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Royal Medical Services

Professional Training Division

Logbook for periodontics Residents

Explanatory Notes

This is an important document. The logbook is an integral part of basic training and it will provide a record of your experience and your academic and educational activities. It will be part of your assessment as you move through basic training and it will be required for the final year of residency and Board examination.

This logbook is intended to be a record of all procedures you perform or participate in as part of your training.

Training Posts Held

On this page you are required to list, in chronological order, the posts which you have held during residency program at the completion of each post, the trainer or consultant to whom you have been attached must sign to indicate that you have satisfactorily completed the post. When you apply to sit the final assessment, the trainer or consultant with whom you are attached will verify that the log book is complete and authenticated.

Educational and Academic Activities

You must record the fact that you have sat for and succeeded the basic board examination. A copy of the Jordan Medical Council Primary board certificate should be included with your logbook. On this sheet, records of attendance at other training courses, meetings, and lectures should be recorded. It is not intended that you record educational activities within the unit to which you are

attached. Publications and other personal contributions should be included as well as any involvement in research projects.

The logbook is divided into numbered segments, corresponding to the training posts held. Details of your record of practical procedures should be completed for each of these posts. There is a consolidation page to summarize the record of procedures performed.

Personal details:

Full Name in Arabic:

Full name in English:

National number:

Start date of your residency program:

Your signature: _____

Head of the Department: _____

Signature & Stamp: _____ Date: _____

Training Posts Held

Post Number	Hospital	Residency Year	Start Date	Finish Date	Consultant	Consultant signature
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th						
9th						
10th						
11th						
12th						
13th						
14th						
15th						
16th						
17th						
18th						
19th						
20th						

This form should only be signed by the consultant or trainer at the end of the post, provided that the trainee has finished the period of the training satisfactorily.

Educational and Academic Activities

Mandatory Certificate (s):

Jordan Medical Council First Part Board Examination Certificate:

Date of Issuing the Certificate:

Certificate Number:

Other Courses:

Course	Date	Location	Course Director

Other activities, including CME hours:

Periodontics curriculum

The duration of the program is a 3 years full time training program, upon successful completion of all requirements the trainees will be eligible to sit for the final Jordan board exam, and once the exam is passed successfully the Jordanian's board certificate will be awarded.

First year

Theoretical requirements:

1. Structure and biology of the periodontium
2. Etiology of periodontal diseases including response, microbiology, systemic conditions, smoking and genetic factors
3. Pathogenesis of periodontal diseases
4. Epidemiology of periodontal diseases
5. Classification and diagnosis of periodontal diseases
6. Treatment planning of periodontal diseases
7. Non surgical phase periodontal therapy
8. Periodontal maintenance and supportive therapy
9. Basic principles of periodontal surgery
10. Dental radiology & pharmacology
11. Oral medicine (ulcers , white & red lesions)

Clinical requirements:

On completion of first year, each resident is expected to have completed:

1. Six cases of gingivitis with it different type include
    - Dental plaque induce gingival disease alone or modified by local factor
    - Gingival disease modified by systemic factors (endocrine, blood dyscrasias, medication……etc)
    - Non plaque induce gingival lesions(viral, fungal, mucocutaneous, traumatic …..etc)
2. Four cases of mild to moderate localized and generalized chronic or aggressive periodontitis
3. Two cases of gingivectomy and/ or gingivoplasty
4. One case of gingival biopsy

5. Two cases of crown lengthening

On this, year the resident is expected to be able to:

1. Take patient history and data recording, intra and extra oral examination, diagnosis and treatment planning.
2. order, read and analyze laboratory test and radiographs
3. provide emergency periodontal therapy and periodontal therapy of medically compromised patients,
4. non surgical periodontal therapy that includes :
   Patient motivation and education about oral hygiene, scaling, root planning and anti microbial therapy .
5. simple surgical periodontal therapy include gingivectomy, gingivoplasty and gingival biopsy
6. clinical oral medicine

ALL THE CASES SHOULD BE DOCUMENTED WITH RADIGRAPHS AND PATIENT FILES AND CHART

Second year:

Theoretical requirements:

1. Advance diagnostic techniques in Periodontology
2. Occlusion, oro-facial pain and disorder
3. Surgical phase periodontal therapy
4. Interrelation between periodontal and other clinical disciplines (perio- end, perio-ortho, perio-restorative)
5. Biomaterials in the treatment of periodontal disease (GTR membrane, bone graft, growth factor…….etc)
6. Periodontal osseous surgery

Clinical requirements:

On completion of second year, each resident is expected to have completed:

1. One case of generalized advanced chronic periodontitis
2. One case of localized aggressive periodontitis
3. One case of generalized aggressive periodontitis
4. Two cases of gingivectomy and gingivoplasty
5. One case of frenectomy
6. At least one case to include GTR , bone graft , & osseous surgery

During this year , the resident is expected to be able to perform the following procedures as applicable to the case:

- Diagnosis and treatment planning of aggressive periodontitis
- Surgical periodontal therapy include flap surgery
- Different modalities of furcation therapy
- Occlusal analysis and therapy
- Splinting of teeth
- Crown lengthening
- Interdisciplinary relationship (perio-ortho, perio-endo,perio-prosthoetic)

ALL THE CASES SHOULD BE DOCUMENTED WITH RADIGRAPHS AND PATIENT FILES.

Third year:

Theoretical requirements:

1. Esthetic and plastic periodontal therapy
2. Mucogingival therapy
3. Clinical and oral implantology
   - Biological aspects
   - Clinical aspects
   - Surgical aspects
   - Diagnosis & treatment of peri-implant complication
4. Pre-prosthetic surgery

Clinical requirements :

On completion of 3rd year, each resident is expected to have completed:

1. Five cases of dental implant
2. Five cases of Mucogingival surgery Completion of periodontitis case to include GTR, bone graft, osseous surgery
3. Any missing of the above cases should be completed by the end of this year

ALL THE CASES SHOULD BE DOCUMENTED WITH RADIGRAPHS AND PATIENT FILES.

Assessment

The residents performance will be evaluated using different approaches based on continuous assessment & formal examination at the end of each year >

1. There will be monthly evaluated for the resident progress during the course based on the following :
    - Written assignment
    - Journal club
    - Lectures & seminars
    - Clinical logbook
    - Case presentation
2. Each resident is expected to achieve a good pass for all continuous assessment & formal examinations .

PERIODONTAL WORKSHEET

Date:**……** ***Gender:*** ***Male ☐***
Female: ☐

Name:**……** ***File No.***
……

Date of birth:**……** ***Tel.***
No.**……**

Referred

by:**……**

……..

Referred for:

……

……

Chief

complaint:**……**

……

Relevant medical history &

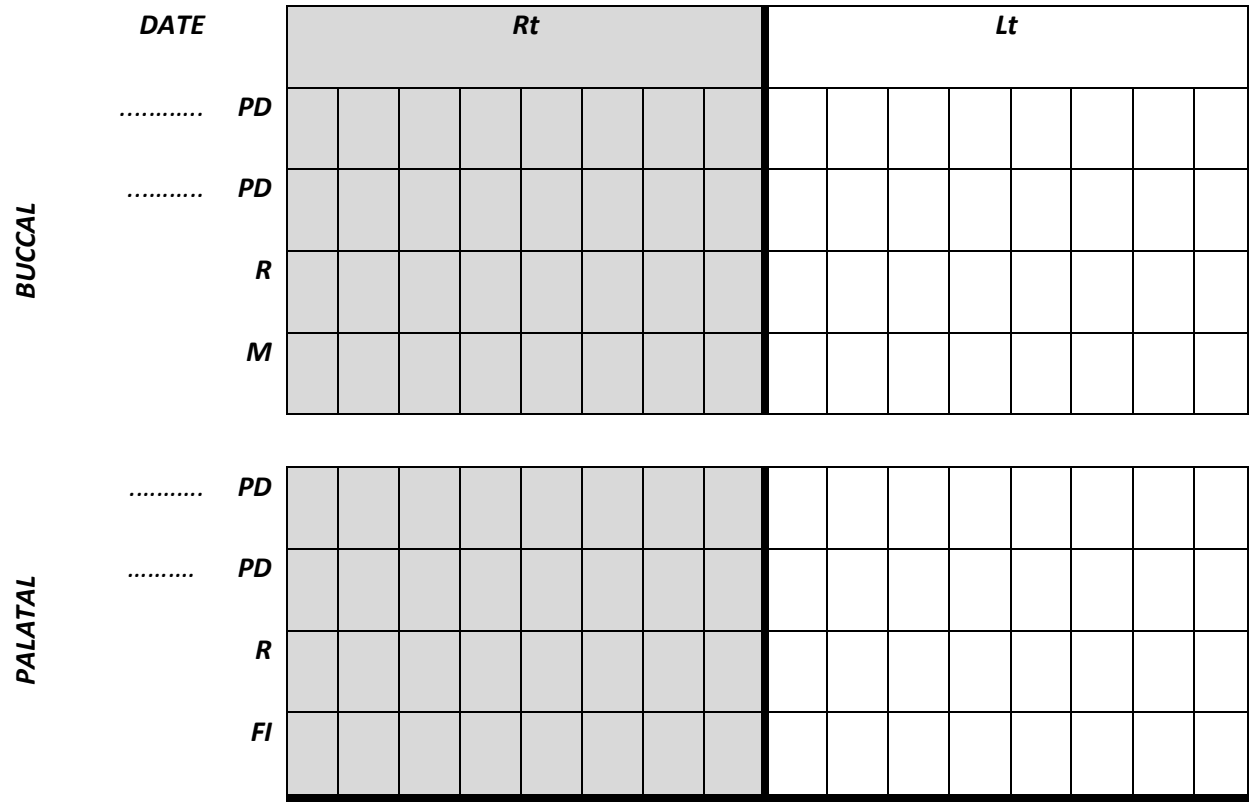
medications:**……**

……

……

……

Teeth	*UR6*	*UR2*	*UL4*	*LL6*	*LL2*	*LR4*	*Average index*
Plaque index (PI)							
Gingival index (Gl)							



			8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
LINGUAL	.....	PD																
	.....	PD																
		R																
		FI																
BUCCAL	.....	PD																
	.....	PD																
		R																
		M																

Radiographs:

date	Type of Radiographs	Radiographic interpretation

Diagnosis:

Teeth prognosis:

Treatment plan:

Referrals:

1.

2.

3.

4.

Procedure Log

Date	Patient's name	Case diagnosis	Procedure	Mentor's signature

Surgeries

Date: file number:

Patient name: age:

Medical history:

Surgery preformed:

Surgical steps:

Mark: Supervisor’s signature:

Journal club

Date	Title		Mentor's signature

-

Courses, workshops, meetings – Log

Date	Title		Mentor's signature

Summative evaluation:

5: excellent 4: very good 3: good 2: poor 1: unacceptable

Clinical and technical skills	**5**	**4**	**3**	**2**	**1**
Problem identification					
Patient management					
Emergency treatment					
Procedure skills					
Descriptive evaluation :					
Personal and professional maturity	**5**	**4**	**3**	**2**	**1**
Punctuality					
Emotional and professional maturity					
Relationship with other medical personnel					
Appling ethical principls in patient care					
Communication skills					
Descriptive evaluation :					

	5	**4**	**3**	**2**	**1**
Overall performance					
Descriptive evaluation :					

Recommended to sit for exam:	Yes	No
If No why:		

The resident eligibility for exam should include:

1. Overall evaluation should not be less than 3
2. Lack of any documented misconduct or unethical behavior

Supervisor name and signature _____

Program director signature _____

Chief of department name and signature _____

Recommended reading list for the different topics

Dental Implants and Implant Site Development

Seibert JS. Reconstruction of deformed, partially edentulous ridges, using full thickness onlay grafts. Part II. Prosthetic/periodontal interrelationships. Compend Contin Educ Dent 1983;4(6):549-562.

Wang HL, Al-Shammari K. HVC ridge deficiency classification: a therapeutically oriented classification. Int J Periodontics Restorative Dent 2002;22(4):335-343.

Wang HL, Misch C, Neiva RF. "Sandwich" bone augmentation technique: rationale and report of pilot cases. Int J Periodontics Restorative Dent 2004;24(3):232-245.

Park SH, Wang HL. Mucogingival pouch flap for sandwich bone augmentation: technique and rationale. Implant Dent 2005;14(4):349-354.

Misch CM. Comparison of intraoral donor sites for onlay grafting prior to implant placement. Int J Oral Maxillofac Implants 1997;12:767-776.

Raghoebar GM, Louwerse C, Kalk WW, Vissink A. Morbidity of chin bone harvesting. Clin Oral Implants Res 2001;12:503-507.

Nkenke E, Schultze-Mosgau S, Kloss F, Neukam FW, Radespiel-Troger M. Morbidity of harvesting chin grafts: a prospective study. Clin Oral Implants Res 2001;12:495-502.

Clavero J, Lundgren S. Ramus or chin grafts for sinus inlay and local onlay augmentation: comparison of donor site morbidity and complications. Clin Impl Dent 2003;5:154-160.

Neiva RF, Gapski R, Wang HL. Morphometric analysis of implant-related anatomy in Caucasian skulls. J Periodontol 2004;75(8):1061-1067.

Du Tolt DF, Nortje C. The maxillae: integrated and applied anatomy relevant to dentistry. SADJ 2003;58(8):325-330.

van den Bergh JP, ten Bruggenkate CM, Disch FJ, Tuinzing DB. Anatomical aspects of sinus floor elevations. Clin Oral Implants Res 2000;11(3):256-265.

Proussaefs P, Lozada J, Kim J, Rohrer MD. Repair of the perforated sinus membrane with a resorbable collagen membrane: a human study. Int J Oral Maxillofac Implants. 2004;19(3):413-420.

Fugazzotto PA, Vlassis J. A simplified classification and repair system for sinus membrane perforations. J Periodontol. 2003;74(10):1534-1541.

Cho SC, Wallace SS, Froum SJ, Tarnow DP, Influence of anatomy of Schneiderian membrane perforations during sinus elevation surgery: three-dimensional analysis. *Pract Proced Aesthet Dent* 2001; 13:160-163.
Vlassis JM, Fugazzotto PA. A classification system for sinus membrane perforations during augmentation procedures with options for repair. J Periodontol 1999;70(6):692- 699.
Hermann JS, Buser D, Schenk RK, Schoolfield JD, Cochran DL. Biologic width around one- and two-piece titanium implants. Clin Oral Implants Res 2001;12(6):559-571.
Hermann JS, Buser D, Schenk RK, Higginbottom FL, Cochran DL. Biologic width around titanium implants. A physiologically formed and stable dimension over time. Clin Oral Implants Res 2000 Feb;11(1):1-11.
Cochran DL, Hermann JS, Schenk RK, Higginbottom FL, Buser D. Biologic width around titanium implants. A histometric analysis of the implanto-gingival junction around unloaded and loaded nonsubmerged implants in the canine mandible. J Periodontol 1997;68(2):186-198.
Berglundh T, Lindhe J. Dimension of the periimplant mucosa. Biological width revisited. J Clin Periodontol 1996;23(10):971-973.
Oh TJ, Yoon J, Misch CE, Wang HL. The causes of early implant bone loss: myth or science? J Periodontol. 2002;73(3):322-333.
Op Heij DG, Opdebeeck H, van Steenberghe D, Quirynen M. Age as compromising factor for implant insertion. *Periodontol 2000* 2003; 33:172-184.
Oesterle LJ, Cronin RJ Jr. Adult growth, aging, and the single-tooth implant. Int J Oral Maxillofac Implants 2000;15(2):252-260.
Cronin RJ Jr, Oesterle LJ. Implant use in growing patients. Treatment planning concerns. Dent Clin North Am 1998;42(1):1-34.
Cronin RJ Jr, Oesterle LJ, Ranly DM. Mandibular implants and the growing patient. Int J Oral Maxillofac Implants 1994;9(1):55-62.
Oesterle LJ, Cronin RJ Jr, Ranly DM. Maxillary implants and the growing patient. Int J Oral Maxillofac Implants 1993;8(4):377-387.
Minsk L. Osseous site development for optimal implant placement. Compend Contin Educ Dent. 2003;24(2):146-148, 150, 152-154.
Rosenfeld AL, Mandelaris GA, Tardieu PB. Prosthetically directed implant placement using computer software to ensure precise placement and predictable prosthetic

outcomes. Part 1: Diagnostics, imaging, and collaborative accountability. Int J Periodontics Restorative Dent. 2006 Jun;26(3):215-221.
Zetu L, Wang HL. Management of inter-dental/inter-implant papilla. J Clin Periodontol 2005;32(7):831-839.
Tarnow D, Elian N, Fletcher P, Froum S, Magner A, Cho SC, Salama M, Salama H, Garber DA. Vertical distance from the crest of bone to the height of the interproximal papilla between adjacent implants. J Periodontol 2003;74(12):1785-1788.
Choquet V, Hermans M, Adriaenssens P, Daelemans P, Tarnow DP, Malevez C. Clinical and radiographic evaluation of the papilla level adjacent to single-tooth dental implants. A retrospective study in the maxillary anterior region. J Periodontol 2001;72(10):1364-1371.
Tarnow DP, Cho SC, Wallace SS. The effect of inter-implant distance on the height of inter-implant bone crest. J Periodontol 2000;71(4):546-549.
Tarnow DP, Magner AW, Fletcher P. The effect of the distance from the contact point to the crest of bone on the presence or absence of the interproximal dental papilla. J Periodontol 1992;63(12):995-996.
Mengel R, Flores-de-Jacoby L. Implants in patients treated for generalized aggressive and chronic periodontitis: A 3-year prospective longitudinal study. J Periodontol 2005;76(4):534-543.

Periodontal Plastic and Esthetic Surgery

Allen EP. Surgical crown lengthening for function and esthetics. Dent Clin North Am 1993;37(2):163-179.
Allen EP. Use of mucogingival surgical procedures to enhance esthetics. Dent Clin North Am 1988;32(2):307-330.
Jorgensen MG, Nowzari H. Aesthetic crown lengthening. Periodontol 2000 2001;27:45-58.
Kois JC. The restorative-periodontal interface: biological parameters. Periodontol 2000 1996;11:29-38.
Kokich VG, Mathews DP. Surgical and orthodontic management of impacted teeth. Dent Clin North Am 1993;37(2):181-204.
Wise RJ. Periodontal diagnosis and management of the impacted maxillary cuspid. Int J Periodontics Restorative Dent 1981;1(2):56-73.

Greenwell H, Fiorellini J, Giannobile W, Offenbacher S, Salkin L, Townsend C, Sheridan P, Genco R. Oral reconstructive and corrective considerations in periodontal therapy. J Periodontol 2005;76(9):1588-1600.
McGuire MK, Nunn M. Evaluation of human recession defects treated with coronally advanced flaps and either enamel matrix derivative or connective tissue. Part 1: Comparison of clinical parameters. J Periodontol 2003;74(8):1110-1125.
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Mealey BL, Moritz AJ. Pregnancy and the periodontium. Tex Dent J 2005;122(12):1204-1211.
Mealey BL, Moritz AJ. Hormonal influences: effects of diabetes mellitus and endogenous female sex steroid hormones on the periodontium. *Periodontol 2000* 2003: 32:59-81.
Rose LF, Mealey BL, Genco RJ, Cohen DW. Periodontics: Medicine, Surgery and Implants. First Edition. St. Louis, Elsevier Mosby, 2004, p 405-487.
Gapski R, Parks CA, Wang HL. Acellular dermal matrix for mucogingival surgery: a meta-analysis. J Periodontol 2005;76(11):1814-1822.

Periodontal Regenerative Therapy

Bowers GM, Schallhorn RG, McClain PK, Morrison GM, Morgan R, Reynolds MA. Factors influencing the outcome of regenerative therapy in mandibular Class II furcations: Part I. J Periodontol 2003;74(9):1255-1268.

Local Contributing Factors

Hancock EB, Mayo CV, Schwab RR, Wirthlin MR. Influence of interdental contacts on periodontal status. J Periodontol 1980;51(8):445-449.

Harrel SK, Nunn ME. The effect of occlusal discrepancies on periodontitis. II. Relationship of occlusal treatment to the progression of periodontal disease. J Periodontol 2001;72(4):495-505.

Neiderud AM, Ericsson I, Lindhe J. Probing pocket depth at mobile/nonmobile teeth. J Clin Periodontol 1992;19(7):754-759.

Periodontal Surgical and Nonsurgical Therapy

Kaldahl WB, Kalkwarf KL, Patil KD, Molvar MP, Dyer JK. Long-term evaluation of periodontal therapy. I. Response to four therapeutic modalities. J Periodontol 1996;67:93-102.

Ochsenbein C, Bohannan H. The palatal approach to osseous surgery. I. Rationale J Periodontol 1963;34:60-68.

Ochsenbein C. Current status of osseous resection surgery. J Periodontol 1977; 48:577-585.

Ochsenbein C. A primer for osseous surgery. Int J Periodontics Restorative Dent 1986;6(1):8-47.

Guerrero A, Griffiths GS, Nibali L, Suvan J, Moles DR, Laurell L, Tonetti MS. Adjunctive benefits of systemic amoxicillin and metronidazole in non-surgical treatment of generalized aggressive periodontitis: A randomized placebo-controlled clinical trial. J Clin Periodontol 2005;32(10):1096-1107.

Periodontal Systemic Disease Interactions & Mucous Membrane Diseases

Beck JD, Offenbacher S. Systemic effects of periodontitis: epidemiology of periodontal disease and cardiovascular disease. J Periodontol 2005;76(11 Suppl):2089-2100.

Mattila KJ, Pussinen PJ, Paju S. Dental infections and cardiovascular diseases: a review. J Periodontol 2005;76(11 Suppl):2085-2088.

Elter JR, Champagne CM, Offenbacher S, Beck JD. Relationship of periodontal disease and tooth loss to prevalence of coronary heart disease. J Periodontol 2004;75(6):782-790.
Kunzel C, Lalla E, Lamster IB. Management of the patient who smokes and the diabetic patient in the dental office. J Periodontol 2006;77(3):331-340.
Mealey BL, Oates TW. Diabetes mellitus and periodontal diseases. J Periodontol 2006;77(8):1289-1303.
Lodi G, Scully C, Carrozzo M, Griffiths M, Sugerman PB, Thongprasom K. Current controversies in oral lichen planus: report of an international consensus meeting. Part 1. Viral infections and etiopathogenesis. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2005;100(1):40-51.