summative assessment of competency in comprehensive care with integration of periodontics.</li> <li>• Invite D4 group leaders to our Teaching In-service or do a separate presentation for them on diagnosis and treatment planning calibration.</li> <li>• Add learning objectives to D4 lecture series.</li> </ul> |
| VII. | Describe efforts in faculty development to calibrate teaching styles, techniques, outcomes assessment methods and a unified grade scale.  |

**Annual retreats and in-service programs contain content related to predoctoral education.**

**Within the past five years, these have included presentations on the following topics:**

- Interactive teaching methods by the Center for Teaching and Learning
- Use of technology in teaching, ie Turning Point, use of quizzes in ICON presented by Instructional Technology
- Predoctoral patient entry, assessment and assignment by clinic administration staff
- Collegiate educational workgroups by Dean of Education
- Dental Wellness Plan by Dean of Patient Care
- Contemporary caries diagnosis and management by Operative Dentistry faculty
- Interprofessional education
- Review of departmental agenda/ strategic planning
- Predoctoral Accreditation standards update
- Experiential Learning in the predoc curriculum; D3 Evidence Based Dentistry
- Periodontal risk assessment
- Calibration discussions regarding periodontal examination and diagnosis
- Faculty workshops to develop OSCE's for initial examination and re-evaluation

**Outcomes have included:**

- Consensus on key points in periodontal diagnosis
- Agreement on periodontal charting criteria for initial and competency exams, recall exams
- Updating of Periodontal Risk assessment teaching and revision of AxiUm periodontal assessment form
- Modification of daily grading categories to improve collegiate consistency
- Definition of criterion for daily grading
- Revision of initial periodontal examination and periodontal re-evaluation competency examinations
- Development of OSCE's for initial examination and re-evaluation competency evaluation. Substitution of one OSCE based periodontal re-evaluation competency for a patient based competency.
- Calibration exercises on daily grading and competency evaluations at the annual Teaching In-services

**A Teaching In-service is held annually in August addresses calibration of daily grading and competency examinations.**

Attendees include full-time and adjunct faculty members, residents. In addition, Dr. Holmes (and Dr. Spector and Rose, in the past) from Family Dentistry have been invited. Scenarios are presented, Turning Point is utilized to gather grading information, and discussion follows. Calibrations are conducted on the following topics:

- Periodontal examination and diagnosis
- Daily grading
- Competency grading
- Procedure coding
- Insurance matters related to TITLE XIX and DWP

**VIII. Does the curriculum mapping system appropriately reflect what you teach in the discipline specific predoctoral curriculum? List the information gap(s).**

*\*Verify all courses have been mapped in the Collegiate "Course Mapping"*

**D4 teaching is not reflected in entirety.**

Periodontics faculty members provide 14 hours of lectures, each given twice to accommodate externships for a total of 28 hours of lecture per year. Periodontics provides 8 half-days a week of consultation services in the Family Dentistry Clinic, for a total of 28 hours per week.

Depending on faculty resources, Ms. Slach has provided assistance in D1 and D2 Preventive Dentistry Clinics.

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| <b>IX.</b> | <b>What major issues face the department that may require change(s) to the predoctoral curriculum?</b>  |
|            | <ul style="list-style-type: none"> <li>• Need a baseline comprehensive periodontal examination and diagnosis completed and documented on all predoctoral periodontal patients in the college.</li> <li>• Need for radiology experience prior to D3 clerkships.</li> <li>• Need for better integration of diagnosis and treatment planning throughout the D3 year.</li> <li>• Lack of students' ability to follow up on periodontal treatment outcomes (periodontal re-evaluation).</li> </ul> |

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| <b>X.</b> | <b>Describe curriculum changes that are a result from student feedback.</b>   |
|           | <ul style="list-style-type: none"> <li>• D1-D2 lecture topics were reviewed and re-sequenced in 2012 to address unintended redundancy and to better align course material with the student's knowledge level.</li> <li>• D3-D4 lecture topics were restructured to reduce redundancy and to present information on a continuum. D4 lecture topics were updated so that contemporary topics are addressed. The latest additions have been lasers in periodontal therapy, implant site development, and peri-implantitis diagnosis and management.</li> <li>• D3 clinical daily grading criteria were revised to be consistent with collegiate efforts to improve consistency across departments.</li> <li>• D3 grading criteria has been better defined with examples to illustrate "S, M, N" grades for each parameter.</li> <li>• The weighting of daily grades in the D3 clinic has been reduced and the competency examinations have been increased.</li> <li>• Due to difficulties with D3 patient pool and timing in the curriculum, an OSCE re-evaluation competency has been substituted for one of the patient based competencies.</li> </ul> |

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| <b>XI.</b> | <b>Is the scope of the discipline-specific treatment procedures taught appropriate for a new graduate, general dentist? Include references for inclusion/modification/deletion relative to the current state of private practice, i.e. insurance data, etc.</b>   |
|            | <p>The goal of the curriculum is to prepare the graduating dentist to be competent in the diagnosis of periodontal diseases; to develop individualized, comprehensive, interdisciplinary, properly sequenced treatment plans for patients with up to localized moderate chronic periodontitis using diagnostic and prognostic information which incorporates patient's goals, values and concerns; to provide nonsurgical periodontal therapy; to critically evaluate the response to therapy and to recognize the indications for referral; and to understand the potential benefits of additional surgical therapeutic options (antimicrobial, regenerative, resective, mucogingival, and occlusal therapies)</p> <p>Trends/Issues Facing the Specialty of Periodontics:</p> <ul style="list-style-type: none"> <li>• Recent epidemiologic data that 47% of US adults are affected by periodontitis.</li> <li>• Although students are taught to recognize risk factors, diagnose disease and refer when indicated, application of indications and practices of referral are not as strong (in school and in practice).</li> </ul> |

- Need to better communicate potential benefits of regenerative forms of periodontal therapy, including hard and soft tissue regeneration on teeth.
- Less emphasis on: crown lengthening; More emphasis on: implant therapy.
- The pros/cons of maintaining the natural dentition vs implant therapy needs to be put into perspective in the curriculum.
- Peri-implantitis prevalence is being recognized; challenges in treatment.
- Periodontal systemic relationships, implications for patient care and practice.
- Implications of advancing technology in implant therapy (evaluation, treatment planning and therapy).
- Need for objective evaluation of emerging therapies, ie LANAP (laser assisted new attachment procedure).

**XII. Include comments to indicate department efforts toward a prospective analysis of the predoctoral curriculum and list other changes under consideration that may require collegiate support.**

- Baseline comprehensive periodontal examination and diagnosis for all collegiate predoctoral patients.
- Improved integration of diagnosis/treatment planning and comprehensive patient care in the D3 year.
- Longer term follow-up of patients to facilitate periodontal re-evaluation experiences.

**XIII. What resources directly related to curriculum management would facilitate your ability to fulfill the teaching mission? (*Time, space, faculty development, course support, etc.*)**

The lack of faculty members' ability to review course syllabi and teaching materials for other departments and courses is a significant handicap. Faculty access to each other's syllabi and lecture handouts would serve as a basis for communication and collaboration.

Faculty resources: We struggle to meet our commitments in teaching, research, professional and collegiate service and private patient care with the relatively small number of faculty in the department. Faculty are committed to excellence and want to invest in improving curriculum and teaching methods; finding the time is a challenge.

Instructions: A separate report should be completed for each course by the Course Director.

Date: Jan 14<sup>th</sup>, 2015

Course: Periodontics Methods I (92:140) PERI: 8310

Completed by: Gustavo Avila-Ortiz

| <b>A. Describe the format for the course and list the course goals and evaluation method utilized.</b>                                  |                                     |
|---|-------------------------------------|
| <b>Course Format:</b> Didactic  |                                     |
| <b>Outcome</b>  | <b>Assessment/Evaluation Method</b> |
| Recognize the structures that form the periodontium   | Multiple Choice Questions           |
| Distinguish the main differences between normal and diseased periodontium at a clinical, radiographic and histologic level              | Multiple Choice Questions           |
| Understand the current classification of gingival and periodontal diseases with their corresponding etiologies                          | Multiple Choice Questions           |
| Be aware of the epidemiology of gingival and periodontal diseases   | Multiple Choice Questions           |
| Understand the importance of the biofilm and the host immune response in the pathogenesis of some forms of periodontal disease          | Multiple Choice Questions           |
| Understand the role of smoking and uncontrolled diabetes as risk factors for the establishment and progression of chronic periodontitis | Multiple Choice Questions           |
| Identify secondary local etiologic factors that may predispose or modify the progression of periodontal diseases                        | Multiple Choice Questions           |
| Be aware of the link between periodontal diseases and certain systemic conditions   | Multiple Choice Questions           |
| Understand the influence of nutrition in the maintenance of health and in the development of gingival and periodontal diseases          | Multiple Choice Questions           |
| Understand fundamental esthetic principles related to gingival and facial esthetics   | Multiple Choice Questions           |
| Know the sequence of a comprehensive periodontal exam   | Multiple Choice Questions           |
| Become familiar with commonly used diagnostic methods in Periodontology and their limitations   | Multiple Choice Questions           |

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| Incorporate cognitive skills to diagnose periodontal pathologies and recognize the need for periodontal therapy, considering related local and systemic factors | Multiple Choice Questions |
| Become independent learners and develop a desire for self-improvement/self-directed learning in Periodontics  | Multiple Choice Questions |

| <b>B. Summarize student evaluations (most recent 2-3 years) for each course and note changes as a results of feedback.</b> |   |
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| <b>Student Feedback</b>  | <b>Outcome</b>  |
| <b>2011-2012</b>   | <p>&gt; 90% of the students who completed the course evaluation agreed or strongly agreed with the following statements:</p> <ul style="list-style-type: none"> <li>- The course objectives were clear.</li> <li>-Overall, the course was well organized</li> <li>- I understand the relevance of this course material to my future professional activities</li> <li>- The examinations fairly assessed my knowledge of the material presented in lectures and reading assignments</li> </ul>   |
| <b>2012-2013</b>   | <p>&gt; 90% of the students who completed the course evaluation agreed or strongly agreed with the following statements:</p> <ul style="list-style-type: none"> <li>- The course objectives were clear.</li> <li>- I understand the relevance of this course material to my future professional activities</li> <li>- The examinations fairly assessed my knowledge of the material presented in lectures and reading assignments</li> </ul> <p>&gt; 65% of the students who completed the course evaluation agreed or strongly agreed with the following statement, while approximately 30% were neutral:</p> <p>-Overall, the course was well organized</p> |
| <b>2013-2014</b>   | <p>&gt; 90% of the students who completed the course evaluation agreed or strongly agreed with the following statements:</p> <ul style="list-style-type: none"> <li>- The course objectives were clear.</li> <li>- I understand the relevance of this course material to my future professional activities</li> </ul> <p>&gt; 75% of the students who completed the course evaluation agreed or strongly agreed with the following statement, while approximately 30% were neutral:</p> <p>-Overall, the course was well organized</p> <p>&gt; 65% of the students who completed the course evaluation agreed or strongly</p>                                 |

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|  | <p>agreed with the following statement, while approximately 25% were neutral:</p> <p>- The examinations fairly assessed my knowledge of the material presented in lectures and reading assignments</p> |
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| <b>C. Describe how this course builds on previous courses and/or how the skills, knowledge &amp; values developed in this course provides foundation for subsequent courses.</b>   |  |
| <p>- This course represents the first exposure of the dental students to Periodontics.</p> <p>- The curriculum for this course is designed to provide students with a foundation on fundamental concepts that relate to this specialty, particularly on the anatomy, histology and radiology of the normal and diseased periodontium, as well as basic concepts on the etiopathogenesis, epidemiology, microbiology, risk factors and systemic implications of periodontal diseases, with a strong emphasis on chronic periodontitis.</p> <p>- Passing this course is a prerequisite to enroll in Periodontics Methods II (92:141), Clinical Periodontics (92:160) and Periodontal Seminar (92:165).</p> |  |

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| <b>D. Describe if this course contains planned redundancies and the redundancies relate to previous courses.</b>                                     |  |
| <p>- This course does not contain any planned redundancies. As aforementioned, this is first contact of the dental students with Periodontology.</p> |  |

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| <b>E. Describe planned redundancies if present in this course and relation to previous courses.</b> |  |
| - N/A   |  |

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| <b>F. List the CODA standards addressed in this course</b>  |   |
| <b>CODA Standard</b>  | <b>Addressed through:</b> <i>(reference course goal/objective)</i>      |
| 3c: In-depth information on abnormal biological conditions must be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis for oral and oral-related diseases. (CODA 2-13) | Addressed through lecture and measured by multiple-choice examinations. |
| 5d: Preclinical Periodontics (CODA 2-23i)   | Addressed through lecture and measured by multiple-choice examinations. |

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| <b>G. Verify the course follows the COD Syllabus e-template</b> <input checked="" type="checkbox"/> |
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| <b>H. Verify the course has been mapped into the collegiate "Course Mapping" tool</b> <input checked="" type="checkbox"/> |
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| I. List potential course changes and note issues or conflicts that require resolution in order to make a significant change.   |
| - Coordinate with the content of the D1 Preventive Dentistry Course (PCD: 8118) directed by Ms. Marsha Cunningham, particularly in the material that pertains to comprehensive periodontal examination, in order to send an unified and standardized message to the students |

Instructions: A separate report should be completed for each course by the Course Director.

Date: 1/14/2015

Course: Periodontics Methods II (092:141) PERI: 8320

Completed by: Satheesh Elangovan

| <b>A. Describe the format for the course and list the course goals and evaluation method utilized.</b>  |  |
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| <b>Course Format:</b> 12 Lectures and 1 case presentation (by residents).   |  |
| <b>Outcome</b>  | <b>Assessment/Evaluation Method</b>    |
| <b>Knowledge and recognition</b> of the radiological features, clinical diagnoses, etiologies, prognoses and non-surgical and surgical treatments of some forms of periodontal diseases as well as rational for treatment and periodontal maintenance. Other included topics are periodontal-restorative and periodontal-endodontic relationships | Midterm and final multiple choice exam |
| <b>Cognitive skills</b> by differentiation of the most common clinical conditions, proposal of diagnoses, etiologies, prognoses and a tentative non-surgical treatment plan   | Midterm and final multiple choice exam |

| <b>B. Summarize student evaluations (most recent 2-3 years) for each course and note changes as a results of feedback.</b> |   |
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| <b>Student Feedback</b>  | <b>Outcome</b>  |
| Some comments on some questions in the exams not clear   | This was addressed by revising specific question to improve clarity             |
| Some comments on redundancy  | The unwanted redundancy was eliminated and instead a new lecture was introduced |
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| <b>C. Describe how this course builds on previous courses and/or how the skills, knowledge &amp; values developed in this course provides foundation for subsequent courses.</b>   |
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| <p>The purpose of this course is to review and expand upon the students' knowledge in the prevention, diagnosis and treatment of periodontal diseases (from the D1 course – 092:140). This course prepares the D2 student for future clinical experiences in Periodontics (092:160 and 092:165).</p> |

| <b>D. Describe if this course contains planned redundancies and the redundancies relate to previous courses.</b> |
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The course does contain planned redundancies – especially fundamental concepts related to periodontics and implant dentistry that the students are exposed to (in D1 perio course 0921:140) are intentionally repeated in this course.

**E. Describe planned redundancies if present in this course and relation to previous courses.**

The course does contain planned redundancies – especially fundamental concepts related to periodontics and implant dentistry that the students are exposed to (in D1 perio course 0921:140) are intentionally repeated in this course.

**F. List the CODA standards addressed in this course?**

| CODA Standard | Addressed through: (reference course goal/objective)   |
|---------------|--|
| CODA 2-23i    | <ul style="list-style-type: none"> <li>Demonstrate knowledge and understanding of the nature and etiology of periodontal diseases. (Collegiate competency 6.1) measured by multiple choice examinations.</li> <li>Demonstrate knowledge and capability of recognizing and diagnosing common periodontal diseases and their restorative and endodontic relationships. (Collegiate competencies 1.1 and 6.2) measured by multiple choice examinations.</li> <li>Demonstrate knowledge to provide preventive and oral health education for preventing and managing some phases of periodontal disease. (Collegiate competencies 4.2, 6.3, 6.4) measured by multiple choice examinations.</li> <li>Demonstrate limited knowledge of therapeutic options for treatment of patients with gingivitis and slight to moderate periodontitis. (Collegiate competency 6.3) measured by multiple choice examinations.</li> </ul> |

**G. Verify the course follows the COD Syllabus e-template** ☒

**H. Verify the course has been mapped into the collegiate "Course Mapping" tool.** ☒

**I. List potential course changes and note issues or conflicts that require resolution in order to make a significant change.**

We just made the above mentioned changes to reduce unwanted redundancies and we are not planning to do any major changes in this course in the near future.

Instructions: A separate report should be completed for each course by the Course Director.

Date: March 2015

Course: PERI: 8360 (92:160) Clinical Periodontics

Completed by: Johnson/Clark

| <b>A. Describe the format for the course and list the course goals and evaluation method utilized.</b>  |  |
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| <b>Course Format:</b><br><br>Clinical patient care<br>Case presentation by student  |  |
| <b>Outcome</b>  | <b>Assessment/Evaluation Method</b>  |
| The student should be able to:<br><br>1. Perform a comprehensive periodontal examination and interpret the information gathered in order to develop an accurate periodontal diagnosis and prognosis<br><br>2. Identify etiologic factors and assess risk level for periodontal and peri-implant diseases.<br><br>3. Develop an individualized, comprehensive, interdisciplinary, sequenced treatment plan for patients with up to localized moderate chronic periodontitis using diagnostic and prognostic information which also incorporates patient's goals values and concerns.<br><br>4. Integrate periodontal, restorative/prosthodontic and endodontic factors in diagnosis and treatment planning considerations.<br><br>5. Provide individualized patient education in order to address etiologic and risk factors for periodontal patients.<br><br>6. Provide periodontal disease control therapy, including scaling and root planing, patient education, and integrate this with other aspects of disease control therapy (medical consultation, | 50% = Daily assessment on each patient will be given (S= Surpassed expectations; M= Met expectations; N= Needs improvement) in seven categories: diagnosis/treatment planning; patient management and case presentation; self-evaluation and independence; professionalism and ethical behavior; clinical management; integration of evidence-based dentistry; clinical skills.<br><br>40% = Clinical competency examinations for examination/diagnosis/treatment planning; scaling and root planning; periodontal re-evaluation.<br><br>10% = Case documentation. |

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| <p>caries control, extraction of hopeless teeth, endodontic therapy)</p> <p>7. Assess the outcomes of periodontal therapy, including expected outcomes of scaling/root planing and be able to identify the need for additional therapy.</p> <p>8. Understand the rationale, indications and contraindications for various types of surgical therapy, including regenerative, resective, mucogingival, periodontal plastic and dental implant surgery.</p> <p>9. Identify patients who are candidates for periodontal referral, including patients with moderate to severe chronic periodontitis, aggressive forms of periodontitis, mucogingival conditions, periodontal disease associated with systemic disease or periodontitis that is refractory to treatment.</p> <p>10. Demonstrate the knowledge to properly identify and treat/manage periodontal emergencies.</p> <p>11. Perform recall examinations, including updating medical and dental history, hard and soft tissue assessment, and patient's diagnosis and treatment plan.</p> <p>12. Provide individualized periodontal maintenance therapy based on a patient's disease status and risk factors.</p> |  |
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| <b>B. Summarize student evaluations (most recent 2-3 years) for each course and note changes as a results of feedback.</b>   |                |
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| <b>Student Feedback</b>  | <b>Outcome</b> |
| <p><b>The majority of the general feedback is in the strongly agree or agree categories. Two trends were identified that concerned students:</b></p> <p>1) Adequacy of patient pool<br/>2) Student evaluation</p> <p><b>2011-2012 (40% response rate)</b></p> <p>80-85% of the responses to the general course evaluation rated the parameters assessed in the strongly agree or agree categories.</p> <p><b>2012-2013 (80% response rate)</b></p> |                |

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| <p>69-90% of the responses to the general course evaluation rated the parameters assessed in the strongly agree or agree categories.</p> <p>The lowest rating (69% strongly agree or agree) was for the item, <b>"There were sufficient appropriate patients to complete clinical expectations"</b>.</p> <p>Concerns included high rate of patient cancel/failure, patient distribution, inadequate numbers of periodontal re-evaluation experiences.</p> <p><b>2013-2014 (85% response rate)</b></p> <p>70-88% of the responses to the general course evaluation rated the parameters assessed in the strongly agree or agree categories.</p> <p><b>The lowest ratings (70% strongly agree or agree) were given to "My clinical performance was fairly evaluated"</b>.</p> <p>"The daily evaluation grades were 60% of our overall grade, but it's hard to differentiate between performances with the system in place because most students just get M's."</p> <p>"S, M, N grading is not appropriate if all students ever get is a bunch of M's all the time. Especially when M translates to a 70%"</p> <p>"I don't mean to complain about stupid things but I think it is unfair to give a 75% for one re-eval if you only got one. I used a recall for one of mine. There just are not enough re-evals; the idea of a test is a good idea for one of the re-evals. "</p> <p><b>Other comments:</b></p> <p>"Too many recalls"</p> | <p>In response to the shortage of periodontal re-evaluation experiences, students were allowed to do one of the 2 required re-evaluation competencies on a challenging recall patient.</p> <p>Beginning fall 2014, re-evaluation OSCE's were developed, and the requirement was changed to one re-OSCE based re-evaluation OSCE and one patient based re-evaluation competency.</p> <p>For the 2012-2013, daily grading system was changed from 1-4 to S, M, N to be consistent with collegiate initiative on clinical grading, and the categories evaluated were also changed to be consistent with the collegiate initiative.</p> <p>The weighting of the daily clinical evaluations was decreased to 50% and competencies increased to 40%.</p> <p>For 2014-2015, specific grading criteria and examples were refined for each of the parameters evaluated in the daily evaluation, and faculty were calibrated. "M" does not translate to 70%. Distribution of "S's" and "N's" is calculated and faculty meetings are being held to discuss student clinical performance.</p> <p>Calibration sessions are held on daily and competency grading at annual teaching inservices in August.</p> <p>Over the past 5 years the department has taken steps to improve the quality of the recall for both educational experience and quality of patient care, including doing a recall exam includes periodontal and general</p> |
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| <p>"My clinical exam and scaling skills certainly improved throughout the course of the block. Seeing patients is the most helpful aspect of this process but talking over instructor evals at the end of the appointments was also a good learning opportunity. "</p> | <p>dental exam, updating bitewings, referral of patients back to oral diagnosis, operative, prosth, endo, surgery as indicated. This is an excellent learning opportunity for students in comprehensive patient care.</p> |
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| <p><b>C. Describe how this course builds on previous courses and/or how the skills, knowledge &amp; values developed in this course provides foundation for subsequent courses.</b></p>   |
| <p>The purpose of this course is to expand the student's knowledge in the preventive, diagnosis and treatment of periodontal diseases and conditions. This course builds upon the two previous periodontics didactic courses and expands on the knowledge and skills acquired in the D1, D2 Introduction to Clinical Dentistry and Preventive Dentistry courses. The course prepares the student for future clinical experiences in Family Dentistry, for national board examinations in periodontics, for various state licensing examinations, for graduate dental education and for the private practice of dentistry and its specialties.</p> |

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| <p><b>D. Describe if this course contains planned redundancies and the redundancies relate to previous courses.</b></p>  |
| <p>Concepts related to periodontal examination, diagnosis, treatment planning, treatment re-evaluation periodontal diagnosis and treatment are reviewed, expanded upon through application in the patient setting.</p> |

| <b>E. Describe planned redundancies if present in this course and relation to previous courses.</b> |
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| Same as above.  |

| <b>F. List the CODA standards addressed in this course?</b>  |  |
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| <b>CODA Standard and Addressed through:<br/>(reference course goal/objective)</b>  | <b>Course objectives:</b>  |
| 1. Critical thinking. (1,3,5-12)<br>2. Self-assessment and self-directed lifelong learning. (1-12)<br>3d. Application of biomedical science knowledge in the delivery of patient care. (1-12)<br>3e. Application of pharmacology in the prevention, diagnosis and management of oral disease and the promotion and maintenance of oral health. (1,3,5,10-12)<br>4a. Application of the fundamental principles of behavioral science as they pertain to patient-centered approaches for promoting, improving and maintaining oral health. (2,5,12)<br>4b. Manage a diverse patient population (1-12)<br>6a. Application of legal and regulatory concepts related to provision of health care. (1-12)<br>7. Interprofessional health care. (2-4)<br>8. Ethical practice of dentistry. (1,3,9,11,12)<br>9. Evidence based dentistry. (3, 4, 6,7,8,,12)<br>10a. Patient assessment, diagnosis, treatment planning, prognosis and informed consent.(1-9,11,12)<br>10b. Screening and risk assessment for head and neck cancer. (1, 11)<br>10c. Recognition of the complexity of treatment and identifying when referral is indicated. (9) | The student should be able to:<br>1. Perform a comprehensive periodontal examination and interpret the information gathered in order to develop an accurate periodontal diagnosis and prognosis<br>2. Identify etiologic factors and assess risk level for periodontal and peri-implant diseases.<br>3. Develop an individualized, comprehensive, interdisciplinary, sequenced treatment plan for patients with up to localized moderate chronic periodontitis using diagnostic and prognostic information which also incorporates patient's goals values and concerns.<br>4. Integrate periodontal, restorative/prosthetic and endodontic factors in diagnosis and treatment planning considerations.<br>5. Provide individualized patient education in order to address etiologic and risk factors for periodontal patients.<br>6. Provide periodontal disease control therapy, including scaling and root planing, patient education, and integrate this with other aspects of disease control therapy (medical |

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| 10d. Health promotion and disease prevention. (2,3,5,6,12)                                   | consultation, caries control, extraction of hopeless teeth, endodontic therapy)  |
| 10i. Periodontal therapy.(5-10,12)   | 7. Assess the outcomes of periodontal therapy, including expected outcomes of scaling/root planing and be able to identify the need for additional therapy.  |
| 10m. Dental emergencies. (10)  | 8. Understand the rationale, indications and contraindications for various types of surgical therapy, including regenerative, resective, mucogingival, periodontal plastic and dental implant surgery.   |
| 10o. Evaluation of outcomes, recall strategies and prognosis.(7,9,11,12)                     | 9. Identify patients who are candidates for periodontal referral, including patients with moderate to severe chronic periodontitis, aggressive forms of periodontitis, mucogingival conditions, periodontal disease associated with systemic disease or periodontitis that is refractory to treatment. |
| 10p. Risk assessment for caries and periodontal disease. (1,2,11,12)                         | 10. Demonstrate the knowledge to properly identify and treat/manage periodontal emergencies.   |
| 13. Ability to evaluate, assess and apply current and emerging science and technology. (6-8) | 11. Perform recall examinations, including updating medical and dental history, hard and soft tissue assessment, and patient's diagnosis and treatment plan.   |
|  | 12. Provide individualized periodontal maintenance therapy based on a patient's disease status and risk factors.   |

**G. Verify the course follows the COD Syllabus e-template ☒**

**H. Verify the course has been mapped into the collegiate "Course Mapping" tool. ☒**

**I. List potential course changes and note issues or conflicts that require resolution in order to make a significant change.**

Challenges: Patient pool issues: requirements of DWP and issues with timing of care; shortage of reliable patients of needed complexity.

Need to work more with Preventive Dentistry and with Oral Diagnosis on periodontal examination/ diagnosis and treatment planning.

Need to continue to work to improve evaluation system

Need to continue to improve faculty calibration

Instructions: A separate report should be completed for each course by the Course Director.

Date: March 2015

Course: PERI: 8365 (92:165) Periodontics Seminar

Completed by: Johnson/Clark

| <b>A. Describe the format for the course and list the course goals and evaluation method utilized.</b>   |   |
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| <b>Course Format:</b><br><br>Lecture, seminar  |   |
| <b>Outcome</b>   | <b>Assessment/Evaluation Method</b>   |
| 1. Understand the components of a comprehensive periodontal examination and, when provided this information, be able to develop an accurate periodontal diagnosis and prognosis.<br><br>2. Understand the etiologic and risk factors associated with periodontal and peri-implant diseases.<br><br>3. Develop an individualized, comprehensive, interdisciplinary, properly sequenced treatment plan for simulated patients with gingivitis and chronic periodontitis using diagnostic and prognostic information.<br><br>4. Understand the relationship among periodontal, restorative/prosthetic and endodontic factors in the context of diagnosis and treatment planning.<br><br>5. Develop individualized patient education in order to address etiologic and risk factors for periodontal patients.<br><br>6. Understand the rationale for nonsurgical and surgical periodontal therapy.<br><br>7. Understand how to assess outcomes of periodontal therapy, including expected outcomes and indications for additional therapy. | Two written examinations: multiple choice, true-false, fill in the blank, matching, and short essay statements. |

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| <p>8. Understand the indications and contraindications for various types of surgical therapy, including regenerative, resective, mucogingival, periodontal plastic and dental implant surgery.</p> <p>9. Understand the indications for periodontal referral, including patients with moderate to severe chronic periodontitis, aggressive forms of periodontitis, mucogingival conditions, periodontal disease associated with systemic disease or periodontitis that is refractory to treatment.</p> <p>10. Demonstrate the knowledge to properly identify and treat/manage periodontal emergencies.</p> <p>11. Develop an individualized periodontal maintenance program based on a simulated patient's disease status and risk factors.</p> |  |
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| <b>B. Summarize student evaluations (most recent 2-3 years) for each course and note changes as a results of feedback.</b>  |  |
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| <b>Student Feedback</b>   | <b>Outcome</b>   |
| From 2012 to 2014, 85% to 100% of the overall course evaluations rated the parameters in the strongly agree and agree categories.   |  |
| <p>2011-2012:</p> <p>Course did a good job of reintroducing us back into perio and then forward into new topics.</p> <p>More interactive discussion of diagnosis (maybe diagnosis and treatment planning class exercises?) would be helpful to make sure everyone is on the same page as far as what do you call "X" when you see it.</p> | <p>Faculty members are using more case-based learning activities in their seminars. We have documented three cases for initial diagnosis/treatment planning and re-evaluation and questions were developed for OSCE's based on these. The Re-evaluation OSCE's are currently being utilized in the D3 clinic (fall 2014). A potential use of the diagnosis/treatment planning cases is a class based exercise or short answer examination.</p> |

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| <p>2012-2013;</p> <p>Lectures all seemed applicable to my future as a general dentist.</p> <p>I found the comprehensive exams to be the most beneficial. It allows me to apply the information from class into a clinical setting.</p> <p>Lectures involved case based information.</p> <p>It would be nice to have the ICON site working at the beginning of class.</p> <p>2013-2014</p> <p>Very well organized, kept to the seminar schedule.</p> <p>Seminar and lecture topics are relevant to the clinic</p> | <p>ICON site is working at the beginning of class</p> |
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| C. Describe how this course builds on previous courses and/or how the skills, knowledge & values developed in this course provides foundation for subsequent courses.  |  |
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| <p>This course builds on the D1 and D2 didactic periodontal courses.</p> <p><b>The D1 course</b> provides foundation information on anatomy and histology of the normal and diseased periodontium, introduces periodontal diagnosis and disease classification, addresses etiologic and risk factors of periodontitis, pathogenesis and host response, periodontal-systemic relationships and presents the rudiments of a clinical periodontal examination.</p> <p><b>The D2 course</b> expands on clinical diagnoses and disease etiology and risk factors. New topics addressed include prognosis and treatment planning. The components of initial periodontal therapy and re-evaluation and introduced and an overview of surgical therapy is presented. Concepts of periodontal maintenance are lectured on, and other topics include periodontal-restorative and periodontal-endodontic relationships.</p> <p><b>The D3 course</b> parallels students' first clinical experience with periodontal patients. The course reviews and expands skills and knowledge in periodontal examination, diagnosis, treatment planning, treatment and periodontal re-evaluation. More in-depth information tailored to the periodontal patient is presented on treatment planning, nonsurgical therapy, patient education, tobacco cessation, re-evaluation, recognition of the need for additional therapy, referral and development of an individualized periodontal maintenance program. Compared to D1-and D2 years, more in-depth information is presented on surgical therapies including, osseous surgery, regeneration, mucogingival therapy crown lengthening. Implant case selection and maintenance are also addressed.</p> <p><b>The D4 periodontal lecture topics</b> build upon the D3 course. Topics that are reviewed and expanded upon include periodontal re-evaluation and referral, antimicrobial therapy, regenerative therapy and periodontal-restorative concepts. New topics include ridge preservation and implant site development, peri-implantitis diagnosis and management, and lasers in periodontics to address emerging technology.</p> |  |

Referral in D3 year?

**D. Describe if this course contains planned redundancies and the redundancies relate to previous courses.**

As noted above, there are planned redundancies in order to review: periodontal examination, diagnosis, treatment planning, treatment, and re-evaluation. Information on these topics is not simply repeated; it is re-introduced and expanded upon in order to prepare the students for D3 clinic patient experiences.

**E. Describe planned redundancies if present in this course and relation to previous courses.**

Same as D above.

**F. List the CODA standards addressed in this course?**

**CODA Standard and Addressed through:** *(reference course goal/objective)*

**Course objectives:**

1. Critical thinking (1,3,5-11)

3d. Application of biomedical science knowledge in the delivery of patient care. (1-11)

3e. Application of pharmacology in the prevention, diagnosis and management of oral disease and the promotion and maintenance of oral health. (1,3, 5, 10,11)

4a. Application of the fundamental principles of behavioral science as they pertain to patient-centered

1. Understand the components of a comprehensive periodontal examination and, when provided this information, be able to develop an accurate periodontal diagnosis and prognosis.

2. Understand the etiologic and risk factors associated with periodontal and peri-implant diseases.

3. Develop an individualized, comprehensive, interdisciplinary, properly sequenced treatment plan for simulated patients with gingivitis and chronic periodontitis using diagnostic and prognostic information.

4. Understand the relationship among periodontal, restorative/prosthodontic and

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| <p>approaches for promoting, improving and maintaining oral health. (2, 5, 11)</p> <p>7. Interprofessional health care (2, 3, 4)</p> <p>8. Ethical practice of dentistry (1,3,9,11)</p> <p>10a. Patient assessment, diagnosis, treatment planning, prognosis and informed consent. (1-9, 11)</p> <p>10c. Recognition of the complexity of treatment and identifying when referral is indicated (9)</p> <p>10d. Health promotion and disease prevention (2,3,5,6,11)</p> <p>10i. Periodontal therapy (5-11)</p> <p>10m. Dental emergencies (10)</p> <p>10o. Evaluation of outcomes, recall strategies and prognosis (7,9,11)</p> <p>10p. Risk assessment for caries and periodontal disease (1,2,11)</p> | <p>endodontic factors in the context of diagnosis and treatment planning.</p> <p>5. Develop individualized patient education in order to address etiologic and risk factors for periodontal patients.</p> <p>6. Understand the rationale for nonsurgical and surgical periodontal therapy.</p> <p>7. Understand how to assess outcomes of periodontal therapy, including expected outcomes and indications for additional therapy.</p> <p>8. Understand the indications and contraindications for various types of surgical therapy, including regenerative, resective, mucogingival, periodontal plastic and dental implant surgery.</p> <p>9. Understand the indications for periodontal referral, including patients with moderate to severe chronic periodontitis, aggressive forms of periodontitis, mucogingival conditions, periodontal disease associated with systemic disease or periodontitis that is refractory to treatment.</p> <p>10. Demonstrate the knowledge to properly identify and treat/manage periodontal emergencies.</p> <p>11. Develop an individualized periodontal maintenance program based on a simulated patient's disease status and risk factors.</p> |
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**G. Verify the course follows the COD Syllabus e-template** ☒

**H. Verify the course has been mapped into the collegiate "Course Mapping" tool.** ☒

**I. List potential course changes and note issues or conflicts that require resolution in order to make a significant change.**

Add more material on periodontal referral?

Lecturers update lecture material with most current evidence and highest level of evidence

Increased use of case based material in seminar

Increased use of video illustrations.

Do an interactive session on periodontal diagnosis with a case. Illustrate use of AxiUm and the periodontal worksheet.

Use of one of the cases documented for initial exam OSCE as a basis for an all class examination on periodontal diagnosis.

Instructions: A separate report should be completed for each course by the Course Director.

Date: Jan 14<sup>th</sup>, 2015

Course: Periodontics Methods I (92:140) PERI: 8310

Completed by: Gustavo Avila-Ortiz

| <b>A. Describe the format for the course and list the course goals and evaluation method utilized.</b>                                  |                                     |
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| <b>Course Format:</b> Didactic  |                                     |
| <b>Outcome</b>  | <b>Assessment/Evaluation Method</b> |
| Recognize the structures that form the periodontium   | Multiple Choice Questions           |
| Distinguish the main differences between normal and diseased periodontium at a clinical, radiographic and histologic level              | Multiple Choice Questions           |
| Understand the current classification of gingival and periodontal diseases with their corresponding etiologies                          | Multiple Choice Questions           |
| Be aware of the epidemiology of gingival and periodontal diseases   | Multiple Choice Questions           |
| Understand the importance of the biofilm and the host immune response in the pathogenesis of some forms of periodontal disease          | Multiple Choice Questions           |
| Understand the role of smoking and uncontrolled diabetes as risk factors for the establishment and progression of chronic periodontitis | Multiple Choice Questions           |
| Identify secondary local etiologic factors that may predispose or modify the progression of periodontal diseases                        | Multiple Choice Questions           |
| Be aware of the link between periodontal diseases and certain systemic conditions   | Multiple Choice Questions           |
| Understand the influence of nutrition in the maintenance of health and in the development of gingival and periodontal diseases          | Multiple Choice Questions           |
| Understand fundamental esthetic principles related to gingival and facial esthetics   | Multiple Choice Questions           |
| Know the sequence of a comprehensive periodontal exam   | Multiple Choice Questions           |
| Become familiar with commonly used diagnostic methods in Periodontology and their limitations   | Multiple Choice Questions           |

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| Incorporate cognitive skills to diagnose periodontal pathologies and recognize the need for periodontal therapy, considering related local and systemic factors | Multiple Choice Questions |
| Become independent learners and develop a desire for self-improvement/self-directed learning in Periodontics  | Multiple Choice Questions |

| <b>B. Summarize student evaluations (most recent 2-3 years) for each course and note changes as a results of feedback.</b> |   |
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| <b>Student Feedback</b>  | <b>Outcome</b>  |
| <b>2011-2012</b>   | <p>&gt; 90% of the students who completed the course evaluation agreed or strongly agreed with the following statements:</p> <ul style="list-style-type: none"> <li>- The course objectives were clear.</li> <li>-Overall, the course was well organized</li> <li>- I understand the relevance of this course material to my future professional activities</li> <li>- The examinations fairly assessed my knowledge of the material presented in lectures and reading assignments</li> </ul>   |
| <b>2012-2013</b>   | <p>&gt; 90% of the students who completed the course evaluation agreed or strongly agreed with the following statements:</p> <ul style="list-style-type: none"> <li>- The course objectives were clear.</li> <li>- I understand the relevance of this course material to my future professional activities</li> <li>- The examinations fairly assessed my knowledge of the material presented in lectures and reading assignments</li> </ul> <p>&gt; 65% of the students who completed the course evaluation agreed or strongly agreed with the following statement, while approximately 30% were neutral:</p> <p>-Overall, the course was well organized</p> |
| <b>2013-2014</b>   | <p>&gt; 90% of the students who completed the course evaluation agreed or strongly agreed with the following statements:</p> <ul style="list-style-type: none"> <li>- The course objectives were clear.</li> <li>- I understand the relevance of this course material to my future professional activities</li> </ul> <p>&gt; 75% of the students who completed the course evaluation agreed or strongly agreed with the following statement, while approximately 30% were neutral:</p> <p>-Overall, the course was well organized</p> <p>&gt; 65% of the students who completed the course evaluation agreed or strongly</p>                                 |

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|  | <p>agreed with the following statement, while approximately 25% were neutral:</p> <p>- The examinations fairly assessed my knowledge of the material presented in lectures and reading assignments</p> |
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| <b>C. Describe how this course builds on previous courses and/or how the skills, knowledge &amp; values developed in this course provides foundation for subsequent courses.</b>   |  |
| <p>- This course represents the first exposure of the dental students to Periodontics.</p> <p>- The curriculum for this course is designed to provide students with a foundation on fundamental concepts that relate to this specialty, particularly on the anatomy, histology and radiology of the normal and diseased periodontium, as well as basic concepts on the etiopathogenesis, epidemiology, microbiology, risk factors and systemic implications of periodontal diseases, with a strong emphasis on chronic periodontitis.</p> <p>- Passing this course is a prerequisite to enroll in Periodontics Methods II (92:141), Clinical Periodontics (92:160) and Periodontal Seminar (92:165).</p> |  |

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| <b>D. Describe if this course contains planned redundancies and the redundancies relate to previous courses.</b>                                     |  |
| <p>- This course does not contain any planned redundancies. As aforementioned, this is first contact of the dental students with Periodontology.</p> |  |

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| <b>E. Describe planned redundancies if present in this course and relation to previous courses.</b> |  |
| - N/A   |  |

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| <b>F. List the CODA standards addressed in this course</b>  |   |
| <b>CODA Standard</b>  | <b>Addressed through:</b> <i>(reference course goal/objective)</i>      |
| 3c: In-depth information on abnormal biological conditions must be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis for oral and oral-related diseases. (CODA 2-13) | Addressed through lecture and measured by multiple-choice examinations. |
| 5d: Preclinical Periodontics (CODA 2-23i)   | Addressed through lecture and measured by multiple-choice examinations. |

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| <b>G. Verify the course follows the COD Syllabus e-template</b> <input checked="" type="checkbox"/> |
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| <b>H. Verify the course has been mapped into the collegiate "Course Mapping" tool</b> <input checked="" type="checkbox"/> |
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| I. List potential course changes and note issues or conflicts that require resolution in order to make a significant change.   |
| - Coordinate with the content of the D1 Preventive Dentistry Course (PCD: 8118) directed by Ms. Marsha Cunningham, particularly in the material that pertains to comprehensive periodontal examination, in order to send an unified and standardized message to the students |

Instructions: A separate report should be completed for each course by the Course Director.

Date: April 15, 2015

Course: D4 Lecture series, part of FAMD:8494 - Topics in Family Dentistry

Completed by: Paula Weistroffer, D4 Clinic Director (Dr. Reed Parker is course director)

| <b>A. Describe the format for the course and list the course goals and evaluation method utilized.</b>  |  |
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| <b>Course Format:</b><br>Lecture  |  |
| <b>Outcome (From FAMD syllabus)</b>   | <b>Assessment/Evaluation Method</b>                                  |
| 1. To prepare the student to deal with complex as well as single phases of clinical dentistry.  | Attendance, participation, respect, and the grade on the final exam. |
| 2. To incorporate this didactic material attainment into a sound philosophy of comprehensive patient care, as evidenced (via FAMD faculty) by their continued growth in clinic to become a competent independent general dentist. | Attendance, participation, respect, and the grade on the final exam. |
| 3. Instill the importance of lifelong learning to enhance patient care.   | Attendance, participation, respect, and the grade on the final exam. |
|   |  |

| <b>B. Summarize student evaluations (most recent 2-3 years) for each course and note changes as a results of feedback.</b> |                |
|--|----------------|
| <b>Student Feedback</b>  | <b>Outcome</b> |
| Student evaluations are not available.   |                |
|  |                |
|  |                |

| <b>C. Describe how this course builds on previous courses and/or how the skills, knowledge &amp; values developed in this course provides foundation for subsequent courses.</b>  |
|---|
| This lecture series builds upon the previous 3 periodontal courses in the pre-doctoral curriculum. It introduces new topics in implant dentistry as well as reviewing some previous but important concepts. This is the final periodontics course in the pre-doctoral curriculum. |

|  |
|--|
| <b>D. Describe planned redundancies if present in this course and relation to previous courses.</b>  |
| This course does contain some redundancies and they are planned. We review information on antimicrobial therapy and perio-restorative concepts from the D2 course. We also review the concepts of periodontal re-evaluation and regenerative procedures from the D3 course. This allows us a specified time to provide updates to products on/off the market and helps reinforce the need to perform re-evaluations and their ability to identify sites that may benefit from regenerative procedures. |

| <b>E. List the CODA standards addressed in this course?</b> |   |
|---|---|
| <b>CODA Standard</b>  | <b>Addressed through:</b> <i>(reference course goal/objective)</i> – this does not match the course mapping module...   |
| CODA 2-23c, 2-23i, 2-23o                                    | Re-evaluation and Referral lecture  |
| CODA 2-23d  | Implementing a Tobacco Cessation Program in Your Office lecture   |
| CODA 2-23i  | Re-evaluation and Referral lecture; Antimicrobial Therapy; Occlusion in Periodontics lecture; Periodontal Regeneration lecture; To Extract or Not to Extract lecture; Esthetic Crown lengthening; Periodontal-restorative Considerations for Soft Tissue Grafting; Lasers in Periodontics lecture |
| CODA 2-23h  | Ridge Preservation and Implant site development lectures  |
| CODA 2-23i  | Periodontal Regeneration lecture; Esthetic Crown lengthening; Periodontal-restorative Considerations for Soft Tissue Grafting; <b>Soft Tissue Retraction</b> lecture; Ridge Preservation and Implant site development lectures  |
| CODA 2-23 intent statement                                  | Lasers in Periodontics lecture to address emerging technology   |

|   |
|---|
| <b>F. Verify the course follows the COD Syllabus e-template</b> <input type="checkbox"/><br>This is done by the Family Dentistry course director. |
|---|

|   |
|---|
| <b>G. Verify the course has been mapped into the collegiate "Course Mapping" tool.</b> <input type="checkbox"/><br>This is done by the Family Dentistry course director |
|---|

|   |
|---|
| <b>H. List potential course changes and note issues or conflicts that require resolution in order to make a significant change.</b> |
| None at this time. If we wanted to add more sessions, I think FAMD would be more than accommodating.                                |

## **2014 Curriculum Review – Periodontics – DEO Georgia Johnson**

### **Process:**

The Periodontics Departmental Curriculum Review document was received by the Curriculum Management working group. Members of the group reviewed the document individually and met to discuss comments and questions. Overall all members agreed that this was a very thorough and well documented curriculum review, summarizing the material taught in the pre-doc periodontics curriculum. Challenges were properly listed and also accompanied by proposed changes to improve the curriculum and benefit students. The first review report was send to DEO Georgia Johnson to provide feedback and answers to the following questions. The response of Dr. Johnson has been highlighted in yellow.

### **Questions per Section:**

#### **V.**

1. Please address whether you consider exploring other possible resources to fill in Dr. Finkelstein's presentations to add in your efforts of horizontal integration on histologic aspects of the periodontium.

**RESPONSE:** Dr. Finkelstein generously shared his teaching material on the histology of the normal and diseased periodontium with Dr. Avila. Dr. Avila has done his best to integrate this content into the D1 course. We are open to other suggestions that the curriculum committee may have to provide our students with the best education on this topic.

2. On your plans to improve horizontal integration in the D3 year, teaching/learning activities to improve students' concept of comprehensive treatment planning during the "super-block" with collaboration with endodontics and prosthodontics has been listed. Could you please elaborate on how you would like to plan and implement this type of learning activity?

**RESPONSE:** An initial approach would be to get input from the Clerkship Directors for endodontics, prosthodontics and periodontics. It would be helpful to review what is taught in each discipline regarding treatment planning, identify perceived gaps in student concepts and in patient management, and then develop mechanisms to address these. Potential ideas include interdisciplinary case presentations by students or "grand rounds" to review and to get feedback on treatment planning some of the more complex D3 patients. The Clerkship Directors will likely have additional good suggestions.

#### **X.**

3. Difficulties in the D3 patient pool has been mentioned-do you anticipate a change in the D3 patient pool based on the change of tier with current DWP patients that would affect and improve the clinical education for the students?

**RESPONSE:** We were optimistic that this might be the case, however faculty members have expressed concerns that DWP patients are not returning for treatment and that the failure rate seems high. The College may want to review these statistics in order to provide an accurate assessment. Based on March 2015 data in comparison to March 2014, patient visit numbers in the D3 clinic were decreased 11% and charges and payments decreased by approximately 4%.

### Department Course Review.

4. It would be helpful to add in each Department Course Review, at which year (D1-D4) the course is taught.

**RESPONSE:** That is an excellent suggestion which will help reviewers as they read the materials. Adding a line for this information on the form would assure that it is entered.

5. For the D4 Lecture series, students' evaluations were not available. Would there be a possibility for Family Dentistry to facilitate evaluations by sub-topic?

**RESPONSE:** We have requested this information in the past. Drs. Holmes, Weistroffer and Johnson have also met to discuss Family Dentistry's ideas regarding the seminar topics.

6. For Periodontics Methods I (92:140) PERI:8310, students' feedback was summarized-please elaborate on potential future changes to address students' feedback.

**RESPONSE:** The following are examples of changes that were made in the last three in efforts to improve the curriculum. Several of these address items that students raised in the course reviews.

- The D1-D2 courses' (PERI:8310 and PERI:8311) lecture topics were revised in 2012 to better sequence the topics and to reduce unintentional redundancy.
- Due to student difficulties understanding the periodontal examination lecture, a video demonstrating a periodontal examination was developed and the visual content of the lecture was expanded in 2014.
- In 2015, Dr. Avila will be test piloting daily quizzes in his lectures in order to make the class more interactive and address student concerns that the grades are based only on two examinations.
- Content of the lectures will be updated Fall 2015 to reflect the updated AAP Disease Classification.

The following are items that the students commented on that the department and course director do not have control over:

- Students expressed concerns that the lectures in the course are spread randomly over two semesters. They would prefer a regular class schedule over a more condensed time period.
- Not all of the faculty members allowed recording of their lectures.

On receipt of the response of Dr. Johnson the curriculum management working group met and finalized the report. All members agreed that the response adequately addressed the issues pointed out. The following are discussion that may benefit the periodontics curriculum in the future.

1. Potential incorporation of interdisciplinary case presentations may be very valuable for students and should be discussed further with clerkship directors. However, this addition should be planned carefully and not be another load for students. Additionally it was pointed out that all case presentations should be facilitated in a friendly environment to foster a positive learning environment.
2. An effort to make the class more interactive and address students' concerns has been positively perceived. However, test piloting daily quizzes should be planned carefully and not add another load to students.
3. Questions were raised as to whether there is a policy in recording lectures at the COD.