

## Subgingival Calculus

- Of the twelve (12) subgingival surfaces, at least eight (8) surfaces must be on posterior teeth; four (4) of these posterior surfaces must be interproximal.
- The candidate must indicate the presence of subgingival calculus on the selected tooth surfaces by placing an “X” in the appropriate box on the Treatment Selection Evaluation Form.
- Subgingival calculus must be present on each tooth listed in the treatment selection grid and be charted for removal (mesial, facial, distal, or lingual).
- If subgingival calculus is on the line angles of the tooth, it must be marked on the interproximal surface; e.g., a deposit on the disto-facial line angle would be marked on the distal.

## Probing Depths

- There must be two (2) pockets of 5 millimeters or more, among the teeth selected for treatment; however, it is recommended that the teeth selected for **treatment not have pocket depths exceeding six (6) millimeters.**
- Although the two (2) pockets of 5 millimeters or more must be on teeth within the treatment selection, it is not required that the root surfaces of those pockets have subgingival calculus that is marked as one of the surfaces selected for treatment.

### 3. Subgingival Calculus Detection

The presence of explorer-detectable subgingival calculus on the twelve (12) surfaces of the selected teeth must be accurately recorded. **Only twelve (12) surfaces of subgingival calculus should be recorded.** Explorer-detectable subgingival calculus is defined as a distinct deposit of calculus which one can feel with a #11/12 explorer as it passes over the calculus.

Qualified deposits may exhibit such characteristics as:

- a definite “jump” or “bump” felt by the explorer, with the rough surface characteristic of calculus
- ledges or ring formations
- spiny or nodular formations

Qualified deposits must be apical to the gingival margin and may occur with or without associated supragingival deposits.

The form is a complex grid-based document. At the top, it has fields for 'CANDIDATE #', 'UNIT #', 'CANDIDATE IDENTIFICATION', and 'PATIENT'. Below this is a section for 'A. Patient Selection Evaluation' with a grid for 'TREATMENT SELECTION APPROVED' and 'TREATMENT SELECTION REJECTED'. To the right of this grid is a section for 'B. Probing Depths' with a grid for 'Probing Depth' and 'Pocket Depth Measurement Assignment'. Below these are sections for 'C. Intra-Biting Oral Examination' with sub-sections A, B, C, D, and E, each containing a grid for recording findings. At the bottom, there is a 'TREATMENT EVALUATION' section with fields for 'EXAMINER #1', 'EXAMINER #2', and 'CAPTAIN #'. The form is color-coded with yellow, red, and blue sections.

#### 4. Scaling

The subgingival surfaces of the selected teeth must be smooth, with none of the selected deposits detectable with an #11/12 explorer. Air may be used to deflect the tissue to locate areas for tactile confirmation.

#### 5. Pocket Depth Measurement

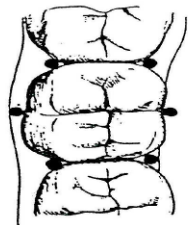
Pocket depths are accurately assessed and recorded on four (4) assigned teeth. Teeth assigned for probing will be teeth that are in the Treatment Selection Grid and will include at least two (2) posterior teeth.

Probing of the gingival sulcus and/or periodontal pockets must be accurate within +/- 1.0 mm on all root surfaces of the four (4) assigned teeth.

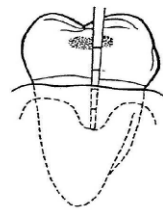
The probe should be positioned as follows:

- The probe should be parallel to the root surface and the long axis of the tooth (except interproximally).
- **Interproximally, the probe should be positioned with the shank against the contact point and the tip angled slightly into the col so it is directly beneath the contact area.** If a tooth is not in contact, the probe should be placed at the midpoint of the proximal surface and the same measurement recorded for both facial and lingual aspects. Facial and lingual measurements should be made at the midpoint of the tooth.
- The upper portion of the probe is stabilized in contact with the greatest convexity of the coronal portion of the tooth.
- The tip is positioned at the depth of the sulcus at the soft-tissue attachment, using light pressure.

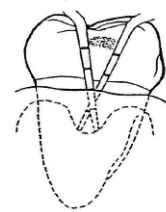
The illustrations that follow depict the placement of the probe, from both the occlusal and interproximal perspectives:



*Probe Positions  
from Occlusal*



*Probing When  
No Contact*



*Interproximal  
Angulation*

## 6. Supragingival Calculus, Plaque and Stain Removal

All supragingival calculus, plaque, and stain must be removed from the coronal surfaces of the assigned teeth so that the non-decalcified surfaces are visually clean when air-dried and tactilely smooth upon examination with a #11/12 explorer. As previously noted, the use of disclosing solution is **NOT** permitted.

## 7. Oral Examination

The Oral Assessment Form should NOT be completed prior to the examination. Candidates will be required to complete the Oral Assessment examination **after** their patient has been approved.

### Performance Criteria and Minimal Competency Level

The candidate must record the condition and location of any tissue or feature which demonstrates those significant findings that are identified on the form and described below: (see Glossary for definition of terms).

#### **EXTRA-ORAL**

- (1) Examine and palpate the HEAD, FACE and NECK for any lesions, asymmetry, swelling, infected facial piercings or palpable nodules, which may include a raised mole.
- (2) Palpate LYMPH NODES for any evidence of tenderness, hardness, non-mobility or enlargement.
- (3) Examine the function of the TEMPOROMANDIBULAR JOINT for evidence of discomfort, restricted opening, audible or palpable symptoms.

The image shows a portion of the 'DENTAL ORAL ASSESSMENT FORM'. The 'EXTRA-ORAL' section is highlighted in yellow. It contains four rows of assessment criteria, each with a 'Report Condition and Location' checkbox. The criteria are: A. Head, Face, Neck and Lymph Nodes; B. TMJ; C. Temporomandibular Joints; and D. Tongue. Each row has a 'No Assessment' checkbox.

#### **INTRA-ORAL**

##### **Soft Tissue**

- (1) Examine and palpate the ORAL MUCOSA/ALVEOLAR RIDGE/LIPS for lesions, chemical or physical irritation, exostosis, amalgam tattoo, swelling, intraoral piercings, hematoma, or palpable nodules. Presence of any of these shall be noted.
- (2) Examine and palpate the PALATE and ORAL PHARYNX (including tonsillar pillars). Note the presence of tori, lesions and hematoma, including chemical/physical irritation.
- (3) Examine the TONGUE. Note the presence of hairy tongue, fissured tongue, loss of papilla, geographic tongue, glossitis, piercings, or lesions.
- (4) Examine the FLOOR of the MOUTH. Note the appearance of ankyloglossia, tori, hematoma, lesions and amalgam tattoo.

The image shows another portion of the 'DENTAL ORAL ASSESSMENT FORM'. The 'INTRA-ORAL' section is highlighted in yellow. It contains four rows of assessment criteria, each with a 'Report Condition and Location' checkbox. The criteria are: A. Oral Mucosa, Alveolar Ridge and Lips; B. Palate and Oral Pharynx; C. Tongue; and D. Floor of Mouth. Each row has a 'No Assessment' checkbox.

## Candidate Instructions

Any significant findings as identified above should be described and the **location** identified in a one-line comment or with checkmarks, if so provided. If the tissue or feature demonstrates no significant findings, check “no observation” in the box provided. The form should be completed in blue/black ink. Example of significant finding description and location:

- *“Small, fibrous nodule on buccal mucosa, adjacent to left commissure.”*

### 8. **Tissue Condition**

Hard and soft tissue adjacent to all teeth in the selected treatment selection and additional teeth will be evaluated. In addition, trauma to the lips or oral mucosa will be considered tissue trauma. The candidate must effectively utilize sonic/ultrasonic or hand instruments, polishing cups, and dental floss so that no unwarranted hard/soft tissue trauma (abrasions, lacerations or ultrasonic burns) occurs as a result of the procedure. Acceptable performance will have been demonstrated if 100% of all tissue surfaces exhibit no unusual mechanical damage.

### 9. **Forms**

#### a. **Treatment Selection Worksheet**

This worksheet is used by the candidate prior to and the day of the examination to note and record teeth numbers, pocket depths and surfaces of teeth where calculus resides. This form is for the **candidate’s use only** and will not be submitted to the Grading Station.

#### b. **Treatment Selection Form**

The candidate must accurately transfer the information from the Treatment Selection Worksheet to the Treatment Selection Form (1) (prior to Patient Selection evaluation. Before sending the patient to the Grading Area for Treatment Presentation evaluation, the grid information **MUST** be transferred to the three (3) Treatment Evaluation Forms. This must include the six (6) to eight (8) selected tooth numbers (in ascending order) and the twelve (12) selected surfaces (marked with an “X”) with subgingival calculus which is to be removed. Each of the selected teeth must have at least one (1) surface of subgingival calculus selected for removal.

#### c. **Oral Assessment Form**

The candidate should note any observations of the Head, Face and Neck as listed on the form. The candidate should also note the presence of any intra oral conditions as listed on the form. If the candidate does not observe any of the listed conditions, the candidate should place a check mark in the “no observation” box.

#### **d. Treatment Evaluation Form**

This form will be used by the Examiners in the Grading Station to record any errors in calculus removal, plaque/stain removal, hard or soft tissue damage, and to note any errors in pocket depth measurement.

#### **e. Patient Medical Health History Form**

This form is part of the Periodontal Progress Form and is used by the candidate to record the health and medical history of the patient. All notations regarding the patient's medical history must be made on the Medical History Form. The patient's current blood pressure must be taken by the candidate, and the required records should be reviewed for accuracy and completeness.

#### **f. Patient Consent Form**

This form is part of the Periodontal Progress Form and is reviewed and signed by the patient.

#### **g. Instructions to Candidate Form**

This form is used by the Examiners to notify the candidate of the need for any additional action or requirement.

#### **h. Dental Notification Form**

This form is reviewed by the patient and signed by the patient should there be a need for patient follow up care. The Chief, Co-Chief or CFE will complete this form and leave a copy with the candidate and the patient.

#### **i. Progress Form**

The candidate should fill out the Progress Form and refer to this form for paperwork/patient approval and/or rejection.

#### **j. Grading Station Request Forms**

The candidate will need to fill out the appropriate Grading Station Request Form each time his/her patient is sent to the grading station for evaluation.

#### **k. Radiograph Verification Form**

This form is provided to the candidate in the confirmation packet and will need to be completed and turned in at registration the day of the examination. This form verifies that the radiographs presented during the examination are of the patient being presented for approval.

## I. Follow-Up Care Form

This form is provided to the candidate in the confirmation packet and is part of the Radiograph Verification Form and will need to be completed and turned in at registration the day of the examination. The candidate must indicate who or what facility will provide follow-up care for the patient, in the event that follow-up care is required.

## 10. Procedural Aspects

### a. Presenting Paperwork for Approval

Candidates are allowed thirty (30) minutes to set up their operatories, take any necessary radiographs, obtain all supplies, instruments and/or equipment from the academic institution, record the patient's blood pressure, and complete all necessary paperwork including the health history and treatment consent form.

When the Periodontal Progress Folder (Progress Form, Medical Health History Form and Treatment Consent Form) is completed and the treatment grid information from the Treatment Selection Worksheet has been properly transferred to the Treatment Selection Form, the candidate's paperwork is ready for approval.

**CANDIDATES ARE NOT TO COMPLETE THE ORAL ASSESSMENT FORM or TREATMENT EVALUATION FORM AT THIS TIME.**

The candidate must have the required instruments displayed in a conspicuous place in open view for the Examiner to confirm. **Examiners will not remove lids, or open containers to verify instruments. It is the candidate's responsibility to have their instruments accessible to the Examiners.**

### b. Presenting Instruments for Approval

**Candidates must have displayed on an opened instrument tray the following instruments:**

- PCV-12 HuFriedy PH-6 Color Vue probe



- ODU #11/12 Explorer



- A clean, metal, unscratched front surface mouth mirror



**Paperwork will NOT be approved until the proper instruments are presented to the examiners.**

The Chief Examiner or a Clinic Floor Examiner will clear all candidates from the clinic in accordance with the published time indicated on the examination schedule. Once the clinic is cleared, the candidate's paperwork and selection grid will be evaluated.

### c. Candidate Paperwork/Instrument Approval

The examiners will check to ensure that all paperwork is completed correctly, required instruments are present and that the patient selected meets examination guidelines.

The Examiner will then evaluate the Treatment Selection Form and confirm that there are six (6) to eight (8) teeth with twelve (12) surfaces of subgingival calculus which have been charted properly on the Treatment Selection Form.

After all candidates' paperwork has been evaluated, candidates will be allowed to re-enter the clinic, at which time they will be informed as to the acceptance or rejection of their paperwork or patient. If the paperwork or patient has been rejected, an Instructions to Candidate Form will have been issued and the candidate will be required to correct the deficiency or submit another patient for approval. **No more than three (3) treatment selections may be submitted.**

The candidate's score will be reduced for each unacceptable treatment selection. If a third treatment selection is rejected, the cumulative point deduction for those three rejections **WILL RESULT IN FAILURE AND DISMISSAL FROM THE EXAMINATION.**

If neither a second nor a third treatment selection is presented after the first rejection, the candidate may not continue with that treatment procedure and will receive a score of "0" for that portion of the examination.

### d. Grading Station Paperwork Review

Upon re-entering the clinic, candidates will have thirty (30) minutes to complete the Oral Assessment Form and transfer the treatment selection information from the Treatment Selection Form to the Treatment Evaluation Form and present to the Grading Area Check-In Station for review and confirmation that the

necessary paperwork has been completed for submission of the candidate's patient to the Grading Area. When the paperwork has been reviewed at the Grading Area Check-In Station, if complete, the candidate will receive a Paperwork Acceptance card and they should then return to their operatory. Candidates are NOT to bring their patients to the Check-In Station!

An assistant will come to the candidate's operatory and escort their patient to the Grading Area when there is a chair available in the Grading Area for the initial patient assessment. At the initial patient assessment, Examiners will evaluate the Extra/Intra Oral Exam Assessment, Calculus Detection, and will make an assignment for the teeth which the candidate will probe for the probing aspect of the examination. These assessments are made in the Grading Station by the Examiners on the Treatment Selection Evaluation form.

#### **e. Patient Submission**

In order to be guaranteed the full one and one half (1 ½) hours of patient treatment time, the candidate must be in line to receive paperwork review and validation, within the thirty minute period. **This will include candidates who may have had their patients rejected or who may need to correct items and/or paperwork on their existing patient.**

The Candidates will be listed by the Check-In Station on a first come basis. Candidates are NOT to bring their patients to the Check-In Station.

Candidates who have received a Paperwork Acceptance card, and have submitted their paperwork for validation within the thirty minute allotted time will be assigned the full one and one half (1 ½) hours of patient treatment time and will be given a Finish Time accordingly. It is the candidate's sole responsibility to track the time remaining in their assigned finish time.

Any candidate who has not presented to the Patient Check-In Station within the thirty (30) minutes permitted, may present their paperwork for review to the Check In Station after the thirty minute period; however, the candidate's patient will be evaluated after those candidates who have submitted their patient within the allotted time line. Regardless of when the patient returns from the Grading Area, the assigned Finish Time will not extend beyond the published clinic period.



**Candidates may NOT, under any conditions submit a patient to the Grading Station with less than one (1) hour of time remaining in the published clinic period, or the announced clinic period end time, if altered at the testing site by the Chief Examiner.**

Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork for review and validation. A CITA staff representative will check all paperwork and materials and will give the candidate a "Paperwork Acceptance" card. The candidate will

then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments, and will escort the patient to the grading station. Candidates are NOT to bring their patients to the Check-In Station.

**Please note that the Treatment Selection Form will NOT be returned to the candidate after the patient has been submitted to the Grading Station; therefore, it is IMPERATIVE the candidate transfers the information from the Treatment Selection Form to the Treatment Evaluation Forms BEFORE sending their patient to the Grading Station. The Treatment Evaluation form(s) must be completed by placing barcodes on all three sheets. Candidates MUST not transfer the information UNTIL their patient and paperwork have been approved.**

The following items must be sent with the patient to the Grading Station:

- Completed Treatment Selection Grading Room Request Form
- Completed Treatment Selection Form
- Completed Progress Form
- Completed Oral Assessment Form
- Pre-operative radiographs
- Required instruments presented in a sealable container no larger than 10" x 6" x 3.5"
- Patient protective eyewear (personal eyewear is acceptable)
- 2 x 2 gauze

#### f. Grading Station Evaluation (First Trip)

The initial examiner will verify that there are four (4) teeth which are suitable to be probed and will make the pocket depth measurement assignment on the Treatment Selection Grading Room Request Form.

Teeth assigned for probing will be the same teeth as in the Treatment Selection Grid and will include at least two (2) posterior teeth. The Examiner will also evaluate the patient for subgingival calculus detection errors.

The form is titled "Periodontal Treatment Selection Grading Room Request Form". It contains the following sections:

- Candidate Identification:** Fields for Candidate # and Seat #.
- Time:** Fields for Time In and Time Out.
- Directions:** A paragraph explaining the form's purpose and the examiner's role in evaluating calculus detection errors and assigning teeth for probing.
- Treatment Selection Evaluation:** A checkbox for "I am requesting the Treatment Selection be evaluated."
- POCKET DEPTH MEASUREMENT ASSIGNMENT:** A section titled "To be Completed in Grading Station by Examiner" with checkboxes for Teeth #1, #2, #3, and #4.
- Send your patient to the check-in area with:** A list of items: 1. This Form, 2. Completed Progress Form, 3. Completed Health History Form, 4. Completed Treatment Selection Form, 5. Completed Oral Assessment Form, 6. Pre-op Radiographs, 7. Patient's Protective Eyewear, 8. Sterile, Single-Use Disposable Probes, 9. PDI-12 Periodontal Probe, 10. Gauze.
- Comments:** A section titled "COMMENTARY ON HOW CANDIDATE" with a large text area.
- Examiner/Chief:** Fields for Examiner #1, Examiner #2, and Candidate/Chief.

**For purposes of this examination, it has been determined that four (4) or more errors in calculus detection will result in an automatic failure of Part IV and a grade of "0" will be assigned and reported in the candidate's final score report.**

Time spent in the grading station will vary depending on many factors; however, all candidates will receive one and one half (1 ½) hours of patient treatment time subsequent to the patient being returned from the Grading Station, provided they that have submitted their patient to the grading area Check-In Station within the allotted thirty(30) minute time period. Unless specifically notified otherwise by a CITA Clinic Floor Examiner, the Examination Chief or Co-Chief(s), all

**treatment must be completed by the end of the assigned examination time period.** The finish time will be assigned on the Treatment Selection Grading Room Request Form and Periodontal Progress Form in the box denoted "Finish Time."

**The finish time noted on the Treatment Selection Grading Room Request Form and Progress Form is the official Finish Time and will be the time the candidate has for completing treatment of the patient. Any question regarding the candidate's finish time should only be addressed to the Clinic Floor Examiner, Chief or Co-Chief(s). Any changes to a candidate's finish time will be made to the candidate's Progress Form and the Treatment Selection Grading Room Request Form.**

#### **g. Completion of Treatment Evaluation Procedure**

When the patient is returned to the candidate from the Grading Station, as previously mentioned, the candidate's finish time will be recorded on the Progress Form and Treatment Selection Grading Room Request Form. The finish time will also be posted on a post-it-note that is given to the candidate and will need to be displayed outside of the candidate's operatory.

The probing depth assignments will be recorded on the Treatment Selection Grading Room Request Form and the candidate will need to be sure to record the pocket depths for the four (4) assigned teeth in the appropriate areas on the Treatment Evaluation Forms. During the clinical examination, the assigned teeth must be probed and all readings recorded by the candidate on the Treatment Evaluation Forms. Treatment should be commenced and continue until it is completed or until the designated finish time.

Candidates **SHALL SCALE ALL SUBGINGIVAL SURFACES** on the six (6) to eight (8) selected teeth, but only the twelve (12) surfaces selected will be evaluated for calculus removal.

Supragingival calculus, plaque, and stain must be removed from ALL surfaces of the selected teeth as these teeth will be graded as part of the supragingival deposits (calculus, plaque and stain) removal assessment.

By the stipulated completion time, each candidate should have completed the six (6) sulcus/pocket measurements on each of the four (4) assigned teeth and recorded such findings in millimeters (mm) on the Treatment Evaluation Forms.

**While there is NOT a penalty to the candidate for scaling other teeth in the arch and/or patient's mouth, scaling and polishing areas other than those listed on the treatment selection form is at the sole discretion of the candidate.**

At the end of the candidate's assigned finish time, it is the candidate's responsibility to cease all clinical treatment. The candidate will need to put all instruments and hand-pieces down and sit his/her patient in an upright position

and prepare the patient to be sent to the Grading Station for Treatment Evaluation.

**NOTE: IT IS THE RESPONSIBILITY OF EACH CANDIDATE TO MANAGE THEIR TIME, AND TO TRACK THE TIME THEY HAVE REMAINING UNTIL THEIR FINISH TIME. CANDIDATES WILL NOT BE NOTIFIED OF THE TIME THEY INDIVIDUALLY HAVE REMAINING IN THE CLINIC.**

**FAILURE TO CEASE CLINICAL TREATMENT AT THE ASSIGNED FINISHED TIME WILL RESULT IN FAILURE OF PART IV.**

#### **h. Grading Station Evaluation (Second Trip)**

Once the candidate has completed all treatment and is ready to have their patient evaluated, the candidate will then need to submit to the Check-In Station the required paperwork and materials. Candidates are NOT to bring their patients to the Check-In Station. Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff



representative will check all paperwork and material and will give the candidate a "Paperwork Acceptance" card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments, and will escort the patient to the grading station.

The following items must be sent with the patient to the Grading Station:

- Completed Treatment Evaluation Grading Room Request Form
- THREE (3) Completed Treatment Evaluation Forms with barcode labels
- Completed Progress Form
- Pre-operative radiographs
- Required instruments in a sealable container, which is no larger than 10" x 6" x 3.5"
- Protective patient eyewear (personal eyewear is acceptable)
- 2 x 2 gauze

A screenshot of a digital "TREATMENT EVALUATION FORM". The form is divided into several sections: "A. Treatment Evaluation" with a grid for recording data, "B. Radiograph Deposit" with fields for "Radiograph" and "Deposit", and "C. Pocket Depth Measurements" with a grid for recording measurements. At the top, there are fields for "Candidate Identification Number" (1023/2011 10:07:43 AM) and "SESSION ID". A "Critical Notice" box is visible, stating: "Change to form: All of these areas of change will be used for the treatment evaluation of any instance of a patient change in the field of practice." At the bottom, there is a section for "EXAMINER" with a grid for recording data. The form is titled "TREATMENT EVALUATION FORM" and includes a logo for the Florida Dental Board.

The patient must be wearing a **CLEAN** napkin when sent to the Grading Station. While the patient is being evaluated, the candidate must clean and disinfect their operatory.

## i. Examiner Evaluation

The initial Examiner will assign the teeth to be evaluated for the supragingival calculus, plaque and stain removal and will, along with two (2) other independent examiners:

- 1) Evaluate subgingival calculus removal from the selected teeth surfaces
- 2) Evaluate supragingival deposits removal (calculus, stain, and plaque removal) from the surfaces on the selected teeth
- 3) Grade pocket depth measurements on the four assigned teeth
- 4) Evaluate overall tissue condition

The determinations made by the three examiners will be entered on the Treatment Evaluation form.

## 11. Examination Completion Following Examiner Evaluation

Once the patient is returned from the Grading Station, the candidate should check the paperwork to see that all forms have been completed and to note the presence or absence of an Instructions to the Candidate Form which may need to be reviewed with the patient prior to patient dismissal.

The Clinic Floor Monitor **MUST** review with the candidate all paperwork and place their Examiner Number on the Progress Form and give a “Patient Dismissal” card to the candidate prior to final patient dismissal.



## 12. Periodontal Check-Out Procedure

Candidates are encouraged to refer to the Candidate Tutorial Booklet for instructions on the check-out process. The items specified below should be enclosed in the **original Candidate packet** and turned-in at the Check-Out Station in the following order:

1. Identification Badge without the badge holder (if the candidate is NOT taking the Manikin Examination)
2. Assistant Badge without the badge holder (if it is the last examination Part for the candidate)
3. Progress Form
4. Treatment Selection Grading Room Request Form
5. Treatment Evaluation Grading Room Request Form
6. Any Treatment Selection Forms from patient rejections

7. Any extra forms
8. Any yellow Instructions to Candidate Forms