DAKOTA COLLEGE AT BOTTINEAU

COURSE SYLLABUS

Course Prefix/Number/Title: DHYG 241 Periodontology II

Number of Credits: 2

Updated for DCB: August 2026, KT

Course Description:
This hybrid course is a continuation of the study of periodontology for the dental hygienist. Topics include host response, systemic and local factors, nutrition and tobacco use and their roles in the periodontal disease process. Radiographic analysis, chemical agents and host modulation will also be studied. The course concludes with the study of periodontal surgical concepts, acute periodontal conditions, periodontal disease in the pediatric population and the impact of periodontitis on systemic health.

Hybrid Course Information:

- **What is a Hybrid Course?**
  DHYG 241 is a hybrid course. A hybrid course replaces some in-class time with online learning activities completed outside of class. The lab portion of this course is face-to-face.
- **Reduction of Face-to-Face Time:**
  For this course, some of the DAST Clinical Assisting I classroom sessions are being replaced with these online activities: Reading assignments, PowerPoint study, individual and group assignments, and discussions, viewing videos and interactive activities with the Evolve Student Resources and online tests.
- **Expectations for Work Online:**
  Although we will meet in-person less frequently than in a regular course, this course requires the SAME amount of work. Taking a hybrid course demands a lot of discipline, self-direction, and time management skills. You may be expected to do work outside of class that may otherwise have previously been conducted in-class.
- **Technical Requirements:**
  You will need regular access to a computer with reliable Internet access to complete assignments and tasks. If you have your own computer or are considering purchasing hardware, please refer to DCB's Recommended Computer Specifications.

Prerequisites:
DHYG 141 Periodontology I

Co-requisite:
DHYG 245 Clinic IV

Course Objectives:

1. Upon successful completion of this course, the student will be able to:
2. Describe the possible cascade of events in the host following an acute inflammatory response to a bacterial invasion.
3. Identify systemic risk factors that increase susceptibility to periodontal disease.

4. Recognize the local etiologic factors that contribute to the retention and accumulation of plaque biofilm leading to periodontal disease.
5. Explain the role of the dental hygienist in addressing nutrition in the management of periodontal disease.
6. Describe the relationship between tobacco use and periodontal disease.
7. Present the benefits of tobacco cessation and provide quit line information to patients who use tobacco products.
8. Recognize radiographic signs associated with periodontal disease.
9. Understand the rationale for adjunctive therapy with antibiotics and chemotherapeutic agents in the management of periodontal clients.
10. Describe how host modulation alters the patient's defense responses to help the body limit damage to the periodontium from infections such as periodontitis.
11. Describe periodontal surgical procedures and post operative care.
12. Recognize acute periodontal conditions.
13. Identify the normal clinical and radiographic appearance of the periodontal anatomy surrounding the primary dentition.
14. Educate patients at risk for systemic disease regarding the possible impact of periodontal infections and promote oral disease prevention and treatment.

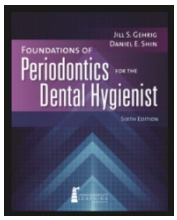
Dental Hygiene Student Learning Outcomes addressed in this course

1. Demonstrate clinical competence to provide patient centered, comprehensive, dental hygiene care for diverse population of patients.
2. Demonstrate ethical and professional behavior consistent with professional standards in dental hygiene.
3. Promote oral health through interprofessional community health promotion.
4. Communicate effectively with patients, coworkers, and other healthcare professionals.

Instructor: Kelsey Tate, BSDH, RDH, RF
Office: 209 B
Office Hours: Monday 11am- 12pm, Thursday 12-1pm, By Appointment
Phone: 701-858-3192
Email: kelsey.tate@dakotacollege.edu

Course Schedule: This hybrid lecture course meets once per week for two hours for 16 weeks. This course has 32 contact hours.

Textbook(s):
Gehrig, J., Shin, D., Willmann, D. 2024. *Foundations for Periodontics for the Dental Hygienist*, Enhanced 6th ed. Burlington, MA. Jones & Bartlett Learning, ISBN: 978-1-284-26105-9.



Course Requirements:
The student must earn at least a 75% to pass this course with a "C" or above and complete all tests and assignments.

Tentative Course Outline:

Week	Topic	Tests/Exams
Week 1	Ch 13- Host Immunoinflammatory Response to Dental Biofilm	
Week 2	Ch 14- Impact of Systemic Conditions on Periodontal Health	
Week 3	Ch 14- Continued	
Week 4	Ch 16- Local Factors Contributing to Periodontal Disease	Test Ch 13 & 14
Week 5	Ch 18- Nutrition, Inflammation, and Periodontal Disease	
Week 6	Ch 17- Tobacco, Smoking, and Periodontal Disease	
Week 7	Ch 20- Radiographic Analysis of the Periodontium	Test Ch 16, 18, & 17
Week 8	Ch 20- Continued	
Week 9	Ch 28- Chemotherapeutics	
Week 10	Ch 29- Host Modulation Therapy	
Week 11	Ch 30- Periodontal Surgical Concepts for the Dental Hygienist	Test Ch 20, 28, 29
Week 12	Ch 9- Acute Periodontal Diseases	
Week 13	Ch 35- Periodontal Disease in the Pediatric Populations (Online Module)	
Week 14	No Class- Thanksgiving Break	
Week 15	Ch 15- Impact of Periodontal Inflammation on Systemic Health	Test Ch 30 & 9
Week 16	Final Exam (comprehensive) Review + Ch 35 & 15	
Final Exam	**Monday December 14th @ 12:30pm**	

General Education Competency/Learning Outcome(s) OR CTE Competency/Department Learning Outcome(s):
Employs industry-specific skills for workplace readiness.

Relationship to Campus Focus:
Dakota College Bottineau dental programs are designed to prepare students to meet the needs of communities by applying evidence-based decision making, using cutting-edge technology, and integrating quality and safety competencies into their dental programs. Each course within the program serves as a foundation for clinical practice in the dental assisting and dental hygiene professions. To meet the demands of the ever-changing field of dentistry, students are taught to value life-long learning.

Classroom Policies:

Classroom Etiquette

- Be punctual to lectures, labs and clinics
- Avoid any activity that may cause distraction during class.
- Incivility will not be tolerated
- Use of mobile devices and related applications and cameras are not allowed to be used, unless it is for a class activity.
- Children are not allowed in the classroom.

Active Learning*:*

In addition to educational strategies such as reading, listening and reflecting, when appropriate this class makes use of learning techniques commonly known as active learning. Students should expect to participate in active learning techniques such as discussions and presentations, small group activities, writing, problem-solving, case studies, role-playing, etc. These activities promote analysis, synthesis, and evaluation of class content in order to improve student learning outcomes.

Course Study Expectations*:*

Commitment to learning is important to success. For every semester credit you are taking in a class, (e.g., 3 credit course = 9 hours per week) the student should schedule three hours to read, study, and devote to your course, outside of class.

Attendance

Attendance is mandatory at all lectures, labs and clinic sessions. If you must be absent, (e.g., illness) please inform the instructor as soon as possible. It is the student's responsibility to meet with the faculty to find out what was missed. Labs and clinics may not be able to be made up. The instructor will assist you in finding an alternate assignment to learn the material missed.

Grading:

Course and lab/clinic grades are based on a variety of activities and assignments designated by the faculty. The criteria by which grades for each theory and clinical course are included in the course syllabus distributed to students. Students have access to and should review the learning management system grading calculation method.

Students are responsible to know what their grades are during the course. Please review the gradebook frequently. If an assignment or exam in the student's gradebook says the assignment or exam has not been submitted or has not been entered, it is then treated as a fact the student didn't do the assignment or exam as outlined in the directions. Make sure your assignments are submitted before the due date to assure timely submission. Please see your Dakota Dental Program handbook for grading policies, in addition to the policies listed below.

Students must earn a minimum grade of "C" with a maintained 2.0 GPA or better in all required dental program courses. Students who fail a theory or lab/clinical course will be dismissed from the dental program. A final grade of "D" or "F" is considered to be a failed grade. If a student has unsatisfactory grades, he/she should contact the instructor as soon as possible to discuss remediation.

Assignments/Tests/Labs/Clinics: All assignments must be completed and submitted on time in the manner specified by the faculty. Students may fail the course if all assignments are not completed. If you have questions or need clarification, please reach out to the instructor of the course.

Late/makeup work:
Late work will not be accepted (student will receive a zero) unless previously arranged with the instructor or impacted by extenuating circumstances. With faculty permission, a late assignment must be turned in within one week of the due date and that assignment will have a 5% deduction from the assignment grade. Extenuating circumstances will be evaluated by the faculty for the course.

Late tests:
If a student fails to take a test on time, he/she will need to contact the instructor to arrange a time to take the exam. There will be a 10% deduction from the test grade, for tests taken late. If a test isn't taken within a week of the test date, you will receive a zero for that test. Extenuating circumstances will be evaluated by the faculty for the course.

Student Email Policy:
Dakota College at Bottineau is increasingly dependent upon email as an official form of communication. A student's campus-assigned email address will be the only one recognized by the Campus for official mailings. The liability for missing or not acting upon important information conveyed via campus email rests with the student.

Academic Integrity:
According to the DCB Student Handbook, students are responsible for submitting their own work. Students who cooperate on oral or written examinations or work without authorization share the responsibility for violation of academic principles, and the students are subject to disciplinary action even when one of the students is not enrolled in the course where the violation occurred. The Code detailed in the Academic Honesty/Dishonesty section of the Student Handbook will serve as the guideline for cases where cheating, plagiarism or other academic improprieties have occurred.

Disabilities or Special Needs:
Students with disabilities or special needs (academic or otherwise) are encouraged to contact the instructor and Disability Support Services.

Title IX:
Dakota College at Bottineau (DCB) faculty are committed to helping create a safe learning environment for all students and for the College as a whole. Please be aware that all DCB employees (other than those designated as confidential resources such as advocates, counselors, clergy and healthcare providers) are required to report information about such discrimination and harassment to the College Title IX Coordinator. This means that if a student tells a faculty member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty member must share that information with the College's Title IX Coordinator. Students wishing to speak to a confidential employee who does not have this reporting responsibility can find a list of resources on the DCB Title IX webpage.

AI Student Policy:
Unless otherwise indicated in the course syllabus, or in individual instructions for course assignments, or in the absence of the express consent of the course instructor, students are not allowed to utilize generative AI to help produce any of their academic work. Any violation of this policy will be considered an act of academic dishonesty as outlined within the Dakota College Code of Student Life.

This course will be evaluated by:

Assignments	Points Possible
1- Ch. 13 Case Study 1 & 2	8
2- Ch. 14 Risk Factors Summary	6
3- Ch. 16 Oral Piercing	12
4- Ch. 18 Nutritional Counseling	50
5- Ch. 17 Tobacco Cessation Counseling	30
6- Ch. 34 Case Study Mr. Wilton- Pg 780	15
7- Ch. 28 Online Discussion Preprocedural Rinse	9
8- Ch. 29 Case Study 1	4
9- Ch. 34 Case Study Ms. Sandsky- Pg 788	13
10-Ch. 34 Case Study Mr. Verosky- Pg 795	13
11- Ch. 9 Case Study 1	16
12- Ch. 34 Case Study Mr. Tomlinson- Pg 801	11
Total Points Possible	**187**

Tests	Points Possible
Ch. 13 & 14	40
Ch. 16, 17, & 18	50
Ch. 20, 28, & 29	50
Ch. 9 & 30	40
Final Exam comprehensive and Ch. 35 & 15	100
Total Points Possible	**280**

Categories	Total Points Possible
Graded Assignments	187
Unit Exams and Final Exam	280
Total Points	467

The following grade scale will be used:

A	92 - 100
B	84 – 91
C	75 – 83
D	67 – 74
F	Below 67

Topic Schedule Periodontology II
Fall Semester DH 2
DP, Discussion Points; IC, Image Collection; PPT, PowerPoint. **Note: All electronic ancillary assets can be found on the book's Navigate 2 Advantage Access Site.**

Week and Course Objectives	Specific Instructional Objectives	Student Preparation and Learning Experiences	Evaluation Methods
Week 1 **Objective 1**	**Ch. 13 Host Immunoinflammatory Response to Dental Biofilm** 1. Define the term host response and describe its primary function. 2. Describe the role the host immunoinflammatory response plays in the pathogenesis of periodontal disease. 3. Define the term biochemical mediator and list three of these mediators. 4. Describe the role of cytokines in the pathogenesis of periodontitis. 5. Describe the role of prostaglandins in the pathogenesis of periodontitis. 6. Describe the effect of matrix metalloproteinases (MMPs) on periodontal tissues. 7. Explain the phases of the bone remodeling cycle. 8. Explain the significance of a balanced OPG-to-RANKL ratio. 9. Describe the link between periodontitis and RANKL-	**Read Ch. 13 and PPT** **Attend Class and participate in activities:** -Give each student three different pictures of gingivitis. Have each student highlight areas and signs of inflammation on his or her pictures. Have each student compare his or her work to that of two other students, noticing any differences. - Have students work in pairs and recreate the drawing of periodontitis on the cellular level as depicted in Figure 13-6. Have students explain what is going on in their illustration and why tissue destruction is only seen in periodontitis. -Project images on the screen Figure 13-3, Figure 13-4, Figure 13-5, Figure 13-6. Students will guess which histologic phase they represent. **Graded Assignment:** Focus on Patient's Case Study 1 and 2 (upload to Bb) page 304	Assignment 1

	mediated bone resorption. 10. For each of the histologic stages of gingivitis and periodontitis listed below, name one change in the host immune response likely to be encountered: a. Bacterial accumulation phase b. Early gingivitis phase c. Established gingivitis phase d. Periodontitis phase		
Weeks 2 & 3 **Objective 2**	**Ch. 14 Impact of Systemic Conditions on Periodontal Health** 1. Name several systemic diseases/conditions that may modify the host response to periodontal pathogens. 2. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving. 3. Place the interests of patients at the center of interprofessional health care delivery. 4. Recognize the importance of educating patients about the relationship between oral health and systemic diseases, states, or conditions (such as the	**Read Ch. 14 and PPT** **Attend Class and participate in activities:** -Ask student volunteers to explain in their own words how diabetes affects the periodontium. Ask why patients with diabetes mellitus need close monitoring and how that can be accomplished. -Draw a table on the board with column headings "Puberty," "Pregnancy," and "Menopause" and ask the class to describe the implications of altering hormone levels in each situation. Fill in the columns with their replies. -On a handout featuring Table 14-1 with the third column obscured, have students identify the effects of prescribed medications on the	Assignment 2

	link between diabetes mellitus and periodontitis). 5. Discuss the potential implications of these systemic conditions on the periodontium: uncontrolled diabetes, leukemia, and acquired immunodeficiency syndrome (AIDS). 6. Describe the significance of the AGE–RAGE interactions and its role in amplifying periodontal inflammation. 7. Discuss how hormone alterations may affect the periodontium. 8. Define the term osteoporosis and discuss the link between skeletal osteoporosis and alveolar bone loss in the jaw. 9. Discuss the implications of Down syndrome on the periodontium. 10. Name three medications that can cause gingival enlargement. 11. For a patient in your care with periodontal disease that is amplified by a systemic condition, explain to your clinical instructor the risk factors that may have contributed to the severity of your patient's periodontal disease	periodontium. Students should compare tables with a partner and make corrections as needed. *Ch. 34 Comprehensive Patient Cases 1. Mr. Karn page 772 (complete as a class) **Graded Assignment:** For a patient you treated in clinic with periodontitis that is amplified by a systemic condition, write a summary explaining the risk factors that may have contributed to the severity of your patient's periodontal disease. Upload summary to Bb.	
Week 4 **Objective 3**	**Ch. 16 Local Factors Contributing to Periodontal Disease** 1. Describe how local factors contribute to the retention and accumulation of plaque biofilm.	**Read Ch. 16 and PPT** **Attend Class and participate in activities:** -Show examples of faulty restorations: over-contoured crown, overhanging margin, under-contoured restorations, crown placed in biologic	Test Ch 13 & 14 Assignment 3

	2. Explain how a local contributing factor differs from a systemic contributing factor. 3. Identify and describe the location, composition, modes of attachment, mechanisms of mineralization, and pathologic potential of supra- and subgingival calculus deposits. 4. Discuss how local contributing factors can lead to direct damage to the periodontium. 5. Explain the role of trauma from occlusion as a possible contributing factor in periodontal disease	width. Ask the following questions: 1. Can these faulty restorations be ranked in order of detriment caused to periodontium? 2. What do all examples have in common? 3. Should they be corrected, and if so, what needs to happen? -Using pictures from the Internet, ask students to identify the potential local factor that may have caused damage to the patient seen in the picture. Find pictures illustrating food impaction, malocclusions, misuse of oral hygiene aids, improper crown placement, etc. Have students respond as a class. **Graded Assignment:** Write up how you would explain the potential harm of oral piercings to the periodontium to a patient with an oral piercing. Submit to Bb.	
Week 5 **Objective 4**	**Ch. 18 Nutrition, Inflammation, and Periodontal Disease** 18-1 Discuss the link between obesity and periodontal disease. 18-2 Discuss the role of polymorphonuclear leukocytes in the production of ROS in response to plaque biofilm. 18-3 Discuss how antioxidants may influence periodontal disease onset and progression.	**Read Ch. 18 and PPT** **Attend Class and participate in activities:** -Divide the class into two groups. Have each group answer questions for Case 1 and Case 2 fictitious patients at the end of the chapter. Ask each group to report back to the class for discussion. -Using Table 18-1 as a guide, discuss the inadequate intake of nutrients and the association between nutrition and periodontal disease. Students will list on the board	Assignment 4

	18-4 Describe the proposed roles of micronutrients and macronutrients in periodontal disease. 18-5 List some oral symptoms associated with ascorbic acid deficiency gingivitis. 18-6 Explain the role of dental health care providers in addressing obesity and nutrition in the management of periodontal disease	food sources for these nutrients. **Graded Assignment:** Nutritional counseling – handouts available on Bb.	
Week 6 **Objective 5, 6**	**Ch. 17 Tobacco, Smoking, and Periodontal Disease** 1. Discuss the implications of smoking and use of other tobacco products on periodontal health status. 2. Describe the different categories of tobacco/nicotine delivery systems and provide examples of each. 3. Discuss the implications of smoking on the host response to periodontal disease. 4. Discuss the implications of cannabis on the host response to periodontal disease. 5. Discuss the effects of smoking on periodontal treatment outcomes. 6. Discuss current theories as to why	**Read Ch. 17 and PPT** **Attend Class and participate in activities:** - Ask students to generate a list of effects smoking has on general health as well as oral health. Write answers on the board. - Have students choose a partner. In pairs, have each set of students practice being the clinician and the patient using Boxes 17-1, 17-2, and 17-3 as a guide. After each pair has had the opportunity to practice, ask for volunteers to demonstrate for the class. **Graded Assignment:** Perform smoking cessation counseling. (Forms are on Bb)	Assignment 5

	smokers have more periodontal disease than nonsmokers. 7. Explain why tobacco cessation counseling is a valuable part of patient care in the dental setting. 8. Value the importance of providing smoking cessation counseling as a routine part of periodontal treatment		
Weeks 7 & 8 **Objective 7**	**Ch. 20 Radiologic Analysis of the Periodontium** 20-1 Describe dental radiographic characteristics of the healthy periodontium. 20-2 Describe early dental radiographic evidence of periodontal disease. 20-3 Name some techniques that can be employed with periodontal patients to obtain good quality dental radiographs. 20-4 Explain the basic principles of the vertical bitewing technique. 20-5 Describe the limitations of dental radiographs that all clinicians should keep in mind when viewing radiographs. 20-6 Explain the difference between vertical and horizontal alveolar bone loss as seen in dental radiographs. 20-7 Given a selection sample dental radiographs, apply the information from	**Read Ch. 20 and PPT** **Attend Class and participate in activities:** - Faculty will bring radiographs to class: • Divide the class into several groups. • Have each group identify radiolucent and radiopaque structures on the films. • Have students identify bone loss on the films and report findings back to the class. - Present a set of traditional bitewing radiographs and set of vertical bitewing radiographs (would be good if on the same patient). Discuss the value of vertical vs. horizontal bitewings. **Assignment:** Assignment 6 Ch 34 Case Study Mr. Wilton- Pg 780- be ready to discuss. Week 8	Test Ch 16, 18, & 17 Assignment 6

	this chapter when analyzing those radiographs		
Week 9 **Objective 8**	**Ch. 28 Chemotherapeutics in Periodontal Care** 1. Define chemotherapy and explain its use in the treatment and management of periodontal disease. 2. Compare and contrast systemic delivery from topical delivery of chemical agents. 3. Define the term systemic antibiotics and explain why they are not used routinely in the treatment of patients with plaque-induced gingivitis and patients with periodontitis. 4. Describe three examples of mouth rinse ingredients that can help reduce the severity of gingivitis. 5. List three antimicrobial agents that can be delivered using controlled-release delivery devices. 6. Explain why toothpastes are nearly ideal delivery mechanisms for chemical agents. 7. List two toothpaste ingredients that can reduce the severity of gingivitis. 8. Explain the current scientific evidence behind charcoal-based dental products and oil pulling.	**Read Ch. 28 and PPT** **Attend Class and participate in activities:** - Instructor will divide students in groups and ask each group to create a definition for a "controlled-release delivery device." Each group will differentiate between the various types of controlled-release delivery devices. Ask volunteers to share their answers. **Graded Assignment:** Read reference #30 by Gupta, Mitra, Ashok, et al. Efficacy of preprocedural mouth rinsing in reducing aerosol contamination produced by ultrasonic scaler: a pilot study. Write a paragraph about whether you feel it is necessary to use preprocedural mouth rinses prior to hand scaling as well as using the ultrasonic scaler on all patient, regardless of periodontal status. Submit to online discussion board. Students should respond to at least 1 classmate's post.	Assignment 7
Week 10 **Objective 9**	**Ch. 29 Host Modulation Therapy** 29-1 Define the term host modulation therapy.	**Read Ch. 29 and PPT** **Attend Class and participate in activities:** - Review some of the systemic diseases and conditions that	Assignment 8

	29-2 Discuss the potential importance of host modulation therapy. 29-3 Name some anti-inflammatory mediators 29-4 Name some pro-inflammatory mediators 29-5 List three types of drugs that have been studied for use as possible host modulating agents. 29-6 Explain why low-dose doxycycline's are useful as host modulating agents. 29-7 Explain the term sub-antibacterial dose. 29-8 Make a list of treatment strategies for periodontitis patient that includes host modulation	are associated with periodontal disease. - Answer questions for the Ethical Dilemma at the end of the chapter, then share responses with the class. **Graded Assignment:** Complete Focus on Patients: Case 1 on p. 632. Upload to Bb.	
Week 11 & 12 **Objective 10 & 11**	**Ch. 30 Periodontal Surgical Concepts for the Dental Hygienist** 30-1 List objectives for periodontal surgery 30-2 Explain the term relative contraindications for periodontal surgery. 30-3 Define the terms repair, reattachment, new attachment, and regeneration. 30-4 Explain the difference between healing by primary intention and healing by secondary intention. 30-5 Explain the rationale, indications, and advantages of	**Read Ch. 30 and PPT** **Attend Class and participate in activities:** - Define and list characteristics under the heading. Discuss the answer for accuracy. 1. Repair 2. Reattachment 3. New attachment 4. Regeneration - Discuss why students think elevation of a periodontal flap would be beneficial and helpful during periodontal therapy. Record responses for students to see. - Divide students into groups. Each group will be given a slip of paper with a specific type of surgery written on it. Groups will develop a list of	Test Ch 20, 28, 29 Assignment 9 Assignment 11

	elevating a periodontal flap. 30-6 Explain two methods for classifying periodontal flaps. 30-7 Describe two types of incisions used during periodontal flaps. 30-8 Describe healing following flap for access and open flap debridement. 30-9 Describe the typical outcomes for apically positioned flap with osseous surgery. 30-10 Define the terms ostectomy and osteoplasty. 30-11 Define the terms osteogenesis, osteoinductive, and osteoconductive. 30-12 Explain the terms autograft, allograft, xenograft, and alloplast. 30-13 Name two types of materials available for bone replacement grafts 30-14 Explain why a barrier material is used during guided tissue regeneration. 30-15 Explain the term periodontal plastic surgery. 30-16 List two types of crown lengthening surgeries 30-17 List some disadvantages of gingivectomy. 30-18 Explain what is meant by biological enhancement of	post-op patient education talking points for their assigned surgery. Share with class. -Identify indications for crown lengthening versus gingivectomy. What are the dental hygienists' special considerations for each. **Graded Assignment:** Comprehensive Patient Cases Ch. 34 #3. Ms. Sandsky page 788 **Read Ch. 9 and PPT** **Attend Class and participate in activities:** **-** Instructor will draw a simple table on the board or overhead, with the column headings "Gingival Abscess," "Periodontal Abscess," and "Pericoronal Abscess." Ask the class to name some characteristics of each kind of abscess and fill in the columns with their replies. Lead a discussion about how these three conditions differ. - Pair students and have them practice giving detailed descriptions of the possible causes of abscesses of the periodontium, referring to the textbook as needed. Ask students to share their responses with the class. - Divide the class into small groups and have each group develop a chart that compares and contrasts abscess of the periodontium and the endodontic abscess. - Have students theorize which age group most frequently experiences a pericoronal abscess.	

	periodontal surgical outcomes. 30-19 Name two broad categories of materials used for suturing periodontal wounds. 30-20 Explain the term interrupted interdental suture. 30-21 List general guidelines for suture removal 30-22 Describe the technique for periodontal dressing placement. 30-23 List general guidelines for periodontal dressing management 30-24 Explain the important topics that should be covered in postsurgical instructions. 30-25 List steps in a typical postsurgical visit **Ch. 9 Acute Periodontal Diseases** 1. Define the term acute periodontal disease and list the conditions that fall under this category. 2. Describe the general characteristics of each of the acute periodontal diseases discussed in this chapter. 3. Name and describe the three types of abscesses of the periodontium.	**Graded Assignment:** Complete Focus on Patients: Case 1 on p. 218. Responses should be submitted electronically to Bb.	

	4. List the possible causes of abscesses of the periodontium. 5. Compare and contrast the periodontal and pulpal abscesses. 6. Outline the typical treatment steps for a gingival abscess, a periodontal abscess, and a pericoronal abscess. 7. Describe the possible outcomes of an untreated pericoronal abscess. 8. Describe the pathogenesis of an endodontic-periodontal lesion. 9. List the different categories of endodontic-periodontal lesions based on the signs and symptoms. 10. Outline the typical treatment steps for necrotizing gingivitis. 11. Describe the characteristics of necrotizing gingivitis, necrotizing periodontitis, and necrotizing stomatitis. 12. Compare and contrast the tissue destruction that occurs in necrotizing gingivitis and necrotizing periodontitis. 13. Compare and contrast the tissue destruction in periodontitis versus that seen in necrotizing periodontitis.		

	14. Describe the symptoms of primary herpetic gingivostomatitis. 15. List a step-by-step treatment plan to address a patient suffering from herpetic gingivostomatitis.		
Week 13 **Objective 12**	**Ch. 35 (ONLINE MODULE) Periodontal disease in the Pediatric Population** 35-1 Describe the normal clinical appearance of the periodontal anatomy surrounding the primary dentition and be able to explain how these features differ from the clinical appearance of the periodontium surrounding the permanent dentition. 35-2 Describe the normal radiographic appearance of the periodontal anatomy surrounding the primary dentition and be able to explain how these features differ from the normal radiographic appearance found around the permanent dentition. 35-3 Explain the difference between a "cold sore" and a "canker sore" and be able to describe treatment strategies for each condition. 35-4 Explain the importance of	**Read Ch. 35 and PPT** **Attend Class and participate in activities:** **-** Ask students to provide characteristics of Chronic Periodontitis for adult versus child patients. Do the same for Aggressive Periodontitis - Ask student to look at the pictures shown on the screen side by side of Figure 35-1 (health) and Figure 35-10 (chronic periodontitis). Ask them to describe the clinical appearance of each picture. - Ask students to look at the pictures shown on the screen side by side of Figure 35-10 (chronic periodontitis) and Figure 35-11 (generalized aggressive periodontitis). Ask students to list treatment steps for each disease. **Graded Assignment:** Ch. 34 Comprehensive Patient Cases #4 Mr. Verosky page 795	Assignment 10

	educating pediatric patients and their caretakers about the relationship between periodontal health and oral development. 35-5 Describe the potential implications of untreated periodontal disease in the pediatric patient. 35-6 Describe the common types of acute periodontal conditions that are seen in the pediatric population. 35-7 Recognize the common forms of periodontal diseases that affect the pediatric patient and be able to detail the treatment regimens to manage each of these conditions.		
Week 14	**NO CLASS- THANKSGIVING BREAK**		
Week 15 **Objective 13**	**Chapter 15 Impact of Periodontal Inflammation on Systemic Health** 1. Contrast the terms association and causation between a given factor (A) and a systemic disease (B). 2. Educate patients at risk for cardiovascular diseases about the possible impact of periodontal infection on cardiovascular health and be able to motivate the patient to seek oral disease	**Read Ch. 15 and PPT** **Attend Class and participate in activities:** - Instructor will write Pathways 1 – 4 on the board. Students will name the pathway and then list the description of each pathway for the periodontal--systemic association and write responses in the correct column. a. Inflammatory mediators from periodontal lesions enter the blood stream	Test Ch 30 & 9 Assignment 12

	prevention/counseling service. 3. Educate pregnant women and those planning pregnancies about the possible impact of periodontal infection on pregnancy outcomes and be able to motivate the patient to seek oral disease prevention/counseling service. 4. Educate patients with diabetes about the probable bidirectional association between periodontal disease and diabetes and be able to motivate the patient to seek oral disease prevention/counseling services 5. Educate family members, caregivers, and affected patients about the association between periodontal disease and pneumonia in health-compromised individuals in hospitals and long-term care facilities. 6. Establish collaborative relationships with other health care providers to ensure the highest standard of care for periodontal patients with systemic diseases and conditions	b. Periodontitis stimulates the host immune system c. Periodontitis elevates levels of fibrinogen d. Periodontitis elevates levels of serum cholesterol -Answer questions for Case 1 Clinical Patient Care at the end of the chapter. Discuss as a class. **Graded Assignment:** Ch. 34 Comprehensive Patient Cases #5. Mr. Tomlinson page 801	
Week 16	Final Exam Review- comprehensive + Ch. 35 and 15		

Finals Week	**Final Exam Monday December 14th @ 12:30pm**		

https://dakotacollege.simplesyllabus.com/doc/xirafk0x5/2026-Fall-DHYG-241-42387-Periodontology-II?mode=view