CASE LOG REQUIREMENTS

Information for Residents

Reviewed and revised December 2013 - this version is current for the 2013 Annual Report and 2014 Credentials cycles.

Items shown in underlined italic font are available on the AVDC web site via links from the Information for Registered Residents page unless otherwise stated.

The policies described below have been adopted by AVDC to ensure compliance with the case log requirements for successful completion of the Credentials Applications process and to provide a uniform means of constructing case logs that can be reviewed in consistent format by the AVDC Training Support Committee and the Credentials Committee.

AVDC Case Logs consist of a summary of each case managed by the resident (whether as assistant or as primary dentist).

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Log of All Cases Seen During the Training Program

A log of all veterinary dental and oral surgery cases seen during the AVDC approved residency training period is to be kept by the resident, using the AVDC on-line case log system. Cases that were treated prior to the resident’s program registration start date cannot be included in the case log. **The minimum total case load requirement is 500 cases.**

There is also a Minimum Required Case Load (MRCL) log for specific types of case – see below (pages 3 and 14).

Case logs must be continued until the resident’s credentials application has been approved. Following a residency training program with a completion date that is not coincident with submission of a credentials package, case logs are to be continued until June 30th of the year in which an application is submitted. When an unsuccessful credentials application was submitted in a previous year, the resident is to continue to log cases until a new credentials application is submitted.

Case Log Requirements and Clarifications

**‘Six Year’ Case Log Rule**

If a resident remains in a training program for more than six years, cases in the log that are more than six years old cannot be counted towards meeting the AVDC total case log or MRCL minimums. The DMS on-line case log automatically recognizes case that are no longer eligible because of procedure date; they are identified in red cross-hash marks on the case log screen and are not included in the case log Summary tables. The ‘six year clock’ does not run during periods of AVDC-approved Leave of Absence, but does continue to run during a period of suspension of a training program for non-compliance with AVDC reporting requirements.

**Dental Chart**

A completed dental chart and other medical record information must be available for all logged cases; the dental chart and other relevant information will be required to be submitted to AVDC for cases selected for the ‘six cases’ requirement – see Format of the Case Log, page 7.

**On-line Log**

Detailed information for use of the AVDC on-line case log is provided in the DMS Users Guide On-line Case Log section. The on-line log automatically provides “Chronological log”, “MRCL log” and “Summary” views.

For **definitions of an AVDC “case”**, read Guidelines for Counting Cases on page 3 of this document.
**Minimum Required Case Load (MRCL)**
To ensure that the required 500+ cases demonstrate breadth and depth of experience in the core dental disciplines of oral diagnosis and medicine, periodontics, endodontics, radiology, restorative dentistry and oral surgery, and that residents have performed or been exposed to more involved but less commonly performed procedures in the core disciplines and in other dental disciplines such as prosthodontics and orthodontics, there is a specified **Minimum Required Case Load** (MRCL). See MRCL Categories on page 14 of this document to review the number of cases required in each category.

The resident is to be ‘primary dentist’ for 50% or more of logged MRCL cases in each category (see Case Role - Resident Status, in Format of the Case Log, page 7). An **MRCL Diplomate Case Review Form must be completed for each case logged as an MRCL case** (see MRCL Diplomate Case Review Form, page 11). The MRCL case log is not to include more than the minimum number of case required in a particular category at any one time; cases can be swapped in and out as necessary to fill the required number of slots and to meet the other requirements listed in the MRCL case log section (page 14).

**Guidelines for Counting Cases**

An “AVDC case” is defined as performance of a procedure (which may be limited to oral diagnostic techniques) in a dental discipline. A maximum of three “cases” may be logged from any single treatment episode of a particular animal on a particular date.

*Clarifications and examples:*

- Three major procedures in a single category during the same anesthetic procedure on the same animal may be counted as three "cases", e.g. root canal treatments of a premolar and two canine teeth.
- In full-mouth extraction cases, a maximum of three OS2 “cases” may be counted if surgical extractions are done in at least three of the four dental arches in the same animal during the same anesthetic episode.
- An animal presented with a fractured tooth and extensive periodontal disease that is treated by a root canal procedure, endodontic access restoration and periodontal scaling would qualify as two separate AVDC “cases” (PE1 and EN1) because specific procedures in two major disciplines (endodontics and periodontics) were performed. This patient would not qualify as an RE case because restoration of the endodontic access opening is considered to be part of the endodontic procedure, unless the required number of EN1 cases has been logged, and the resident elects to log this case as RE (see clarification in the RE category information).
- An animal with wide-spread but uncomplicated periodontal disease treated by professional dental cleaning of some teeth and simple (closed) extractions of other teeth would qualify as two “cases” (PE1 and OS1).
- An animal with malocclusion, for which diagnosis and prognosis of the abnormality and genetic counseling is the extent of treatment, constitutes a “case” (OR1). In this instance,
performance of a specific dental technique under anesthesia is not required. A dental record, including a detailed description of the occlusion or bite registration, plus a treatment plan/recommendation, must be completed.

- Treatment of malocclusion orthodontically in one patient is one ‘case’ even when multiple ‘procedures’ are required. List the case in the most appropriate OR category. Note that treatment of malocclusion by crown amputation and vital pulp therapy of multiple teeth can be logged as separate EN2 cases for each tooth or as a single OR3 case, but not both. See also Case Categorizations to Fill Out the MRCL List on page 6.

- Management of one episode of disease requiring more than one examination or anesthesia counts as one “case” (e.g. management of malocclusion with a device requiring adjustments [OR4], or staged apexification [EN3]). Follow-up treatments are to be logged using the Re-examination Entry option (on the Edit Case Log Entry screen, click the Re-examination Entry link).

- For restorations of enamel hypoplasia lesions, a maximum of two restorative “cases” (RE) may be counted if two or more teeth were restored beyond simple restorative bonding in the same animal during the same anesthetic episode.

- Double-counting of cases in different PE categories is not permitted; log the case under the most complicated PE category performed on that case. E.g. if scaling/polishing of all teeth was performed (PE1) and a periodontal surgery (PE3) was performed on one tooth, log the case as PE3 only. See also Case Categorizations to Fill Out the MRCL List on page 6.

Complications, Re-Examinations and Multiple or Repeated Treatments

Management of complications and salvage procedures. When a separate procedure is performed on a different date because of failure of the primary procedure (e.g. EN3 surgical endodontics is performed, following failure of standard endodontics originally logged as EN1 several months earlier), the EN3 procedure is to be logged as a separate entry with a new case number. The Dental Procedure column for the new case is to include e.g. 'Salvage procedure for EN1 [case # and date]', and the Dental Procedure column for the original procedure is to be revised to include 'EN3 as salvage procedure done on [new date]. Note that when you revise a case log entry that has already been reviewed by TSC and carries the TSC-OK notation, a red Changed notation will appear in the Committee column of your case log for that case. To assist TSC in reviewing these cases, include the case number and the reason for revising the case log entry in the Comments for TSC section of your next Annual Report.

Staged Procedures: When a treatment requires multiple anesthetic episodes on separate dates (such as adjustments of an orthodontic device for OR3 or OR4 cases or removal of a dental splint following healing of a jaw fracture), the case is be logged once, and each adjustment/device removal procedure and date are to be noted in the Dental Procedure column. When e.g. an apexification EN3
procedure is performed, for which the final planned treatment step is an EN1 standard endodontic procedure, the case is to be logged once as EN3, and the EN1 procedure and date are to be noted in the Dental Procedure column for the original EN3 case log entry.

**Re-examination (‘re-check’) procedures.**

For a patient that is only undergoing re-examination for a procedure logged as an earlier case (i.e. oral charting, radiographic examination as follow-up), create a Re-examination case log entry **AND** include a comment in the original case log entry.

To create a re-examination case log entry, open the Edit Case Log Entry screen for the original procedure and then click the Create re-examination entry command on the Case Number line. A Re-examination screen appears with the original signalment already included.

- **Examples and clarifications:**
  - **When the procedure is ONLY a planned re-examination:** For example, a radiographic follow-up to EN1 case # 1234. In the Re-examination screen, enter the date of the re-examination procedure, and **Re-ex EN1 #1234** in the Dental Procedure column (you can add a brief summary of the result of the re-examination if you wish, e.g. ‘no periapical lucency seen’). Return to the Edit Case Log Entry screen for the original log entry, and add ‘Re-ex:’ and [date] of the re-examination in the Procedure column. **Do not** classify the Re-ex case log entry as an MRCL case.
  - **Minor re-examination that becomes a follow-up treatment procedure:** Example: oral examination of a dog 1-2 weeks following extractions showed that an extraction site was not granulating. You anesthetize the dog to curette the alveolus. Create a Re-examination case log entry, and enter e.g. ‘Curette non-healing alveolus following extraction tooth [Triadan ###], case #[original case log entry], [date] in the procedure column of the Re-examination case.
  - **Use the Re-examination Entry for major re-examinations only,** such as six month endodontic radiographic follow-up, or six week radiographic check of bone healing following repair of a fracture.
  - **If the re-examination is minor,** e.g. the equivalent of skin suture removal following surgery elsewhere on the body (example: inspection without anesthesia of healing of an extraction site 1-2 weeks following extraction), do not create a Re-examination Entry;
  - **For a patient undergoing re-examination at the same time as a new procedure.** Example: a radiographic re-examination procedure is done on an EN1 case and a PE2 procedure is performed during the same anesthetic episode. Log the case as a new PE2 case **AND** add **Re-ex EN1 #[original case log]** in the Dental Procedure column of the PE2 case. Update the original EN1 case log entry by adding **Re-ex [date]** in the Dental Procedure column.

**Changing Previously Logged Entries, Swapping Out MRCL Cases:**

**Changing case log entries:** Case log entries previously reviewed by TSC in an Annual Report can be updated as necessary to make corrections or to record re-examination procedures or complications, as noted above. When a change is made in a case that has been reviewed by TSC.
and a TSC OK notation was entered, DMS inserts a **Change Made** notation in the MRCL list; the case will be required to be re-reviewed by TSC to awarded the TSC-OK notation. See also Limit on Number of Cases Logged in Each MRCL Category and How to Swap Cases Out and In on page 14.

**Case Categorizations to Fill Out the MRCL List - “Down-grading Cases”**

Some residents find that they have more than enough cases of a particular category to fill all the required slots in some complex treatment categories (e.g. OS4), but may not have sufficient cases for ‘less complex procedure’ categories such as OM. Residents may elect to categorize cases as a lesser complex category (“down-grading a case”) to fill spaces on their MRCL log. The primary consideration is that the procedure(s) required to meet the lesser category definition are met – residents may not simply ‘downgrade’ a case if the procedure actually performed does not meet the less complex category definition.

In all cases logged, the diagnosis and procedure columns are to include the full set of information describing what was diagnosed and performed in that patient on that date. Because the TSC and Credentials Committee reviewers find it confusing when reading the log of a case that has been down-graded, from January 1st, 2013 onwards, residents are required to indicate in the case log Procedure field when they have “downgraded” a case – insert “Downgraded from (insert case category)” in this field.

Examples of acceptable ‘down-grading’ of case log categories:

A. **An oral mass that is biopsied by excisional biopsy as an OS4 or OS5 procedure can be categorized as OM instead of OS4 or OS5, because the mass was biopsied (meeting the OM category requirement).**

B. **If all PE4 MRCL slots are filled and a flap procedure was performed as part of a PE4 procedure, the case can be categorized as PE3 if there are PE3 slots to be filled.**

C. **If several teeth are extracted, some qualifying for OS1 and some for OS2, the case can be logged as OS1 if the OS2 MRCL slots are filled and there are slots to fill in the OS1 list.**

D. **If a malocclusion is diagnosed and a treatment plan developed (including detailed consultation and recording of the evaluation of the bite or bite registration, impressions, study models, with or without occlusal adjustment) and an orthodontic procedure is performed, the case can be categorized as OR1 if the relevant OR2, OR3 or OR4 MRCL slots are filled.**

E. **If all EN1 or EN2 MRCL slots are filled and a RE MRCL case log slot is yet to be filled, and if a coronal endodontic access is restored using full restorative procedure (cavity preparation, placement of permanent restorative material, finishing the restored surface) the case can be categorized as RE instead of (but not in addition to) EN1 or EN2.**
**Cadaver Procedure Log (Optional)**

Residents are encouraged to practice procedures on cadavers. Cadaver procedures are not to be included in the on-line case log and cannot be counted in the Minimum Required Case Load (MRCL) log, with one exception:

Two cadaver cases may be performed by the resident, as described below, in lieu of a clinical case if an indication for a procedure in a particular MRCL category has not been presented to the resident and if the resident has completed all other training requirements and is otherwise ready to submit a Credentials Application Package.

**Limitations and Requirements:**

1. Two cadaver cases total, with a limit of one cadaver case per MRCL category.
2. Format: The cadaver procedure must be performed under the direct supervision of the Supervisor or other AVDC Diplomate.
3. If the cadaver procedure is a crown preparation procedure, the resident must complete the crown preparation-cementation procedure as described in the MRCL Crown Preparation category information, by preparing the crown, including making the appropriate impression and bite registration items, and noting on the cadaver procedure form the name and case number of a clinical crown cementation procedure that is not already part of an existing MRCL case – if no such clinical cementation case is available in the resident’s log, the cadaver procedure must include having a dental laboratory make the crown from the impression, followed by cementation of the crown under supervision of the diplomate.
4. No cadaver procedures are to be included in the case log. The cadaver procedure(s) must be documented on a Cadaver Substitution Form that is scanned or photographed and included in the DMS Credentials Application document. Name the file: YourLASTNAME,FirstName  L. Cadaver {MRCL category} {year}.
5. Procedures requiring multiple steps: For a cadaver procedure that would normally require a second procedure, such as orthodontic procedures that will require appliance adjustment or removal, the second step must be included after the supervisor or other diplomate has reviewed the previous step.
6. Photo documentation of cadaver case procedures is required. No more than 6 images per cadaver case.
7. A description of how you would follow up the case, and post-treatment recommendations to the client, are to be included.
8. Include completed Cadaver Procedure forms as files attached to your DMS Credentials Application document, and note in the Credentials Application check-list that you have submitted cadaver form(s).
**Format of the Case Log**

The AVDC on-line case log automatically creates logs in the required format. Complete the fields in the Enter/Edit New Case screen as described below. Be sure to click Save Changes after entering a new case or making any edits in previously-entered case log entries.

The on-line case log automatically assigns the next available **case log number** when a new case is entered. If cases are not entered in chronological order, there may be an inconsistency between the case log number order and the case log date order. This is not a problem; the case log screen can be viewed in either case log # order or in case log date order (click the **blue column header** on-screen to change the order in which cases are shown).

Residents can edit entries of already logged cases using the Edit Case Log Entry screen (accessed from the case log screen by clicking the **blue underlined case log #** for that case).

- **Category**: Click the category that best describes the case from the drop-down menu. Case Log Categories are described on page 13 in this document.

- **Case Number**: This is automatically entered by DMS and cannot be changed. Depending on when you make a new case log entry, the **blue underlined case log #** may not match the date sequence of cases in your log – as noted above, this is not a problem.

- **Date Procedure Performed**: Use the calendar icon to click the date on which the procedure was performed, or you can enter it as month/day/year (four digits in year).

- **Patient Name**: In the Patient Name line, type the **Patient name space Owner last name** (no parens, no quotation marks).

- **Patient Identifier**: If your practice or hospital uses a case record numbering system, insert the case record number.

- **Species**: Use the drop-down menu to insert the species – if the specific species is not listed, click Other and then insert the species in the Breed line.

- **Breed**: Insert the Breed. You may use abbreviations for breeds adopted by your practice.

- **Age**: Insert the age (use the drop down menu to switch between years and months).

- **Diagnosis and Procedures Columns**: Include all the Diagnosis and Procedures information for that patient on that date, using the **AVDC abbreviations**. To ensure that the TSC or Credentials Committee reviewers can readily find the information justifying the case category selected for that case log entry, insert // as a delimiting character between the category-specific information and other information about that patient – this will cause DMS
to show the category-specific information in **bold color font** on the case log Summary screen.

*Example:* For a patient with periodontal disease, a cleft lip and an oral mass, which the resident wishes to log as both an OS4 case and an OM case, the Diagnosis and Procedure columns will look like this for the OS4 log entry:

**Diagnosis:** CFL // PD2, OM/EPO, which DMS will show in the log summary as CFL // PD2, OM/EPO

**Procedure:** CFL/R // PRO, BI, which DMS will show in the log summary as **CFL/R // PRO, BI**

And for the OM log entry, it will look like this:

**Diagnosis:** OM/EPO // CFL, PD2, which DMS will show in the log summary as **OM/EPO // CFL, PD2**

**Procedure:** BI // CFL/R, PRO, which DMS will show in the log summary as **BI // CFL/R, PRO**

When more than one ‘case’ will be logged for that patient on that date, complete the case log entry for the first category, click **Save Changes**, then click the **Create Duplicate Entry** command located at the right side of the Case Number line – in the next screen, change the case category and use cut-and-paste to ensure that the case category information is at the left side and is off-set by // from the rest of the information in the Diagnosis and Procedures columns. Be sure to click **Save Changes**.

Additional information:

- Use only abbreviations approved by AVDC. If there is no appropriate AVDC abbreviation, write out the terms in the diagnosis and procedure columns.
- For PE cases, the periodontal index (PD0-4) is to be listed.
- Other periodontal indices such as gingival index, pocket depth, furcation, mobility etc. are appropriate for use on the dental chart and are not required to be included in the AVDC case log Diagnosis column.
- Individual teeth treated are to be identified for specific procedures. The modified Triadan tooth numbering system is to be used. The Triadan chart is available in the Information for Registered Residents web page, and as a link from the Edit Case Log Entry screen.

 **Case Role (Resident Status):** Using the drop-down menu, insert the resident status:

- **P** - Primary dentist (case managed primarily by the resident).
- **PA** - The resident was the primary dentist, but was assisted by or consulted with an AVDC diplomate (counts as ‘Primary’ for calculation of % of MRCL cases as Primary or Assisting).
- **RA** - Worked jointly with other AVDC residents as the primary dentist, under supervision of an AVDC diplomate (counts as ‘Primary’ for calculation of % of MRCL cases as Primary or Assisting).
- **A** - Assisted an AVDC diplomate (case managed primarily by a diplomate - counts as ‘Assisting’ for calculation of % of MRCL cases as Primary or Assisting).
- **S** - Secondary operator, working as assistant to an Academy Fellow or human dentist (counts as ‘Assisting’ for calculation of % of MRCL cases as Primary or Assisting).

**Note:** To complete the AVDC Credential Requirement, the resident must be listed as P, PA or RA for 50% or more of the MRCL cases logged in each category.

- **Supervising Dentist:** If a diplomate (AVDC, or, for oral surgical cases, ACVS), Academy Fellow or human dentists was present, enter the supervising dentist’s initials.

- **Procedure Location:** Use the drop-down menu to enter the location where the procedure was performed.

- **Radiographs:** If radiographs or digital radiographic images were made, click **yes** on the drop-down menu.

- **Photos:** If clinical photographs or digital images were made, click **yes** on the drop-down menu.

- **MRCL Category:** Making a selection in this field causes the case log entry to be included in the MRCL log. For all case log entries logged as MRCL cases, an MRCL form must be present in the case log (see MRCL Case Form, page 11). If the case is to be included in the MRCL log and the MRCL diplomate review form has been uploaded, or if you have started the automatic electronic Request MRCL form process on DMS, use the drop-down menu on the MRCL Category line to enter the MRCL category. Designation as an MRCL case can be made subsequent to the initial entry of the case – use the Edit Case Log Entry screen, and be sure to click **Save Changes**. The on-line log automatically enters the MRCL log slot number for a newly designated MRCL case. If you delete a case from the MRCL log, do not worry about the MRCL slot number - the next MRCL case entered in that MRCL category will be assigned to the empty slot. See **Deleting and Swapping MRCL Cases in the On-line Case Log** section in the DMS Users Guide.

- **Review Date and Reviewed by Diplomate (initials):** This information is automatically entered for MRCL forms that are generated electronically using DMS. For MRCL forms not automatically generated by DMS, use the calendar icon to enter the date on which the reviewing diplomate completed the MRCL case review form, and enter the initials of the reviewing diplomate. For Oral Surgery cases performed with or under the supervision of an ACVS diplomate, insert the initials of the ACVS diplomate. Note that the MRCL form must have been completed and signed by the diplomate within one year of the date the procedure was performed.
Generation of Additional Case Log Entries for the Same Patient

There is a Create duplicate entry command on the Case Number line in the Edit Case Log Entry screen. Click this command to create a new case log entry for a second or third category case on the same patient performed on the same date. All of the owner name, diagnosis, procedure etc. information is automatically created on the new entry - just change the Category in the next screen, and use cut-and-paste to ensure that the case category information relevant for that category is at the left side and is off-set by // from the rest of the information in the Diagnosis and Procedures columns, as described under Diagnosis and Procedure columns, above. Be sure to click Save Changes at the top of the screen.

Generation of a Re-examination Case Log Entry

Click the Create Re-examination Entry command on the Case Number line to generate a Re-examination log entry. See Re-Examinations, Multiple or Repeated Treatments, Management of Complications policy on page 4 for applicable definitions.

Review of Case Logs by Supervisor and AVDC

Because case logs are on-line, no specific “submission” of case logs is required for review by your supervisor or for inclusion in an Annual Report or Credentials Application. Be sure that your case logs are up-to-date prior to the deadline for review (cases dated up to December 31st are to be logged for an Annual Report and cases dated up to June 30th for a Credentials Application), and that all MRCL cases have a completed and uploaded MRCL diplomate review form.

MRCL Diplomate Case Review Form

An MRCL Diplomate Case Review Form must be completed and uploaded to the DMS case log before an MRCL case can be approved by the Training Support or Credentials Committee.

Note that there is no requirement that any diplomate, including your supervisor, has to complete an MRCL form when requested to do so – the diplomate may elect not to complete the form because, for example, the information you have provided is incomplete or the work performed is unsatisfactory for a resident at your stage of a training program.

In order to complete an MRCL form, the diplomate must be aware of the case. For cases for which the diplomate was not present when the case was performed, provide the reviewing diplomate with the case information (dental chart, medical record, radiographs, clinical photographs etc. as appropriate). Images can be uploaded to the on-line Edit Case Log Entry
screen (click the **Attach Photo** command on the command line at the top of the screen); for best results, the images are to be uploaded in .jpg format).

- The diplomate who will complete the MRCL form will normally be your Supervisor or the diplomate you were working with when the case was performed, but it can be any diplomate who has agreed to complete the MRCL form.
- One review form is to be completed for each of the 240 required MRCL cases.
- Only one review form is to be completed for cases that required more than one visit for completion.
- MRCL Forms are to be generated via the DMS auto-generation process.
- ‘**One year rule**’: MRCL Diplomate review forms are to be completed by the diplomate within one year of the date on which the case was performed.
- The TSC or Credentials Committee reviewer will review the MRCL form to ensure that the data entered on the MRCL form matches the data entered in the on-line case log for that case, and that the diagnosis and procedure information ‘match’.

**Generating MRCL Case Review Forms**

**Requesting Review of an MRCL Case via DMS**

You can request review of a case and preparation of an MRCL form automatically on DMS. Use this process for cases seen jointly by you and the diplomate or when you have uploaded images to DMS for the diplomate to review.

- While in the Edit Case Log Entry screen for a case, scroll down to the **Diplomate Reviews** section. Select the diplomate who has agreed to review the case from the drop-down list, then click the **Submit** button. The correct type of form (long [standard]) or short (for cases performed by the diplomate for which you are logged as Assisting) is generated automatically, with the section 1 information entered from the DMS case log. An e-mail is automatically sent to the diplomate when you click **Submit**.

- When the diplomate is logged into DMS and s/he clicks the link in the DMS e-mail note, the case log page automatically opens. The diplomate can click on individual thumb-nails in the Photos section of the Edit Case Log Entry screen to view the images, then enter responses in the on-line MRCL form (opened by clicking the **MRCL form file name** in the **MRCL Case Review Forms** section). When the diplomate has completed the form and clicked **Save**, the completed form is saved within DMS as an unchangeable .pdf file.

- You will receive a DMS e-mail message when the diplomate has saved the completed form. When you next check your MRCL log, forms that have been uploaded by the diplomate are shown in the **Files** column of the MRCL log as yellow form icons. Click on the form icon to open the Edit Case Log Entry screen for that case, then click the **MRCL form file name** in the **MRCL Case Review Forms** section to read the form. Writes down the code that appears under the diplomate's name. After you click the **Accept** command in the **MRCL Case Review Forms** section and enter the code in the box that appears, click the **OK** button. The completed form then appears as a standard
form logo in the Files column of your MRCL log (and is visible now to Training Support Committee and Credentials Committee reviewers). Some residents have reported that they can open the MRCL form and can see the Accept code, but that the Insert Accept Code window does not appear. The problem may be the “**Pop-up Blocker**” setting - click the bar at the top of the screen to temporarily allow ‘pop-ups’.

**Correcting MRCL Forms**

Reviews of Annual Reports from TSC may include mention of logged MRCL cases for which the uploaded MRCL form has been ‘flagged’ by the TSC reviewer as ‘TSC Not OK’. This usually is because an error was noted in Section 1 (the part containing the patient information and diagnostic and treatment summary that is completed by the resident). Correction of these errors in the past required preparation of a new MRCL form, which required the diplomate to re-write Section 2 on the new form, and uploading a corrected form to the DMS case log often resulted in the corrected MRCL form violating the ‘one year rule’ (the time between the date of the procedure and the date of the diplomate signature on the form can be no more than 12 months), which resulted in the corrected MRCL form being flagged by TSC.

A simple method of correcting data in section 1 of the MRCL form is available. No action by the diplomate is required, and the diplomate signature date on the original form remains the diplomate signature date of record.

To correct data in Section I of an MRCL form, follow these steps:

**For MRCL forms that were generated via DMS:**

1. Identify DMS-generated MRCL forms that the TSC reviewer has indicated require correction - look for the ‘TSC Not OK’ notation in the Committee column in MRCL View mode or see the list in the most recent Annual Report review from TSC.

2. If the problem indicated by the TSC reviewer is an error in the Section 1 data, first make the necessary corrections in the fields in the Edit Case Log Entry screen for that case. To access this screen, click on the blue underlined case log # in the Case Log MRCL View mode.

3. Then scroll to the **MRCL Form** section at the bottom of the Edit Case Log Entry screen. The original MRCL form will be indicated as a blue, underlined file name. On the same line and to the right of the file name, there is now an ‘**attach corrected info**’ command. Click this command. A ‘**Save changes and attach corrected data page to this form?**’ question appears in a window. Click **Yes**. A new blue underlined MRCL form name appears as the top item in the MRCL Case Review Forms section in the Edit Case Log Entry screen. If you click on this link, you will see that the new form is displayed as a .pdf file, consisting of the corrected Section 1 on the first page and the original Section 1 and Section 2 on the second page – this allows you and the TSC or Credentials Committee reviewer to check that the corrections have been made.

4. You can now exit the **Edit Case Log Entry** screen.
For Word format or hand-written MRCL Forms:
1. Note that, as of January 1st, 2013, the Word version or hand-written MRCL forms are no longer accepted. The information below relates to Word or hand-written forms that were uploaded to DMS before January 1st, 2013.
2. To correct Section 1 data in a Word format or hand-written MRCL form, navigate to the Information for Registered Residents web page.
3. Click on the MRCL Form – Correction of Section 1 link in the right-hand column.
4. Follow the directions on the form and upload the corrected form using the Attach Completed MRCL Form command at the top of the Edit Case Log Entry screen. Do NOT delete the old MRCL form.

When two forms are present in the Edit Case Log Entry screen (or in the Files column for a case in the MRCL View mode screen), the most recent form is always the form at the top (or on the left if there are two form icons in the same row in the MRCL View mode screen). In the Case Log MRCL View mode, the MRCL form logo in the Files column is shown with a green highlight for forms that have been corrected. This alerts the Training Support Committee or Credentials Committee that a revised form requiring review is present.

**MRCL Categories and Required Case Load in Each Category**

The AVDC Case Log Categories listed below are to be used in all AVDC case logs, with one category assigned for each ‘case’ logged. See Guidelines for Counting Cases is on page 3 of this document.

For each category, a minimum required case load (MRCL) is shown in **bold blue font**. Abbreviations in [square brackets] refer to items in the AVDC Abbreviations List of diagnoses and procedures.

Several case log categories (OM, PE3, PE4, EN3, RE, OS3, OS4, OS5, OR1, OR3) include the statement: *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved*, and examples of different procedures that fit that case log category are included in the Category description. In these categories, **no more than 67% of cases can be from one type of procedure**. To ensure that the procedures that qualify as different types of procedure in a particular category are clearly indicated, include the specifics of the procedure before the // separator (see page 8), so that it is highlighted upon review by the Training Support Committee or Credentials Committee.

**Limit on Number of Cases Logged in Each MRCL Category, ‘Swapping’ Cases**

MRCL Logs are **not to include more MRCL cases than the minimum number required** in that category. Some trainees/residents will likely need to swap cases in and out to obtain the necessary ‘50% as Primary Dentist’ cases and to ensure that the ‘67% rule in range in types of cases in some categories’ is met as their training program progresses.
Trainees/residents may also want to swap cases out to ensure that ‘better work’, i.e. later cases indicative of their progress, is included, as all current MRCL cases are eligible for selection as one of the ‘six cases’ required for validation at the time of credentials application review.

**How to Swap Cases Out and In:**
Trainees can swap cases out of the MRCL log by clicking the Remove from MRCL link in the MRCL section in the Edit Case Log Entry screen; if a case is swapped out, the MRCL form is not deleted from DMS – the case can be swapped back in, complete with the form and TSC OK notation, if necessary, by entering the MRCL category from the drop-down menu in the MRCL line on the Edit Case Log Entry screen. Note that when you swap a case back in, the original TSC OK notation appears, but the red Case Changed notation also appears; in the Comments for TSC in the Annual Report Check list or in the Comments for the Credentials Committee in a Credentials Application Check List, include a comment that “The following cases that had been reviewed as TSC OK and that were then swapped out and swapped back in have the red Case Changed notation as a result of the swap – no actual changes were made in the case log entry”.

**Consequence of not following the ‘No more than minimum number’ requirement:** The Case log will be ‘returned’ to the trainee for adjustment, and will not be reviewed as part of an Annual Report or Credentials Application until the adjustment is made. If the adjustment is not made within 10 days and no request for an extension due to exceptional circumstances has been received, the trainee/resident’s Annual Report or Credentials Application will not be reviewed. A credentials application not in compliance with this requirement will be returned unreviewed.

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**OM - Oral Medicine**
Cases requiring involved diagnostic tests and not involving treatment procedures that would be logged in any other category. *Examples*: Biopsy [BI], sialography, masticatory muscle EMG, or other tests beyond a CBC/Biochemical profile. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved*……………………………………..20 cases

**Clarifications**

1. Normally, if a treatment procedure is performed, OM would not be considered the appropriate case log category even if diagnostic tests are included because the case would be logged based on the treatment performed. However: residents may log cases under any category appropriate for the case as performed provided that there is no double-logging of cases (except as defined under Guidelines for Counting Cases). For example, if your MRCL OS4 slots (includes maxillectomy or mandibulectomy) or OS5 slots (includes excision of masses not requiring maxillectomy or mandibulectomy) are filled, a case in which biopsy was performed and the biopsied mass was treated by OS4 or OS5 excision can be logged as OM if you have spaces in your MRCL OM category list - the case cannot also be logged as an OS4 or OS5 case. The dental chart and medical record must record the reason for categorization as an OM case.
2. Anesthesia and dental radiographs may, but do not necessarily, count as an OM procedure; there must be a diagnostic purpose noted in the medical record and dental chart to investigate a previously identified clinical problem for a procedure limited to anesthesia and radiographs to be logged as OM.

3. Many OM cases will include biopsy. Cases that also include other ‘involved diagnostic tests’ in addition to biopsy will be eligible for consideration as non-biopsy OM examples to meet the ‘67%’ rule; for these cases, be sure to include the non-biopsy test prior to the // separator in the case log entry (see page 8).

Examples:

A. A procedure that is limited to anesthesia and dental radiographs to assess pulp chamber, root canal and periapical status of a previously traumatized but not endodontically treated tooth qualifies as an OM procedure only the first time it is performed; subsequent ‘watchful waiting’ follow-up radiograph procedures do not qualify as OM procedures and are to be logged as re-examinations.

B. Anesthesia and dental radiographs to investigate the reason for absence of an erupted tooth in a patient old enough to have erupted that tooth if the patient was normal is an OM case if the radiographic diagnosis is anodontia or an impacted tooth that does not require treatment.

C. If no treatment procedure was performed in a puppy that was anesthetized to obtain radiographs of diagnostic quality for confirmation of presence of unerupted crowns of adult teeth, this is not a loggable OM case because it is not a diagnostic procedure – it is a service for the owner.

D. OM could be logged if two unrelated conditions were present. Patients that are OM cases that are also categorized in an unrelated category are subject to the general limit of no more than three logged items on that patient on that date. Examples:

1. Unrelated conditions: Anesthesia for radiographs and biopsy of an oral mass without excisional treatment of the mass in a patient that also had a fractured tooth that was treated endodontically during the same treatment episode can be logged both as OM and EN.

2. Related conditions: Biopsy of stomatitis lesions in a cat that was treated by extractions as treatment of the stomatitis can be logged only as an OS case or as an OM case - it cannot be logged twice.

**PE - Periodontics**

If a PE3 and/or PE4 procedure is performed, do not log the case separately as a PE1 or PE2 case, because the PE1 or PE2 procedure is expected to be included as part of the PE3 or PE4 procedure.

A PE3 and a PE4 procedure, or multiple PE3 or PE4 procedures, performed on separate teeth can be logged as separate cases for the same patient if e.g. an involved gingival flap procedure was performed on one tooth (PE3) and a GTR procedure was performed on another tooth (PE4),
subject to the general limitation of three logged cases per patient. If all PE4 MRCL slots are filled and a flap procedure was performed as part of a PE4 procedure, the case can be categorized as PE3 if there are PE3 MRCL slots to fill.

**PE1**
Complete professional dental cleaning not requiring involved periodontal treatment. **20 cases**

**PE2**
Involved periodontal scaling and root planing; includes complete professional dental cleaning. Includes placement of a perioceutic medication when no PE3 or PE4 procedure is performed, as perioceutic placement is considered adjunctive treatment. **20 cases**

**PE3**
Periodontal surgery. Includes complete professional dental cleaning. *Examples*:
Gingivectomy/gingivoplasty; open curettage; gingival wedge resection as treatment of a pocket distal to mandibular molar tooth; or a flap procedure, except those combined with bone grafting or [GTR], which are PE4 procedures. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* **10 cases**

**PE4**
Involved periodontal treatment. Includes complete professional dental cleaning. *Examples*:
Osseous surgery; increasing attachment height; bone augmentation; gingival grafting; guided tissue regeneration [GTR - requires placement of a GTR membrane for classification as GTR]; periodontal splinting; crown lengthening procedure with alveolar bone contouring; implant placement for osseointegration (abutment/crown placement as a separate procedure is to be listed as a separate PR case); ridge augmentation as preparation for implant placement. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* Note: Extraction followed by placement of a bone substitute or bone promoting material is **not** a PE4 procedure. **10 cases**

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**EN - Endodontics** (all categories include routine restoration of access openings).

**EN1** Mature canal endodontic obturation, non-surgical. Case log entries are to include notation of the type of final restoration in the Procedure column. **34 cases**

**EN2** Vital pulp therapy (partial vital pulpectomy). Cases log entries are to include notation of the type of final restoration in the Procedure column. **5 cases**
**EN3** Endodontic treatment other than non-surgical mature canal obturation or vital pulp therapy. 

*Examples:* Surgical endodontic treatment (include notation of the apical restorative material); apexification; replacement and endodontic therapy of avulsed or luxated teeth; splinting of tooth with horizontally fractured root with follow-up endodontic evaluation. EN3 procedures that include coronal access restoration are to include notation of the type of final restoration in the Procedure column. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*

**Clarification:**

*When immediate treatment for avulsion or luxation of a tooth by replacement and splinting is provided and a recommendation is made to treat the tooth endodontically at a later time, and the owner does not return for endodontic treatment, the case can be logged as EN3 – write 'endodontic treatment recommended' in the Procedure column in the case log. Using only such cases as all three EN3 cases will not be approved.*

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**RE - Restorative Dentistry**

All RE cases require preparation of the defect, placement of a permanent restorative material and finishing the restoration. *Examples:* Permanent restoration of partial loss of crown requiring gingival flap exposure; Occlusal table cavity preparation and placement of a permanent restoration. An Endodontic access site restoration can be logged as an RE case provided that the case is not also logged as an EN case and provided that a full restorative procedure (preparation, placement of a permanent restorative material and finishing the restoration) was performed; the maximum number of endodontic cases that can be categorized as RE cases is 8. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*

**Clarifications:**

- Placing a bonding agent on a dental irregularity, of itself, does not constitute an RE case.
- Treatment of *Enamel hypoplasia lesions* can be logged as RE cases if the restoration required placement of a permanent restorative material. Odontoplasty as the only treatment of enamel hypoplasia defects does not constitute an RE case. Restoration of multiple enamel hypoplasia defects on one tooth counts as only one RE case. In an exception to the 'three case rule', a maximum of only **two** RE cases (i.e. two teeth treated) may be counted per anesthetic episode for a patient having enamel hypoplasia lesions restored on two or more teeth.
- Repair of restoration of a root canal access site that is replaced due to “microleakage” does not count as an RE case IF the original veterinarian who performed the root canal procedure replaces the missing restoration. However, if a resident replaces a missing
restoration that was NOT originally his/her case and preparation, placement and finishing of the restoration is performed by the resident, it can be counted as an RE case.

- Are radiographs required when enamel defects are restored? AVDC has no formal position on this issue; however, restoration of a tooth without radiographic confirmation that the root is normal seems inappropriate and will likely cause TSC or the Credentials Committee to flag RE or PR case log entries in which there is no indication that radiographs were taken.

**OS - Oral Surgery**

**Definition of “Oral Surgery”:** Surgery involving the tissues comprising and surrounding the oral cavity (including oropharynx, mandible and maxilla) and the tissues directly arising from the oral mucosa (salivary glands).

**Clarifications:**

- Removal of a lip mass can be logged as an OS procedure only if the oral mucosa is incised.
- Oral surgery ends just rostral to the larynx but does include salivary gland surgery, even if approached extra-orally. Oropharynx: procedures performed on tonsils are considered ear-nose-throat (ENT) surgery (and are not to be included as oral surgical cases in an AVDC case log). Cleft soft palate is oral surgery, while elongated soft palate as part of the upper airway obstruction syndrome is an ENT procedure (not oral surgery).
- Procedures that originate in the oral cavity and that are intended to reach another system are typically not considered oral surgery. Two examples are rhinotomy and intraoral hypophysectomy.

**OS1** Simple (closed) dental extractions, crown amputations (e.g. [TR])..........................

Clarification: If several teeth are extracted, some by OS1 and some by OS2, the case can be logged as OS1 if the OS2 MRCL slots are filled and there are OS1 slots yet to be filled in the MRCL log.

**OS2** Involved dental extractions (open or closed, requiring tooth sectioning, bone removal or other procedures in addition to work with elevators and forceps). A “full-mouth extraction” patient may be logged as three OS2 cases if involved extractions were performed in at least three arches..................................................................................................................................................25 cases

**OS3** Examples: Mandibular or displaced maxillary fracture fixation (using muzzle and/or dental acrylic splint; body of mandible fracture fixation with wire, pins, screws or plate; symphyseal separation fixation). An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. .........................................................................................6 cases

**OS4** Involved oral surgical procedures. Examples: TMJ condylectomy, repair of existing palatal defects and oronasal fistulas, maxillectomy, mandibulectomy. An MRCL log that includes only
one type of procedure to fill all slots for this MRCL category will not be approved...........................................................................................................5 cases

OS5 Miscellaneous soft tissue oral surgery. Examples: Resection of traumatic cheek or sublingual granuloma-hyperplasia; commissuroplasty; salivary gland surgery; removal of oral masses not requiring maxillectomy or mandibulectomy; operculectomy; laser surgery for stomatitis; closed reduction of TMJ dislocation. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved ....................5 cases

PR - Prosthodontics
PR Crown and/or bridge preparation and cementation; abutment/crown placement on an implant. ..............................................................................................................................10 cases

Clarification:
Logging of cases as PR for the MRCL log requires participation by the resident in 10 preparation and 10 cementation procedures to complete the PR requirement. This may consist of preparation and subsequent cementation procedures on 10 patients, or a combination of preparation and cementation procedures on separate patients.

• When the resident is primary or assisting dentist for only the preparation procedure, place the preparation date in the date column of the case log entry; in the Dental Procedure column, write Not present for cementation.
• When the resident is primary or assisting dentist for only the cementation procedure, place the cementation date in the date column of the case log entry; in the Dental Procedure column, write Not present for preparation.
• When the resident is primary or assisting dentist for both the preparation and cementation procedures, log the preparation date in the date column; in the Dental Procedure column, write in Cemented on (date). Do not log the cementation procedure as a separate case.

For implant cases, the implant placement for osseointegration is to be listed as a separate PE4 case; list the abutment/crown placement as a new case in PR.

Note that the 50% as ‘primary dentist’ requirement applies to PR cases – if a combination of preparation and cementation cases in separate patients is logged to complete the 10 case PR requirement, 5 or more of the preparation cases must as performed as primary dentist and 5 or more of the cementation cases as Primary dentist.
**OR - Orthodontics**

Treatment of malocclusion orthodontically in one patient is one ‘case’ even when multiple ‘procedures’ are required. List the case in the most appropriate OR category. Note that treatment of malocclusion by crown amputation and vital pulp therapy of multiple teeth can be logged as separate EN2 cases for each tooth or as a single OR3 case, but not both.

**OR1 Examples:** Malocclusion diagnosis and treatment plan; the evaluation of the bite must be described in the record, and making bite registration, impressions and study models may be appropriate; Occlusal adjustment. Anesthesia and performance of a specific dental treatment procedure are not required. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* .......................................................... **10 cases**

Clarification: If a malocclusion is diagnosed, a treatment plan is developed and an orthodontic procedure is performed, the case can be categorized as OR1 if the relevant OR2, OR3 or OR4 MRCL slots are filled by other cases and there are OR1 MRCL slots to be filled.

**OR2** Extraction of deciduous teeth or permanent teeth causing malocclusion. …….. **4 cases**

Clarification: A patient with persistent deciduous teeth with malocclusion for which treatment of the malocclusion would require procedure(s) beyond just extraction of the persistent deciduous teeth can be logged as OR1 and OR2 (if the owner declines to follow the recommendation for the additional malocclusion treatment) or as OR2 and OR3, or OR2 and OR4, if procedures in categories OR3 or OR4 are performed in addition to the extraction of the persistent deciduous teeth.

**OR3** Management of clinical malocclusion not requiring use of an active force device.

*Examples:* Crown amputation; application of an inclined plane or coronal extender; gingival wedge resection of the maxillary diastema to treat linguoversion of a mandibular canine tooth. Excludes cases listed under OR1 or OR4. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’; for example: Bilateral mandibular canine crown reduction and vital pulp therapy counts as one OR3 case. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*

**OR4** Management of clinical malocclusion requiring use of an active force orthodontic device. Excludes cases listed under OR1 or OR3. Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’. For example: Correction of mesioversion of a maxillary canine tooth followed by correction of labioversion of the mandibular canine tooth counts as one OR4 case. ...................................................................................................................... **4 cases**

**2 cases**
Miscellaneous Cases

“Miscellaneous” Cases and Cases that Cannot be Categorized: When a case does not appear to fit into any of the AVDC categories, the resident is to request clarification from his or her supervisor or from AVDC. Send an e-mail message to the Executive Secretary, who will forward it to the Training Support Committee chair if necessary. When no precedent exists, the AVDC Credentials Committee will be asked for an interpretation. Clarifications and additions are published in the MRCL definitions, above, following approval by the AVDC Board.

Internal Bleaching.
This procedure is not eligible for inclusion as a separate treatment category. If no other procedure was performed, there is no loggable AVDC ‘case’ for that patient on that date.