

Periodontal Calculus Detection & Removal Competency Exam – Part B

PCC 104CD

Course #, Course Name		Examiner Name	Exam Date
PCC 104CD Management and Treatment of Periodontal Diseases II			
Student Name	Student ID	Examiner Signature	Start Time
Patient EHR # (if applicable)		Final Score	End Time
		Total:	
Exam Name		Passing Score:	≥130
Periodontal Calculus Detection & Removal Part B CE		Total Possible:	185
			This is an individual, high stakes exam.

Examiner name, exam date/start time, student name/ID, patient EHR# above must be completed before the exam can begin.

CODA Competency 2-24i, Perio Therapy; 2-17, Treating Diverse Patients; 2-10, Critical Thinking and Problem-Solving	SOD Competency 1- Ethics and professionalism, 2- Applies course-based knowledge, 5- Delivers safe, effective care, 10- Communicates respectfully and effectively, 11- Demonstrates technical and procedural skills
Exam Instructions <input type="checkbox"/> Must inform examiner and get approval of patient before starting CE <input type="checkbox"/> MUST complete CE without assistance from students or faculty <input type="checkbox"/> MUST be completed in one (1) clinic session <input type="checkbox"/> Examiner does not need to be consistent for Parts A, B, and C <input type="checkbox"/> Patient does not need to be consistent for Parts A, B, and C <input type="checkbox"/> MUST meet ALL case selection criteria	Learning Objectives Perform supragingival scaling, subgingival scaling and root planing procedures safely, efficiently, and with proper infection control practices
Outcome if Fail The exam is a 'No Pass' if the score is < 70%, or if there are any critical errors, or if the exam is not completed within the allotted time. The student is encouraged to seek guidance from the faculty examiner and/or course director for re-learning, and then must attempt the exam again, when deemed ready, on another patient as advised by the faculty examiner and their clinical coach.	
Case Selection Criteria <input type="checkbox"/> Minimum of twenty (20) natural teeth with at least 4 molars, minimum of six (6) natural teeth in two quadrants. <input type="checkbox"/> Minimum of 2 quadrants that qualify for full quadrant Sc/Rp (i.e. each quadrant that qualify needs to have 4 teeth w/ 1 pocket of 5mm or greater) with at least two (2) adjacent posterior teeth in contact, one of which must be a molar <input type="checkbox"/> Patient must not have had previous periodontal treatment at this institution and have no history of nonsurgical or surgical periodontal treatment within past 6 months <input type="checkbox"/> Minimum of six (6) surfaces of clinically demonstrable subgingival calculus must be present in one or two quadrants. <input type="checkbox"/> Clinically demonstrable calculus is defined as easily detected with an explorer (heavy ledges). At least four (4) surfaces of the subgingival calculus must be on posterior teeth. Each tooth is divided into four (4) surfaces for qualifying calculus: mesial, distal, facial, and lingual. <input type="checkbox"/> If additional teeth are needed to obtain the required calculus, two quadrants may be used. In this case, both quadrants need to fulfill the above mentioned criteria with regards to pocket depth Student gets start check, completes Factors 7 & 8 with the examiner; student then anesthetizes patient, completes Section I in the table. <input type="checkbox"/> After obtaining start check, the student completes the Oral Hygiene Instructions (Factor 7) and Oral Hygiene Evaluations (Factor 8) with the patient in the presence of the examiner <input type="checkbox"/> Label the boxes below with appropriate tooth number and mark all subgingival calculus in all the teeth in the selected quadrant(s) <input type="checkbox"/> Leave segment blank if no subgingival ledge is present <input type="checkbox"/> Have instructor check Section I before starting therapy <input type="checkbox"/> Section II is completed by the examiner after the scaling and root planing has been completed	

FACTOR 7: ORAL HYGIENE INSTRUCTIONS				
40 – Optimal	30 – Slight deviation from optimal	20 – Moderate deviation from optimal	10 – Multiple/Major deviation(s) from optimal	0 – Critical errors
<ul style="list-style-type: none"> Identifies plaque biofilm in patient’s mouth Identifies dental deposits in patient’s mouth Discusses correlation between deposits and diseases to the patient Accurately assesses all of patient’s oral hygiene problems Appropriate aid chosen to teach Explains the rationale of why, when and what to use Technique is correct 	<ul style="list-style-type: none"> Identifies plaque biofilm in patient’s mouth Identifies dental deposits in patient’s mouth Discusses correlation between deposits and diseases to the patient Accurately assesses all of patient’s oral hygiene problems Appropriate aid chosen to teach Evaluates the need of what oral hygiene device to use without detailed rationale Technique is correct 	<ul style="list-style-type: none"> Identifies most plaque biofilm in patient’s mouth but fails to identify minor changes Identifies most dental deposits in patient’s mouth but fails to identify minor changes Accurately assesses all of patient’s oral hygiene problems Appropriate aid chosen to teach Evaluates the need of what oral hygiene device to use without detailed rationale Technique is partially correct 	<ul style="list-style-type: none"> Fails to identify plaque biofilm in patient’s mouth Fails to identify dental deposits in patient’s mouth Assesses most of patient’s oral hygiene problems Provides oral hygiene devices that only address some of the patient’s needs without detailed rationale Technique is not correct 	<ul style="list-style-type: none"> Fails to identify plaque biofilm in patient’s mouth Fails to identify dental deposits in patient’s mouth Fails to present an oral hygiene plan Did NOT assess patient’s oral hygiene care Has NOT provided oral hygiene devices that address patient’s needs Technique is not correct
Score Awarded:	Comments:			
FACTOR 8: ORAL HYGIENE EVALUATION				
40 – Optimal	30 – Slight deviation from optimal	20 – Moderate deviation from optimal	10 – Multiple/Major deviation(s) from optimal	0 – Critical errors
<ul style="list-style-type: none"> Patient demonstrates new technique accurately in the mouth Student provides feedback to the patient Students corrects patient’s technique 	<ul style="list-style-type: none"> Patient demonstrates new technique accurately in the mouth Student provides feedback to the patient Student partially corrects patient’s technique 	<ul style="list-style-type: none"> Patient demonstrates new technique partially correct in the mouth Student doesn’t provide feedback to the patient Student partially corrects patient’s technique 	<ul style="list-style-type: none"> Patient demonstrates new technique partially correct in the mouth Student doesn’t provide feedback to the patient Student doesn’t correct the patient’s technique 	<ul style="list-style-type: none"> Patient is unable demonstrates the new technique accurately in the mouth Student doesn’t provide feedback to the patient Student doesn’t the correct patient’s technique
Score Awarded:	Comments:			

Student Completes Section I:

STUDENT OBTAINS START CHECK FROM EXAMINER, THEN COMPLETES SECTION I OF THE TABLE BELOW

I: Calculus Detection: subgingival calculus present prior to Scaling and root planning (Sc/RP)

Teeth #		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	
Calculus (Mark X if present)	Facial																	
	Lingual																	
	Mesial																	
	Distal																	

FACTOR 9 GRADED BY EXAMINER AFTER COMPLETION OF THE ABOVE TABLE

FACTOR 9: CALCULUS DETECTION

40 – Optimal	30	20	10	0 – Critical errors
Demonstrates complete detection of all subgingival calculus present in quadrant(s)	Slight deviation from optimal: Incorrectly identifies absence or presence of one area of clinically demonstrable subgingival calculus	Moderate deviation from optimal: Incorrectly identifies absence or presence of two areas of clinically demonstrable subgingival calculus	Multiple/Major deviation(s) from optimal: Misses three areas of clinically demonstrable subgingival calculus	Misses or incorrectly identifies four or more areas of clinically demonstrable subgingival calculus <u>Any critical error will result in automatic failure of the exam.</u>
Score Awarded:	Comments: Quadrant:			

STUDENT OBTAINS CONSENT FROM EXAMINER TO PROCEED WITH CALCULUS REMOVAL. THEN EXAMINER COMPLETES SECTION II OF THE TABLE AND SCORES FACTOR 10

II: Calculus Detection: subgingival calculus remaining at completion evaluation

Teeth #		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Calculus (Mark X if present)	Facial																
	Lingual																
	Mesial																
	Distal																

FACTOR 10: EFFECTIVENESS OF CALCULUS REMOVAL

40 – Optimal	30 – Slight deviation from optimal	20 – Moderate deviation from optimal	10 – Multiple/Major deviation(s) from optimal	0 – Critical errors
<ul style="list-style-type: none"> • Demonstrates complete removal of all calculus plaque and stains from tooth surfaces • Does NOT cause any tissue trauma • Does NOT cause any patient discomfort 	<ul style="list-style-type: none"> • Demonstrates complete removal of all other deposits except for stains in pits and fissures • Minimizes patient discomfort 	<ul style="list-style-type: none"> • Misses one area of clinically demonstrable subgingival calculus • Demonstrates removal of all other deposits but some remaining minor stains on accessible surfaces • Provides sufficient pain management for treatment 	<ul style="list-style-type: none"> • Misses two areas of clinically demonstrable subgingival calculus. • Causes major tissue trauma • Leaves moderate plaque and supragingival calculus • Inadequate pain management 	<ul style="list-style-type: none"> • Misses three areas of clinically demonstrable subgingival calculus • Leaves heavy stains, plaque and supragingival calculus • No pain management
Score Awarded:	Comments:			

Factor 7	Factor 8	Factor 9	Factor 10	Total
___/40	___/40	___/40	___/40	___/160

FACTOR A: CRITICAL THINKING							Score	Comments
5	4	3	2	1	0			
Identifies clinical problem; critically interprets available evidence and understands nuance; coherently analyzes and defends clinical choices; synthesizes clinical findings with evidence to provide a persuasive argument for the best option(s); has insight into his/her own reasoning and decision-making.	Identifies clinical problem; gathers and critiques valid evidence; makes inferences about how evidence will relate to patient outcomes; describes the implications of various choices based on evidence; identifies best options based on the above.	Identifies clinical problem; gathers and discusses valid evidence and rejects inferior evidence; describes his/her reasoning process superficially; elaborates some options based on findings the above.	Identifies clinical problem; gathers basic clinical information and scientific evidence to aid in decision-making.	Identifies problem or question of interest, but is unable to reason further.	Learner cannot identify the problem of interest, is unable to gather information that would aid in decision-making, and bases decisions on opinions OR anecdotes rather than evidence.			
FACTOR B: COMMUNICATION & DIVERSE PATIENT POOL							Score	Comments
5	3	0						
Does not turn back to patient. At or below eye level when speaking with patient. Communicates respectfully with patient taking into account health literacy. Recognizes need for and uses interpreter as appropriate. Discusses and incorporates patient's health-related beliefs- as related to culture, religion, etc.- into treatment plan or treatment.	Mostly does not turn back to patient. Mostly is at or below eye level when speaking with patient. Communicates respectfully with patient, taking into account health literacy. Does not recognize need for interpreter OR does not discuss or incorporate patient's health-related beliefs.	ANY of the following will result in a critical error: Overtly disrespectful OR recognizes need for interpreter and does not arrange for interpreter services OR disrespectfully discredits patient's beliefs.						
FACTOR C: INFECTION CONTROL							Score	Comments
5	3	0						
Provider PPE appropriately worn throughout procedure and during cubicle breakdown including mask, gloves, protective eyewear, tied gown, closed shoes. Hair out of working space. Nametag on. Hand hygiene performed. Clean and contaminated areas maintained. No cross- contamination. Sharps are capped when on table.	Provider PPE worn mostly appropriately, but gown untied OR eyewear worn after clean gloves OR eyewear is not fully enclosed OR hair in face but has not touched treatment area	ANY of the following will result in a critical error: Gross cross- contamination including clean items placed in area of trash receptacle. PPE for patient or provider not worn during cubicle breakdown or while instruments are being used. Hair touches treatment area. Nametag not worn. Sharps uncapped on table.						

FACTOR D: PRIDE VALUES AND PROFESSIONALISM					
5	3	1	0	Score	Comments
Treats patient, peers, staff, and faculty with respect & contributes to a positive work environment. Puts patients' needs before own. Punctual and prepared. Displays honesty, integrity, and accountability.	Treats patient, peers, staff, and faculty with respect though may not contribute to a positive environment. Puts patients' needs first. Punctual and mostly prepared. Displays honesty, integrity, and accountability.	Prioritizes own needs ahead of patient care (patient safety is not compromised) or best practices, late or unprepared for patient care, disregards clinic safety measures.	ANY of the following will result in a critical error: Academic dishonesty, unethical behavior OR Treats patient, peers, staff, or faculty with gross disrespect OR Breaches clinic safety measures (start checks, unsupervised practice, unauthorized change of treatment plan, etc).		
FACTOR E: SELF-ASSESSMENT					
5	3	0	Score	Comments	
Accurately assesses MOST strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.	Accurately assesses SOME strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.	Grossly inaccurate in ability to assess strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.			
FACTORS A-E TOTAL SCORE				___/25	

SUMMARY OF SCORES/SUM OF SCORES:

Factors 7-10	Factors A-E	TOTAL SCORE
___/160	___/25	___/185
Pass ≥130		

Any critical errors? Yes / No
Exam completed on time? Yes / No
<i>Any critical error or exam not completed in time will result in automatic failure of the exam.</i>

Outcome (circle one)	
PASS	FAIL