

# Fellowship Examination Blueprint: **Periodontics**

## **Blueprint**

Competency Domain	Percentage
1. Data Gathering, Etiology, and Diagno	sis 30 – 45%
2. Prognosis, Treatment Planning, and	30 – 45%
Management	
3. Post-Treatment Management and	10 – 25%
Maintenance	
4. Communication	5 – 15%

## **Competencies**

- 1. Data Gathering, Etiology, and Diagnosis
  - 1.1 Identify a patient's chief complaint.
  - 1.2 Obtain and interpret the patient's medical, dental, and social history.
  - 1.3 Perform a comprehensive periodontal examination.
  - 1.4 Interpret and apply findings from clinical examinations.
  - 1.5 Prescribe and interpret radiographic images.
  - 1.6 Interpret histopathological results and reports.
  - 1.7 Explain the etiology and pathogenesis of periodontal and peri-implant diseases and conditions, including:
    - 1.7.1 Gingivitis and gingival diseases
    - 1.7.2 Periodontitis
    - 1.7.3 Systemic diseases or conditions affecting periodontal supporting tissues
    - 1.7.4 Mucogingival deformities and conditions
    - 1.7.5 Traumatic occlusal forces
    - 1.7.6 Tooth- and prosthesis-related factors (i.e., perio-ortho and perio-endo)
    - 1.7.7 Peri-implant mucositis
    - 1.7.8 Peri-implantitis
    - 1.7.9 Peri-implant soft and hard tissue deficiencies
  - Evaluate teeth, oral hygiene, restorations, and implants. 1.8
  - 1.9 Assess the biological and aesthetic quality of prostheses.
  - 1.10 Recognize oral manifestations of systemic and infectious diseases.
  - 1.11 Perform risk assessment considering local and systemic factors.



- 1.12 Determine if additional medical investigations (e.g., laboratory tests) are required to support the diagnosis.
- Formulate differential diagnoses of oral conditions. 1.13
- 1.14 Formulate a diagnosis of periodontal and peri-implant diseases and conditions.
- 1.15 Refer to the general dentist, dental specialist, or another healthcare professional when appropriate.

### 2. Prognosis, Treatment Planning, and Management

- 2.1 Formulate and justify prognoses.
- 2.2 Establish treatment plan options for periodontic and peri-implant conditions.
- 2.3 Develop a comprehensive, patient-centred treatment plan.
- Adapt treatment plans for patients with special healthcare needs. 2.4
- 2.5 Utilize effective local anesthetic strategies and pharmacology.
- 2.6 Administer sedation and manage associated adverse effects, including reversal where indicated.
- 2.7 Implement pharmacotherapeutics and other adjunct modalities.
- 2.8 Manage pain (intra-op and post-op).
- 2.9 Select appropriate materials, equipment, and techniques for non-surgical, surgical, and dental implant therapies.
- Perform non-surgical therapy for periodontal and peri-implant diseases and 2.10 conditions, including:
  - 2.10.1 Plaque control
  - 2.10.2 Scaling and root planing
  - 2.10.3 Occlusal therapy
  - 2.10.4 Local and systemic adjunctive therapy
  - 2.10.5 Sub-gingival irrigation
  - 2.10.6 Laser therapy
  - 2.10.7 Limited orthodontic therapy
- Perform surgical therapy for periodontal and peri-implant diseases and 2.11 conditions, including:
  - 2.11.1 Resective surgical therapy
  - 2.11.2 Regenerative and reparative surgery
  - 2.11.3 Periodontal plastic surgery
  - 2.11.4 Perio-ortho surgery
- 2.12 Perform pre-prosthetic hard and soft tissue surgery, including:
  - 2.12.1 Tooth extraction
  - 2.12.2 Implant site development



- 2.12.3 Pontic site development
- 2.12.4 Vestibuloplasty
- Plan, place, restore, or remove dental implants as indicated. 2.13
- 2.14 Perform incisional and excisional biopsies and manage sequelae appropriately.
- 2.15 Provide post-treatment instructions.

#### 3. Post-Treatment Management and Maintenance

- 3.1 Assess treatment outcomes, including wound healing.
- 3.2 Modify the treatment plan as needed.
- 3.3 Perform periodontal re-evaluation and develop an individualized maintenance
- 3.4 Recognize and manage post-treatment complications.
- 3.5 Provide oral hygiene instruction and support behavioural modification.
- 3.6 Address prosthetic considerations post-treatment.
- 3.7 Recognize and manage medical emergencies.
- 3.8 Identify and manage failed or unsuccessful treatments.
- 3.9 Formulate and present alternative treatment options.

#### 4. Communication

- 4.1 Communicate effectively with patients, their families, and other healthcare professionals.
- 4.2 Adapt communication based on the patient's age and stage of development.
- 4.3 Obtain informed consent from patients and/or their parents or guardians.
- 4.4 Collaborate with members of the interdisciplinary healthcare team.
- 4.5 Demonstrate collegiality when discussing differing opinions with other healthcare professionals.
- 4.6 Ensure the continuity and coordination of patient care through the appropriate transfer of information.
- 4.7 Consistently apply accurate, discipline-specific terminology when communicating clinical reasoning and decisions.
- 4.8 Communicate in a structured, clear, concise, and logical manner.
- 4.9 Clearly and transparently articulate clinical reasoning and decision-making processes.