



SMALL ANIMAL CASE LOG WITH AUTOMATION

Reviewed and revised August 2024

This document applies to Small Animal Case Logs ONLY.

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 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.

As of October 2021, several categories have been automated to increase uniformity and speed of case log evaluations. Non-automated categories must be logged as directed in 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 238 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.

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 resident is to be the ‘**primary dentist**’ for **50%** or more of logged MRCL cases in **each** category. **The system will not allow you to log more than 50% Assistant cases.**

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.

If you performed the procedure under direct supervision, after reviewing the case the diplomate will fill out the **SHORT FORM**. Your mentor will then select that you performed this case under direct supervision.

If you performed the procedure while not directly supervised, after reviewing the case the diplomate will fill out and upload an **MRCL Diplomate Case Review Long 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 AVDC® DMS Users Guide.)

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. If you are correcting an MRCL case that already has an approved MRCL form attached, do not remove this form. Attach a corrected MRCL form to your case, the original date of approval will remain the same regardless of when you add the corrected form.

‘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 credentials application.

‘Six 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 6 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 6-year time limit.

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 of additional examples](#) is available when you log into the DMS system under DMS User’s Guide on the column to the left of the page under Case Log Examples.

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 (Long 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. You must spell out the breed, no abbreviations will be accepted.
 - **Age:** Insert the age and use the drop-down menu to switch between years and months, weeks, unknown, adult, aged, juvenile, young adult. If the patient is older than a year, do not use weeks to document age.
- 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.*
 - **A - Assisting Dentist:** If an AVDC® diplomate was the Primary Dentist and was assisted by a resident, the resident is to log the case as an Assisting Dentist case. If more than one resident observes and assists the diplomate for the entire procedure, each can log the case as Assisting Dentist.
 - **RA – Resident Assist:** If one resident is primary on the case and a second resident is assisting or observing the resident performing the case, the assisting resident can log the case as a resident assist, if there is an AVDC® Diplomate supervising the case. The supervisor or AVDC® diplomate is to note this on the MRCL form.
 - **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.

Supervising Dentist: For “A” and “RA” cases; If a diplomate (AVDC®/EVDC or, for oral surgical cases, ACVS/ECVS) 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 DMS.

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 advanced 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. Whenever you swap or change an MRCL case, you must include an updated MRCL form or corrected MRCL form to match the case log information.

Review Date and Reviewed by Diplomat (initials): This information is automatically entered for MRCL forms that are generated electronically using DMS. For Oral Surgery cases performed with or under the supervision of an ACVS or ECVS diplomate, insert the initials of your 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”, or “RA”, the AVDC® Diplomate should review the case with the resident, select the case was done under direct supervision, 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 or the system has previously designated as ‘OK’, a new notation of ‘Changed’ will appear.* If this is a case that will be manually reviewed by the TSC 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 a corrected MRCL form must be attached to the case log. Do not re-submit a new MRCL form to the Diplomat for re-approval. Deletion and re-submission of the case may result in violation of the 1-year rule. You can click on the “attach corrected info” found

next to the MRCL form that has already been submitted, this will automatically attach a “Corrected MRCL Form” with the new information auto filled. If this is a case that was auto approved, the case will be flagged for TSC to review.

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, EN1, 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. For the EN1 category, variety can be achieved via tooth type and species. The ‘67% Rule’ will be manually evaluated by the TSC until all cases within the MRCL log are automated and then the system will calculate variety in the categories.

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.*

The AVDC® reserves the right to request medical records for review on any of your MRCL case logs.

FILLING IN CASE LOGS

- For the majority of the MRCL categories you will choose the diagnosis and procedure from a drop-down template.
- If both the diagnosis and procedure are chosen from the drop-down menu, the boxes will turn green indicating that this case was logged correctly. Once your mentor uploads the appropriate MRCL form for this case, and you have accepted it, the case will be automatically “OK-ed.”
- There is no longer a requirement to enter the specific teeth numbers for case logs.
- There is always the option to manually fill in the blank for the MRCL diagnosis and procedure. In some categories, such as Oral Medicine, this is the only option and there is no template. When you fill in the blank for the case logs YOU MUST USE AVDC® ABBREVIATIONS IF THEY EXIST.
 - 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. You may use whatever abbreviations you like on your own dental charts, but only the AVDC® approved abbreviations on the official list may be used in case logs.
- Cases will be manually evaluated by the TSC at the time of your annual report unless the drop-down menus were used for a case.

AVDC® MRCL Categories

OM – Oral Medicine (25 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% (16 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.

OM Diagnosis: Fill in the blank

- You and your mentor are responsible for ensuring that AVDC® abbreviations are utilized if they exist. If TSC notes that abbreviations were NOT used, then the annual report will be automatically sent back unreviewed.

Oral Medicine procedures fall into one of 4 main groups for variety (see below). You will notice on the template that the main category is always listed before the exact procedure to help easily identify variety. If you performed two diagnostic procedures, please log only one. For example, if you performed a CT scan and biopsy for an ameloblastoma, you could choose to log this case as a CT *or* B/I. You are allowed to log up to 3 OM cases per treatment episode. For example, you can log one as a CT and one as a B/I. Keep in mind you cannot log more than 3 MRCLs per treatment episode. If you log a B/I or B/E case, and you have result, you must list the diagnosis (example: a B/I performed, and diagnosis shows Squamous Cell Carcinoma then OM/SCC should be in the diagnosis)

1. Diagnostic Imaging: Radiographs, CT, CBCT, MRI, ultrasound
 - a. 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). An OS4 or OS5 B/E case can be downgraded to OM
3. Microbiology: Bacterial culture and sensitivity, fungal cultures.
4. Serologic Tests: Fill in the blank
 - a. 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 advanced 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.**

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) 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 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.*
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.*

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 ENI 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.*
3. *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 completely 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.*

PE - Periodontics

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.*

PE1 (14 cases)

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

Diagnosis template options:

- Periodontal disease stage 1 (PD1)
- Periodontal disease stage 2 (PD2)

Procedure template options: Prophylactic cleaning (PRO) is the only option.

PE2 (20 cases)

PE2 Defined: Involved periodontal scaling and closed root planing with or without placement of a periocutaneous medication when no PE3 or PE4 procedure is performed.

Diagnosis template options:

- Periodontal disease stage 2 (PD2)

- Periodontal disease stage 3 (PD3)

Procedure template options:

- Prophylactic cleaning and closed root planning (PRO, RP/C)
- Prophylactic cleaning, closed root planning, and perioceutical (PRO, RP/C, perioceutical placement)

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.

Includes: Gingivectomy/gingivoplasty including type 1 crown lengthening; open root planing and soft tissue curettage; operculectomy; 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).

Diagnosis template option:

- Periodontal disease stage 2 (PD2)
- Periodontal disease stage 3 (PD3)
- Periodontal disease stage 4 (PD4)
- Periodontal disease stage 2 (PD2), Gingival Enlargement (GE)
- Periodontal disease stage 3 (PD3), Gingival Enlargement (GE)
- Periodontal disease stage 4 (PD4), Gingival Enlargement (GE)

Procedure template options:

- Prophylactic cleaning, gingivectomy (PRO, GV)
- Prophylactic cleaning and type 1 crown lengthening (PRO, CR/L type 1)
- Prophylactic cleaning and open root planning (PRO, RPO)
- Prophylactic cleaning and gingival wedge resection (PRO, gingival wedge resection)
- Prophylactic cleaning and lateral sliding flap (PRO, F/LA)
- Prophylactic cleaning and coronal advancement flap (PRO, F/CO)
- Prophylactic cleaning and apically positioned flap WITHOUT BONE REMOVAL (PRO, F/AP)
- Prophylactic cleaning and operculectomy (PRO, OP)
- Prophylactic cleaning and other *fill in blank,

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.

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.

Diagnosis template options:

- Periodontal disease stage 2 (PD2)
- Periodontal disease stage 3 (PD3)
- Periodontal disease stage 4 (PD4)
- Complicated crown root fracture (T/FX/CCRF)
- Other* fill in the blank

Procedure template options:

- Prophylactic cleaning and bone graft (PRO, GF/B)
- Prophylactic cleaning and guided tissue regeneration (PRO, GTR) *fill in brand of membrane used.
- Prophylactic cleaning, bone graft, and guided tissue regeneration (PRO, GF/B, GTR) * fill in brand of membrane used.
- Prophylactic cleaning and periodontal splinting (PRO, periodontal splint)
- Prophylactic cleaning and type 2 crown lengthening (PRO, CR/L type II)
- Prophylactic cleaning and other advanced periodontal procedure * choose other, fill in blank.

Clarifications:

1. *GTR cases will be manually evaluated for variety as the type of membrane used counts towards variety.*
2. *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.*
3. *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.*
4. *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.*

5. *Periodontal surgery for an incompletely erupted tooth that exclusively involves soft tissue removal is a Type I crown lengthening, a PE3 case.*
6. *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.*
7. *Ridge augmentation for future implant placement is not accepted as a PE4 case.*

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).

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% (22 cases) of one type of procedure is permitted.

Diagnosis template options

- **You will indicate why the root canal was performed and which type of tooth the root canal was performed on. Note that next to each diagnostic option you must choose canine, maxillary fourth premolar, mandibular first molar, incisor, other. Specific tooth numbers are not needed.**
 - Non-vital tooth (T/NV)
 - Intrinsically stained tooth (SI)
 - Complicated crown fracture (T/FX/CCF)
 - Complicated crown root fracture (T/FX/CCRF)
- **Procedure template options:**
 - Root canal therapy (RCT)
 - Staged root canal therapy (Stage RCT) * fill in blank with details.

Clarifications:

1. *You no longer need to indicate the restorative material utilized.*
2. *The type of tooth treated must be included (ie. Canine, fourth premolar, incisor); species and tooth type may be used for 67% variety in type of procedures under the EN1 category.*

EN2 (5 cases)

EN2 Defined: Vital pulp therapy (partial vital pulpectomy) with or without crown reduction.

Diagnosis options

- Complicated crown fracture (T/FX/CCF)
- Complicated crown root fracture (T/FX/CCRF)
- Malocclusion with linguoverged canines
 - Choose: MAL 2/LV 304, MAL 2/LV404, MAL 1/LV 304, MAL 1/LV 404
- Other *fill in the blank

Procedure template options:

- Vital pulpotomy (VPT)
- Crown reduction with vital pulpotomy (CR/XP, VPT)

Clarifications:

1. *You no longer need to indicate the restorative material utilized.*

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.

Diagnosis: Fill in blank

- The mentor and resident are responsible for ensuring that AVDC® abbreviations are utilized if they exist. If TSC notes that abbreviations were NOT used, then the annual report will be automatically sent back unreviewed.

Procedure options:

- Surgical root canal (RCT/S)
- Apexification (APN)
- Replantation of an avulsed tooth (T/RI) * must fill in the blank with details regarding splint removal and date of root canal
- Repositioning of a luxated tooth (T/RP) *must fill in the blank with details regarding splint removal and date of root canal
- Other * fill in blank

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' in this document.*
7. *Two of the three EN3 cases can be performed on a cadaver.*
8. *Performing an endodontic procedure because of a maxillary or mandibular fracture can be logged for variety.*

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.**

Diagnosis template options:

- **Complicated crown fracture (T/FX/CCF)**
- **Complicated crown root fracture (T/FX/CCRF)**

- Uncomplicated crown fracture (T/FX/UCF)
- Uncomplicated crown root fracture (T/FX/UCRF)
- Caries (CA)
- Enamel defect (ED)
- Enamel Hypoplasia (EH)
- Other *Fill in the blank

Procedure template options:

- Composite restoration (R/C)
- Glass ionomer restoration (R/GI)
- Amalgam restoration (R/A)
- Restoration downgraded from a root canal procedure
 - R/C downgraded from EN1
 - R/GI downgraded from EN1
 - R/A downgraded from EN1

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 and a maximum number of 2 cases per patient is permitted.***
5. *For multiple caries or enamel defect lesions, a maximum of 3 cases can be counted per patient per event.*

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).

OS1 (15 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.

Diagnosis template options:

- Periodontal disease stage 2 (PD2)
- Periodontal disease stage 3 (PD3)
- Periodontal disease stage 4 (PD4)
- Tooth resorption (TR)
- Complicated crown fracture (T/FX/CCF)
- Complicated crown root fracture (T/FX/CCRF)
- Non-vital tooth (T/NV)
- Other* fill in blank

Procedure template options:

- Simple extraction (X)
- Crown amputation (CR/A)

Clarification:

1. *If a tooth has multiple reasons for why it was extracted i.e fractured and stage 4 periodontal disease, choose only 1 for the purpose of case logs.*
2. *OS2 cases cannot be downgraded to OS1 cases.*

OS2 (40 cases)

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

Diagnosis options:

- Periodontal disease stage 2 (PD2)
- Periodontal disease stage 3 (PD3)
- Periodontal disease stage 4 (PD4)
- Tooth resorption (TR)
- Complicated crown fracture (T/FX/CCF)
- Complicated crown root fracture (T/FX/CCRF)
- Non-vital tooth (T/NV)
- Stomatitis (ST)
- Other* fill in blank

Procedure options:

- Surgical extraction (XSS)
- Sectioned tooth extracted without bone removal (XS)

OS3 (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.

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. A re-examination for removal of an appliance or monitoring of fracture healing is expected to be listed with these procedures. When removal of the device is indicated, the resident should be physically or virtually 'present' for follow-up and/or final visits. For the case to be OKed you will need to put in a date for this removal or indicate that the case was lost to follow up.*
- 2. Up to 5 cadaver cases are allowed to be logged in the OS3 category.*
- 3. When there are bilateral mandibular fractures in one case and both are plated or treated with different methods, these can be counted as two cases.*

Diagnosis options:

- Mandibular fracture (MN/FX)
- Maxillary fracture (MX/FX)
- Symphyseal separation (SYM/S)
- Other* fill in blank

Procedure options: Choose all fixation methods that apply for the case. For fixation with appliances that are removed after fracture healing, you will need to enter a date for when the appliance was removed or choose the option that the case was lost to follow up

- Repair with an external fixator (FX/R/EXF)
- Repair with interarch splinting (FX/R/IAS)
- Repair with interdental splinting (FX/R/IDS)
- Repair with interquadrant splinting (FX/R/IQS)
- Repair with maxillomandibular fixation not including interarch splinting (FX/R/MMF)
- Repair/management with a muzzle (FX/R/MZ)
- Repair with a plate (FX/R/PL)
- Repair with cerclage wire (FX/R/WIR/C)
- Repair with intraosseous wire (FX/R/WIR/OS)
- Symphysis repair (SYM/R)
- Other * fill in the blank

OS4 (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.

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.

Diagnosis template options:

- Oral mass (OM)
- Oronasal fistula (ONF)
- Dentigerous cyst (DTC)
- Cleft palate (CFP)
- Temporomandibular joint ankylosis (TMJ/A)
- Temporomandibular joint dysplasia (TMJ/D)
- Temporomandibular joint fracture (TMJ/FX)
- Temporomandibular joint luxation (TMJ/LUX)
- Other* fill in blank

Procedure options:

- Partial mandibulectomy (S/M)
- Bilateral mandibulectomy (S/MB)
- Rim excision (S/MD)
- Segmental mandibulectomy (S/MS)
- Total mandibulectomy (S/MT)
- Partial palatectomy (S/P)
- Partial maxillectomy (S/X)
- Bilateral partial maxillectomy (S/XB)
- Oronasal fistula repair (ONF/R)
- Dentigerous Cyst repair (DTC/R)
- Cleft palate repair (CFP/R)
- Condylectomy (CON/X)
- Other *fill in blank

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.*

3. *You no longer need to indicate the type of oral mass that was removed.*
4. *If histopathology on a resected mass is performed, you can log the procedure under EITHER OS4 or OM case, but not both.*
5. *Up to 5 cadaver cases are allowed to be logged in the OS4 category.*

OS5 (5 cases): This case log category is no longer required.

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. *For ease of counting cases the crown preparation and cementation have been separated into separate log categories.*
 - a. *For cases that have already been TSC-approved, please do NOT split them now. Rather mark on your annual report how many crowns preps and cementations you have and that you were advised by TSC to not split your cases in the logs.*
 - b. *For new cases, please log them separately as crown preparation and cementations.*
 - c. *If a case is performed on a cadaver, even though you will log the cases as two separate logs (prep and cementation), this will only count as 1 cadaver case towards the maximum.*

PR A: Crown preparation (10 cases)

Diagnosis template options:

- Complicated crown fracture (T/FX/CCF)
- Complicated crown root fracture (T/FX/CCRF)
- Enamel defect (ED)
- Abrasion (AB)
- Attrition (AT)
- Other* fill in the blank

Procedure template options:

- Crown preparation (C/P) is the only option

PR B: Crown cementation (10 cases)

Diagnosis template options:

- Complicated crown fracture (T/FX/CCF)
- Complicated crown root fracture (T/FX/CCRF)
- Enamel defect (ED)
- Abrasion (AB)
- Attrition (AT)
- Other* fill in the blank

Procedure template options:

- Full metal crown (CR/M)
- Partial metal crown (CR/M/P)
- Full resin crown (CR/R)
- Partial resin crown (CR/R/P)
- Full porcelain fused to metal crown (CR/PFM)
- Partial porcelain fused to metal crown (CR/PFM/P)
- Other* Fill in the blank

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 may now 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 the 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.*
7. *The OR categories are the only categories that require tooth numbers.*

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. OR1 cases are now 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 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.*

Diagnosis options:

- Choose the type of malocclusion, then fill in specifics of what teeth required treatment UTILIZING AVDC® ABBREVIATIONS
 - MAL1 then fill in blank
 - MAL2 then fill in blank
 - MAL3 then fill in blank
 - MAL4 then fill in blank
 - Example: MAL 2 with linguovered mandibular canines: MAL2 (LV 304,404)

Procedure options:

- Orthodontic counseling and treatment planning (OC, TP)
- Occlusal adjustment

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.*
2. *Not all retained deciduous teeth contribute to malocclusion. Not every MAL3 necessitates extractions. Therefore you must describe the trauma that the teeth are creating, not just list the malocclusion in the diagnosis column.*

Diagnosis treatment options:

- Choose the type of malocclusion, then fill in specifics UTILIZING AVDC® ABBREVIATIONS if they exist
 - MAL1 then fill in blank
 - MAL2 then fill in blank
 - MAL3 then fill in blank
 - MAL4 then fill in blank
 - Example: MAL 3 with traumatic contact 304 with 203: MAL3 (traumatic contact 304 and 203)

Procedure options:

- Simple extraction (X)
- Surgical extraction (XSS)

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 **not be logged** as multiple cases. For example: A patient with MAL2 treated with bilateral mandibular canine crown reduction and vital pulp therapy counts as **one** OR3 case. Alternatively, you may log it as two EN2 cases, but only one OR3 cases. You may never log it as both an EN2 and an OR3 cases.*
2. *If an appliance was placed, there must be a re-exam listed in the procedure column with the date of appliance removal. If appropriate, you may state “Client did not return.”, or another explanation if the appliance was not removed.*
3. *The resident is to be physically present at the initial procedure and either physically or virtually ‘present’ for follow-up and/or final visits.*
4. *As of 2014, gingivoplasty (GV) (in the form of a gingival inclined plane) can qualify for correction of a malocclusion as an OR3 procedure, limited to only 1 logged case in an OR3 MRCL patient.*

Diagnosis treatment options:

- Choose the type of malocclusion, then fill in specifics UTILIZING AVDC® ABBREVIATIONS
 - MAL1 then fill in blank
 - MAL2 then fill in blank
 - MAL3 then fill in blank
 - MAL4 then fill in blank
 - For example, MAL 1 with linguovered 304,404: MAL 1(LV 304,404)

Procedure treatment options: For fixation with appliances, you will need to enter a date for when the appliance was removed or check the box that the case was lost to follow up.

- Crown reduction and vital pulpotomy (CR/XP, VPT)
- Acrylic incline plane (IP/AC)
- Composite incline plane (IP/C)
- Metal incline plane (IP/M)
- Gingival wedge resection

- Crown extensions
- Other*Fill in the blank

OR4 (2 cases)

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

Clarification:

1. *Correction of mesioversion of a maxillary canine tooth (buttons and mase chain) followed by correction of linguoversion of the mandibular canine tooth (inclined plane) counts as one OR4 case for the maxillary canines and one OR3 case for the mandibular canines. See example below.*
2. *For a patient that has bilaterally symmetrical malocclusions, correction of the entire malocclusion is considered one OR4.*
 - a. *A bilateral malocclusion may be treated and logged by two residents at the same location if a diplomate is present. Each resident could log primary **OR** assisting for separate sides.*
 - b. *If a resident is assisting, the primary dentist must be a diplomate. Assisting another resident and logging the case (with a case role of RA) is also permitted.*
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.*
5. *Up to 1 cadaver case can be logged in the OR4 category.*

Diagnosis options:

- Choose the type of malocclusion, then fill in specifics UTILIZING AVDC® ABBREVIATIONS
 - MAL1 then fill in blank
 - MAL2 then fill in blank
 - MAL3 then fill in blank
 - MAL4 then fill in blank
 - Example: MAL 1 with rostral crossbite: MAL1 (CB/R)

Procedure options:

- Active force will be the only option, fill in dates on adjustments (OA/A) and removal

- We expect that there has been at least 1 adjustment performed so please ensure that this is logged

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 lesser complex category (“downgrading a case”) to fill spaces on their MRCL log. The primary consideration is that the procedure(s) meets the lesser category definition – residents may not simply ‘downgrade’ a case if the procedure performed does not meet the less complex category definition. Residents may not downgrade a case arbitrarily. The category you are downgrading 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, 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 {*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.

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.

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 238 required MRCL cases.
- Only one review form is to be completed for cases that require more than one visit for completion. (See directions above in Staged Procedures.)
- MRCL Forms are to be generated via the DMS auto-generation process. Corrected MRCL forms are also generated via the DMS and are attached to the original MRCL Form. These forms are autofilled with the corrected information when you edit. There is no need to have the supervisor sign the form.

- **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 you make changes to the case log, you must 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 now appear as a standard **white** form logo in the Files column of the MRCL log and is visible now 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 now 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 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.

6. Now 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 **30** 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 30 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 5 cadaver procedures may be performed in each of the OS3 and OS4 categories.
- g. A maximum of 2 cadaver procedures may be performed in categories other than OM, OS3, OS4, and PR. These two procedures may be within the same MRCL category with the exception of OR4.
- h. No cadaver cases are permissible for OM cases.
- i. The maximum number of cadaver cases in the OR4 category is 1.
- j. 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.
- k. 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.

1. Cadaver cases cannot exceed 50% of any category.

Cadaver Procedure Log

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 were documented separately in the **MRCL Pandemic Cadaver Procedure Form**. The Pandemic option was not a permanent change and expired on December 31, 2021. However, 30 cadaver cases are now accepted for the MRCL case log and must include a cadaver procedure form.