SMALL ANIMAL CASE LOG REQUIREMENTS

Reviewed and revised November 2020

This document applies to Small Animal Case Logs ONLY. There is a separate Case Log document for Equine Residents. Small Animal Residents are responsible for ALL the information contained within this document and should know how to properly log their cases. READ THE ENTIRE DOCUMENT. A question may be answered in another section.

The policies described below have been adopted by the AVDC to ensure compliance with the case log requirements for successful completion of the Credentials Applications process.

A resident must satisfactorily fulfill their credentials requirements in order to be awarded permission to take the AVDC Board Examinations. An essential component of the requirements is demonstration of exposure and proficiency in a variety of clinical cases. AVDC Case Logs consist of a summary of each case managed by the resident (whether as assistant or as primary dentist). This document explains the detailed format residents must use to construct their case logs. The specific format provides an ability for the AVDC Training Support Committee (TSC) and the Credentials Committee (CC) to evaluate cases in a uniform and consistent manner.

Note: Some significant changes were made in case logging format and requirements starting in January 2015. The specific changes are described in detail in the Changes for 2015 document (available at avdc.org -> Resident Resources -> Previous Changes Document is located under ‘General Resident Training Requirements’) These changes have been incorporated into this document.

Log of Cases Seen During the Training Program

Logging of every case seen during a training program is no longer required, and the 500 case minimum has been deleted. The only cases now required to be logged are the 240 Minimum Required Case Load (MRCL) cases.

You are encouraged to log other cases in your chrono log to ensure you are learning to log properly and to keep a list of cases for potential future ‘swaps’ into your MRCLs in the future. Please keep in mind that a case ‘swapped into’ the MRCL log must have an MRCL
form dated within 1 year of the date the procedure performed. The TSC and the CC will ONLY look at the MRCL logs.

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MRCL Case Log Requirements

An “AVDC case” is defined as performance of diagnostic techniques with or without a procedure (pending the category) in a dental discipline.

Minimum Required Case Load (MRCL) and 50% rule
The Minimum Required Case Load (MRCL) is designed to demonstrate that your residency has provided you breadth and depth of experience, as well as exposure to more involved but less commonly performed procedures, in the core dental disciplines of:

- oral diagnostics, imaging and medicine
- periodontics
- endodontics
- oral surgery
- prosthodontics
- orthodontics
- restorative dentistry

There is a specified Minimum Required Case Load (MRCL) for each discipline category. Certain categories require variety in the cases logged. See MRCL Categories of this document for details, definitions and review of the number of cases required in each category. The MRCL case log is not to include more than the number of cases required in a particular category at any one time. The TSC and Credentials committees will ONLY look at the number of cases required for a particular MRCL category (i.e. If 20 Oral Medicine cases are required and you list 25, they will look only at the first 20 cases on the MRCL log).

The resident is to be the ‘primary dentist’ for 50% or more of logged MRCL cases in each category.

Every MRCL case must be reviewed by your mentor or another supervising diplomate by creating a review request through DMS. The resident creates the review request within DMS, which automatically alerts the diplomate to review the case. After reviewing the case, the diplomat will fill out and upload an MRCL Diplomate Case Review Form. One form must be completed for each case logged as an MRCL case. Each form must be ‘signed’ by your mentor within one year of the procedure date. (For instructions on how to create, review the form comments, and upload see the MRCL Diplomate Case Review Form section).

Cases that were treated prior to the resident’s program registration start date cannot be included in the MRCL case logs.
‘One Year’ MRCL Rule
Every MRCL case a resident records in their logs must be signed off on / approved by a diplomate within one year of the procedure date. The date of approval is automatically recorded by DMS. If the date of approval (‘sign off’) is greater than one year from the date of the procedure, it will be marked ‘Not-OK’ by TSC and will have to be removed from the logs. *There are no exceptions to this rule.* It is the responsibility of the resident to have their cases approved in a timely fashion.

‘Six Year’ Case Log Rule
If a resident remains in a residency program for more than six years, cases in the log that are more than six years old will ‘expire’ and cannot be counted towards meeting the AVDC MRCL requirements. The DMS online case log automatically recognizes cases that are no longer eligible because of the expired procedure date; they are identified in red cross-hash marks on the case log screen and are not included in the automated case log Summary tables. No cases can be more than 6 years old at the time of credentials submission in July. Case dates ‘freeze’ once the logs are submitted as part of a credential's application.

**As of January 1, 2021 the ‘six-year clock’ DOES continue to run both during periods of AVDC-approved Leave of Absence and/or period of suspension during a residency program.**

‘Ten Year’ Residency Limit Rule
Unless specific exemption is granted by the AVDC Board of Directors and documented in writing, the maximum time allotted to complete an AVDC residency program is 10 years. Unless a specific exemption is granted by the AVDC Board of Directors and documented in writing, a period of suspension during a residency program and/or a Leave of Absence does not extend the 10-year time limit. Therefore, if you take 10 years to complete a residency, the first 4 years of cases will have expired as explained in the six-year case log rule above.

Online Log
Use of the DMS online case log is *required*. Detailed information for use of the AVDC online case log is provided in the DMS Users Guide - Online Case Log section. The online log automatically provides “Chronological log”, “MRCL log” and “Summary Log” views.
Examples of case log entries are included below each MRCL category description. A summary page is also available at avdc.org -> Resident Resources -> Click on the ‘Small Animal’ photo -> click on the link located within the white box titled ‘Important for Small Animal Applicants and Residents.’ The Examples page is also available via a link adjacent to the Diagnosis field in the Edit Case Log Entry screen.

Human cases seen with a human oral & maxillofacial surgeon, dentist, or other human doctor cannot be logged because of human health care patient privacy issues.

Cases supervised by a Diplomate of the EVDC (European Veterinary Dental College) or American/European College of Veterinary Surgeons (ACVS/ECVS) cannot make up more than 10% of the total MRCL case logs. If you work with an ACVS/ECVS Diplomate, you will need to review the case with your mentor. Your mentor will then complete the MRCL form (short form) for uploading into your MRCL case log.

In a NSS/SA residency program, the maximum number of Equine, Livestock, and Zoo-Exotic-Wildlife cases permitted in each MRCL category is 10%. This was a Major Change in 2016, applying to residents whose program had a registration date of January 1st, 2016 or later.

**Format of the Case Log**

The AVDC web-based document management system (DMS) case log program 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 online 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).

- **Category**: Click the category that best describes the case from the drop-down menu. Keep in mind that not all procedures fit into an AVDC MRCL category. You may perform a challenging and interesting case, however, if it does not fit into one of the categories, do not log it.
- **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). Residents from countries using a day/month/year style of date need to be careful to enter all dates in the AVDC required format.

- **Patient Name**: In the Patient Name line, type the **Patient name {space} Owner last name** (no parentheses, 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. Be mindful of spelling. TSC will ‘Not-OK’ the case if a spelling error is noted.

- **Age**: Insert the age and use the drop-down menu to switch between years and months, weeks, unknown, adult, aged, juvenile, young adult.

- **Diagnosis and Procedures Columns**: Include the Diagnosis and Procedures information relevant to the MRCL category for that patient on that date, using ONLY the AVDC abbreviations. More detail regarding abbreviations is described below.

**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. The AVDC Abbreviations list is available via the Abbreviations link to the right of the Diagnosis field on the Edit Case Log Entry screen or as a direct link through the Resident Resources tab at avdc.org. Use of a non-AVDC abbreviation will result in a ‘Not Ok’ designation by TSC. Resident may use whatever abbreviations they like on their own dental charts, but only the AVDC approved abbreviations on the official list may be used in case logs.

- 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 via the Triadan link
to the right of the Diagnosis field in the Edit Case Log Entry screen. All dental pathology must be listed with the teeth in numerical order (see example below).

- **Individual teeth numbers are to be listed with commas between them.** Do not use semi-colons, parenthesis or anything other than commas. Do not use hyphens for a range of teeth. You may use hyphens only when describing an area of the maxilla or mandible. For example, you would extract 306, 307, 308, 309. However, a mandibulectomy could be performed in the area of 306-309. You may use periods to break up different aspects of your diagnosis as demonstrated in the example below.
  - *Example of use of commas, periods and numerical order:*
    Diagnosis: PD4 101, 110, 201. PD3 102, 202, 205.
    Deviation from this format will result in a ‘Not OK’ designation by TSC or a refusal to review your case logs.

- When more than one ‘case’ will be logged for a patient during a single anesthesia, complete the case log entry for the first category, click Save Changes, then re-open the case. Once re-opened, 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 enter the appropriate category information in the Diagnosis and Procedure columns. Be sure to click Save Changes.

- **Case Role (Resident Status):** Using the drop-down menu, insert the resident status:
  - **P** - Primary dentist: The case is managed primarily by the resident, whether or not the resident was directly supervised by a diplomate or assisted by another resident. There can only be one Primary Dentist on a particular logged procedure. *Note: When more than one ‘procedure’ is performed on the same patient, each procedure can be logged as a separate case in the case log – e.g. if two root canal procedures are performed on one patient, one can be performed by one resident and logged as Primary Dentist by that resident, and the other procedure can be performed by the other resident and logged by that resident as Primary Dentist. If both residents were present for both procedures where each was Primary Dentist for one procedure, each resident can log the procedure for which they were not Primary Dentist as Assisting Dentist.*
  - **A** - Assisting Dentist: If an AVDC diplomate or resident was the Primary Dentist and was assisted by a resident, the assisting resident is to log the case as an Assisting Dentist case. If more than one resident observes and assists for the entire procedure, each can log the case as Assisting Dentist.
  - **C** – Cadaver: Cadavers may be used to fulfill MRCL case logs under specific guidelines described at the end of this document. When ‘C’ is chosen it will count as a primary role for the purposes of fulfilling the 50% rule.
**Note:** To complete the AVDC Credential Requirement, the resident must be listed as P (Primary Dentist) for 50% or more of the MRCL cases logged in each category.

As of January 2016, Case Role Categories of PDA, PA and RA were removed, but they are still present in the Case Role drop-down menu in the Edit Case Log Entry screen. **Do not use PDA, PA or RA for cases logged after January of 2016.** There is no requirement to change previously entered cases marked as PDA, PA or RA.

As of January 2021, cases with an S (secondary operator, working as an assistant to an Academy Fellow or human doctor/dentist) **will no longer be accepted.** There is no requirement to change previously entered S cases prior to January 2021.

**Supervising Dentist:** If an AVDC diplomate was present to supervise the procedure, enter the supervising diplomate’s initials. Up to 10% of TOTAL cases can be supervised by an EVDC or ACVS/ECVS Diplomate. An AVDC diplomate must review the case and sign off on the MRCL form for it to be included in MRCL log; therefore, when creating an MRCL form for EVDC/ACVS/ECVS supervised procedures, enter the initials of the AVDC Diplomate who will be reviewing the MRCL form.

- **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.
  
  - While not required, uploading photographs and the dental chart into DMS for your MRCL logs is particularly recommended for cases. If something happens during your residency program such that you have a change of mentor or location, the images and charts will provide information so that another diplomate can evaluate the procedure and sign off on your MRCL case. If you are without a mentor and without access to the medical record, the cases may not be verifiable, and you may lose unsigned cases.

- **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 created (see **MRCL Case Form**). If the case is to be included in the MRCL log and the MRCL diplomate review form has been uploaded, or if you want to start the
automatic electronic ‘Request MRCL Form’ process on DMS, use the drop-down menu on the MRCL Category line to enter the appropriate 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 online 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 Changing 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 cases performed with or under the supervision of an EVDC/ACVS/ECVS diplomate, insert the initials your AVDC mentor or another AVDC diplomate to review. The case should be appropriately logged with a P or A and an MRCL form must be signed off on by an AVDC diplomate via DMS. If the procedure is an “A”, the AVDC Diplomate should review the case with the resident and write in the Short MRCL Form comment box, “Surgeon XX performed the procedure, but I have reviewed the case with this resident.”

  **Note that the MRCL form must have been completed and signed by the diplomate within one year of the date the procedure was performed.**

- It is worthwhile to note that residents often find themselves scrambling to fill the categories of PE1, PE2, and OS1 towards the end of their residencies simply because they forgot to log these cases along the way, and early cases are past the ‘one-year rule’ deadline.
- **IMPORTANT:** MRCL case review forms should be kept up to date. This provides mentors with the time required to review each case and provide feedback. Entering a large number of cases 1 week prior to an annual review or the night before the “1-year rule” runs out is strongly discouraged as it doesn’t provide the diplomate time to appropriately review cases. Residents have lost important MRCL cases due to inappropriate planning.

**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 then enter the information relevant for that specific category as described under Diagnosis and Procedure columns, above. Be sure to click Save Changes at the top of the screen.
Editing Previously Logged Cases
Residents can edit entries of already logged MRCL cases using the Edit Case Log Entry screen (accessed from the case log screen by clicking the blue underlined case log # for that case).

*Note that if you change anything within a case entry, which the TSC has previously designated as ‘OK’, a new notation of ‘Changed’ will appear.* Describe the change in the next annual report as an update to the case. TSC will review and update it as ‘OK’ or ‘Not OK’. If an MRCL form is attached to an edited case entry, then the MRCL form must be corrected to match. It does NOT need to be re-submitted to the Diplomate for re-approval. Deletion and re-submission of the case may result in violation of the 1-year rule.

MRCL Categories with Required Case Load and the 67% Rule

The **AVDC Case Log Categories** listed below are to be used in all AVDC case logs with one category assigned for each ‘case’ logged.

For each category, a **minimum required case load** (MRCL) is shown in **bold blue font**.

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.** Examples of different procedures that fit that case log category are included in each category description. In these categories, **no more than 67% of the logged cases can be one type of procedure**. A maximum number of cases for one type of procedure is provided for each Category. For the RE and OR categories, variety can be achieved via diagnosis (type of lesion) and treatment. The ‘67% Rule’ is closely monitored by the TSC and CC.

Moving MRCLs to and from your Chrono Log to the MRCL Log to Meet the 67% Rule

Residents can move 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 removed, the MRCL form is not deleted from DMS; therefore, the case can be moved back into the MRCL case log complete with the MRCL form and TSC OK notation, if available, 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 section in the Annual Report or in the Comments for the Credentials Committee in a Credentials Application Check List, include the comment “This historically MRCL reviewed case was moved from the Chrono log back into the MRCL log. No actual changes have been made to the case log entry”.

**Bear in mind that any case ‘moved into’ the MRCL log must have an MRCL form dated within one year of the date of the procedure. Any changes that were made to the case must match a corrected MRCL form. The correction will not change the date it was approved by a diplomate.**

**MRCL Case Log Categories**

**Basic 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. Details for each case category are described in the following section of this document.

- A maximum of three “cases” may be logged from any single treatment episode of a particular animal on a particular date. The only exceptions to this rule are for PE1, PE2, OS1 and OS2 categories. No more than 1 PE1, 1 PE2, 1 OS1 and/or 1 OS2 case can be logged for each treatment episode. OS1 and OS2 can be counted in the same case, and other categories can be logged with OS1 and/or OS2 as indicated by the treatment episode. Examples of logging are available within each category for review.

  - For example, a patient with a complete cleaning, root canal therapy of 404 and surgical extractions of 106, 107 and 208 could be logged as one PE1 case, one EN1 case and one OS2 case.

  - If the patient above also had simple extractions of 205 and 305 then there are four possible cases to log: OS1 (105, 205, 305), OS2 (106, 107, 208), EN1 (404) and PE1 (cleaning). You may log any THREE of these four case categories. You may NOT log all four.
AVDC MRCL Categories

**OM – Oral Medicine (20 cases)**

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (13 cases) of one type of procedure is permitted.

OM Defined: Cases requiring involved diagnostic tests and not involving treatment procedures that could be logged in any other category. Diagnostics utilized to completely workup oromaxillofacial cases with systemic involvement such as oncologic, autoimmune, or infectious diseases may be performed in areas other than the oral cavity.

Oral Medicine procedures fall into one of 4 main groups or a combination thereof:

1. **Diagnostic Imaging**: Radiographs, CT, CBCT, MRI, ultrasound
   a. If a radiologist interpretation is available, you may upload it to DMS.
   b. All imaging pertaining to the maxillofacial area, nasal passages and sinuses, the oral cavity, regional lymph nodes, and salivary ducts qualifies as an OM case.

2. **Pathology**: Cytology, incisional biopsy (B/I), and excisional biopsy (B/E – only if downgraded). An OS4 or OS5 B/E case can be downgraded to OM (See OS Category Description), but B/E will count the same as a B/I when considering the 67% rule. Note that OS4 or OS5 category must already be full in order to downgrade the case. Follow the Examples page to log the downgraded case correctly.

3. **Microbiology**: Bacterial culture and sensitivity, fungal cultures.

4. **Serologic Tests**: 2M titers, hyperparathyroid panel, coagulation profile, feline upper respiratory panel, viral panels, Bordetella titers, tick titers, feline retrovirus panel, etc. **Note**: CBC, blood chemistry, and urinalysis alone are not considered oral medicine diagnostics and do not qualify as an OM case (eg. pre-operative bloodwork does not qualify). CBC, blood chemistry, and urinalysis can be added to a procedure column but must be accompanied by additional procedures.

Include a variety of diagnostics between and within the four groups above. Diagnostic modalities within the same group will be considered variety for meeting the 67% rule for this category (i.e. MRI is different from CBCT, fungal cultures are different than bacterial cultures.) Note that if multiple types of diagnostics are performed in one case, only count one OM case from that single diagnostic work-up. If you perform cultures, a CBCT, and an incisional biopsy - that is still one OM case.
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 provided that there is no double-logging of 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 a biopsy (B/E) was performed can be logged as OM if cases are still needed in the MRCL OM category list. The case cannot also be logged as an OS4 or OS5 case. Note: a downgraded B/E will count the same as a B/I procedure when considering the 67% rule. The dental chart and/or medical record must record the reason for categorization as an OM case.

| Example: Canine acanthomatous ameloblastoma diagnosed after mandibular dorsal rim excision, downgraded from OS4. This case cannot also be logged as an OS4. |
|-------------|-----------------|-----------------|
| **OM:**     | OM/AA 408       | B/E 408, S/MD 407-409 Downgraded from OS4. |

2. If multiple OM procedures are performed for a particular patient (i.e. imaging, culture/sensitivity and histopathology) you may list all of the modalities since all are pertinent to your case work up.

| Example: Osteomyelitis of the mandible diagnosed by incisional biopsy and culture and sensitivity. |
|-------------|-----------------|
| **OM:**     | OST 307-309     | CS 307, B/I 307-308 |

3. 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.

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 and are simply re-check exams. Radiographs taken to monitor the success of an endodontically treated tooth are re-exams of that EN1 procedure and not a separate OM case.
b. In a patient with a missing tooth, anesthesia and dental radiographs to investigate the reason for the tooth’s absence is an OM case if the radiographic diagnosis is anodontia or an impacted tooth that does not have treatment performed. If you do not log a surgery to treat the impacted tooth (OS4), you may log the case as an OM under imaging, biopsy of a cyst lining, and/or culture and sensitivity if performed. You may not log the case as OS4 and OM because that would be double counting cases for the same tooth (a related condition).

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 should not be logged as an OM case. It is not a diagnostic procedure – it is a service for the owner.

| Example: Developmentally missing teeth 308, 411 (Note: HYP, OLI and ANO should only be used for developmentally missing teeth, not for those missing due to acquired causes such as fell out or extracted.) |
| OM: | HYP 308, 411 | RAD |

4. OM could be logged if unrelated conditions, each requiring separate diagnostic procedures, 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:

a. Unrelated conditions: A patient undergoes anesthesia for radiographs and biopsy of an oral mass. The mass was not complete excised. The patient also has a fractured tooth that was treated endodontically during the same treatment episode. The procedures on that date can be logged both as OM and EN.

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

5. If a diagnostic imaging modality is not available at the residency site, the patient may be referred elsewhere for the service. It is recommended but not required that the resident be present. The patient must be referred for imaging by the resident or supervisor, and the results should influence future patient management.
**PE - Periodontics**

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

If a cleaning was performed, **you must list PRO in the procedure column for EVERY PE2, PE3 and PE4 case.** Please consistently list PRO as the first item in the Procedure column for every case. This consistency will help TSC and CC with evaluation of your logs. If a PRO was not performed, please write ‘**PRO not performed.**’

**Clarifications:**
1. You may not combine PE1 or PE2 cases with each other. You may not combine PE1 or PE2 cases with another periodontal category. However, 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. This is subject to the general limitation of three logged cases per patient. For example, if an involved gingival flap procedure was performed on one tooth (PE3), and a GTR procedure was performed on another tooth (PE4), you may count one PE3 case and one PE4 case.
2. Only one PE1 or PE2 case can be counted per anesthetic episode.

**PE1 (20 cases)**

PE1 Defined: Complete professional dental cleaning not requiring involved periodontal treatment.

**Clarifications:**
1. Only list the overall generalized periodontal score for the teeth you are cleaning. If most of the teeth are PD2 and the minority are PD1, the diagnosis is PD2. If all of the teeth are PD2, but 309 and 409 are PD4, the Diagnosis for this category is PD2. You can then list 309 and 409 in a different category (for example, OS2 if you extracted them or PE4 if you performed GTR) with a Diagnosis of PD4 for that category.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE1</td>
<td>PD1</td>
<td>PRO</td>
</tr>
</tbody>
</table>
**PE2 (20 cases)**

PE2 Defined: Involved periodontal scaling and closed root planing with or without placement of a perioceutic medication when no PE3 or PE4 procedure is performed. Please indicate that a professional dental cleaning was performed. Do NOT list the brand name of the perioceutic.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
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</thead>
<tbody>
<tr>
<td>PE2</td>
<td>PD2 104</td>
<td>PRO, RP/C and perioceutic placement 104</td>
</tr>
</tbody>
</table>

**PE3 (10 cases)**

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (6 cases) of one type of procedure is permitted.

PE3 Defined: Periodontal surgery specific to the listed examples below. Please indicate that a professional dental cleaning was performed.

Includes: Gingivectomy/gingivoplasty including type 1 crown lengthening; open root planing and soft tissue curettage; gingival wedge resection as treatment of a pocket distal to mandibular molar tooth; or a flap procedure with bone contouring but not involving significant bone removal (e.g. lateral sliding flap, coronal advancement flap).

**Clarifications:**

1. If a gingivectomy is performed, you may list the diagnosis as GE if it was not biopsied. If diagnosis is listed as GH, you must have performed a biopsy and histopathology submission. Note the biopsy as shown in the example below. Do NOT count the case as an OM case and a PE3 case due to double counting.

2. A mucogingival or envelope flap must be combined with a periodontal treatment (e.g. open root planing, curettage) to count as a PE3 case.

3. Periodontal surgery for an incompletely erupted tooth that exclusively involves soft tissue removal and no manipulation of bone is a Type I crown lengthening. Therefore, it is a PE 3 case. An operculectomy to assist a tooth with further eruption is an OS5 case.

A 5-year-old Shih Tzu with generalized mild GE and only 4 mm of 104 crown visible. Soft tissue removal is performed to expose more of the crown, no incisions were made, and no bone was manipulated.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE3</td>
<td>GE 104</td>
<td>PRO, CR/L Type 1 104</td>
</tr>
</tbody>
</table>
A 5-month-old French Bulldog with a soft tissue impaction of 305, treated with an operculectomy.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS5</td>
<td>T/I 305</td>
<td>Operculectomy 305</td>
</tr>
</tbody>
</table>

**PE3:** PD1. GE 105, 106, 107, 206, 207, 208  
PRO. GV 105, 106, 107, 206, 207, 208

**PE4 (10 cases)**

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (6 cases) of one type of procedure is permitted.

PE4 Defined: Involved periodontal surgery specific to the listed examples below. Please indicate that a professional dental cleaning was performed.

Includes: Gingival grafting, bone grafting without a membrane, guided tissue regeneration (requires placement of a GTR membrane); periodontal splinting with or without bone augmentation; type II crown lengthening procedure; apical repositioning flap involving bone removal and osteoplasty.

**Clarifications:**

1. GTR case log entries SHOULD state the name of the membrane material used; only research (human or veterinary) supported membranes will be approved. Doxirobe gel manipulated into a membrane is approved for GTR. As of January of 2021, using a variety of membranes will contribute towards variety in your logs.
2. Do NOT state the name of the bone graft product.
3. Adding a BG to an otherwise GTR case does not qualify for 67% variety. As of 2015, no more than 67% of the PE4 category can be GTR, whether a BG is placed underneath the membrane or not.
4. Extraction followed by placement of a bone substitute or bone promoting material is **not** a PE4 procedure. The graft must be placed with the goal of maintaining or improving the periodontal health of a remaining tooth to be a PE4 case.
5. For a Type 2 crown lengthening procedure to qualify as a PE4 case it must involve bone removal in which the height of the alveolar crest is moved apically along with the free gingival margin. This applies to incompletely erupted teeth as well as fully erupted teeth.
6. Periodontal surgery for an incompletely erupted tooth that exclusively involves soft tissue removal is a Type I crown lengthening, a PE3 case.
7. If a Type 2 crown lengthening is performed after RCT, the case can be counted as both an EN1 and a PE4. If the tooth is also prepared for a crown, it can also be a PR case as long as the three-case limit is not exceeded.

8. Ridge augmentation for future implant placement is not accepted as a PE4 case.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE4</td>
<td>PD4 104</td>
<td>PRO, RP/O, GF/B, GTR Ossiflex membrane104</td>
</tr>
</tbody>
</table>

**EN - Endodontics**

**EN1 (34 cases)**

EN1 Defined: Mature canal endodontic obturation, non-surgical. This includes all standard orthograde endodontic procedures that are performed in stages on different dates. EN1 does not include endodontic treatment on avulsed or luxated teeth (see EN3).

**Clarifications:**

1. Case log entries are to include notation of the restoration generic material type (not the brand name) in the Procedure column.

2. Do not list an intermediate restorative material.

3. For staged root canals do not list the materials used for the temporary obturation and restoration. Just complete the entry once the final obturation and restoration are performed. (See ‘Staged Procedures’ for guidance on logging)

The example below is for a case that had a temporary root canal on 10/1/2019 followed by permanent RCT on 10/30/2019. Note the MRCL should not be approved until the treatment is completely finished.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
</table>
**EN2 (5 cases)**
EN2 Defined: Vital pulp therapy (partial vital pulpectomy) with or without crown reduction.

**Clarification:**
1. *Case log entries are to include notation of the type of final restoration (but not the brand name) in the Procedure column. You do not need to list the intermediate layer.*

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN2</td>
<td>T/FX/CCF 104</td>
<td>VPT, R/C 104</td>
</tr>
</tbody>
</table>

**EN3 (3 cases)**
An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (2 cases) of one type of procedure is permitted. At least one of these cases must be a surgical endodontic treatment.

EN3 Defined: Endodontic treatment other than non-surgical mature canal obturation or vital pulp therapy.

Includes: Surgical endodontic treatment (include notation of the apical restorative material); apexification; replacement and endodontic therapy of avulsed or luxated teeth; splinting of a tooth with a horizontally fractured root with follow-up endodontic therapy, hemisection of a multi-rooted tooth followed by endodontic treatment of the remaining root(s), regenerative endodontics. EN3 procedures that include coronal access restoration are to include notation of the final generic restorative material in the Procedure column.

**Clarifications:**
1. *EN3 cases must involve an endodontic procedure. EN3 cannot be logged if an endodontic treatment is not performed. Verbal recommendations for ‘an endodontic treatment’ does not meet the requirement of EN3 effective April 3, 2019.*
2. *Staged root canal therapy of avulsed and luxated teeth is accepted as an EN3 case. Staged root canal therapy due to excessive bleeding on an otherwise healthy tooth is an EN1 case (see example above).*
3. *Logging periodontal splinting of an avulsed tooth with endodontic treatment will require abbreviations from the fracture repair section of the AVDC Abbreviation document.*
4. The resident is to be physically present at the initial procedure and ‘present’ either physically or virtually for follow-up and/or final visits for teeth treated with apexification, apexogenesis, and/or splinting.

5. If a splint is placed, a re-exam listing the date of removal is expected. Please indicate if you were not present or if this was lost to follow up.

6. At least one of the EN3 cases must be surgical endodontic treatment. If necessary, this procedure may be performed on a cadaver. See Guidelines for using Cadavers.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>RCT/S 104, replace coronal R/C</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN3</td>
<td>PA/P, previous RCT 104</td>
<td></td>
</tr>
</tbody>
</table>

**RE - Restorative Dentistry**

**RE (12 cases)**
An MRCL log that includes only one type of diagnosis and procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (8 cases) of one type of procedure is permitted. For the RE category variety can be achieved via diagnosis (type of lesion) and via treatment.

RE Defined: 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 or not requiring gingival flap exposure; crown preparation and placement of a permanent restoration in treatment of caries, enamel +/- dentin defects, and congenital anomalies resulting in irregular crown structure (eg. enamel hypoplasia). Radiographs are required for restorations.

Clarifications:
1. Placing a bonding agent on a dental irregularity does not constitute a RE case. Composite or glass ionomer is required for categorization as a RE case.
2. Treatment of enamel hypoplasia lesions can be logged as RE cases if the restoration required placement of a permanent restorative material. Odontoplasty with or without dentin bonding as the only treatment of enamel hypoplasia defects does not constitute a RE case. Restoration of multiple enamel hypoplasia defects on one tooth counts as only one RE case. A maximum of three RE cases (i.e. three teeth treated) may be counted per anesthetic episode for a patient having enamel hypoplasia lesions restored on 3 separate teeth.
3. Repair of restoration of a root canal access site that is replaced due to a resident’s “operator error” does not qualify as a RE.

4. 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 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.

### MRCL category | Diagnosis | Procedure
---|---|---
RE | T/FX/UCF 103, 104 | R/C 103, 104

### MRCL category | Diagnosis | Procedure
---|---|---
RE | T/FX/CCF 104 | R/C, downgraded from EN1

**OS - Oral and Maxillofacial Surgery**

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

Clarifications:

1. Removal of a lip mass can be logged as an OS procedure only if the oral mucosa is incised.
2. Oral surgery ends just rostral to the larynx but does include salivary gland surgery, even if approached extra-orally.
3. Procedures performed on tonsils and soft palates may be logged.
4. Procedures that originate in the oral cavity and that are intended to reach another systems such as rhinotomy and intraoral hypophysectomy can be logged.
5. The AVDC abbreviations contain the definitions for CRA (OS1), X (OS1), XS (OS2) and XSS (OS2). The distinction is based on if the tooth was extracted without root sectioning and alveolectomy (CRA and X) or with sectioning (XS) and alveolectomy (XSS). For purposes of logging cases, flap creation and design does not impact the definitions.
   a. A maxillary canine tooth would typically necessitate alveolectomy as part of the extraction and be an XSS. If there is PD4 and mobility 3 allowing for extraction without alveolectomy, it is an X regardless of whether flaps were created to close the extraction site. The diagnosis is critical for reviewers to understand the treatment.
6. **No more than one OS1 case and/or one OS2 case can be logged for each treatment episode.** OS1 and OS2 can be counted in the same case along with other categories, but there cannot be more than one OS1 or OS2 entry for a case entry.

**OS1 (35 cases)**
OS1 Defined: Extraction without sectioning (simple, closed extractions), crown amputations (e.g. in cases of tooth resorption). Creation of a mucoperiosteal flap or an envelope flap does not change the OS1 designation.

**Clarification:**
1. **OS2 cases cannot be downgraded to OS1 cases.**

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS1</td>
<td>PD4 102</td>
<td>X 102</td>
</tr>
</tbody>
</table>

**OS2 (25 cases)**
OS2 Defined: Involved dental extractions (requiring tooth sectioning +/- alveolectomy).

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS2</td>
<td>PD3 108</td>
<td>XSS 108</td>
</tr>
</tbody>
</table>

A 7 year old cat with generalized stomatitis whose treatment consisted of extraction of all remaining teeth:

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS2</td>
<td>ST</td>
<td>XS 106, 206. XSS 104, 107, 108, 204, 208, 304, 308, 404, 409</td>
</tr>
</tbody>
</table>

Same cat as above, both OS1 and OS2 logged on the same day.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS1</td>
<td>ST</td>
<td>X 101, 103, 202, 209, 303, 403</td>
</tr>
</tbody>
</table>
OS3 (6 cases)

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (4 cases) of one type of procedure is permitted.

OS3 Defined: Maxillofacial trauma repair.

Examples: Mandibular or maxillary fracture fixation (using muzzle and/or dental acrylic splint; body of mandible fracture fixation with wire, pins, screws or plates; symphyseal separation wire fixation).

Clarifications:

1. If a re-exam for removal of an appliance or monitoring of fracture healing is performed log as a re-exam. When removal of the device is indicated, it is required that the resident be physically or virtually ‘present’ for follow-up and/or final visits. If a re-exam is recommended but the animal does not return, write "lost to follow-up" in the procedure column.

2. Removal of a stabilizing device may or may not be the last time the patient is examined for healing. If your case is logged before the appliance is removed or the follow up imaging is performed it will be “Not OK’d“ by TSC until the case is completed.

3. Removal of the device is also expected for Cadaver cases. Log the case as done for a live patient. TSC understands that the appliance placement and removal dates may be the same day.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS3</td>
<td>MN/FX 309-310</td>
<td>FX/R/MZ. Remove MZ [date of removal], Recheck x-ray recommended, lost to follow up.</td>
</tr>
</tbody>
</table>

OS4 (5 cases)

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (2 cases) of one type of procedure is permitted.

OS4 Defined: Involved maxillofacial and oral surgical procedures.

Examples: TMJ condylectomy, repair of existing palatal defects (other than obturator fabrication), oronasal fistula repair, maxillectomy, mandibulectomy, dentigerous cyst enucleation.
Clarifications:

1. Extraction of an impacted or embedded tooth, regardless of the difficulty, is still an OS2 case.
2. Odontogenic cysts can be unilateral or bilateral. Surgical management of 2 separate teeth/cysts, in 2 different quadrants of the mouth with a complete bony division between the cysts, qualify as two OS4 cases. A cyst that has expanded from the rostral right mandible to the rostral left mandible and crossed the symphysis would be only one OS4 case.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS4</td>
<td>DTC, T/U 305</td>
<td>XSS 305, DTC/R</td>
</tr>
</tbody>
</table>

*Example:* Removal of SCC with maxillectomy

**OS5 (5 cases)**

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (2 cases) of one type of procedure is permitted.

OS5 Defined: 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; creation and fitting of a palatal obturator; repair of gingival or lip avulsion, repair of tongue laceration, removal of teeth or tooth segments from the nasal passages or submucosa.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS5</td>
<td>TMJ/LUX</td>
<td>TMJ/LUX/R closed</td>
</tr>
</tbody>
</table>

**PR - Prosthodontics**

**PR (10 cases)**

PR Defined: Crown and/or bridge preparation and cementation.

**Clarification:**
1. Residents must be physically present for crown preparation and/or cementation. Virtual attendance does NOT apply to these cases.
2. Dental implants and implant-related procedures cannot be logged as MRCL cases.
3. 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.
4. 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.
5. 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.
6. 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 unless the resident was primary for one procedure and assisting for the other.
7. Preparation and cementation may be listed separately for the same patient if the resident has a different case role. For example, if they are Assist for preparation and Primary for Cementation then that patient would be logged separately on each date.
8. 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.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR</td>
<td>T/FX/CCF 104</td>
<td>C/P 104, cemented on 10/3/19</td>
</tr>
</tbody>
</table>

OR - Orthodontics

OR Defined: The diagnosis, treatment planning, and correction of dental malalignment and/or malocclusion of the teeth and jaws including selective extraction, modification of the teeth and/or oral tissues, and passive and active force appliance application.

Clarifications:

1. Different orthodontic procedures performed to correct a patient’s malocclusion can be logged as separate cases. The procedures may be performed on the same day or on separate days. No more than three OR cases may be logged for treatment of a particular malocclusion diagnosis.
   a. Example: If a patient has linguoversion of 404, mesioversion of 104 and distoversion of 304 and is treated with an active force appliance for 104, inclined plane for orthodontic movement of 404 and crown reduction with VPT for 304, the case can count for one OR4 case for the active movement of 104, one OR3 case for the passive movement of 404, and one OR3 case for the crown amputation and vital pulp therapy of 304. The CR/XP and VPT for 304 might be either a salvage procedure or your primary treatment for 304.

2. OR1 cases can be logged as part of the maximum three cases per patient rule. Previously OR1 could not be logged if a procedure was logged as well. In the example above, the patient consultation could be used as an OR1 case if one of procedures was not logged.

3. If the malocclusion for a particular patient changes after orthodontic therapy and is unrelated to the initial diagnosis, additional cases may be logged under the new diagnosis up to another three OR cases per patient rule. This can include an OR1 case for the new treatment plan.

4. A salvage procedure of crown reduction and vital pulp therapy as a follow up to failed orthodontic movement is a new case but cannot exceed the 3 case limit for a particular malocclusion.

5. Note that treatment of malocclusion by crown reduction 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.

6. If deciduous mandibular canine teeth are extracted for linguoversion, and subsequently, the permanent mandibular canine teeth have a similar presentation treated with VPT or orthodontic movement, one case can be counted for treatment of the deciduous teeth and a separate case can be counted for the treatment of the permanent teeth.
OR1 (10 cases)
An MRCL log that includes only one type of diagnosis and procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (6 cases) of one type of diagnosis or procedure is permitted. For the OR category, variety can be achieved via diagnosis (type of malocclusion) and treatment.

OR1 Defined: Malocclusion diagnosis and treatment plan; the evaluation of the bite must be described in the record, and bite registration, impressions and study models may be appropriate; occlusal adjustment for malocclusion in species other than dogs and cats. Anesthesia and performance of a specific dental procedure are not required. Multiple OR1 cases cannot be logged for the same patient unless a new diagnosis is made and the final treatment recommendation for that patient has changed with time. OR1 cases are allowed to be combined with other OR cases provided the three-case limit is not exceeded.

Clarification:
1. This category may be used for cases where malocclusion treatment was discussed, and the client declined treatment.
2. Note that if there is a skeletal malocclusion and malalignment of teeth, MAL1 should not be recorded. The definition of a MAL1 includes a normal skeletal relationship. List the skeletal malocclusion and describe the individual dental malalignments as illustrated in the example below.
3. In a NSS/SA residency program, the maximum number of Equine, Livestock, and Zoo-Exotic-Wildlife cases permitted in each MRCL category is 10% (see page 5). One equine or exotic occlusal adjustment can be counted in this category and will contribute to the 67% variety rule.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR1</td>
<td>MAL2, LV 304, 404</td>
<td>OC, TP. CR/XP, VPT 304, 404, downgraded from OR3.</td>
</tr>
<tr>
<td>OR1</td>
<td>MAL1 /MV 104, 204</td>
<td>OC, TP</td>
</tr>
</tbody>
</table>

OR2 (4 cases)
OR2 Defined: Extraction of deciduous teeth or permanent teeth causing malocclusion.

Clarification:
1. A patient with persistent deciduous teeth and malocclusion for which treatment of the malocclusion would require both extraction of the persistent deciduous teeth and an additional procedure(s) can be logged as OR2 and OR3, or OR2 and
OR4. You may also include the treatment plan as an OR1, provided the 3-case log rule is not exceeded.

### OR2

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR2</td>
<td>MAL2, DT/P 704, 804</td>
<td>X 704, 804</td>
</tr>
</tbody>
</table>

### OR3 (4 cases)

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. A maximum of 67% (2 cases) of one type of procedure is permitted.

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

Examples: Crown reduction and vital pulp therapy; application of an inclined plane or coronal extender; gingival wedge resection or gingival contouring of the maxillary diastema to treat linguoversion of a mandibular canine tooth.

Clarification:

1. Multiple procedures performed on individual teeth of one patient may be logged as multiple ‘cases’ as long as it doesn’t exceed the 3-case maximum limit. For example: A patient with MAL2 treated with bilateral mandibular canine crown reduction and vital pulp therapy may count as two OR3 cases. Alternatively, it may be logged as two EN2 cases, or 1 EN2 and 1 OR3 case.
2. If one appliance impacts multiple teeth, then it can only be counted as 1 case (e.g. an incline plane that spans the width of the maxilla to move both canine teeth; arch bar device that moves multiple incisors).
3. If an appliance was placed, there must be a re-exam listed in the procedure column with the date of appliance removal. If appropriate, state “Client did not return.” or another explanation if the appliance was not removed.
4. The resident is to be physically present at the initial procedure and either physically or virtually ‘present’ for follow-up and/or final visits.

### OR3 (same patient as above)

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR3</td>
<td>MAL2, CL/P 404</td>
<td>OA/I IP/AC, re-ex 2/17/14, re-ex 3/7/14, OA/R IP/AC 3/14/14</td>
</tr>
<tr>
<td>OR3 (same patient as above)</td>
<td>MAL2, CL/P 304</td>
<td>GV 203-204, re-ex 2/17/14, re-ex 3/7/14</td>
</tr>
</tbody>
</table>
**OR4 (2 cases)**

OR4 Defined: Management of clinical malocclusion requiring use of an active force orthodontic device.

**Clarification:**

1. Correction of mesioversion of maxillary canine teeth (e.g., buttons and masel chain) can count as 2 OR4 cases.
2. For a patient that has bilaterally symmetrical malocclusions, correction of individual teeth can be considered as multiple cases as long as the case count does not exceed the 3-case maximum.
   a. A bilateral malocclusion may be treated and logged by two residents at the same location. Each resident could log primary or assisting for separate sides.
3. The resident is to be physically present at the initial procedure and physically or virtually ‘present’ for follow-up and/or final visits. If the case was lost to follow up, put this in the procedure column log.
4. Use of an active force appliance to maintain occlusion following a segmental mandibulectomy does not qualify as an OR4 case. While the materials are the same, the goal is to maintain position of the jaws, not to orthodontically move teeth.

|--------|-----------------------------|---------------------------------------------------------------------|

| OR3 #3: | MAL1/LV 304, 404 | OA/I IP/AC 3/10/14, re-ex 3/20/14, re-ex 3/30/14, OA/R IP/AC 4/5/14 | See OR4 #1, 2/17/14 |

Note that the MV 104 and 204 are not listed in the OR3 log as this has already been corrected with the OR4 procedure. Referencing the 2 cases to each other allows TSC to see how the case was handled overall.

**Complications, Salvage Procedures, Staged Procedures, 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 second procedure is to be logged as a separate entry with a new case number.

<table>
<thead>
<tr>
<th>Original EN case 8/1/2018</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN1</td>
<td>T/FX/CCF 104</td>
<td>RCT, R/C 104</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New EN3 MRCL 1/12/2019</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN 3</td>
<td>Failed RCT 104, PA/G</td>
<td>RCT/S MTA 104</td>
</tr>
</tbody>
</table>

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 considered to be a staged procedure. Note that TSC will not ‘OK’ the case until it is complete.

In order to make sure the case will meet the 1-year rule, the case can be logged and an MRCL form can be ‘signed’ by a diplomate. Under the Files column in the DMS MRCL Log screen, an icon will appear in the shape of a yellow piece of paper. We recommend that the resident does not ‘accept’ the case yet. The yellow icon will be reminder that the case needs to be updated once the appliance is removed.

Once the case has been completed, accept the case. The icon will look like a white piece of paper. An option to correct (update) the form will appear at the bottom of the individual case log screen. The MRCL form can be updated as directed and a second white paper icon will appear. It is very helpful to TSC if the annual report mentions that cases with yellow icons are pending case completion (as opposed to the resident forgetting to accept the case) and that the double icon cases have been changed to reflect completion of the case/removal of the appliance.

<table>
<thead>
<tr>
<th>MRCL category</th>
<th>Diagnosis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OS3</td>
<td>MN/FX 309-310</td>
<td>FX/R/WIR/OS, IDS 304-411, Re-ex, remove IDS 10/2/19</td>
</tr>
</tbody>
</table>

Specific Categories That Require Documented Follow-up
The following categories include procedures which may require documented re-exams: EN3 (splinted teeth), OS3 (fracture healing), OR3 and OR4 (passive and active force appliances). Do not document re-examinations for any other MRCL categories.

- **PR**: Although crown prep and crown cementation appears to be a ‘staged procedure’, cementation is not a ‘follow-up’ procedure, but is a step requiring different skills than crown preparation. Thus the PR category requires the physical presence of the resident at both the preparation and cementation procedures, as described in the PR section of the MRCL category description.

- For a patient **undergoing re-examination at the same time as a new procedure.** Example: A six-month radiographic re-examination of a surgical root canal at the same time as a cleaning and closed root planing. Log the case as a new PE2 case and add Re-ex [date] to the previous EN3 case. Do not reference the EN3 recheck in the PE2 log since the procedures are unrelated.

**Miscellaneous Cases and Procedures**

“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 the 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. An example of a case which does not fit into any of the MRCL categories would be application of elastic chain and buttons to maintain occlusion after a segmental mandibulectomy which was performed elsewhere or on a different day.

**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.

**Implants.**

Implant and implant-related procedures are not permitted to be logged as MRCL cases. They can be logged in the Chronological Log.
Case Categorizations to Fill Out the MRCL List -
“Downgrading 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 different category (“downgrading a case”) to fill spaces on their MRCL log. The primary consideration is that the procedure(s) meets the category definition – residents may not simply ‘downgrade’ a case if the procedure performed does not meet the category definition. Residents may not downgrade a case arbitrarily. The category being downgraded from must be full. In the above example, the OS4 category must be full before a case can be downgraded to OM.

In all cases logged, the Diagnosis and Procedure columns are to include the information describing what was diagnosed and performed in that patient on that date. Only include diagnosis and treatment information that relates to the MRCL category in which it is logged. Because the TSC and Credentials Committee reviewers find it confusing when reading the log of a case that has been downgraded, residents are required to indicate in the case log Procedure field when they have “downgraded” a case—insert “Downgraded from {case category}” in this field. See the Case Log Examples page for examples.

Examples of acceptable ‘downgrading’ 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. Historically, there can be confusion about which cases are PE3 vs PE4. Therefore, it is particularly necessary to include the ‘downgraded’ designation, or the case will be interpreted as “Not-OK”.

C. 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.
D. 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 a full restorative procedure (cavity preparation, placement of permanent restorative material, finishing the restored surface) the case can be categorized as RE instead of EN1 or EN2.

E. It is no longer permitted to downgrade OS2 cases to OS1 under any circumstances.

Annual Report Submission & Review of Case Logs by AVDC

Once a year each resident must submit an Annual Report. The report is evaluated by the TSC to examine the fulfillment of residency requirements the training program progresses. The MRCL case logs are part of this evaluation. TSC and CC will have access to all of the case logs. Remember that the committee members will ONLY look at the MRCL log.

The due date for the annual report depends on the start date of the residency. This is detailed in the Annual Report Submission Document, located through the Deadline Details link under the Small Animal Diploma section of avdc.org (click on the Small Animal photo to reach that section).

Details of how to fulfill all the steps of submitting an annual report and the deadlines for annual reports are summarized in the document Deadlines and Annual Report Instructions for Residents on avdc.org under Quick Links.

Be sure that case logs are up to date prior to the deadline for review and that all MRCL cases have a completed and uploaded MRCL diplomate review form. TSC and CC will not review cases without a signed MRCL form associated with them. **Once an Annual Report is submitted to TSC, do NOT make any changes to currently logged cases until the TSC indicates that the Annual Review is complete. The resident CAN continue to enter new cases and generate MRCL forms for mentors, but do NOT accept MRCL forms for new cases until the Annual Review is complete.**

Changing Case Log Entries:

Case log entries previously reviewed by TSC in an Annual Report as ‘OK’ can be updated as necessary to make corrections. When changed, DMS inserts a **Change Made** notation in the MRCL list. The case will be re-reviewed by TSC or the Credentials Committee next time the log is evaluated. Include a comment briefly describing the changes made in the ‘Comments for TSC’ section in the next Annual
Report or ‘Comments for Credentials Committee’ section in the Credentials Application checklist to make it simple for the reviewer to complete the review.

Note that any cases which are changed also must have a corrected MRCL form attached to them so that the form and the corrected log match. Instructions are described below in the ‘MRCL Diplomate Case Review’ section.

PLEASE DO NOT MAKE ANY CHANGES / CORRECTIONS TO THE CURRENT MRCL CASE LOGS DURING THE ANNUAL REVIEW EVALUATION UNTIL THE PROCESS IS COMPLETED AND ALL OF THE TSC COMMENTS CAN BE READ. MAKING CORRECTIONS TO CASES WITH A ‘NOT OK’ DESIGNATION PRIOR TO COMPLETION OF THE ANNUAL REPORT REVIEW CAN RESULT IN AN INCOMPLETE REVIEW.

Consequence of not following the ‘No more than minimum number’ requirement:

The TSC and CC will not make the decision of which cases to review. This judgement is reserved for the resident and mentor. If there are more than the designed number of MRCL cases logged within a Category, the committee members will not review the additional ones. If the reviewing committee member feels that this has been done to excess, the Case log will be returned to the resident for revision 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 resident’s Annual Report or Credentials Application will not be reviewed. A Credentials Application out of compliance with this requirement will be returned unreviewed. Multiple “Unreviewed” annual reports will result in recommendation for suspension of the resident. Multiple residents with Unreviewed reports from a given site will result in a Residency Program Administration Committee review of that residency site.

How to Respond to an Annual Report:

The instructions for how to submit and Annual Report and respond to the TSC evaluation is detailed in the Instructions for Submission of a Small Animal Annual Report Document.

Please only upload Annual Reports as a Word document, not as a pdf or pages document.
Once the report is evaluated by TSC, the committee member will generate a review document (TSC 431-SA). Any comments from the resident’s annual report will be copied onto 431-SA, addressed and additional comments may be added. The evaluation form will be saved and marked as ‘Approved,’ ‘Action Required,’ ‘Completed’ or ‘Unreviewed.’ It will then be uploaded for the resident to review.

Once the resident has reviewed the TSC comments on the TSC 431-SA form and made corrections, the document should be downloaded. Using a different font color, the resident may include additional responses to the TSC’s comments. There is a large section at the end of the document to write out any additional explanations. *(The resident has 21 days to make corrections and respond. Missing the deadline can result in program suspension.)*

Save the document with ‘Response’ at the end of the title and then upload it again into DMS. TSC will be notified that corrections are complete.

TSC will make final comments on the same document, below the resident’s responses in an additional different font color. This final copy from TSC may be uploaded as a Word or pdf document. This process allows us to maintain the entire evaluation process on one form and the commentary between resident and TSC can be easily followed through the use of different colored fonts. After the second (final) TSC review, any corrections that need to be made will be looked at during the Annual Report cycle the following year.

**Questions About the Annual Reporting Process:**

Questions about a portion of the Annual Reporting Process should be directed via email to execsec@avdc.com through DMS. Please do not contact committee members individually. Contact through DMS is required so that serial documentation of inquiries can be maintained. If resident would like a mentor included in the email, request that the mentor be added to the recipient list when it is forwarded to the appropriate TSC members. *The resident mentor and the documents available through DMS are a resident’s first contact points for information. Do not contact the TSC without reading through all appropriate documents first.*

Additional support for logging cases correctly and for proceeding through the Annual Report Process is available through the TSC meetings at the American Veterinary
Dental Forum. At the time of this document revision, additional support via other residents is available through journal clubs and through the resident Facebook group.

**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:** There is no requirement that any diplomate, including the resident’s supervisor/mentor, must complete an MRCL form when requested to do so. While Diplomate mentors are obligated to review the case, the Diplomate may elect not to complete the form. Some reasons for not approving the MRCL might be that the information provided is incomplete or the work performed is unsatisfactory for a resident at that stage of a training program. If a resident consistently has difficulty having their supervisor sign MRCL forms, they may contact RPAC.

In order to complete an MRCL form, the diplomate must be aware of the case. In cases where 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 online via the 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. Do not use a Zip file.

- The diplomate completing the MRCL form will normally be a Supervisor or the diplomate in attendance when the case was performed, but the form can be signed by any diplomate who has agreed to review case, and complete and upload the MRCL form.

- One review form is to be completed for each of the 240 required MRCL cases.

- Only one review form needs to be completed for cases that required more than one visit for completion. (See directions above in Staged Procedures.)

- MRCL Forms are to be generated via the DMS auto-generation process.

- Under no circumstances should a resident use a diplomate’s log in to approve their own MRCL cases. If a resident engages in this practice, the residency and the residency site will be permanently terminated.
• **Do not forget the ‘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**. Cases signed more than one year after the procedure date will **NOT** be ‘OK’d by the TSC or CC.

• After submission of yearly annual report, the TSC or Credentials Committee reviewer will review the MRCL logs to ensure that the data entered on the MRCL form matches the data entered in the online case log for that case, and that the diagnosis and procedure information ‘match’. **If changes are made to the case log, mirror that in a changed MRCL form. The case log and MRCL form must match letter for letter.** Instructions for changing a pre-existing MRCL are in the following section. Re-entering the case from scratch may result in an MRCL form signed more than one year from the date of procedure.

### Generating MRCL Case Review Forms

#### Requesting Diplomate Review of an MRCL Case via DMS

Request review of a case and preparation of an MRCL form automatically via DMS. Use this process for cases seen jointly by the resident and the diplomate or when residents have worked independently and require a review from the mentor.

- 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 (for primary cases) or short (for assisting cases) is generated automatically, with the section 1 information autogenerated from the DMS case log. An e-mail is automatically sent to the diplomate when the form is submitted.

#### Diplomate Action When Review Request is Received via DMS

- When the diplomate is logged into DMS and s/he clicks the link in the DMS email note, the case log page automatically opens. The diplomate opens their review form by clicking the **MRCL form file name** in the **MRCL Case Review Forms** section. The diplomate can click on individual thumbnails in the Photos section of the Edit Case Log Entry screen to view any uploaded images. They enter responses into the review questions within the online MRCL form. When the diplomate has completed the form and clicked **Save**, the completed form is saved within DMS as an unchangeable .pdf file.

- Residents will receive a DMS email message when the diplomate has saved the completed form. Within the 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. Review the diplomate’s comments about the case.

- Write down or ‘Copy’ the code that appears under the diplomate's name. To complete acceptance of the review, 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 will appear as a standard white form logo in the Files column of the MRCL log and is visible to Training Support Committee and Credentials Committee reviewers.

- Note: 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**

When an Annual Report review is completed by TSC, there will be comments provided to help correct logs that have been designated as ‘Not-OK’. If there is a consistent error, it may be corrected within the body of the Annual Report evaluation, rather than for each individual case.

**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.

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. Next, 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 an ‘attach corrected info’ command. Click this command.

4. A ‘Save changes and attach corrected data page to this form?’ question appears in a window. Click Yes.

5. 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 this link is selected, the new form will be 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 the resident and the TSC or Credentials Committee reviewer to check that the corrections have been made.

6. Exit the Edit Case Log Entry screen. Always Save Changes if applicable before exiting a screen.

- 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.

**Cadaver Procedure Log (Optional)**

**Cadaver Work in Case Logs:**
Residents are encouraged to practice procedures on cadavers. However, cadaver procedures are not to be included in the online DMS case log and cannot be counted in the Minimum Required Case Load (MRCL) log, with the following exceptions:

Up to 5 total cadaver cases are permitted to fill gaps in an MRCL log at the time of submission for credentials review, with the following stipulations:

a. Up to 4 of the 5 cadaver cases can be used to meet the PR MRCL category requirement of 10 complete PR cases.

b. If used in the PR category, the procedures must each be performed on different teeth, e.g. one maxillary 4th premolar; one mandibular molar, one mandibular canine tooth and one maxillary canine tooth.

c. Up to 2 crowns may be prepped per cadaver, and these must be completed on opposite quadrants in order to ensure appropriate impressions can be produced.

d. One full mouth impression must be performed for each cadaver in addition to appropriate area-specific impressions and bite registrations.

e. A crown must be fabricated by a lab and cemented onto the prepared tooth.

f. A maximum of 2 cadaver procedures may be performed in categories other than PR. These two procedures may be within the same MRCL category with the exception of OR4.

g. No cadaver cases are permissible for OM cases.

h. The maximum number of cadaver cases in the OR4 category is 1.
i. Documentation in the form of images of all cadaver procedures and impressions must be reviewed by the mentor and provided at the time of credentials application submission.

j. The resident should choose ‘C’ in the Case Role portion of the MRCL log. ‘C’ will count as a primary case role for the purposes of fulfilling the 50% rule.

**Cadaver Procedure Log (COVID-19 Pandemic Option)**

When COVID-19 impacted the veterinary community in 2020-2021, the AVDC Board modified the above cadaver regulations to help residents complete their case log requirements. These modifications are documented separately in the MRCL Pandemic Cadaver Procedure Form, which is available at avdc.org. The Pandemic option is not a permanent change and will expire when the Board deems suitable. Email communication will be sent out when the option is no longer available.

**Learning from the Mistakes of Others**

The following is a list of some of the more common or more serious situations residents run into when logging their cases. Reading through the entire Small Animal Case Log Instructions document should help to avoid these pitfalls.

- Forgetting to log the easy cases – PE1, PE2, OS1, OS2. This is particularly common in the beginning of a program. Residents get to their 3rd year, suddenly realize they are deficient in these categories and scramble to catch up.
- Not logging cases until the last minute. Supervising diplomates may not have time to sign off on cases in one large group. This will cause them to expire because of the ‘1-year rule’. A resident’s lack of foresight or organization will not be considered a fault of the supervisor.
- Not following up with mentors regarding MRCL signatures. Some supervisors may need reminding to sign off on cases. It is not ideal, but ultimately it is the resident’s responsibility to make sure that documents are signed off appropriately. If a supervising diplomate is unresponsive to this responsibility and the resident has ‘nagged’ to the best of their ability, please contact the TSC via DMS before the cases expire.
- **Know the AVDC abbreviations.** ONLY use the AVDC abbreviations when logging cases.
- Use the Examples document to confirm the resident is logging cases correctly.
- Make sure only **commas** are located between teeth numbers.
- Always ‘Save Changes.’
- Double check for spelling errors. TSC will ‘Not OK’ cases with spelling errors.
- Check DMS email regularly to keep abreast of changes in the logging process. **The resident is responsible for receiving all DMS email.** If the resident changes an email address and/or DMS notifications go to junk mail, the resident is still responsible for the information not received and the deadlines missed.
- Make sure all dates are in the mm/dd/year format.
- If the resident is coming close to time to submit Credentials and are missing cases, leave enough time to travel for those cases or to perform them on a cadaver.
- Missing deadlines. **If deadlines are not met, the resident’s program will be suspended.** In some cases, resident’s will be emailed a warning. If the resident does not check their email, does not follow up on making sure documents are correctly uploaded, or claim that they ‘didn’t know’ about a deadline, the responsibility of failure to meet a deadline is completely on the resident.
- Extension requests for deadlines is possible in certain circumstances. Do so **before** the deadline is missed. If the resident is not sure of what document to use, start by emailing the Executive Secretary.
- Browse through the AVDC website. Look over all documents pertaining to the Small Animal Residency program to become familiar with the location of information on the website. Review the diplomate and resident tabs to completely know all the information that is available.