

University of Connecticut
School of Dental Medicine
Competency Manual

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Introduction

The School of Dental Medicine aims to graduate broadly competency general practitioners of dental medicine capable of managing the oral health care needs of their patients.

In order to graduate and be certified for eligibility for receipt of the D.M.D. degree, students must attain or demonstrate the following:

- Satisfactory completion of all coursework
- Global competency as demonstrated by satisfactory completion of all patient care centered essential experiences
- Satisfactory completion of all activities defined as experiential requirements
- Competency as demonstrated by satisfactory completion of all School competency assessments
- Continued demonstration of professionalism and behavioral characteristics consistent with that of a practitioner of dental medicine
- Successful completion of National Board Dental Examinations (Part I and Part II)
- Participation in community service

Competencies represent the core learning objectives of the curriculum and reflect the knowledge, judgment and attitudes required of a dental school graduate to enter independent practice using a patient centered, humanistic approach. Rather than describing all goals and objectives of the educational program, competencies define those minimal or basal school requirements from which more complex learning endpoints may be developed; as such, competency statements are intentionally broad in concept.

The faculty of the School of Dental Medicine have determined that students must demonstrate competence in:

1. Providing oral health care within the scope of general dentistry to patients in all stages of life with an emphasis on the prevention of oral diseases and the promotion of health.
2. Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural environment.
3. Applying legal and ethical principles to the provision of oral health care services, with an understanding of the professional obligation to the patient.
4. Understanding and applying the basic principles of practice management, models of oral health care management and delivery, and how to provide leadership to the dental health care team.
5. Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences information to facilitate an evidence-based approach to the diagnosis and management of oral health and disease.
6. Applying critical thinking and problem solving skills to develop appropriate treatment plans and communicating essential elements of informed consent for the accepted treatment.
7. Self-assessment, with an understanding of self-directed, life-long learning.
8. Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of oral health or management of disease conditions, which may include referral.
9. Communicating and collaborating effectively with other healthcare professionals regarding the care of patients.
10. Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

11. Recognizing and managing medical emergencies and providing basic life support interventions when needed.
12. Recognizing and managing dental or other oral health emergencies.
13. Managing pain and anxiety utilizing pharmacological and non-pharmacological methods.
14. Recognizing pathological and non-pathological hard and soft tissues abnormalities of the orofacial region that require diagnostic evaluation, management and/or treatment.
15. Performing periodontal evaluation, assessment and treatment of periodontal disease.
16. Performing endodontic evaluation, assessment and treatment of uncomplicated endodontics.
17. Restoring teeth.
18. Restoring partial or complete edentulism including communication and collaboration with dental laboratory services.
19. Evaluating and assessing surgical needs and performing uncomplicated hard and soft tissues surgery within the oral cavity.
20. Evaluating and assessing malocclusion and managing problems or conditions associated with malocclusion.
21. Monitoring and evaluating therapeutic outcomes.

In addition to the specific twenty-one competencies described above, students must demonstrate global competency with regards to professionalism, patient management and practice management as measured by ongoing, continuous and progressive evaluation utilizing defined criteria.

All competencies are supported by the predoctoral curriculum, and the criteria for assessment of each competency statement are derived from various elements of the foundational curriculum.

The establishment of competencies is the responsibility of the faculty. The Curriculum Management Committee and the Education Council of Dental Senate have responsibility and authority for the review and development of the School's competency statements. Ongoing evaluation of the appropriateness and relevance of the School's competencies rests with these bodies, as does the ongoing evaluation of the outcomes of the defined competency approach. The various disciplines responsible for the delivery of the foundational curriculum are responsible for establishing the format, specific criteria and delivery of the competency assessments. Competencies may be assessed by a single discipline or may be evaluated using multiple, independent evaluations by several disciplines, reinforcing the holistic nature of the approach to competency assessment.

The ongoing monitoring of student progress towards competency and the attainment of competency is the responsibility of the Academic Performance Committees. The Academic Performance Committees are advisory to the Dean on all matters relating to student performance, progress in the curriculum, progress towards competency, promotion and graduation. The Academic Performance Committees, with input from all disciplines, assess whether students are making appropriate progress towards achieving competency and ultimately must assess whether students have demonstrated competency prior to graduation. It is the responsibility of the Academic Performance Committees to regularly communicate to the students their individual progress towards achieving competency.

Clinical Competency Assessments and Experiences
Academic Year 2015-2016

Operative D300/400-640		
<i>3rd Year</i>	<i>4th Year</i>	<i>3rd or 4th Year</i>
<p>Competency Assessment <i>Caries Excavation</i> Competency Assessment</p> <p>Effectively remove all caries without assistance of faculty Due prior to certification by APC for promotion to Year 4</p>	<p>Clinical Care Experience Esthetics Portfolio Assignment is part of Dr. Arteaga's fourth year esthetics course. Does not have to be on clinical patient.</p>	<p>Competency Assessment <i>Class II Resin</i> Competency Assessment</p> <p>Form located in axiUm Due prior to certification by APC for graduation</p>
<p>Competency Assessment <i>High Caries Risk</i> Competency Assessment</p> <p>Completed for a patient who is deemed high caries risk at initial treatment planning appointment or recall appointment. Meet with operative faculty to discuss patient management. Due prior to certification by APC for promotion to Year 4</p>		<p>Competency Assessment <i>Class II Amalgam</i> Competency Assessment</p> <p>Form located in axiUm Due prior to certification by APC for graduation</p>
		<p>Competency Assessment <i>Class III/IV</i> Competency Assessment</p> <p>Form located in axiUm Due prior to certification by APC for graduation</p>
		<p>Competency Assessment <i>Class V</i> Competency Assessment</p> <p>Form located in axiUm Due prior to certification by APC for graduation</p>
		<p>Clinical Care Experience Complete the care of <u>Ten</u> Type 1 or 2 patients (at least <u>Three</u> Type 2)</p>

Oral and Maxillofacial Radiology D300/400-641

3^r and 4th year

Competency Assessment

Oral and Maxillofacial Radiology Clinical Competency Assessment

Evaluation occurs during rotation through assessments in axiUm
Due prior to certification by APC for graduation

Endodontics D300/400-642

3rd or 4th Year

Competency Assessment

*Anterior Endodontic
Competency Assessment
Typodont-Based*

Completed in Clinic
Evaluation form in syllabus
Due prior to certification by APC for graduation

Competency Assessment

Patient-Based Competency Assessment

Completed on a patient for whom you complete endo therapy
Form located in axiUm
Due prior to certification by APC for graduation

Competency Assessment

*Posterior Endodontic
Competency Assessment Typodont-Based*

Completed in Clinic
Evaluation form in syllabus
Due prior to certification by APC for graduation

Competency Assessment

*Endodontic Treatment Outcomes
Competency Assessment*

Completed on any patient at the 6 month recall for endo treatment
Form located in axiUm
Due prior to certification by APC for graduation

Oral Medicine/Oral Pathology D300/400-643

3^r and 4th year

Competency Assessment

Oral Medicine/Oral Pathology Composite Competency Assessment

There is one (1) week of rotation in Yr 3; there are two (2) weeks of rotation in Yr 4.

Evaluations occur through Clinical Oral Pathology and Clinical Oral Medicine assessments as part of rotation, as well as evaluation through the Clinical-pathologic Conference and the Case Conference Presentation, respectively.
Due prior to certification by APC for graduation

Oral Surgery D300/400-644		
<i>3rd Year</i>	<i>4th Year</i>	<i>3rd or 4th Year</i>
<p style="text-align: center;">Competency Assessment <i>OMFS Clinical Competency Assessment I Year 3</i></p> <p>Patient presentation and local anesthesia. Completed before Winter Break</p>	<p style="text-align: center;">Competency Assessment <i>OMFS Clinical Competency Assessment I Year 4</i></p> <p>Due prior to certification by APC for graduation</p>	<p style="text-align: center;">Competency Assessment <i>Nitrous Oxide Administration Competency Assessment</i></p> <p>Completed after 10 hours of nitrous oxide administration has been completed Due prior to certification by APC for graduation</p>
<p style="text-align: center;">Competency Assessment <i>OMFS Clinical Competency Assessment II Year 3</i></p> <p>Patient presentation, informed consent, asepsis, local anesthesia, surgical procedure, post-operative pain management (Rx writing if necessary) Due prior to certification by APC for promotion to Year 4</p>	<p style="text-align: center;">Competency Assessment <i>OMFS Clinical Competency Assessment I Year 4</i></p> <p>Due prior to certification by APC for graduation</p>	<p style="text-align: center;">Clinical Care Experience <i>Implant Experiential</i></p> <p>Assist a resident in placing an implant. Does not have to be on your own patient. Due prior to certification by APC for graduation</p>
<p style="text-align: center;">Competency Assessment <i>OMFS Clinical Competency Assessment III Year 3</i></p> <p>Patient presentation, informed consent, asepsis, local anesthesia, surgical procedure, post-operative pain management (Rx writing if necessary) Due prior to certification by APC for promotion to Year 4</p>		<p style="text-align: center;">Clinical Care Experience <i>Biopsy Experiential</i></p> <p>Assist a resident during a biopsy, follow up biopsy by meeting with oral pathology faculty to discuss results, then meet with attending OMFS faculty Due prior to certification by APC for graduation</p>
<p>IMPORTANT: For all OMFS encounters, notify attending OMFS faculty that you will be using this patient visit as a progress evaluation. Following the appointment, write a reflection paper. In that paper, develop a focused question concerning an aspect of your case and research the current literature to find an article that best answers your question. Critically evaluate the article using the CTiD format. E-mail reflection, article, and article evaluation to OMFS faculty and meet to discuss (goal time is less than 2 weeks from the date of the appointment).</p>		

Orthodontics D400-645
<i>4th Year</i>
<p style="text-align: center;">Competency Assessment <i>Orthodontic Assessment, Diagnosis and Treatment Planning Competency Assessment</i></p> <p>Administered online Due prior to certification by APC for graduation</p>

Pediatrics D300/400-646

<i>3rd Year</i>	<i>4th Year</i>
<p align="center">Competency Assessment <i>Year 3 Exam & Diagnosis</i> <i>Competency Assessment</i></p> <p align="center">Completed during a TXP visit Due prior to certification by APC for promotion to Year 4</p>	<p align="center">Competency Assessment <i>Year 4 Exam & Diagnosis</i> <i>Competency Assessment</i></p> <p align="center">Completed during a TXP visit Due prior to certification by APC for graduation</p>
<p align="center">Competency Assessment <i>Simple Restorative</i> <i>Competency Assessment</i></p> <p align="center">Due prior to certification by APC for promotion to Year 4</p>	<p align="center">Competency Assessment <i>Complex Restorative</i> <i>Competency Assessment</i></p> <p align="center">Due prior to certification by APC for graduation</p>
<p align="center">Competency Assessment <i>Year 3 Treatment Planning Simulation</i> <i>Competency Assessment</i></p> <p>Complete questions detailed in case binder located at pedo rotation sites. Meet with faculty to discuss. Due prior to certification by APC for promotion to Year 4</p>	<p align="center">Competency Assessment <i>Year 4 Treatment Planning Simulation</i> <i>Competency Assessment</i></p> <p>Complete questions detailed in case binder located at pedo rotation sites. Meet with faculty to discuss. Due prior to certification by APC for graduation</p>
	<p align="center">Competency Assessment <i>Pediatric Management of Emergencies and</i> <i>Conditions Affecting the Pulp Competency</i> <i>Assessment</i></p> <p>Complete questions detailed in case binder located at pedo rotation sites. Meet with faculty to discuss. Due prior to certification by APC for graduation</p>

Periodontics D300/400-647

<i>3rd Year</i>	<i>4th Year</i>	<i>3rd or 4th Year</i>
<p align="center">Competency Assessment <i>Scaling and Root Planing</i> <i>Competency Assessments</i> (2 in 3rd year)</p> <p>Accurately probe sites, detect calculus, and remove calculus Due prior to certification by APC for promotion to Year 4</p>	<p align="center">Competency Assessment <i>Scaling and Root Planing</i> <i>Competency Assessments</i> (2 in 4th year)</p> <p>Accurately probe sites, detect calculus, and remove calculus Due prior to certification by APC for graduation</p>	<p align="center">Competency Assessment <i>Evaluation of Phase I</i> <i>Treatment Competency</i> <i>Assessment</i></p> <p>Accurately assess the results of initial periodontal therapy (SRP) at 6 week recall and determine need for future periodontal care.</p>
<p align="center">Competency Assessment <i>3rd year Examination and</i> <i>Diagnosis Competency</i> <i>Assessment</i></p> <p>Identify a patient at treatment planning who has periodontal disease (faculty verification from x-rays or charting), complete medical history, charting, diagnostic impressions, dismiss with no consults. Discuss case with perio faculty at start of subsequent scheduled appointment (allow approximately one hour for faculty discussion, schedule patient accordingly); verify all findings with perio faculty; complete treatment planning with all necessary consults. Be certain second appointment is documented in faculty's schedule book.</p> <p>Due prior to certification by APC for promotion to Year 4</p>	<p align="center">Competency Assessment <i>4th Year Examination,</i> <i>Diagnosis and Treatment</i> <i>Planning Competency</i> <i>Assessment</i></p> <p>Due prior to certification by APC for graduation</p>	<p>Due prior to certification by APC for graduation</p>

Prosthodontics D300/400-648

<i>3rd Year</i>	<i>3rd or 4th Year</i>	
<p align="center">Competency Assessment <i>Fixed Partial Denture Prep and Provision Competency Assessment I</i></p> <p>Typodont (19 cast crown – 21 PFM, Coldpac acrylic provisional restoration)</p> <p>Forms in DC 4 on back wall Due by Wednesday PRIOR to March APC III meeting – no clinical activity after this date until successfully completed</p>	<p align="center">Competency Assessment <i>Fixed Partial Denture Prep and Provision Competency Assessment II</i></p> <p>Typodont (6-8 PFM, Coldpac acrylic provisional restoration)</p> <p>Forms in DC 4 on back wall Due by Wednesday PRIOR to 4th year Spring Break-- no clinical activity after this date until successfully completed</p>	<p align="center">Competency Assessment <i>Online Clinical Removable Competency Assessment</i></p> <p>Computer based exam (approx. 30 questions) regarding complete and partial dentures Must email Dr. Duncan to “register”</p> <p align="center">Due by March 1st of 4th year no clinical activity after this date until successfully completed</p>
	<p align="center">Competency Assessment <i>Single Crown Portfolio Assessment</i></p> <p>PowerPoint presentation detailing your completion of the different steps of the crown/FPD protocol submitted to Dr. Duncan Instructions in Prosth Clinic Manual Due prior to certification by APC for graduation</p>	<p align="center">Competency Assessment Phase II Completion #1 and #2</p> <p>Completed in axiUm; Instructions in Prosth Clinic Manual Due prior to certification by APC for graduation</p>
<p align="center">Clinical Care Guidelines</p> <p>Complete the care for a Type 3, 4, 5 or 6 patient by close of 3rd year clinic to be considered for promotion to 4th year (included as part of totals to the right) Due prior to certification by APC for promotion to Year 4</p>	<p align="center">Clinical Care Guidelines Implant Experiential</p> <p>At least 1 crown or complete denture patient must involve implants (either single tooth implant or overdenture)</p> <p align="center">Due prior to certification by APC for graduation</p>	<p align="center">Clinical Care Guidelines</p> <p>Complete the care for a minimum of <u>five</u> Type 3 or 4 patients (at least 1 type 4) Complete the care for a minimum of <u>three</u> Type 5 or 6 patients (at least one of each type) Due prior to certification by APC for graduation</p>
<p>Students are also evaluated through Daily Global Assessments and Laboratory Global Assessments. The student must maintain a 90% satisfactory average for all clinical daily global evaluations. Laboratory assessment is done by technicians and is incorporated into the General Assessment during APC reports.</p>		

Dental Emergency Services D400-649

4th Year

Competency Assessment
Dental Emergency Competency Assessment

Completed during Emergency Services Rotation
Form located in axiUm
Due prior to certification by APC for graduation

Treatment Planning D300/400-651

<i>3rd Year</i>	<i>4th Year</i>
<p>Competency Assessment <i>Treatment Planning Competency Assessment I</i> Administered online Due by Wednesday PRIOR to March APC III meeting – no clinical activity after this date until successfully completed</p>	<p>Competency Assessment <i>Treatment Planning Competency Assessment II</i> Administered online Due by Wednesday PRIOR to 4th year Spring Break-- no clinical activity after this date until successfully completed</p>
	<p>Clinical Care Guidelines Students must complete a minimum of 15 comprehensive treatment plans Due prior to certification by APC for graduation</p>

Patient Treatment Classifications as Part of the Patient Care Centered Essential Experiences

Patient Treatment Classification	Type of Care	Patient Treatment Needs (including, but not limited to...)
1	Phase 1 Simple	Preventive therapies, prophylaxis, and simple operative procedures
2	Phase 1 Complex	Interdisciplinary management (endodontics, periodontics, oral surgery, etc.) and operative procedures
3	Phase 2 Simple	One or two single crowns, implants, onlays or veneers
4	Phase 2 Complex	More than two units of fixed prosthodontics
5	Removable "Partials"	Removable partial dentures (metal or if resin, replacing multiple posterior teeth)
6	Removable "Completes"	Complete dentures, immediate complete dentures and implant-supported overdentures

Student Patient Family Composition—Minimal Essential Experiences

Completion of care for a minimum of ten patients requiring "Type 1" or "Type 2" treatment
 --three of which must be "Type 2"
 --must include experiences in all treatment domains (endodontics, periodontics, oral surgery)

Completion of care for a minimum of five patients requiring "Type 3" or "Type 4" treatment
 --(one of which must be "Type 4")

Completion of care for a minimum of three patients requiring "Type 5" or "Type 6" treatment
 --must consist of both types

Implant experience (either single tooth or overdenture)

Completion of care for a minimum of two patients for whom the student has completed all Phase I and Phase 2 treatment

Completion of a minimum of 1100 experiential credits/RVUs

Completion of a minimum of 15 treatment plans, three of which must include Type 3, Type 4, Type 5 or Type 6 care

Alphabetical List of All SDM Competency Assessments

Course Number	ASSESSMENT
D400-649	Dental Emergency Competency Assessment
D300-642	Endodontics: Anterior Typodont-Based Competency Assessment
D300-642	Endodontics: Posterior Typodont-Based Competency Assessment
D300/400-642	Endodontics: Patient-Based Competency Assessment
D300/400-642	Endodontics: Treatment Outcomes Competency Assessment
D400-040	Geriatric and Special Care Dentistry Competency Assessment I: Medically Compromised Patient
D400-040	Geriatric and Special Care Dentistry Competency Assessment II: Developmental Disabilities
D100-140	Infection Control Clinical Competency Assessment
D400-040	Interprofessional Collaborative Care Competency Assessment
D300-640	Operative High Caries Risk Management
D300-640	Operative Caries Removal Competency Assessment
D300/400-640	Operative Class II Amalgum Competency Assessment
D300/400-640	Operative Class II Resin Composite Competency Assessment
D300/400-640	Operative Class III / IV Resin Composite Competency Assessment
D300/400-640	Operative Class V Restoration Competency Assessment
D300/400-641	Oral and Maxillofacial Radiology Clinical Competency Assessment
D300-644	Oral and Maxillofacial Surgery Clinical Competency Assessment I (Local Anesthesia) Year 3
D300-644	Oral and Maxillofacial Surgery Clinical Competency Assessment II Year 3
D300-644	Oral and Maxillofacial Surgery Clinical Competency Assessment III Year 3
D300-644	Oral and Maxillofacial Surgery Clinical Competency Assessment I Year 4
D300-644	Oral and Maxillofacial Surgery Clinical Competency Assessment II Year 4
D300-644	Oral and Maxillofacial Surgery Nitrous Oxide Administration Competency Assessment
D300/400-643	Oral Medicine / Oral Pathology Composite Competency Assessment
D400-645	Orthodontic Assessment, Diagnosis and Treatment Planning
D300-580	Patient-Instructor Competency Assessment
D300-646	Pediatric Dentistry Exam and Diagnosis Clinical Competency Assessment Year 3
D300-646	Pediatric Dentistry Simple Treatment Plan-Simulated
D300-646	Pediatric Dentistry Simple Restorative Competency Assessment
D300-646	Pediatric Dentistry Exam and Diagnosis Clinical Competency Assessment Year 4
D300-646	Pediatric Dentistry Complex Treatment Plan-Simulated
D300-646	Pediatric Dentistry Complex Restorative Competency Assessment
D300-646	Pediatric Management of Emergencies and Conditions Affecting the Pulp
D300-647	Periodontics: Examination and Diagnosis Competency Assessment
D300/400-647	Periodontics: Scaling and Root Planing Competency Assessment
D300/400-647	Periodontics: Assessment of Outcomes of Phase 1 Therapy Competency Assessment
D400-647	Periodontics: Examination, Diagnosis and Treatment Planning Competency Assessment

Course Number	ASSESSMENT
D300/400-648	Prosthodontics: Clinical Program Assessment
D300/400-648	Prosthodontics: Fixed Partial Denture Preparation and Provisionalization Competency Assessment I
D300/400-648	Prosthodontics: Fixed Partial Denture Preparation and Provisionalization Competency Assessment II
D300/400-648	Prosthodontics: Laboratory Global Student Assessment
D300/400-648	Prosthodontics: Online Clinical Removable Competency Assessment
D300/400-648	Prosthodontics: Single Crown Portfolio Assessment
D300/400-648	Prosthodontics: Treatment Outcomes Competency Assessment
D300-651	Treatment Planning Competency Assessment I
D400-651	Treatment Planning Competency Assessment II

Competency Assessments Linked to 21 Competency Statements

ASSESSMENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Anterior Endodontic Typodont-Based Competency Assessment							x									x					
Dental Emergency Competency Assessment	x	x	x		x			x	x	x		x	x								
Dental Public Health Policy Written Exam			x																		
Endodontics Treatment Outcomes Competency Assessment					x			x		x				x		x					
Endodontics: Patient-Based Competency Assessment	x				x	x		x		x			x	x		x					
Ethics, Law and Behavior Case Based Exam			x																		
Evidence-Based Decision Making Literature Review Assessment					x	x															
Evidence-Based Decision Making Quizzes					x																
Geriatric and Special Care Dentistry Competency Assessment I: Medically Complex Patient	x	x	x	x	x	x		x	x	x			x								
Geriatric and Special Care Dentistry Competency Assessment II: Developmental Disabilities	x	x	x	x	x	x		x	x	x			x								
Human Health and Development Written Exams			x																		
Human Systems Narrative Assessment of Professionalism			x																		
Infection Control Clinical Competency Assessment			x	x																	
Interprofessional Collaborative Care Competency Assessment				x	x				x	x											
Operative Caries Excavation Competency Assessment	x	x	x		x	x		x		x			x	x			x				x
Operative Class II Amalgam Competency Assessment		x	x	x		x				x			x				x				x
Operative Class III / IV Resin Composite Competency Assessment		x	x	x		x				x			x				x				x

Operative Class II Resin Composite Competency Assessment		x	x	x		x				x			x			x				x
Operative Class V Restoration Competency Assessment		x	x	x		x				x			x			x				x
Operative High Caries Risk Management Competency Assessment	x	x			x	x		x		x				x						x
Oral and Maxillofacial Radiology Clinical Competency Assessment	x	x	x		x		x	x	x	x				x	x	x				
Oral and Maxillofacial Surgery Clinical Competency Assessment I (Local Anesthesia) Year 3		x	x	x	x	x	x	x	x	x			x	x					x	
Oral and Maxillofacial Surgery Clinical Competency Assessment I Year 4		x	x	x	x	x	x	x	x	x			x	x					x	
Oral and Maxillofacial Surgery Clinical Competency Assessment II Year 3		x	x	x	x	x	x	x	x	x			x	x					x	
Oral and Maxillofacial Surgery Clinical Competency Assessment II Year 4		x	x	x	x	x	x	x	x	x			x	x					x	
Oral and Maxillofacial Surgery Clinical Competency Assessment III Year 3		x	x	x	x	x	x	x	x	x			x	x					x	
Oral and Maxillofacial Surgery Nitrous Oxide Administration Competency Assessment		x	x	x	x	x	x	x	x	x			x	x					x	
Oral Medicine/ Oral Pathology Composite Competency Assessment	x	x			x	x	x	x	x	x				x						
Orthodontic Assessment, Diagnosis and Treatment Planning Competency Assessment										x									x	
Patient-Instructor Competency Assessment		x						x												
Pediatric Dentistry Complex Restorative Competency Assessment	x	x	x		x		x						x				x			
Pediatric Dentistry Complex Treatment Plan-Simulated Competency Assessment	x				x														x	x
Pediatric Dentistry Exam and Diagnosis Clinical Competency Assessment (Year 3)	x	x	x		x	x		x	x	x									x	x

Pediatric Dentistry Exam and Diagnosis Clinical Competency Assessment (Year 4)	x	x	x		x	x		x	x	x									x	x
Pediatric Dentistry Simple Restorative Competency Assessment	x	x	x		x		x						x				x			
Pediatric Dentistry Simple Treatment Plan-Simulated Competency Assessment	x				x														x	x
Pediatric Management of Emergencies and Conditions Affecting the Pulp Competency Assessment	x				x							x				x				
Periodontics: Assessment of Outcome of Phase 1 Therapy Competency Assessment		x	x		x	x		x	x	x				x	x					x
Periodontics: Examination and Diagnosis Competency Assessment		x			x	x		x	x	x										
Periodontics: Examination, Diagnosis and Treatment Planning Competency Assessment		x			x	x		x	x	x					x					
Periodontics: Scaling and Root Planing Competency Assessment				x						x			x		x					
Posterior Endodontic Typodont-Based Competency Assessment							x									x				
Prosthodontics: Clinical Program Assessment	x	x	x	x	x	x	x	x	x	x			x				x	x		
Prosthodontics: Fixed Partial Denture Preparation and Provisionalization Competency Assessment I							x										x	x		
Prosthodontics: Fixed Partial Denture Preparation and Provisionalization Competency Assessment II							x										x	x		
Prosthodontics: Laboratory Global Student Assessment																		x		
Prosthodontics: Online Clinical Removable Competency Assessment																		x		
Prosthodontics: Single Crown Portfolio Assessment							x										x			

Prosthodontics: Treatment Outcomes Competency Assessment							x		x											x
Treatment Planning Competency Assessment I	x		x		x			x	x	x		x								x
Treatment Planning Competency Assessment II	x		x		x			x	x	x		x								x

Behavioral Sciences

MIRS FORM 2006
MASTER INTERVIEW RATING SCALE

8/10/15

ITEM 1 – OPENING

[5]	[4]	[3]	[2]	[1]
The interviewer introduces himself, clarifies his roles, and inquires how to address patient. Uses patient name.		The interviewer’s introduction is missing a critical element		There is no introduction.

ITEM 2 – ELICITS SPECTRUM OF CONCERNS

[5]	[4]	[3]	[2]	[1]
The interviewer elicits the patient’s full spectrum of concerns within the first 3-5 minutes of the interview.	The interviewer elicits some of the patient’s concerns on his chief complaint.			The interviewer fails to elicit the patient’s concern.

ITEM 3 – NEGOTIATES PRIORITIES & SETS AGENDA

[5]	[4]	[3]	[2]	[1]
The interviewer fully negotiates priorities of patient concerns, listing all of the concerns and sets the agenda at the onset of the interview. The patient is invited to participate in making an agreed plan. (<i>communication cases</i>)	The interviewer elicits only partial concerns and therefore does not accomplish the complete patient agenda for today’s visit. The interviewer sets the agenda.			The interviewer does not negotiate priorities or set an agenda. The interviewer focuses only on the chief complaint and takes only the physician’s needs into account.

ITEM 4 – ELICITING THE NARRATIVE THREAD or the “PATIENT’S STORY”

[5]	[4]	[3]	[2]	[1]
The interviewer encourages and lets the patient talk about their problem. The interviewer does not stop the patient or introduce new information.	The interviewer begins to let the patient talk about their problem but either interrupts with focused questions or introduces new information into the conversation.			The interviewer fails to let the patient talk about their problem. OR The interviewer sets the pace with Q & A style, not conversation.

ITEM 5 - TIMELINE

[5]	[4]	[3]	[2]	[1]
The interviewer obtains sufficient information so that a chronology of the chief complaint and history of the present illness can be established. The chronology of all associated symptoms is also established.	The interviewer obtains some of the information necessary to establish a chronology. He may fail to establish a chronology for all associated symptoms.			The interviewer fails to obtain information necessary to establish a chronology.

ITEM 6 – ORGANIZATION

[5]	[4]	[3]	[2]	[1]
Questions in the body of the interview follow a logical order to the patient.	The interviewer seems to follow a series of topics or agenda items; however, there are a few minor disjointed questions.			The interviewer asks questions that seem disjointed and unorganized.

ITEM 7 – TRANSITIONAL STATEMENTS

[5]	[4]	[3]	[2]	[1]
The interviewer utilizes transitional statements that explain the reasons for progressing from one subsection to another (only in a complete history)	The interviewer sometimes introduces subsections with effective transitional statements but fails to do so at other times.		The interviewer progresses from one subsection to another in such a manner that the patient is left with a feeling of uncertainty as to the purpose of the questions.	No transitional statements are made.
		OR		
	Some of the transitional statements used are lacking in quality.			

ITEM 8 – PACING OF INTERVIEW

[5]	[4]	[3]	[2]	[1]
The interviewer is attentive to the patient’s responses. The interviewer listens without interruption. The interview progresses smoothly with no awkward pauses. Silence may be used deliberately.	The pace of the interview is comfortable most of the time, but the interviewer occasionally interrupts the patient and/or allows awkward pauses to break the flow of the interview.		The interviewer frequently interrupts the patient and there are awkward pauses, which break the flow of the interview.	

ITEM 9 - QUESTIONING SKILLS – TYPES OF QUESTIONS

[5]	[4]	[3]	[2]	[1]
The interviewer begins information gathering with an open-ended question. This is followed up by more specific or direct questions. Each major line of questioning is begun with an open-ended question. No poor question types are used.	The interviewer often fails to begin a line of inquiry with open-ended questions but rather employs specific or direct questions to gather information.		The interviewer asks many why questions, multiple questions, or leading questions.	
		OR		
	The interviewer uses a few leading, why or multiple questions.			

ITEM 10 – QUESTIONING SKILLS - SUMMARIZING

[5]	[4]	[3]	[2]	[1]
The interviewer summarizes the data obtained at the end of each major line of inquiry or subsection to verify and/or clarify the information (complete hx, focused history: one summary is sufficient)	The interviewer summarizes the data at the end of some lines of inquiry but not consistently or completely or attempts to summarize at the end of the interview and it is incomplete.		The interviewer fails to summarize any of the data obtained.	

ITEM 11 – QUESTIONING SKILLS – DUPLICATION

[5]	[4]	[3]	[2]	[1]
The interviewer does not repeat questions, seeking duplication of information that has previously been provided, <i>unless</i> clarification or summarization of prior information is necessary.	The interviewer only rarely repeats questions. Questions are repeated not for the purpose of summarization or clarification of information, but as a result of the interviewer’s failure to remember the data.		The interviewer frequently repeats questions seeking information previously provided because he fails to remember the data already obtained.	

ITEM 12 - QUESTIONING SKILLS – LACK OF JARGON

[5]	[4]	[3]	[2]	[1]
The interviewer asks questions and provides information in language which is easily understood. Content is free of difficult medical terms and jargon. Words are immediately defined for the patient. Language is used that is appropriate to the patient's level of education.	The interviewer occasionally uses medical jargon during the interview failing to define the medical terms for the patient unless specifically requested to do so by the patient.			The interviewer uses difficult medical terms and jargon throughout the interview.

ITEM 13 - QUESTIONING SKILLS – VERIFICATION OF PATIENT INFORMATION

[5]	[4]	[3]	[2]	[1]
The interviewer always seeks clarification, verification and specificity of the patient's responses.	The interviewer will seek clarification, verification and specificity of the patient's responses but not always.			The interviewer fails to clarify or verify patient's responses, accepting information at face value.

ITEM 14 –INTERACTIVE TECHNIQUES

[5]	[4]	[3]	[2]	[1]
The interviewer consistently uses the patient-centered technique. The interviewer mixes patient-centered and physician-centered styles that promote a collaborative partnership between patient and doctor.	The interviewer initially uses a patient-centered style but reverts to physician-centered interview at the end (rarely returning the lead to the patient). OR The interviewer uses all patient-centered interviewing and fails to use physician-centered style and therefore does not accomplish the negotiated agenda.			The interview does not follow the patient's lead. Uses only physician-centered technique halting the collaborative partnership.

ITEM 15 – VERBAL FACILITATION SKILLS

[5]	[4]	[3]	[2]	[1]
The interviewer uses facilitation skills through the interview. Verbal encouragement, use of short statements, and echoing are used regularly when appropriate. The interviewer provides the patient with intermittent verbal encouragement, such as verbally praising the patient for proper health care technique.	The interviewer uses some facilitative skills but not consistently or at inappropriate times. Verbal encouragement could be used more effectively.			The interviewer fails to use facilitative skills to encourage the patient to tell his story.

ITEM 16 – NON-VERBAL FACILITATION SKILLS

[5]	[4]	[3]	[2]	[1]
The interviewer puts the patient at ease and facilitates communication by using: Good eye contact; Relaxed, open body language; Appropriate facial expression; Eliminating physical barriers; and Making appropriate physical contact with the patient.	The interviewer makes some use of facilitative techniques but could be more consistent. One or two techniques are not used effectively. OR Some physical barrier may be present.			The interviewer makes no attempt to put the patient at ease. Body language is negative or closed. OR Any annoying mannerism (foot or pencil tapping) intrudes on the interview. Eye contact is not attempted or is uncomfortable.

ITEM 17 – EMPATHY AND ACKNOWLEDGING PATIENT CUES

[5]	[4]	[3]	[2]	[1]
The interviewer uses supportive comments regarding the patient’s emotions. The interviewer uses NURS (name, understand, respect, support) or specific techniques for demonstrating empathy.	The interviewer is neutral, neither overly positive nor negative in demonstrating empathy.		No empathy is demonstrated. The interviewer uses a negative emphasis or openly criticizes the patient.	

ITEM 18 – PATIENT’S PERSPECTIVE (BELIEFS)

[5]	[4]	[3]	[2]	[1]
The interviewer elicits the patient’s healing practices and perspectives on his illness, including his beliefs about its beginning, Feelings, Ideas of cause, Function and Expectations (FIFE).	The interviewer elicits some of the patient’s perspective on his illness AND/OR The interviewer does not follow through with addressing beliefs.		The interviewer fails to elicit the patient’s perspective.	

ITEM 19 – IMPACT OF ILLNESS ON PATIENT AND PATIENT’S SELF-IMAGE

[5]	[4]	[3]	[2]	[1]
The interviewer inquires about the patient’s feelings about his illness, how it has changed his life. The interviewer explores these issues. The interviewer offers counseling or resources to help. This is used in communication cases.	The interviewer partially addresses the impact of the illness on the patient’s life or self-image. AND/OR The interviewer offers no counseling or resources to help.		The interviewer fails to acknowledge any impact of the illness on the patient’s life or self-image.	

ITEM 20 – IMPACT OF ILLNESS ON FAMILY

[5]	[4]	[3]	[2]	[1]
The interviewer inquires about the structure of the patient’s family. The interviewer addresses the impact of the patient’s illness and/or treatment on family. The interviewer explores these issues.	The interviewer recognizes the impact of the illness or treatment on the family members and on family lifestyle but fails to explore these issues adequately.		The interviewer fails to address the impact of the illness or treatment on the family members and on family lifestyle.	

ITEM 21 – SUPPORT SYSTEMS

[5]	[4]	[3]	[2]	[1]
The interviewer determines what emotional support the patient has. The interviewer determines what financial support the patient has and learns about health care access The interviewer inquires about other resources available to the patient and family and suggests appropriate community resources. (will be focused in focused histories)	The interviewer determines some of the available support.		The interviewer fails to determine what support is currently available to the patient.	

ITEM 22 – PATIENT’S EDUCATION & UNDERSTANDING

[5]	[4]	[3]	[2]	[1]
The interviewer uses deliberate techniques to check the patient’s understanding of information given during the interview including diagnosis. If English proficiency is limited an interpreter is offered. Techniques may include asking the patient to repeat information, asking if the patient has additional questions, posing hypothetical situations or asking the patient to demonstrate techniques. When patient education is a goal, the interviewer determines the patient’s level of interest and provides education appropriately.	The interviewer asks the patient if he understands the information but does not use a deliberate technique to check. Some attempt to determine the interest in patient education but could be more thorough.		The interviewer fails to assess patient’s level of understanding and does not effectively correct misunderstandings when they are evident. AND/OR The interviewer fails to address the issue of patient education.	

ITEM 23 – ASSESS MOTIVATION FOR CHANGES

[5]	[4]	[3]	[2]	[1]
The interviewer inquires how the patient feels about the lifestyle/behavioral change and offers options and plans for the patient to choose from to encourage and/or support the change.	The interviewer inquires how the patient feels about changes but does not offer options or plans. OR The interviewer assumes the patient will follow the suggested change without assessing change but does offer options and plans.		The interviewer fails to assess patient’s level of motivation to change and does not offer any options or plans.	

ITEM 24 – ADMITTING LACK OF KNOWLEDGE

[5]	[4]	[3]	[2]	[1]
The interviewer, when asked for information or advice that he is not equipped to provide, admits to his lack of knowledge in that area but immediately offers to seek resources to answer the question(s).	The interviewer, when asked for information or advice that he is not equipped to provide, admits lack of knowledge, but rarely seeks other resources for answers.		The interviewer, when asked for information, which he is not equipped to provide, makes up answers in an attempt to satisfy the patient’s questions, but never refers to other resources.	

ITEM 25 – INFORMED CONSENT FOR INVESTIGATIONS & PROCEDURES

[5]	[4]	[3]	[2]	[1]
The interviewer discusses the purpose and nature of all investigations and procedures. The interviewer reviews foreseeable risks and benefits of the proposed investigation or procedure. The interviewer discloses alternative investigations or procedures and their relative risks and benefits. Taking no action is considered always considered an alternative.	The interviewer discusses some aspects of the investigations and procedures but omits some elements of informed consent.		The interviewer fails to discuss investigations or procedures.	

ITEM 26 – ACHIEVE A SHARED PLAN

[5]	[4]	[3]	[2]	[1]
The interviewer discusses the diagnosis and/or prognosis and negotiates a plan with the patient. The interviewer invites the patient to contribute his own thoughts, ideas, suggestions and preferences.	The interviewer discusses the diagnosis and/or prognosis and plan but does not allow the patient to contribute. Lacks full quality.			The interviewer fails to discuss diagnosis and/or prognosis.

ITEM 27 – ENCOURAGEMENT OF QUESTIONS

[5]	[4]	[3]	[2]	[1]
The interviewer encourages the patient to ask questions at the end of a major subsection. The interviewer gives the patient the opportunity to bring up additional topics or points not covered in the interview.	The interviewer provides the patient with the opportunity to discuss any additional points or ask any additional questions but neither encourages nor discourages him.			The interviewer fails to provide the patient with the opportunity to ask questions or discuss additional points. The interviewer may discourage the patient's questions.

ITEM 28 – CLOSURE

[5]	[4]	[3]	[2]	[1]
At the end of the interview the interviewer clearly specifies the future plans: What the interviewer will do (leave and consult, make referrals) What the patient will do (wait, make diet changes, go to Physical Therapy); When (the time of the next communication or appointment.)	At the end of the interview, the interviewer partially details the plans for the future.			At the end of the interview, the interviewer fails to specify the plans for the future and the patient leaves the interview without a sense of what to expect. There is no closure whatsoever.

8/10/15

Dental Patient Instructor Cases

2nd year December/January:

Toothache and financial concerns due to lack of insurance.

Patient has high blood pressure and has a loose bridge due to swollen gums from a side effect of antihypertensives.

HIV+ patient with confidentiality concerns about the dental clinic.

Veteran with limited resources wants his tooth pulled; financial concerns and does not feel comfortable with the services through the VA.

3rd year Fall:

Patient who is a long-time smoker has a white patch on inside of lip. Reluctant to quit smoking.

Patient with type 2 diabetes complains of dry mouth and swollen gums. Patient is overwhelmed with diabetes self-care.

Acute tooth pain. Patient self-medicating with percocet and alcohol, so cannot provide informed consent .

Immigrant patient who had a filling fall out wants tooth pulled because of lack of insurance.

Immigrant patient with cancer was sent to dentist for evaluation of oral cavity before starting chemo.

Patient becomes angry when she believes she will be done with months of treatment only to be told this is not her last visit.

3rd year March (competency assessment):

Patient with severe headaches has been referred to dentist which is likely clenching and grinding.

Patient with Sjogren's Syndrome has been referred to the dentist for dry eyes and mouth. Patient has low health literacy and does not understand the need for a dental evaluation.

A patient need wisdom teeth extracted does not want dental student working on her.

Patient with tooth pain and a heart murmur took an unknown antibiotic leftover from treatment for an infection and wants the extraction to be performed immediately.

Patient who is a smoker and coffee drinker wants teeth bleached for an upcoming high school reunion.

Dental Emergencies

Dental Emergencies Competency Assessment

Student Evaluation

Last	Instructor Duncan, Jacqueline
First	Provider Master, Student
Chart	Date 07 / Jul / 2015
Discipline	Record Id 74745
Form Dental Emergency Competency	Time (Hrs) 0.00

Questions

Question	Grade
DENTAL EMERGENCY COMPETENCY ASSES	
This competency assessment evaluates student competency in Statements #1, 2, 3, 5, 8, 9, 10, 12, 13	
 PATIENT ASSESSMENT	
Review of Medical History	S
Understanding of significant med hx	S
Appropriate vital signs documented	S
Understanding of Rx and concerns	S
Review of Chief Complaint	S
Understanding of Dental History	S
 DIAGNOSTIC EVALUATION & FINDINGS	
Appropriate diagnostic tests performed	S
Appropriate Consultations Obtained	S
Appropriate Radiographic Exam	S
Interpretation of Ragiographic Exam	S
 DIFFERENTIAL DIAGNOSIS	
Appropriate Differential Dx	S
 PROCEDURE PERFORMED	
Routine Extraction	Y
Surgical Extraction	
Gross Pulpal Debridement/RCT	
Incision and Drainage	
Sedative Restoration	
Recement/Repair of C&B	
Repair of CD/RPD	
Palliative Care Only	
Other Procedure	

Last
First
Chart
Discipline
Form **Dental Emergency Competency**

Instructor **Duncan, Jacqueline**
Provider **Master, Student**
Date **07 / Jul / 2015**
Record Id **74745**
Time (Hrs) **0.00**

ANESTHESIA AND PAIN MANAGEMENT

Appropriateness of anesthetic S
Administration of anesthetic S
Appropriateness of Rx, if indicated S
Appropriateness of pain control S

DOCUMENTATION

Appropriateness of record documentation S
Appropriate Informed Consent S

INFECTION CONTROL

Proper Inf Control Techniques S

COMMUNICATION AND PROFESSIONALISM

Communication/Interaction with Patient S
Communication/Interaction with Faculty S
Communication/Interaction with Staff S

OVERALL

OVERALL S

Comments

Comments

Student's Signature

Instructor's Signature

Endodontology

Endodontology Mannequin Competency Evaluation Form

Date: _____ Student: _____

Please select which endodontic competency assessment is being evaluated:

Anterior Endodontic Competency Assessment-Typodont-based []

Posterior Endodontic Competency Assessment-Typodont-based []

Isolation

[S] [NI]

Appropriate clamp used
Tooth well isolated without leakage
Other

Access Preparation

[S] [NI]

Appropriate outline (shape)
Maintained intact pulp chamber floor
No Perforation
Other

Working Length Determination

[S] [NI]

Determined the appropriate EWL
Used appropriate WLFs
Used appropriate reference point(s)
Other

Instrumentation

[S] [NI]

MAF went to the full working length
Taper created and original canal position maintained
No ledge, block, transportation
Other

Obturation

[S] [NI]

Proper master cone was selected and at WL
Sealer properly mixed
Obturation well condensed
No GP and sealer left in pulp chamber
Other

General Assessment

[S] [NI]

Endodontology Patient-Based Competency Assessment

Student Evaluation

Last	Instructor Duncan, Jacqueline
First	Provider Master, Student
Chart	Date 02 / Jun / 2015
Discipline	Record Id 72076
Form Endo Patient-Based Competency	Time (Hrs) 0.00

Questions

Question	Grade
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The candidate, for graduation, must be competent in the following:

PROFESSIONALISM

Professional Attire	S
Constructively accepts/acts on feedback	S
Treats others courteously	S
Ethical standards/behaviour	S
Other	

PATIENT MANAGEMENT

Patient presentation	S
Infection control protocol	S
Preparedness	S
Management of pain and/or anxiety	S
Other	

PERFORMANCE

Time Management	S
Documentation of patient care	S
Self Assessment	S
Critical thinking	S
Demonstrate independence	S
Other	

ENDODONTIC TREATMENT

Made correct pulpal & apical diagnoses	S
Acceptable isolation	
and re-isolation, as needed	S
Adequate access preparation	S
Determined the appropriate EWL	S
Adequate canal instrumentation	
with no irreversible errors	S
Appropriate skill placing	

Last	Instructor	Duncan, Jacqueline
First	Provider	Master, Student
Chart	Date	02 / Jun / 2015
Discipline	Record Id	72076
Form	Time (Hrs)	0.00
Endo Patient-Based Competency		

calcium hydroxide	S
Filled entire canal space to WL without extrusion	S
Removed excess GP and sealer to level of CEJ	S
Placed well sealing temporary rest	S

OVERALL PERFORMANCE ON ASSESSMENT

OVERALL	S
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Comments

Student's Signature

Instructor's Signature

Endodontology Treatment Outcomes Competency Assessment

Student Evaluation

Last		Instructor	Duncan, Jacqueline
First		Provider	Master, Student
Chart		Date	02 / Jun / 2015
Discipline	Endodontics	Record Id	72078
Form	Endo Tx Outcomes Competency	Time (Hrs)	0.00

Questions

Question	Grade
The candidate, for graduation, must be competent in the following:	

PROFESSIONALISM

Professional Attire	S
Constructively accepts/acts on feedback	S
Treats others courteously	S
Ethical standards/behaviour	S
Other	

PATIENT MANAGEMENT

Patient presentation	S
Infection control protocol	S
Preparedness	S
Management of pain and/or anxiety	S
Other	

PERFORMANCE

Time Management	S
Documentation of patient care	S
Self Assessment	S
Critical thinking	S
Demonstrate independence	S
Other	

ENDODONTIC TX OUTCOMES ASSESSMENT

Obtained correct prognosis	S
Determined approp management planning	S

OVERALL PERFORMANCE ON COMPETENCY ASSESSMENT

OVERALL	S
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Comments

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Geriatric and Special Needs

Instructions



Geriatrics and Special Needs Competency

Availability: Item is no longer available. It was last available on Dec 19, 2014 5:00 PM.
Enabled: Statistics Tracking

Instructions for OSCE Competency

You may access the competencies below by clicking on the link. The competencies cover a medically compromised geriatric patient and a patient who has developmental disabilities. You are not expected to develop a complete and specific tooth by tooth treatment plan, but more of a treatment scheme for delivery of care. You will see in some instances you may not have enough clinical data to devise a specific plan. This competency is devised to get you to think about the overall management of the patient, treatment setting, and plan of care.

These are important concepts that are necessary for you to be competent in prior to graduation. Each of you is an individual and this is an opportunity to demonstrate how you would approach these particular patients. This is not a group exam. Work independently. It is set up so that it gives you enough time to write a thoughtful, well written response. I do not want your answers in bullet format. You will be able to access the OSCE as much as needed. It is not timed.

- **Please use your exam ID on the competency. I prefer to grade them blinded. Do not put your name on it.** You may complete the competencies by typing your answer into a word document. Please make sure you address each area of the competency. Print it and pass it into my office. I will leave a folder on my door where you may place it.
- The cases are each scored separately. Each competency has five main points. For each mainpoint you will be deemed satisfactory or not. You will need to be competent in each of the five sections. All supportive materials are available under the course materials and documents. There are many helpful links should you choose to use them. You may access the competency multiple times. Please email me right away if you have access issues and don't wait until the night before it is due to access it! If you are having trouble accessing try a different browser before you email me. Usually Safari and Firefox work well.
- Turn your competency in by Friday December 19th at which time you will no longer be able to access it on Blackboard. Place your competency in the file holder on my office door LM018b near home base. **DO NOT EMAIL IT.** You may turn it in sooner if you like, even though the deadline is December 19, 2014 at 5 pm. Your competency will be scored and you will be notified if you passed via Blackboard. It takes me a quite awhile to read all the papers so allow several weeks for me to grade them. If there is reason to remediate you will be contacted by Dr. Goldblatt. If you wish to review your answers in person with Dr. Goldblatt after they are graded please e-mail her to make arrangements.
- If you have any questions regarding this competency please contact Dr. Goldblatt.

Operative Dentistry

Caries Removal Competency Assessment

Student Evaluation

Last	Instructor Duncan, Jacqueline
First	Provider Master, Student
Chart	Date 27 / Apr / 2015
Discipline	Record Id 68160
Form Caries Removal Competency	Time (Hrs) 0.00

Questions

Question	Grade
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The candidate, for graduation, must be competent in:

Providing oral health care within the scope of general dentistry to patients in all stages of life with emphasis on the prevention of oral diseases and the promotion of health.

Emphasized prevention of oral diseases and promotion of health for patients in all stages of life.

S

Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural work environment.

Performed adequate behavioral mgmt of pt

S

Demonstrated adequate reasoning and efficiency throughout tx

S

Demonstrated concern for pt welfare

S

Applying legal & ethical principles to the provision of oral health care services, with an understanding of the professional obligation to patient.

Interacted with patient, faculty, staff and colleagues ethically and professionally during provision of care

S

Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences info to facilitate an evidence-based approach to the diagnosis & management of oral

Last
 First
 Chart
 Discipline
 Form **Caries Removal Competency**

Instructor **Duncan, Jacqueline**
 Provider **Master, Student**
 Date **27 / Apr / 2015**
 Record Id **68160**
 Time (Hrs) **0.00**

health and disease.

Determined a differential, provisional and definitive dx of conditions by interpreting & correlating findings from hx, exam and other dx tests S

Applying critical thinking and problem solving skills to develop appropriate tx plans and communicating essential elements of informed consent for the accepted treatment.

Communicated essential elements of informed consent S

Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Obtain an adequate dental history S
 Clear knowledge of pt general and oral health S

Recognizing pathological and non-pathological hard and soft tissue abnormalities of the orofacial region that require diagnostic evaluation, management and/or treatment.

Performed adequate exam with collection of data S
 Interpreted x-ray adequately S
 Designed interceptive strategies for tx of existing defects and caries S
 Designed interceptive strategies for short & longterm mgt of caries S

Managing pain and anxiety utilizing

Last
 First
 Chart
 Discipline
 Form **Caries Removal Competency**

Instructor **Duncan, Jacqueline**
 Provider **Master, Student**
 Date **27 / Apr / 2015**
 Record Id **68160**
 Time (Hrs) **0.00**

pharmacological and non-pharmacological methods.

Provided local anesthesia to provide appropriate pain control S

Restoring teeth.

Intraoral and x-ray assessment has been documented by student S

Description of primary/secondary lesion, depth and relationship to pulp & anatomy of tooth is documented S

Complete removal of pre-existing restorative materials and caries S

No stained DEJ or soft dentin remains S

No mechanical pulp exposure S

No undiagnosed pulp exposure S

No excessive removal of tooth prior to justification to faculty S

No damage to adjacent tissues S

Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, including referral.

Formulated overall risk assessment of pt's systemic health & its impact on the delivery of oral care S

Communicated with pt prevention of oral disease and risks/benefits of tx S

Monitoring and evaluating therapeutic outcomes and self-assessment.

Recognized deficiencies S

Recognized necessary corrections S

OVERALL PERFORMANCE ON

Last
First
Chart
Discipline
Form **Caries Removal Competency**

Instructor **Duncan, Jacqueline**
Provider **Master, Student**
Date **27 / Apr / 2015**
Record Id **68160**
Time (Hrs) **0.00**

COMPETENCY ASSESSMENT:

OVERALL S

Comments

Student's Signature

Instructor's Signature

High Caries Risk Management Competency Assessment

Student Evaluation

Last	Instructor Duncan, Jacqueline
First	Provider Master, Student
Chart	Date 27 / Apr / 2015
Discipline	Record Id 68139
Form High Caries Risk Management	Time (Hrs) 0.00

Questions

Question	Grade
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The candidate for graduation must be competent in:

Providing oral health care within the scope of general dentistry to patients in all stages of life with emphasis on the prevention of oral diseases and the promotion of health

Emphasized prevention of oral diseases and promotion of health for patients in all stages of life.

S

Managing a diverse patient population with appropriate interpersonal and communications skills to function in a multicultural work environment.

Performed adequate behavioral mgmt of pt

S

Demonstrated adequate reasoning and efficiency throughout tx

S

Demonstrated concern for pt welfare

S

Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences info to facilitate an evidence-based approach to the diagnosis & management of oral health and disease.

Determined a differential, provisional and definitive dx of conditions by interpreting & correlating findings from hx, exam and other dx tests

S

Applying critical thinking and problem solving skills to develop appropriate

Last
 First
 Chart
 Discipline
 Form **High Caries Risk Management**

Instructor **Duncan, Jacqueline**
 Provider **Master, Student**
 Date **27 / Apr / 2015**
 Record Id **68139**
 Time (Hrs) **0.00**

tx plans and communicating essential elements of informed consent for the accepted treatment.

Communicated essential elements of informed consent S

Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Obtain an adequate dental history S

Clear knowledge of pt general and oral health S

Recognizing pathological and non-pathological hard and soft tissue abnormalities of the orofacial region that require diagnostic evaluation, management and/or treatment.

Performed adequate exam with collection of data S

Interpreted x-ray adequately S

Designed interceptive strategies for short & longterm mgt of caries S

Designed interceptive strategies for short & longterm mgt of caries S

Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, including referral

Formulated overall risk assessment of pt's systemic health & its impact on

Last

Instructor **Duncan, Jacqueline**

First

Provider **Master, Student**

Chart

Date **27 / Apr / 2015**

Discipline

Record Id **68139**

Form **High Caries Risk Management**

Time (Hrs) **0.00**

the delivery of oral care S

Communicated with pt prevention of oral disease and risks/benefits of tx S

Monitoring and evaluating therapeutic outcomes and self-assessment

Recognized deficiencies S

Recognized necessary corrections S

OVERALL PERFORMANCE ON COMPETENCY ASSESSMENT

OVERALL S

Comments

Student's Signature

Instructor's Signature

Direct Restorative Competency Assessment

Student Evaluation

Last	Instructor Duncan, Jacqueline
First	Provider Master, Student
Chart	Date 27 / Apr / 2015
Discipline	Record Id 68136
Form Direct Restorative Competency	Time (Hrs) 0.00

Questions

Question	Grade
<p>Please select which direct restorative competency assessment is being evaluated</p> <p>Class II Amalgam</p> <p>Class II Resin Composite</p> <p>Class III/IV Resin Composite</p> <p>Class V Resin Composite/Glass Ionomer</p>	<p>Y</p>
<p>The candidate for graduation must be competent in:</p> <p>Applying legal and ethical principles to the provision of oral health care services, with an understanding of the professional obligation to pt.</p> <p>Interacted with patient, faculty, staff and colleagues ethically and of informed consent for tx</p>	<p>S</p>
<p>Gathering pertinent information from history, interview, clinical exam, and appropriate dx tests to assess patient's overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.</p> <p>Obtain an adequate dental history</p> <p>Clear knowledge of pt general and oral health</p>	<p>S</p> <p>S</p>
<p>Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural environment.</p> <p>Performed adequate behavioral mgmt of pt</p> <p>Demonstrated adequate reasoning and efficiency throughout tx</p>	<p>S</p> <p>S</p>

Last	Instructor	Duncan, Jacqueline
First	Provider	Master, Student
Chart	Date	27 / Apr / 2015
Discipline	Record Id	68136
Form	Time (Hrs)	0.00
Direct Restorative Competency		

Demonstrated concern for pt welfare S

Applying critical thinking and problem solving skills to develop appropriate tx plans and communicating essential elements of informed consent for tx
 Communicated essential elements of informed consent for tx S

Managing pain and anxiety utilizing pharmacological and non-pharmacological methods
 Provided local anesthesia to provide for appropriate pain control S

Restoring teeth
 Acceptable rubber dam isolation S
 Complete caries removal S
 No mechanical pulp exposure S
 Margins and walls of cavity prep S
 Appropriate retention form S
 Extension of margins S
 No damage to adjacent tissues S
 Appropriate depth of prep S
 Restoration surface texture S
 Non-detectable margins S
 Functional anatomy/occlusion S
 Proximal contacts closed S
 Axial walls/embrasures S

Monitoring and evaluating therapeutic outcomes and self-assessment.
 Recognized deficiencies S
 Recognized necessary corrections S

Understanding and applying the basic principles of practice mgmt, models of oral health care mgmt & delivery.
 Demonstrated universal precautions S

Last

Instructor **Duncan, Jacqueline**

First

Provider **Master, Student**

Chart

Date **27 / Apr / 2015**

Discipline

Record Id **68136**

Form **Direct Restorative Competency**

Time (Hrs) **0.00**

Appropriate record documentation S

OVERALL PERFORMANCE ON COMP ASSES:

Overall performance S

Comments

Student's Signature

Instructor's Signature

Oral and Maxillofacial Surgery

Oral and Maxillofacial Surgery Clinical Competency Assessment

Division of Oral and Maxillofacial Surgery Clinical Competency Assessment

Academic Year: 2nd Year _____ 3rd Year _____ 4th Year _____

Your Name: _____

Assessment Being Challenged: _____

The purpose of the clinical competency assessment is to assess a student's ability to provide appropriate oral surgery care to a patient. These assessments may include, but are not limited to – patient assessment, presentation to faculty, informed consent process, pain and anxiety management (anesthesia and Rx), surgical procedure, and post-operative management.

Prerequisites: Review assigned readings and lecture notes.

Grading Scale: 1=unsatisfactory to 4=exceptional. Grade of 1 or 4 requires justification in comment box.

Professionalism and Patient Management: _____

___ communicated effectively with patient, faculty, and staff

___ acted ethically and compassionately

___ managed time effectively, worked appropriately with other providers

Technical and/or Psychomotor Skill: _____

Clinical Portion Completed: _____ **Faculty Verification:** _____

After the completion of the clinical portion of the evaluation, you must write a reflection paper on the experience, generate a learning issue question, and critical assess a piece of literature that addresses your learning issue. You must forward your writing projects to the OMFS faculty responsible for completing this evaluation at least 24 hours in advance of meeting for a discussion with the OMFS faculty. This evaluation should be completed within two weeks of its initiation.

Knowledge/Clinical Judgment: _____

Overall Assessment: _____ [If the overall assessment score is less than 3, then remediation is required. This may include repeating the entire evaluation]

Additional Comments:

Faculty Signature: _____ **Date Completed:** _____

[Revised March 26, 2015 – MTG]

Oral Medicine

Progress Evaluation Form

Oral Medicine Rotation (D300-643/D400-643)

Student's name: _____

Activity being evaluated (please check one box only):

- Oral Medicine Clinic (OMC)
- Clinical-Pathologic Conference (CPC)
- Clinical Oral Pathology (COP)
- Case Conference: please enter topic _____

Date of activity: _____

Course Learning Objectives	SDM Competencies Addressed
Demonstrate the ability to conduct a patient interview utilizing effective interpersonal and communication skills, and to obtain essential information from the medical and dental histories	1, 2, 5, 6, 7, 8, 10
Demonstrate the ability to perform a thorough physical assessment, including: examination of the head & neck and oral cavity; screening and risk assessment for head and neck cancer; recognition of potential orofacial manifestations of systemic disease; and assessment of vital signs	1, 2, 5, 6, 7, 8, 10
Demonstrate the ability to collaborate with other healthcare professionals (including medical consultation, when applicable) for the provision of effective oral health care	8, 9
Demonstrate the ability to integrate historical, physical assessment, laboratory assay and health professional consultative data (when applicable) into an evidence-based Oral Medicine treatment plan	1, 2, 5, 6, 7, 8, 9, 10
Demonstrate the ability to accurately describe the clinical and radiographic appearance of oral pathological conditions, to provide logical differential diagnoses, and to explain the etiology, pathogenesis, classic features and prognosis of these conditions	10, 14
Demonstrate the ability to access, critically appraise, and apply evidence from the literature for the provision of evidence-based oral health care	5
Demonstrate the ability to self-assess progress toward competency in management of patients who are medically complex or have special needs	7

Score assigned to student for this activity (please check one box only):

- 4 (Exemplary Progress)
- 3 (Satisfactory Progress)
- 2 (Moderate Deficiency)
- 1 (Severe, Problematic Deficiency)

Written comments:

If you have given the student a score of "1" or "2" for this activity, should the student be made to repeat this activity?

- Not applicable Yes No

Signature of faculty member: _____

Date

Oral and Maxillofacial Radiology

Oral and Maxillofacial Radiology Clinical Competency Assessment

Student Evaluation

Last	Instructor Duncan, Jacqueline
First	Provider Master, Student
Chart	Date 18 / Jun / 2015
Discipline	Record Id 73823
Form OMFR Clinical Comp Assessment	Time (Hrs) 0.00

Questions

Question	Grade
Please select which OMFR assessment is being evaluated	
Imaging Technique	Y
Image Interpretation	
Please select the type of Image	
Full Mouth Series Radiographs	Y
Panoramic	
Individual Images	
QA Exercise - OMFR	
Other OMFR Image	
Please select the type of interpretation	
Simple	Y
Complex	
PROFESSIONALISM	
Demonstrated effective professional behavior and communication skills with patient, faculty & staff	S
PATIENT MANAGEMENT	
Applied critical thinking in managing pt anxiety and concerns	S
Demonstrated knowledge of resolving technical problems assoc with imaging	S
Appropriate infection control, radiation safety protocol and performed radiology of oral and maxillofacial structures	S
Identified the need for further consultation and dx assessment	S

Last	Instructor	Duncan, Jacqueline
First	Provider	Master, Student
Chart	Date	18 / Jun / 2015
Discipline	Record Id	73823
Form	Time (Hrs)	0.00
		OMFR Clinical Comp Assessment

INTERPRETATION

Demonstrated competency in dx of normal anatomy, carious lesions, marginal periodontal, pulpal and periapical changes seen on selected radiographs S

Demonstrated knowledge of QA principles in imaging S

ADVANCED INTERPRETATION

Demonstrated understanding of appearances and appropriate modalities used to image more complex and pathology including cysts, neoplasm, developmental & congenital abnormalities, manifestation of disease traumatic injury, infection, disorders involving the TMJ and salivary glands S

Identified the need for further consultation and dx assessment S

PERFORMANCE AT EXPECTED LEVEL

TOWARDS COMPETENCE

Managed time effectively S

Demonstrated independence S

Documented pt care appropriately S

Self-assessed and constructively accepts/acts upon feedback S

Skill level for stage of development S

OVERALL

Overall Assessment S

Last
First
Chart
Discipline
Form **OMFR Clinical Comp Assessment**

Instructor **Duncan, Jacqueline**
Provider **Master, Student**
Date **18 / Jun / 2015**
Record Id **73823**
Time (Hrs) **0.00**

COMMENTS

Please indicate any unique circumstances associated with this assessment

Comments

Student's Signature

Instructor's Signature

Orthodontics

**Orthodontics Objective Structured Clinical Examination (OSCE)
Online Case-based Competency Assessment**

Pediatric Dentistry

Pediatric Dentistry Examination and Diagnosis Competency Assessment

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Examination and Diagnosis (Year 4)**

An evaluation of the student's ability to:

- Communicate effectively with patients regarding prevention oral diseases, risks and benefits of treatment and alternative approaches, prognosis and outcomes of treatments
- Obtain medical, dental and social history
- Perform standard examination
- Determine need for additional information
- Determine differential/definitive diagnosis
- Manage patients of diverse age and social/ethnic background
- Communicate essential elements of informed consent
- Uses professional and ethical standards at all times when interacting with patient, parent and staff members
- Pre-requisite: One examination during 4th year with a session grade of S

SDM Competencies Primarily Addressed: # (s) #1,2,3,4,5,6,8,10,20,21

Clinical Judgment	1. Knowledgeable about PDH, PMH and dental condition, information used appropriately in treatment	1,2,3,4,5,6,8,10,20,21
	2. Identified situations where additional information needed	1,2,3,5,10,20
	3. Works independently as appropriate to level of skill	1,2,3
	4. Correctly interpreted and used collected information to develop appropriate diagnoses and caries risk status	1,2,3,5,8,10
	5. Communicates appropriate preventive information to patient and parent	1,2,3,4,5,8
Technical Skill	1. Obtained satisfactory PMH and PDH	1,2,3,4,5,8,10
	2. Performed clinical and radiographic exam appropriately	10,20
	3. Utilized appropriate behavior management techniques	1,2,3,4,5,8,10
	4. Correctly obtains informed consent for proposed treatment	6
Professional Manner	1. Communicates effectively with patient and parent in culturally competent manner	3
	2. Organized, good use of time, infection control, record management	3
	3. Displays professional standards and judgement	3

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Examination and Diagnosis (Year 4)**

S U Knowledge and Clinical Judgement

Faculty			Knowledgeable about PDH, PMH and dental condition, information used appropriately in treatment
Student			
Faculty			Identified situations where additional information is needed
Student			
Faculty			Works independently as appropriate to level of skill
Student			
Faculty			Correctly interpreted and used collected information to develop appropriate diagnosis and caries risk assessment
Student			
Faculty			Communicates appropriate preventive information to patient and parent
Student			

S U Technical Skill and/or Psychomotor Skill

Faculty			Obtained satisfactory PMH and PDH
Student			
Faculty			Performed clinical and radiographic exam appropriately
Student			
Faculty			Utilized appropriate behavior management techniques
Student			
Faculty			Correctly obtains informed consent for proposed treatment
Student			

S U Professionalism and Patient Management

Faculty			Communicates effectively with patient and parent in culturally competent manner
Student			
Faculty			Organized, good use of time, infection control, record management
Student			
Faculty			Displayed professional standards and judgement
Student			

Comments or Departmental Orders Upon Completion of the Evaluation:

Options:

- Student performance was exceptional in the area of technique or knowledge
- Student performance was exceptional in the area of patient management
- Deficiencies in the area of patient management or parent, faculty and staff interaction; deficiencies are correctable and do not require specific actions now.
- Deficiencies in the area of technique or knowledge are correctable and do not require actions now.
- Grave deficiencies in performance. Student is required to complete remediation before challenging this PE again. Consult with Division is required.
- Additional Comments:

Pediatric Dentistry Complex Restorative Competency Assessment

School of Dental Medicine Division of Pediatric Dentistry Competency Assessment Complex Restorative (Year 4)

An evaluation of the student's ability to:

- Manage patients of diverse age and social/ethnic background
- Provide local anesthetic safely and effectively
- Create sound complex restorations such as amalgams, SSCs, posterior Class I or anterior multi-surface resins (excludes sealants and PRRs)
- Pre-requisite: one restorative procedure with a session grade of S
- Use professional and ethical standards when approaching this Competency Assessment

SDM Competencies Primarily Addressed: # (s) 1,2,3,5,6,8,10,12,13,14,16,17,19,21

Clinical Judgment	1. Knowledgeable about PDH, PMH and dental condition, information used appropriately in treatment	1,5,6,10,12,14,16,19,21
	2. Selected appropriate treatment and method of pain control	1,2,13
	3. Works independently as appropriately to level of skill	1,2,3
	4. Displays understanding of theory and basic concepts necessary for provision of restorative care	1,2,3,5,6,8,10,13,17,21
Technical Skill	1. Provided local anesthesia appropriately and safely	1,2,3,13
	2. Utilized rubber dam isolation appropriately	1,2,3,5,13,17
	3. Performed appropriate tooth preparation	1,2,3,5,13,17
	4. Placed and finished restoration appropriately	1,2,3,5,13,17,21
	5. Utilized appropriate behavior management techniques	1,2,
Professional Manner	1. Communicates effectively with patient and parent in culturally competent manner	1,2,3
	2. Organized, good use of time, infection control, record management	3

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Complex Restorative (Year 4)**

S U Knowledge and Clinical Judgement

Faculty			Appropriately manage the various dental emergency cases presented within the exam
Student			
Faculty			Appropriately manage the pulpal disease and trauma to the primary and young permanent teeth, including determining how long term success will be evaluated
Student			
Faculty			Determine when and how the management of the extraction of primary and young permanent teeth will be recommended after trauma or pulpal damage
Student			

S U Technical Skill and/or Psychomotor Skill

Faculty			Correctly interpreted radiographs
Student			
Faculty			Develop treatment plans from information given from clinical scenarios related to dental trauma or pulpal pathology with and without radiographic assistance
Student			

S U Professionalism and Patient Management

Faculty			Approached this task in a professional mature manner and did not do anything considered unethical in performance of the exam
Student			

Comments or Departmental Orders Upon Completion of the Evaluation:

Options:

- Student performance was exceptional in the area of technique or knowledge
- Student performance was exceptional in the area of patient management
- Deficiencies in the area of patient management or parent, faculty and staff interaction; deficiencies are correctable and do not require specific actions now.
- Deficiencies in the area of technique or knowledge are correctable and do not require actions now.
- Grave deficiencies in performance. Student is required to completed remediation before challenging this PE again. Consult with Division is required.
- Additional Comments:

Pediatric Dentistry Complex Treatment Plan-Simulated Competency Assessment

School of Dental Medicine Division of Pediatric Dentistry Competency Assessment Complex Treatment Plan-Simulated (Year 4)

An evaluation of the student's ability to:

- Distil from a standardized case, pertinent medical, dental and psychological information which could directly and indirectly impact the care of the child and to be able to develop a reasonable complex comprehensive treatment plan using the principles set before the student in didactic and clinical settings, recognizing the impact of a patient's medical history on the delivery of treatment. Be able to convey to parents and faculty possible alternatives and sequela that could complicate the treatment of the child
- Be able to critically self assess the student's own performance of the Competency Assessment
- Ensure that means of monitoring therapy and patient's (parent's) compliance to treatment goals and outcomes are built into the overall patient's care plan
- Determine the need for any additional information for if further specialty care is required
- Determine differential/definitive diagnosis and design interceptive strategies to control or arrest ongoing disease
- Be able to recognize and manage when and how space management is achieved in the developing dentition
- Use professional and ethical standards when approaching this Competency Assessment

SDM Competencies Primarily Addressed: # (s) #1,3,5,6,7,8,10,20,21

Clinical Judgment	1. Correctly interpreted and used presented information to develop appropriate diagnoses	5,10
	2. Correctly assessed preventive needs and developed preventive strategies including those of space issues.	1,5,6,8,10,20,21
	3. Developed appropriate comprehensive treatment plan.	1,5,6,8,10,21
	4. Displayed understanding of theory and basic concepts necessary for comprehensive treatment planning in pediatric dentistry.	1,5,6,8,10,21
	5. Correctly assessed impact of PMH on care of the patient	1,3,5,6,10
Technical Skill	1. Correctly interpreted radiographs.	5,10
	2. Clearly, concisely and legibly presented proposed treatment plan.	1,5,6,8,10,21
	3. Be able to utilize techniques to manage the developing dentition that require a dentist to utilize space management tools and techniques in various age groups and situations where space loss or potential space loss are an issue.	1,5,6,8,10,20
Professional Manner	1. Student approached this task in a professional, mature manner and did not do anything considered unethical in the performance of the exam (cheating, etc).	3

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Complex Treatment Plan-Simulated (Year 4)**

S U Knowledge and Clinical Judgement

Faculty			Correctly interpreted and used presented information to develop appropriate diagnoses
Student			
Faculty			Correctly assessed preventive needs and developed preventive strategies
Student			
Faculty			Developed appropriate comprehensive treatment plan
Student			
Faculty			Displayed understanding of theory and basic concepts necessary for comprehensive treatment planning in pediatric dentistry
Student			
Faculty			Correctly assessed impact of PMH on the care of the patient
Student			

S U Technical Skill and/or Psychomotor Skill

Faculty			Correctly interpreted radiographs
Student			
Faculty			Clearly, concisely and legibly presented treatment plan
Student			
Faculty			Utilized techniques to manage the developing space issues in primary and/or mixed dentition
Student			

S U Professionalism and Patient Management

Faculty			Approached this task in a professional mature manner and did not do anything considered unethical in performance of the exam
Student			

Comments or Departmental Orders Upon Completion of the Evaluation:

Options:

- Student performance was exceptional in the area of technique or knowledge
- Student performance was exceptional in the area of patient management
- Deficiencies in the area of patient management or parent, faculty and staff interaction; deficiencies are correctable and do not require specific actions now.
- Deficiencies in the area of technique or knowledge are correctable and do not require actions now.
- Grave deficiencies in performance. Student is required to completed remediation before challenging this PE again. Consult with Division is required.
- Additional Comments:

Pediatric Management of Emergencies and Conditions Affecting the Pulp-Simulated

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Pediatric Management of Emergencies and Conditions Affecting the Pulp-Simulated (Year 4)**

An evaluation of the student's ability to:

- Manage patients presenting with oral health emergencies
- Manage pulpal disease and trauma to teeth
- Understand diagnostic and management issues related to extraction of teeth
- Use professional and ethical standards when approaching this Competency Assessment

SDM Competencies Primarily Addressed: # (s) #1,3,5,6,7,10,12,14,16,19,21

Clinical Judgment	1. Correctly interpret and use presented information to develop appropriate diagnoses relative to common pediatric dental emergencies	1,5,6,10,12,14,16,19,21
	2. Develop appropriate treatment decisions for common pediatric dental emergencies	1,5,6,10,12,14,16,19,21
	3. Display an understanding of theory and basic concepts relative to the management of common pediatric dental emergencies	1,5,6,10,12,14,16,19,21
	4. Understands common complications of extractions in children	1,5,6,10,12,14,19
Technical Skill	1. Correctly interpreted radiographs.	5,10
	2. Develop treatment plans from information given from clinical scenarios related to dental trauma or pulpal pathology with and without radiographic assistance.	1,5,6,8,10,14,16,21
Professional Manner	1. Student approached this task in a professional, mature manner and did not do anything considered unethical in the performance of the exam (cheating, etc).	3

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Pediatric Management of Emergencies and Conditions Affecting the Pulp-
Simulated (Year 4)**

		S	U	
Knowledge and Clinical Judgement				
Faculty				Correctly interpret and use presented information to develop appropriate diagnoses relative to common pediatric dental emergencies
Student				
Faculty				Develop appropriate treatment decisions for common pediatric dental emergencies
Student				
Faculty				Display an understanding of theory and basic concepts relative to the management of common pediatric dental emergencies
Student				
Faculty				Understands common complications of extractions in children
Student				

		S	U	
Technical Skill and/or Psychomotor Skill				
Faculty				Correctly interpreted radiographs
Student				
Faculty				Develop treatment plans from information given from clinical scenarios related to dental trauma or pulpal pathology with and without radiographic assistance
Student				

		S	U	
Professionalism and Patient Management				
Faculty				Approached this task in a professional mature manner and did not do anything considered unethical in performance of the exam
Student				

Comments or Departmental Orders Upon Completion of the Evaluation:

Options:

- Student performance was exceptional in the area of technique or knowledge
- Student performance was exceptional in the area of patient management
- Deficiencies in the area of patient management or parent, faculty and staff interaction; deficiencies are correctable and do not require specific actions now.
- Deficiencies in the area of technique or knowledge are correctable and do not require actions now.
- Grave deficiencies in performance. Student is required to completed remediation before challenging this PE again. Consult with Division is required.
- Additional Comments:

Pediatric Dentistry Simple Treatment Plan-Simulated Competency Assessment

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Simple Treatment Plan-Simulated (Year 3)**

An evaluation of the student's ability to:

- Distil from a standardized case, pertinent medical, dental and psychological information which could directly and indirectly impact the care of the child and to be able to develop a reasonable, comprehensive treatment plan using the principles set before the student in didactic and clinical settings. Be able to convey to parents and faculty possible alternatives and sequela that could complicate the treatment of the child
- Be able to critically self assess the student's own performance of the Competency Assessment
- Ensure that means of monitoring therapy and patient's (parent's) compliance to treatment goals and outcomes are built into the overall patient's care plan
- Determine the need for any additional information for if further specialty care is required
- Determine differential/definitive diagnosis and design interceptive strategies to control or arrest ongoing disease
- Use professional and ethical standards when approaching this Competency Assessment

SDM Competencies Primarily Addressed: # (s) #1,3,5,6,7,8,10,21

Clinical Judgment	1. Correctly interpreted and used presented information to develop appropriate diagnoses	5,10
	2. Correctly assessed preventive needs and developed preventive strategies.	1,5,6,8,10,21
	3. Developed appropriate comprehensive treatment plan.	1,5,6,8,10,21
	4. Displayed understanding of theory and basic concepts necessary for comprehensive treatment planning in pediatric dentistry.	1,5,6,8,10,21
Technical Skill	1. Correctly interpreted radiographs.	5,10
	2. Clearly, concisely and legibly presented proposed treatment plan.	1,5,6,8,10,21
Professional Manner	1. Student approached this task in a professional, mature manner and did not do anything considered unethical in the performance of the exam (cheating, etc).	3
	2. Displays professional standards and judgement	3

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Simple Treatment Plan-Simulated (Year 3)**

		S	U	
Knowledge and Clinical Judgement				
Faculty				Correctly interpreted and used presented information to develop appropriate diagnoses
Student				
Faculty				Correctly assessed preventive needs and developed preventive strategies
Student				
Faculty				Developed appropriate comprehensive treatment plan
Student				
Faculty				Displayed understanding of theory and basic concepts necessary for comprehensive treatment planning in pediatric dentistry
Student				

		S	U	
Technical Skill and/or Psychomotor Skill				
Faculty				Correctly interpreted radiographs
Student				
Faculty				Clearly, concisely and legibly presented treatment plan
Student				

		S	U	
Professionalism and Patient Management				
Faculty				Approached this task in a professional mature manner and did not do anything considered unethical in performance of the exam
Student				
Faculty				Displayed professional standards and judgement
Student				

Comments or Departmental Orders Upon Completion of the Evaluation:

Options:

- Student performance was exceptional in the area of technique or knowledge
- Student performance was exceptional in the area of patient management
- Deficiencies in the area of patient management or parent, faculty and staff interaction; deficiencies are correctable and do not require specific actions now.
- Deficiencies in the area of technique or knowledge are correctable and do not require actions now.
- Grave deficiencies in performance. Student is required to completed remediation before challenging this PE again. Consult with Division is required.
- Additional Comments:

Pediatric Dentistry Simple Restorative Competency Assessment

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Simple Restorative (Year 3)**

To evaluate the ability of student to:

- Manage patients of diverse age and social/ethnic background
- Provide local anesthetic safely and effectively
- Create sound sealant or preventive resin restoration
- Pre-requisite: a sealant and a PRR with a session grade of S
- Use professional and ethical standards when approaching this Competency Assessment

SDM Competencies Primarily Addressed: # (s) 1,2,3,5,6,8,10,12,13,14,16,17,19,21

Clinical Judgment	1. Knowledgeable about PDH, PMH and dental condition, information used appropriately in treatment	1,5,6,10,12,14,16,19,21
	2. Selected appropriate treatment and method of pain control	1,2,13
	3. Works independently as appropriately to level of skill	1,2,3
	4. Displays understanding of theory and basic concepts necessary for provision of restorative care	1,2,3,5,6,8,10,13,17,21
Technical Skill	1. Provided local anesthesia appropriately and safely	1,2,3,13
	2. Utilized rubber dam isolation appropriately	1,2,3,5,13,17
	3. Performed appropriate tooth preparation	1,2,3,5,13,17,
	4. Placed and finished restoration appropriately	1,2,3,5,13,17,21
	5. Utilized appropriate behavior management techniques	1,2
Professional Manner	1. Communicates effectively with patient and parent in culturally competent manner	1,2,3
	2. Organized, good use of time, infection control, record management	3

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Simple Restorative (Year 3)**

		S	U	
Faculty				Appropriately manage the various dental emergency cases presented within the exam
Student				
Faculty				Appropriately manage the pulpal disease and trauma to the primary and young permanent teeth, including determining how long term success will be evaluated
Student				
Faculty				Determine when and how the management of the extraction of primary and young permanent teeth will be recommended after trauma or pulpal damage
Student				

		S	U	
Faculty				Correctly interpreted radiographs
Student				
Faculty				Develop treatment plans from information given from clinical scenarios related to dental trauma or pulpal pathology with and without radiographic assistance
Student				

		S	U	
Faculty				Approached this task in a professional mature manner and did not do anything considered unethical in performance of the exam
Student				

Comments or Departmental Orders Upon Completion of the Evaluation:

Options:

- Student performance was exceptional in the area of technique or knowledge
- Student performance was exceptional in the area of patient management
- Deficiencies in the area of patient management or parent, faculty and staff interaction; deficiencies are correctable and do not require specific actions now.
- Deficiencies in the area of technique or knowledge are correctable and do not require actions now.
- Grave deficiencies in performance. Student is required to completed remediation before challenging this PE again. Consult with Division is required.
- Additional Comments:

Pediatric Dentistry Examination and Diagnosis Competency Assessment

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Examination and Diagnosis (Year 3)**

An evaluation of student ability to:

- Communicate effectively with patients regarding prevention oral diseases, risks and benefits of treatment and alternative approaches, prognosis and outcomes of treatments
- Obtain medical, dental and social history
- Perform standard examination
- Determine need for additional information
- Determine differential/definitive diagnosis
- Manage patients of diverse age and social/ethnic background
- Communicate essential elements of informed consent
- Uses professional and ethical standards at all times when interacting with patient, parent and staff members
- Pre-requisite: one examination during year 3 with a session grade of S

SDM Competencies Primarily Addressed: # (s) #1,2,3,4,5,6,8,10,20,21

Clinical Judgment	1. Knowledgeable about PDH, PMH and dental condition, information used appropriately in treatment	1,2,3,4,5,6,8,10,20,21
	2. Identified situations where additional information needed	1,2,3,5,10,20
	3. Works independently as appropriate to level of skill	1,2,3
	4. Correctly interpreted and used collected information to develop appropriate diagnoses and caries risk status	1,2,3,5,8,10
	5. Communicates appropriate preventive information to patient and parent	1,2,3,4,5,8
Technical Skill	1. Obtained satisfactory PMH and PDH	1,2,3,4,5,8,10
	2. Performed clinical and radiographic exam appropriately	10,20
	3. Utilized appropriate behavior management techniques	1,2,3,4,5,8,10
	4. Correctly obtains informed consent for proposed treatment	6
Professional Manner	1. Communicates effectively with patient and parent in culturally competent manner	3
	2. Organized, good use of time, infection control, record management	3
	3. Displays professional standards and judgement	3

**School of Dental Medicine
Division of Pediatric Dentistry
Competency Assessment
Examination and Diagnosis (Year 3)**

S U Knowledge and Clinical Judgement

Faculty			Knowledgeable about PDH, PMH and dental condition, information used appropriately in treatment
Student			
Faculty			Identified situations where additional information is needed
Student			
Faculty			Works independently as appropriate to level of skill
Student			
Faculty			Correctly interpreted and used collected information to develop appropriate diagnosis and caries risk assessment
Student			
Faculty			Communicates appropriate preventive information to patient and parent
Student			

S U Technical Skill and/or Psychomotor Skill

Faculty			Obtained satisfactory PMH and PDH
Student			
Faculty			Performed clinical and radiographic exam appropriately
Student			
Faculty			Utilized appropriate behavior management techniques
Student			
Faculty			Correctly obtains informed consent for proposed treatment
Student			

S U Professionalism and Patient Management

Faculty			Communicates effectively with patient and parent in culturally competent manner
Student			
Faculty			Organized, good use of time, infection control, record management
Student			
Faculty			Displayed professional standards and judgement
Student			

Comments or Departmental Orders Upon Completion of the Evaluation:

Options:

- Student performance was exceptional in the area of technique or knowledge
- Student performance was exceptional in the area of patient management
- Deficiencies in the area of patient management or parent, faculty and staff interaction; deficiencies are correctable and do not require specific actions now.
- Deficiencies in the area of technique or knowledge are correctable and do not require actions now.
- Grave deficiencies in performance. Student is required to complete remediation before challenging this PE again. Consult with Division is required.
- Additional Comments:

Periodontology

Periodontal Examination and Diagnosis Competency Assessment

Department of Periodontology

**EVALUATION OF COMPETENCY IN
PERIODONTAL EXAMINATION AND DIAGNOSIS
Third Year**

Student _____ Provider No. _____

Patient _____ ID No. T00 _____

Case Approved By _____ Date _____

This patient-based evaluation of competency in *periodontal examination and diagnosis* addresses School of Dental Medicine Competency Statements #2, 5, 6, 8, 9 and 10 in whole or part and is based on the indicated performance criteria. Specific instructions pertaining to conduct of this evaluation and assessment of performance are found on page 4 of this form.

Competency Statements #2, 5, 6, 8, 9 and 10

- #2 Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural environment.
- #5 Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences information to facilitate an evidence-based approach to the diagnosis and management of oral health and disease.
- #6 Applying critical thinking and problem solving skills to develop appropriate treatment plans and communicating essential elements of informed consent for the accepted treatment.
- #8 Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, which may include referral.
- #9 Communicating and collaborating effectively with other healthcare professionals regarding the care of patients.
- #10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to give appropriate consideration to medical or dental problems which affect the delivery of oral health care.
- Failure to identify need for or give consideration to appropriate consultations.

Minor deficiencies:

- Inadequate knowledge of patient's systemic problems, medications, *etc.*, which do not significantly affect the delivery of oral health care.

Satisfactory

Competency Statement #10

Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to perform and record any component of the oral, dental and periodontal examination protocol used in School of Dental Medicine Predoctoral Clinics.
- Major errors in radiographic analysis, *e.g.*, failure to observe obvious pathology or interpretation of normal anatomy as pathology.

Major deficiencies (continued):

- Periodontal probing inaccurate by a) 3 mm or more at two or more sites or b) ± 1 mm at more than 33% of total sites.
- Failure to accurately depict free gingival margin, mucogingival junction or both by >2 mm.
- Failure to detect Class 2 or 3 furcation exposure.
- Grossly inaccurate determination of mean Gingival Index (± 0.5 units or more).
- Grossly inaccurate determination of plaque score ($\pm 20\%$ or more).
- Failure to detect Class 2 or 3 mobility on two or more teeth.
- Failure to recognize occlusal findings which may be related to disease or symptoms, e.g., obvious fremitus, premature occlusal contacts, malposed teeth, tooth migration.

Minor deficiencies:

- Incomplete radiographic analysis of minor consequence i.e., no effect on diagnosis or therapy.
- Minor inadequacies in occlusal examination.
- Periodontal probing inaccurate by ± 1 mm at less than 33% of total sites.
- Inaccurate location of free gingival margin or mucogingival junction by <2 mm.
- Failure to detect Class 1 furcation exposures.
- Inaccurate determination of mean Gingival Index ($\pm 0.2-0.4$ units).
- Over- or under-assessment of tooth mobility by 1 unit on 2 or more teeth.

Satisfactory

Competency Statements #10 and 14

- #10** Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.
- #14** Recognizing pathological and non-pathological hard and soft tissue abnormalities of the orofacial region that require diagnostic evaluation, management and/or treatment.

Major deficiencies:

- Failure to conduct pulpal sensitivity tests where clearly indicated, e.g., pulpal symptoms, possible pulpal-periodontal lesions, etc.
- Failure to detect lesions involving oral soft and hard tissues, e.g., mucosal lesions, caries, fistulous tract, etc.

Satisfactory

Competency Statements #2, 5, 8 and 10

- #2** Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural environment.
- #5** Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences information to facilitate an evidence-based approach to the diagnosis and management of oral health and disease.
- #8** Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, which may include referral.
- #10** Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Omitted or incorrect diagnoses, *e.g.*, gingivitis *versus* periodontitis.
- Inability to present and describe findings which led to a diagnosis.
- Failure to recognize and list significant problems.
- Failure to develop a problem list specific for the patient.
- Failure to recognize hopelessly diseased teeth or designation of sound teeth as hopeless.
- Inability to provide a rationale for a prognosis.

Minor deficiencies:

- Use of imprecise diagnostic terminology, *e.g.*, periodontal disease.
- Failure to clearly distinguish problems from findings.
- Inability to define a reasonable prognosis for a given tooth.

Satisfactory

Overall Evaluation of Performance: Student Self-Assessment: Satisfactory Unsatisfactory
Faculty Assessment: Satisfactory Unsatisfactory

Examiner's Comments: _____

Examiner _____ Provider No. _____ Date _____

Rules and instructions for the examination of competency in examination and diagnosis (ExDx):

1. The patient must have at least moderate periodontitis.
2. The case selected by the student for the ExDx competency examination must be approved in advance by a periodontics faculty who is a designated evaluator.
3. The number of appointments needed to prepare for the test case is at the discretion of the student. However, to expedite care, the time spent on data collection and analysis should not be unreasonable.
4. Except for appropriate medical consultations, no consultations with faculty other dentists or students are permitted in the preparation for this examination. If emergency or palliative care is needed, consult with a full-time preceptor.
5. The student must be familiar with all information in the Patient Record.
6. Adequate radiographs (number and quality) are essential. If the student feels that the available radiographs are not adequate, he/she should consult with a periodontics faculty.

Evaluation of performance:

1. Students should be thoroughly familiar with performance criteria which are described on the evaluation form (pages 1, 2 & 3) before attempting the ExDx competency examination.
2. Performance criteria are described as *major* and *minor deficiencies*, i.e., degrees of deviation from a satisfactory level of performance indicative of competence.
3. Satisfactory performance for a Third Year Student on the ExDx competency examination requires that *no more than 1 of the 19 major deficiencies and 2 of the 11 minor deficiencies be cited.*

Periodontology Examination of Competency in Assessment of Outcome of Phase I Therapy

Department of Periodontology

EXAMINATION OF COMPETENCY IN ASSESSMENT OF OUTCOME OF PHASE I THERAPY

Third and Fourth Year

Student _____ Provider No. _____ Date _____

Patient _____ ID No. T00 _____ Approved _____

This evaluation of competency in assessment of *outcome of Phase I Therapy* addresses School of Dental Medicine Competency Statements #2, 3, 5, 6, 8, 9, 10, 14, 15 and 21 in whole or in part and is based on the indicated performance criteria.

Competency Statements #2, 9 and 10

- #2 Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural environment.
- #9 Communicating and collaborating effectively with other healthcare professionals regarding the care of patients.
- #10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to give appropriate consideration to medical/dental problems which affect delivery of care.
- Failure to seek appropriate medical consultations.
- Inadequate knowledge of patient's systemic problems, medications, *etc.*, which significantly affect delivery of oral health care.

Minor deficiencies:

- Inadequate knowledge of patient's systemic problems, medications, *etc.*, which do not significantly affect delivery of oral health care.

Satisfactory

Competency Statement #10

Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to perform and document any component of the oral, dental and periodontal examination.
- Periodontal probing inaccurate by a) 3 mm or more at two or more sites or b) ± 1 mm at more than 33% of total sites.
- Failure to recognize sites with progressive attachment loss (>2 mm).
- Grossly inaccurate assessment of gingival inflammation (greater than half of the involved sites).
- Grossly inaccurate determination of plaque score ($\pm 20\%$ or more of sites).
- Failure to identify local factors on root surfaces with the potential to promote attachment loss.
- Failure to identify sites with progression of gingival recession (>2 mm).
- Failure to detect changes in tooth mobility.
- Failure to detect changes in exposure of furcations.

Minor deficiencies:

- Minor inadequacies in the periodontal examination.
- Periodontal probings inaccurate by less than 2 mm at less than half the sites.

Satisfactory

Competency Statements #10 and 14

#10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

#14 Recognizing pathological and non-pathological hard and soft tissue abnormalities of the orofacial region that require diagnostic evaluation, management and/or treatment.

Major deficiencies:

- Failure to conduct pulpal sensitivity tests where clearly indicated, e.g., pulpal symptoms, possible pulpal-periodontitis lesions, etc.
- Failure to detect lesions involving oral soft or hard tissues, e.g., mucosal lesions, caries, fistulous tract, etc.
- Failure to recommend additional radiographs when clearly indicated.

Minor deficiencies

- Recommending radiographs when not indicated from the periodontal examination.

Satisfactory

Competency Statements #5, 6, 8, 9, 10, 15 and 21

#5 Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences information to facilitate an evidence-based approach to the diagnosis and management of oral health and disease.

#6 Applying critical thinking and problem solving skills to develop appropriate treatment plans and communicating essential elements of informed consent for the accepted treatment.

#8 Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, which may include referral.

#9 Communicating and collaborating effectively with other healthcare professionals regarding the care of patients.

#10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

#15 Performing periodontal evaluation, assessment and treatment of periodontal disease.

#21 Monitoring and evaluating therapeutic outcomes.

Major deficiencies:

- Failure to recognize the need for urgent or emergent treatment.
- Failure to design and document the implementation and monitoring of a patient-based regimen for plaque control.
- Failure to recognize less than optimal treatment outcome, i.e., persistent disease or problems.
- Failure to recognize new problems and develop a plan for their management.
- Failure to design an appropriate periodontal maintenance regimen.
- Failure to manage complications of periodontal therapy which are undesirable for the patient.
- Failure to recognize inappropriate treatment sequencing.
- Failure to recognize changes in prognosis.
- Failure to recognize new or persistent problems.

Minor deficiencies:

- Sequence of proposed treatment is not optimal.
- Lack of detail in proposed treatment methods.

Satisfactory

Competency Statement #3

Applying legal and ethical principles to the provision of oral health care services, with an understanding of the professional obligation to the patient.

Major deficiencies:

- Failure to follow the prescribed treatment plan.
- Failure to recognize when the prescribed treatment plan was not followed.
- Failure to understand the rationale for appropriate sequencing of dental treatment (phase I therapy precedes phase II therapy).
- Failure to provide timely dental care.
- Failure to periodically monitor the patients dental health.

Satisfactory

EXAMINATION OF COMPETENCY IN ASSESSMENT OF OUTCOME OF PHASE I THERAPY

Overall Evaluation of Ability to Assess Outcome: **Satisfactory** **Unsatisfactory**

Examiner _____ Provider No. _____ Date: _____

Outcome of Phase I Therapy: **Satisfactory** **Unsatisfactory**

Examiner's Comments _____

Examiner _____ Provider No. _____ Date: _____

Instructions:

For this evaluation of competency, you must use a patient in which Phase I therapy has been completed and for whom you are the designated Primary Provider. At a minimum, the patient must have at least sixteen teeth and an initial diagnosis of generalized mild to moderate periodontitis. When you are ready to re-evaluate Phase I therapy in a patient meeting these criteria, obtain approval from a Department of Periodontology Faculty member before initiating examination and data collection. The Periodontology Faculty member will indicate approval by his/her initial at the top of the evaluation form. Perform the standard oral and dental examination for re-evaluation of Phase I therapy and record the findings on the Patient Record form titled *Assessment of Treatment Outcomes* (Section III). Present your findings to the faculty member and he/she will examine your patient and review your findings. You will then meet with the faculty member during the clinic session or schedule a later time to complete the oral component of the evaluation. Do not consult with faculty from other departments until you have completed the oral component of the evaluation.

You are expected to satisfactorily complete two of these competency evaluations during the Third and Fourth Years. Although both evaluations may be completed in the Third Year, *one must be completed during this year to be eligible for promotion to the Fourth Year.*

Evaluation:

Satisfactory performance for this examination of competency in assessment of Phase I treatment outcome will be based on two distinct components: 1) *your ability to accurately assess the outcome; and 2) the reasonable attainment of Phase I treatment goals.* Satisfactory performance also requires that *no more than one of the major deficiencies or two of the minor deficiencies* be cited. If your ability to accurately assess treatment outcome is judged to be satisfactory but the major objectives of Phase I therapy have not been attained, you, as Primary Provider, are responsible for correcting the identified deficiencies. When this is done and documented to the satisfaction of the examiner, this competency evaluation will be accepted as completed. This will be indicated by comment, date and signature of the examiner on this evaluation form.

Periodontology Examination of Competency in Scaling/Root Planing (Third Year)

Division of Periodontology

**EXAMINATION OF COMPETENCY IN SCALING/ROOT PLANING
Third Year**

Student _____ Provider No. _____

Patient _____ ID No. T00 _____

Area Treated _____ Approved By _____ Date _____

This patient-based evaluation of competency in *scaling/root planing* addresses School of Dental Medicine Competency Statements #4, 10, 13 and 15 in whole or part and is based on the indicated performance criteria. Specific instructions pertaining to the conduct and evaluation of this competency examination are found on pages 3 and 4 of this form.

Competency Statement #10

Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to probe accurately (± 1 mm) on more than 33% of surfaces.
- Failure to detect subgingival calculus on more than 33% of surfaces.
- Overestimated gingival calculus on more than 33% of surfaces.

Minor deficiencies:

- Failure to probe accurately (± 1 mm) on 10-33% of surfaces.
- Failure to detect subgingival calculus on 10-33% of surfaces.
- Failure to recognize areas of root roughness that require instrumentation.

Satisfactory

Competency Statement #13

Managing pain and anxiety utilizing pharmacological and non-pharmacological methods.

Major deficiencies:

- Inadequate depth or duration of pain control.
- Inappropriate anesthetic choice, poor or careless technique, *etc.*
- Failure to recognize adverse outcomes of anesthetic administration, *e.g.*, hematoma.

Satisfactory

Competency Statement #15

Performing periodontal evaluation, assessment and treatment of periodontal disease.

Major deficiencies:

- Inability to recognize dull or excessively worn instruments.
- Inability to demonstrate proper instrument sharpening.
- Failure to recognize and /or eliminate overhanging restorations.
- Readily-detectable calculus remaining on two or more surfaces.
- Excessive tissue injury indicative of careless instrumentation.

Minor deficiencies:

- Inability to demonstrate optimal placement and use of instruments.
- Most calculus removed but root roughness remaining in a few areas.
- Slight amount of calculus remaining in areas of difficult access.
- Minor tissue trauma.

Satisfactory

Competency Statement #4

Understanding and applying the basic principles of practice management.

Major deficiencies:

- Failure to maintain a clean and organized work area.
- Breach of barrier technique or other violation of infection control protocol.

Satisfactory

Overall Evaluation of Performance: Student Self-Assessment: Satisfactory Unsatisfactory
Faculty Assessment: Satisfactory Unsatisfactory

Examiner's Comments: _____

Examiner _____ Provider No. _____ Date _____

EXAMINATION OF COMPETENCY IN SCALING/ROOT PLANING
Tooth Selection and Baseline Status

TOOTH #	CALCULUS		PROBING DEPTH					
	M	F	Student	Examiner				
	D	L						
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML
TOOTH #	M	F	MF	F	DF	DL	L	ML

Instructions:

This form is to be completed by the student and faculty examiner immediately following the examiner's approval to initiate the competency examination but prior to any instrumentation.

In the column of boxes on the left, list in ascending numerical order the teeth selected for treatment.

In the grids immediately to the right of each indicated tooth and in the columns labelled "Student", the student will indicate the presence of subgingival calculus on four surfaces (M, F, D and L) by a ✓ mark and record probing depths on six surfaces (MF, F, DF, DL, L and ML).

The faculty examiner will then examine and record his/her findings, evaluate their accuracy and indicate whether the selected teeth qualify for a competency test.

The data recorded on this form will not only determine whether the selected teeth qualify for this exercise but will also be used to assess the student's ability to accurately probe and detect subgingival calculus.

Rules and instructions for the examination of competency in scaling/root planing (S/RP):

1. The patient must have a minimal level of periodontitis and subgingival calculus in the segment of dentition to be treated.
2. Determination of the suitability of a case for S/RP competency examination as well as the evaluation will be done only by designated periodontics preceptors.
3. Any member of the periodontics faculty may be asked to tentatively approve a case for a S/RP competency examination. However, at the beginning of the clinic session during which the test is to be taken, the faculty person who will do the examination will review the proposed case and make a final determination of its suitability.
4. At the outset of the examination, the student will first select no fewer than four (4) or more than eight (8) which must have a total of at least 12 surfaces with subgingival calculus. The selected teeth should be in the same quadrant, although the examiner may allow exceptions.
5. The student will record probing depths, subgingival calculus and root roughness of the selected teeth on the Tooth Selection and Baseline Status form (page 3). The accuracy of these data will then be evaluated by the faculty examiner. If the examiner agrees that the selected teeth meet the above requirements for a S/RP competency examination, the student will proceed to perform the procedure.
6. All surfaces of the selected teeth must be treated and will be evaluated.
7. Local anesthesia of sufficient depth and duration is essential to accomplish definitive subgingival instrumentation and permit evaluation of the outcome by the examiner at the end of the procedure. The student's ability to provide adequate pain control will be part of the overall evaluation of competency in performing S/RP.
8. The procedure must be completed and evaluated in a single clinic session. *The case must be presented for final evaluation at least 15 minutes prior to the end of the session.*

Evaluation of performance:

1. The student should be thoroughly familiar with performance criteria which are described on the evaluation form (pages 1 & 2) before attempting the S/RP competency examination.
2. Performance criteria are described as *major* and *minor deficiencies*, i.e., degrees of deviation from a satisfactory level of performance indicative of competence.
3. Satisfactory performance for a Third Year Student on the S/RP competency examination requires that *no more than 1 of the 13 major deficiencies and 2 of the 7 minor deficiencies be cited.*

Rev. 9/2014
Yellow

Examination of Competency in Periodontal Examination, Diagnosis, and Treatment Planning

Department of Periodontology

**EXAMINATION OF COMPETENCY IN
PERIODONTAL EXAMINATION, DIAGNOSIS AND TREATMENT PLANNING
Fourth Year**

Student _____ Provider No. _____

Patient _____ ID No. T00 _____

Case Approved By _____ Date _____

This patient-based evaluation of competency in *periodontal examination, diagnosis and treatment planning* addresses School of Dental Medicine Competency Statements #2, 5, 6, 8, 9, 10 and 15 in whole or part and is based on the indicated performance criteria. Specific instructions pertaining to conduct of this evaluation and assessment of performance are found on page 4 of this form.

Competency Statements #2, 5, 6, 8, 9 and 10

- #2 Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural environment.
- #5 Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences information to facilitate an evidence-based approach to the diagnosis and management of oral health and disease.
- #6 Applying critical thinking and problem solving skills to develop appropriate treatment plans and communicating essential elements of informed consent for the accepted treatment.
- #8 Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, which may include referral.
- #9 Communicating and collaborating effectively with other healthcare professionals regarding the care of patients.
- #10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to give appropriate consideration to medical or dental problems which affect the delivery of oral health care.
- Failure to seek appropriate consultations.

Minor deficiencies:

- Inadequate knowledge of patient's systemic problems, medications, etc., which do not significantly affect the delivery of oral health care.

Satisfactory

Competency Statement #10

Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to perform and record any component of the oral, dental and periodontal examination protocol used in School of Dental Medicine Predoctoral Clinics.
- Major errors in radiographic analysis, e.g., failure to observe obvious pathology or interpretation of normal anatomy as pathology.

Major deficiencies (continued):

- Major inadequacies in occlusal examination, *e.g.*, obvious fremitus, RC-IC discrepancy.
- Periodontal probing inaccurate by a) 3 mm or more at two or more sites or b) >1 mm at more than one-half of total sites.
- Failure to indicate location of free gingival margin, mucogingival junction or both.
- Failure to accurately indicate free gingival margin, mucogingival junction or both by >2 mm.
- Failure to detect Class 2 or 3 furcation exposure.
- Grossly inaccurate determination of mean Gingival Index (± 0.5 units or more).
- Grossly inaccurate determination of plaque score ($\pm 20\%$ or more).
- Failure to detect Class 2 or 3 mobility on two or more teeth.

Minor deficiencies:

- Incomplete radiographic analysis of minor consequence, *i.e.*, no effect on diagnosis or therapy.
- Minor inadequacies in occlusal examination.
- Periodontal probing inaccurate by <2 mm at less than half of total sites.
- Inaccurate location of free gingival margin or mucogingival junction by <2 mm.
- Failure to detect Class 1 furcation exposures.
- Inaccurate determination of mean Gingival Index ($\pm 0.2-0.4$ units).
- Over- or under-assessment of tooth mobility by 1 unit on 2 or more teeth.

Satisfactory

Competency Statements #10 and 14

- #10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.
- #14 Recognizing pathological and non-pathological hard and soft tissue abnormalities of the orofacial region that require diagnostic evaluation, management and/or treatment.

Major deficiencies:

- Failure to conduct pulpal sensitivity tests where clearly indicated, *e.g.*, pulpal symptoms, possible pulpal-periodontal lesions, *etc.*
- Failure to detect lesions involving oral soft and hard tissues, *e.g.*, mucosal lesions, caries, fistulous tract, *etc.*

Satisfactory

Competency Statements #2, 5, 8 and 10

- #2 Managing a diverse patient population with appropriate interpersonal and communication skills to function in a multicultural environment.
- #5 Gathering, evaluating, integrating and applying the best available biomedical, clinical and behavioral sciences information to facilitate an evidence-based approach to the diagnosis and management of oral health and disease.
- #8 Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, which may include referral.
- #10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Omitted or incorrect diagnoses, *e.g.*, gingivitis *versus* periodontitis.
- Inability to present and describe finding which led to a diagnosis.
- Failure to recognize and list significant problems.
- Failure to develop a problem list specific for the patient.
- Failure to recognize hopelessly diseased teeth or designation of sound teeth as hopeless.

Minor deficiencies:

- Use of imprecise diagnostic terminology, *e.g.*, periodontal disease.
- Failure to clearly distinguish problems from findings.
- Inability to define a reasonable prognosis for a given tooth.

Satisfactory

Competency Statements #6, 8, 10 and 15

- #6 Applying critical thinking and problem solving skills to develop appropriate treatment plans and communicating essential elements of informed consent for the accepted treatment.
- #8 Communicating effectively with patients regarding their care, including the prevention of oral diseases, the risks and benefits of proposed treatment, and alternative approaches to the maintenance of health or management of disease conditions, which may include referral.
- #10 Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.
- #15 Performing periodontal evaluation, assessment and treatment of periodontal disease.

Major deficiencies:

- Failure to recognize need for urgent or emergent treatment.
- Treatment plan does not place initial emphasis on control of active disease.
- Treatment plan does not put appropriate emphasis on preventive measures.
- Treatment procedures are not appropriately sequenced, *e.g.*, Phase II therapy precedes Phase I measures.
- Treatment plan appears designed to meet student's, not patient's, needs.
- Failure to cite treatment for significant problems.
- Health maintenance phase of treatment plan is omitted or inappropriate.
- Inability to provide rationale for proposed treatment options.
- Prescribed treatment not directed at resolution of a listed problem.

Minor deficiencies:

- Sequence of proposed treatment not optimal.
- Lack of detail in treatment methods.

Satisfactory

Overall Evaluation of Performance: Student Self-Assessment: Satisfactory Unsatisfactory
Faculty Assessment: Satisfactory Unsatisfactory

Examiner's Comments: _____

Examiner _____ Provider No. _____ Date _____

Instructions for the examination of competency in examination, diagnosis and treatment planning (ExDxTP):

1. The patient must have at least moderate periodontitis.
2. The case selected by the student for the ExDxTP competency examination must be approved in advance by a periodontics faculty who is a designated evaluator.
3. The number of appointments needed to prepare for the test case is at the discretion of the student. However, to expedite care, the time spent on data collection and analysis should not be unreasonable.
4. Except for appropriate medical consultations, no consultations with faculty other dentists or students are permitted in the preparation for this examination. If emergency or palliative care is needed, consult with a full-time preceptor.
5. The student must be familiar with all information in the Patient Record.
6. Adequate radiographs (number and quality) are essential. If the student feels that the available radiographs are not adequate, he/she should consult with a periodontics faculty.

Evaluation:

1. Students should be thoroughly familiar with performance criteria which are described on the evaluation form (pages 1, 2 & 3) before attempting the ExDxTP competency examination.
2. Performance criteria are described as *major* and *minor deficiencies*, i.e., degrees of deviation from a satisfactory level of performance indicative of competence.
3. Satisfactory performance for a Fourth Year Student on the ExDxTP competency examination ***requires that none of 28 major deficiencies and no more than 2 of the 13 minor deficiencies be cited.***

Periodontology Examination of Competency in Scaling/Root Planing (Fourth Year)

Department of Periodontology

**EXAMINATION OF COMPETENCY IN SCALING/ROOT PLANING
Fourth Year**

Student _____ Provider No. _____

Patient _____ ID No. T00 _____

Area Treated _____ Approved By _____ Date _____

This patient-based evaluation of competency in *scaling/root planing* addresses School of Dental Medicine Competency Statements #4, 10, 13 and 15 in whole or part and is based on the indicated performance criteria. Specific instructions pertaining to the conduct and evaluation of this competency examination are found on pages 3 and 4 of this form.

Competency Statement #10

Gathering pertinent information from history, interview, clinical examination and appropriate diagnostic tests to accurately assess patients' overall health status, oral health status, and disease risk in order to establish diagnoses and prognoses.

Major deficiencies:

- Failure to probe accurately (± 1 mm) on more than 33% of surfaces.
- Failure to detect subgingival calculus on more than 33% of surfaces.
- Overestimated gingival calculus on more than 33% of surfaces.

Minor deficiencies:

- Failure to probe accurately (± 1 mm) on 10-33% of surfaces.
- Failure to detect subgingival calculus on 10-33% of surfaces.
- Failure to recognize areas of root roughness that require instrumentation.

Satisfactory

Competency Statement #13

Managing pain and anxiety utilizing pharmacological and non-pharmacological methods.

Major deficiencies:

- Inadequate depth or duration of pain control.
- Inappropriate anesthetic choice, poor or careless technique, etc.
- Failure to recognize adverse outcomes of anesthetic administration, e.g., hematoma.

Satisfactory

Competency Statement #15

Performing periodontal evaluation, assessment and treatment of periodontal disease.

Major deficiencies:

- Inability to recognize dull or excessively worn instruments.
- Inability to demonstrate proper instrument sharpening.
- Failure to recognize and /or eliminate overhanging restorations.
- Readily-detectable calculus remaining on two or more surfaces.
- Excessive tissue injury indicative of careless instrumentation.

Minor deficiencies:

- Inability to demonstrate optimal placement and use of instruments.
- Most calculus removed but root roughness remaining in a few areas.
- Slight amount of calculus remaining in areas of difficult access.
- Minor tissue trauma.

Satisfactory

Competency Statement #4

Understanding and applying the basic principles of practice management.

Major deficiencies:

- Failure to maintain a clean and organized work area.
- Breach of barrier technique or other violation of infection control protocol.

Satisfactory

Overall Evaluation of Performance:

Student Self-Assessment: **Satisfactory** **Unsatisfactory**
Faculty Assessment: **Satisfactory** **Unsatisfactory**

Examiner's Comments: _____

Examiner _____ Provider No. _____ Date _____

EXAMINATION OF COMPETENCY IN SCALING/ROOT PLANING

Tooth Selection and Baseline Status

TOOTH #	M	F	D	L	CALCULUS		MF	F	DF	DL	L	ML
					Student	Examiner						
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												
<input type="text"/>												

Instructions:

This form is to be completed by the student and faculty examiner immediately following the examiner's approval to initiate the competency examination but prior to any instrumentation.

In the column of boxes on the left, list in ascending numerical order the teeth selected for treatment.

In the grids immediately to the right of each indicated tooth and in the columns labelled "Student", the student will indicate the presence of subgingival calculus on four surfaces (M, F, D and L) by a ✓ mark and record probing depths on six surfaces (MF, F, DF, DL, L and ML).

The faculty examiner will then examine and record his/her findings, evaluate their accuracy and indicate whether the selected teeth qualify for a competency test.

The data recorded on this form will not only determine whether the selected teeth qualify for this exercise but will also be used to assess the student's ability to accurately probe and detect subgingival calculus.

Rules and instructions for the examination of competency in scaling/root planing (S/RP):

1. The patient must have a minimal level of periodontitis and subgingival calculus in the segment of dentition to be treated.
2. Determination of the suitability of a case for S/RP competency examination as well as the evaluation will be done only by designated periodontics preceptors.
3. Any member of the periodontics faculty may be asked to tentatively approve a case for a S/RP competency examination. However, at the beginning of the clinic session during which the test is to be taken, the faculty person who will do the examination will review the proposed case and make a final determination of its suitability.
4. At the outset of the examination, the student will first select no fewer than four (4) or more than eight (8) which must have a total of at least 12 surfaces with subgingival calculus. The selected teeth should be in one but no more than two quadrants.
5. The student will record probing depths, subgingival calculus and root roughness of the selected teeth on the Tooth Selection and Baseline Status form (page 3). The accuracy of these data will then be evaluated by the faculty examiner. If the examiner agrees that the selected teeth meet the above requirements for a S/RP competency examination, the student will proceed to perform the procedure.
6. All surfaces of the selected teeth must be treated and will be evaluated.
7. Local anesthesia of sufficient depth and duration is essential to accomplish definitive subgingival instrumentation and permit evaluation of the outcome by the examiner at the end of the procedure. The student's ability to provide adequate pain control will be part of the overall evaluation of competency in performing S/RP.
8. The procedure must be completed and evaluated in a single clinic session. *The case must be presented for final evaluation at least 15 minutes prior to the end of the session.*

Evaluation of performance:

1. The student should be thoroughly familiar with performance criteria which are described on the evaluation form (pages 1 & 2) before attempting the S/RP competency examination.
2. Performance criteria are described as *major* and *minor deficiencies*, i.e., degrees of deviation from a satisfactory level of performance indicative of competence.
3. Satisfactory performance for a Fourth Year Student on the S/RP competency examination requires that *none of the 13 major deficiencies and no more than 2 of the 7 minor deficiencies be cited.*

Prosthodontics

Prosthodontics Treatment Outcomes Competency Assessment

Student Evaluation

Last	Instructor Duncan, Jacqueline
First	Provider Master, Student
Chart	Date 27 / Apr / 2015
Discipline	Record Id 68141
Form Prosth Tx Outcomes Competency	Time (Hrs) 0.00

Questions

Question	Grade
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PATIENT INFORMATION

Patient Name/TOO #
Smith / TOO 1000000

INDICATED TYPES OF TX RENDERED:

Preventive Therapies	Y
Medical Consult Requested	Y
Oral Medicine Evaluation	N
Periodontal Therapy	Y
Operative Therapy	Y
Endodontic Therapy	N
Oral Surgery Therapy	N
Orthodontic Therapy	N
Fixed Prosthodontic Therapy	Y
Removable Prosthodontic Therapy	N
Implant Therapy	N

ASSESSMENT

Tx Outcome Form Completed	S
Phase I Completed	S
Phase II Completed	S
Appropriate Tx Sequence	S
Appropriate Disease Risk Evaluation	S
Identify Additional Treatment Needs	S
Appropriate Recall Sched Initiated	S

THE STUDENT HAS DEMONSTRATED COMPETENCE IN THE MONITORING AND EVALUATING OF THERAPEUTIC OUTCOMES

OVERALL	S
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Comments

Last
First
Chart
Discipline
Form **Prosth Tx Outcomes Competency**

Instructor **Duncan, Jacqueline**
Provider **Master, Student**
Date **27 / Apr / 2015**
Record Id **68141**
Time (Hrs) **0.00**

Comments

Student's Signature

Instructor's Signature

Competency Assessments

SUMMARY:

- 3RD YEAR TYPODONT
BRIDGE 19-20 WITH PROVISIONAL
- 4TH YEAR TYPODONT
BRIDGE 6-8 WITH PROVISIONAL
- TREATMENT OUTCOMES ASSESSMENT (2)
- REMOVABLE PROSTHODONTICS OSCE-TYPE ASSESSMENT
- SINGLE CROWN PORTFOLIO ASSESSMENT
- LABORATORY GLOBAL ASSESSMENT
- CLINICAL PROSTHODONTIC PROGRAM ASSESSMENT

Typodont Assessments Procedural Guidelines

Rev. 5/2015

I. Typodont Assessments

Disregarding any of the procedural guidelines listed below will be considered an honor code violation.

1. The 3rd year and 4th year assessments require bridge preparations and provisionals. The 3rd year assessment involves teeth 19 through 21, and the 4th year assessment involves teeth 6 through 8.
2. The 3rd year forms are **green**, and the 4th year forms are **blue**. A second yellow evaluator sheet should be submitted with the original sheet.
3. There is no time constraint for completion of the assessment. In the past, the limit was 6 hours. The student should still use this as a personal goal in order to maximize the benefit of the exercise relative to time management and efficiency.
4. **Grading occurs only on Wednesdays during Open Hours when multiple faculty are available. Please keep this in mind when deadlines are approaching. Special grading accommodations will not be made, so students must plan accordingly.**
5. The student must bring the typodont to the Division Office for grading.
6. **Only self-evaluated sheets will be graded.** Grading is done using the criteria that is provided in the prosthodontic clinic manual.
7. Appropriately designated typodont teeth (colored) must be signed out from the dispensary. Only these teeth will be considered for grading for an assessment.
8. The student may abort the assessment at any time if it is felt that it will not pass. This is part of the student's ability to self-evaluate. The student **MUST**, however, return the teeth that were started in order to receive a new set of teeth. Both teeth must be returned every time. If for some reason, the student does not have both teeth available to be turned in, then the student must have Dr. Duncan's permission to receive a replacement tooth.
9. The student may use a putty matrix or vacu-form matrix to assist in fabrication of the provisional.
10. The student may also make the provisional using an indirect technique if desired. (A cast of the preparations is made, and the provisional is made off of this cast and then relined as needed on the typodont.)
11. Only Coldpac acrylic may be used to fabricate the provisionals.
12. The student **may** check and adjust the occlusion of the provisional with the typodont off of the mannequin stand.
13. The student **may** make a diagnostic cast of the preparations to evaluate them, but the student may not confer with anyone regarding this cast.
14. **The student may not solicit feedback on any stage of the assessment from any source. All work is to be completed independently.**
15. **Any preparation of the designated colored teeth MUST only be done with the typodont on the mannequin stand with the shroud in place. (This includes "aborted" or "practice" teeth.) At no time should a student use a handpiece to adjust these teeth on the bench top.**
16. **The teeth may NOT be removed (unscrewed) from the typodont at any time during**

the assessment for preparation or while working on the provisional.

17. The typodont teeth for passed progress evaluations will be removed from the typodont and kept by the Division.
18. The 3rd year typodont assessment must be passed successfully for promotion to 4th year. If the student fails a submission, the process for remediation is described below:
 - If a student fails more than 3 typodonts, then he/she must pass two.
19. The 4th year typodont assessment must be passed successfully for graduation. If the student fails a submission, the process for remediation is described below:
 - If a student fails more than 3 typodonts, then he/she must pass two.
20. The 4th year typodont may be challenged during 3rd year, and this is highly recommended.

21. DEADLINES:

- **The 3rd year typodont must be successfully completed (including any necessary remediations) by the Wednesday prior to the 3rd year March APC meeting. (See orientation packet for specific date.)**
- **The 4th year typodont must be successfully completed (including any necessary remediations) by the Wednesday prior to Spring Break during 4th year.**

21. Consequences of not meeting deadline:

- **Loss of clinical privileges until competency is successfully completed**
- **Student may attend rotations, but no other patient activity is permitted**
- **Grading format will not change and will continue to occur on Wednesdays only.**

Evaluation Criteria

Rev. 5/2015

Evaluation criteria for full cast metal crown preparation for tooth #19

	Finish line & Walls	External outline	Internal outline	Treatment management
I	Smooth walls	0.5-1.0 mm coronal to CEJ	Light chamfer on buccal and lingual continues to proximal	No damage to gingival shroud
	Smooth, continuous and well-defined margins		Buccal: 0.8-1.0 mm axial reduction in two planes; Lingual: 0.8 to 1.0 mm reduction	No damage to adjacent tooth
	Angle of convergence of 6-10°		Rounded line and point angles	
			Functional cusp: 1.5 mm Nonfunctional cusp: 1.0 mm Maintains general occlusal anatomy	
II	Slight roughness of walls	More than 1.0 mm coronal to CEJ or less than 0.5mm coronal to CEJ	Inappropriate size of margin for 1 location	Slight damage to gingival shroud
	Slight roughness of margins Slightly discontinuous margins Slight lack of definition		Buccal and lingual: slightly over (>1.0mm) or under (<0.8mm)	
	Under tapered (0-5°) or over tapered (>10°)		Slight lack of rounded line or point angles	
			Functional cusp: slightly over (>1.5 mm) or under (1.0 mm) reduced Non-functional cusp: Slightly over reduced (1.0-1.5 mm) or under reduced (>0.5 but <1.0 mm)	
III	Poorly defined and moderate roughness of walls	More than 1.5 mm coronal to CEJ or at the level of gingival margin	Presence of shoulder margin	Moderate damage of gingival shroud
	Moderate roughness of margins or margins are non-continuous		Buccal and lingual: moderately over(≥ 2.0 mm) or under (<0.5 mm) reduced	Slight damage to adjacent tooth
	Over tapered (>16°)		Moderate lack of rounded line or point angles	
			Functional cusp: moderately over reduced (2.0-2.5 mm) Non-functional cusp: moderately over reduced (1.5-2.0 mm)	
IV	Unfinished and severe roughness of walls	Finish lines are subgingival or Cervical contact has not been broken	Inappropriate size for 2 or more locations or presence of butt-joint margin at proximal or lingual surface	Severe damage to gingival shroud
	Severe roughness of margins or unsupported enamel remaining		Buccal and lingual: severely over (>2.0mm) or under reduced (<0.3 mm) or no two-plane buccal reduction	Moderate to severe damage to adjacent tooth
	Undercut between any set of opposing axial surfaces or line angles		Severe lack of rounded line or point angles	Wrong tooth prepared
			Functional cusp: reduction ≥ 2.5 mm or <1mm Non-functional cusp: reduction ≥ 2.0mm or ≤0.5 mm	

Evaluation criteria for PFM preparation for tooth #21:
facial shoulder margin, porcelain occlusion

	Finish line & Walls	External outline	Internal outline	Treatment management
I	Smooth walls	0.5-1.0 mm coronal to CEJ	1.0-1.2mm Shoulder with internal rounded line angle on the buccal and gradually diminishing from mesial and distal to 0.5 mm chamfer on lingual	No damage to gingival shroud
	Smooth, continuous and well-defined margins		Buccal: 1.0 - 1.5 mm axial reduction in two planes Lingual: 0.8 to 1.0 mm reduction	No damage to adjacent tooth
	Angle of convergence of 6-10°		Rounded line and point angles Functional cusp: 1.5-2.0 mm Non-functional cusp: 1-1.5mm Maintains general occlusal anatomy	
II	Slight roughness of walls	More than 1.0 mm coronal to CEJ or less than 0.5mm coronal to CEJ	Inappropriate size of margin for 1 location	Slight damage to gingival shroud
	Slight roughness of margins		Buccal: slightly over (>1.5mm) or under (<1.0mm)	
	Slightly discontinuous margins		Lingual: slightly over (1.0mm) or under (<0.8mm)	
	Slight lack of margin definition		Slight lack of rounded line or point angles	
Under taper (0-5°) or over taper (>10°)	Functional cusp: slightly over (2.0-2.5mm) or under (1.0-1.5 mm) reduced Non-functional cusp: Slightly over reduced (1.5-2.0 mm) or under reduced (0.5-1.0 mm)			
III	Poorly defined and moderate roughness of walls	More than 1.5 mm coronal to CEJ Or at the level of gingival margin	Presence of chamfer on the buccal or undermined enamel at any location	Moderate damage of gingival shroud
	Moderate roughness of margins or margins are non-continuous		Buccal: moderately over(>2.0 mm) reduced Lingual: moderately over (1.5 mm) reduced	Slight damage to adjacent tooth
	Over taper (>16°)		Moderate lack of rounded line or point angles Functional cusp: moderately over reduced (2.5-3.0 mm) Non-functional cusp: moderately over reduced (2.0-2.5mm)	
IV	Unfinished and severe roughness of walls	Finish lines are subgingival or Cervical contact has not been broken	Inappropriate size for 2 or more locations or presence of shoulder margin at lingual surface	Severe damage to gingival shroud
	Severe roughness of margins or unsupported enamel remaining		Buccal: severely over (>3.0mm) or under (<0.5mm) reduced or no two-plane buccal reduction Lingual: severely over (>1.5 mm) or under (0.5 mm) reduced	Moderate to severe damage to adjacent tooth
	Undercut between any set of opposing axial surfaces or line angles		Severe lack of rounded line or point angles Functional cusp: reduction > 3.0 mm or < 1.0 mm Non-functional cusp: reduction>2.5mm or <0.5 mm	Wrong tooth prepared

Evaluation criteria for provisional fixed partial denture acrylic restoration
(3 unit #19-21)

	Line of Withdraw	Margin Integrity & Surface Finish	Facial/Lingual/Interproximal Contours & Proximal Contacts & Pontic Design	Anatomy & Occlusion	Treatment Management
I	Abutments have the appropriate line of draw for the FPD acrylic restoration	All marginal areas are well adapted to the tooth w/o horizontal or vertical extensions	The contours are harmonious with adjacent teeth forming proper embrasures and conducive for gingival health	Provisional restoration reproduces normal occlusal anatomy of the abutment teeth and pontic tooth.	No damage or slight damage to gingival shroud
		The surface of the restoration is smooth and with a minimum of voids	Good interproximal contacts as determined by thin articulating foil (shimstock)	Connector is in correct position and of proper size both buccolingually and occlusocervically	
		The internal form conforms to the shape of the abutment and provides resistance and retention	Pontic: Spheroid (convex mesio-distal and buccolingual tissue side contour) and clears the height of the residual ridge by at least 1 mm.	Occlusal contact is present for both restoration and other teeth (which had contact prior to the restoration placement) as determined by thin articulating foil	
II	There is a slight variance to the line of withdraw	Vertical or horizontal overextension or short margin at 1 location (and less than 0.5mm x 0.5mm on either #19 or 21) and all marginal areas are well adapted to the teeth	The contours of provisional restoration deviates slightly from the normal contour of the abutment teeth or pontic tooth	Provisional restoration reproduces normal occlusal anatomy of the abutment teeth and pontic tooth with only slightly deviation	Moderate damage to gingival shroud
		The surface of the restoration is smooth with a minimum number of voids	Slightly over or under contoured (<1mm) and/or slightly lacking of proper embrasures	Connector is incorrectly positioned (<1mm out of position) and of slightly improper dimensions	
		The internal form, due to adjustment, deviates slightly from the shape of the abutment but still provides resistance and retention	Pontic: Spheroid (convex mesio-distal and buccolingual tissue side contour) and clear the height of the residual ridge >1 mm but no more than 3 mm	Occlusal contact on restoration prevents other teeth from contacting as determined by thin articulating paper or restoration lacks any occlusal contact as determined by thin articulating paper	
III	There is significant variance to the line of draw which requires adjustment to either the retainers or the abutments to seat the restoration	Vertical or horizontal overextension or short margin at 2 locations (and less than 1.0 mm x 1.0mm on either #19 or 21) and all marginal areas well adapted to the teeth	The contours of provisional restoration deviates significantly from the normal contour of the abutment teeth or pontic tooth	Provisional restoration deviates significantly from normal occlusal anatomy	Severe damage to gingival shroud
		The surface of the restoration exhibits significant irregularities including voids, pits, or porosities.	Lack of interproximal contact as determined by thin articulating foil but not by eye	Connector is incorrectly positioned (>1mm out of position) and has significantly improper dimensions	
		The internal form, due to adjustment, deviates significant from the shape of the abutment and compromises resistance and retention form	Pontic has a flat tissue surface contour	Occlusal contact on restoration prevents other teeth from contacting as determined by thin articulating foil or restoration lacks any occlusal contact as determined by thin articulating foil	

Evaluation criteria for provisional fixed partial denture acrylic restoration
(3 unit #19-21), cont.

IV	The line of draw for the FPD restoration is decidedly at variance	Generalized absence of marginal adaptation and/or generalized vertical or horizontal overextension or short margin	The contours of provisional restoration do not resemble the normal contours of the abutment teeth or pontic tooth	Provisional restoration does not resemble the normal anatomy of the abutment teeth or pontic tooth	Wrong tooth or teeth is/are replaced in any location of the tyodont. Tooth or teeth is/are misplaced in M-D and B-L orientation.
		The surface of the restoration is rough and/or porous or the restoration is fractured	Lack of interproximal contact as determined by eye or excessive interproximal contacts and cause the adjacent tooth/teeth moved or contact is concave / wraps around adjacent tooth	Connector is incorrectly positioned (>2 mm out of position) and has severely improper dimensions	
		The internal form grossly deviates from the shape of the abutment of there is total lack of retention and resistance	Pontic has a concave tissue surface contour and/or has no interproximal embrasures	Occlusal contact on restoration prevents other teeth from contacting as determined by eye or restoration lacks any occlusal contact as visible by eye There is premature contact in excursive movement	

Evaluation criteria for prepared porcelain fused to metal abutment # 6 for FPD 6-7p-8

	Finish lines & Walls	External outline	Internal outline	Treatment management
I	Smooth walls	The cervical finish line is placed 0 - < 0.5 mm coronal to the crest of gingival shroud	Facial shoulder with internal round line angles; width uniform and adequate for restoration design (1.0-1.2 mm); extending to just past mesial and distal line angles and gradually diminishing to 0.5 mm chamfer on lingual	No damage to gingival shroud
	Smooth, continuous and well-defined margins		Sufficient tooth structure removed (including labial, lingual) for metal-ceramic restoration with two plane reduction on the labial	No damage to adjacent tooth
	Angle of convergence of 6-10°		Rounded line and point angles Maintains canine contour after prepared	
			Incisal reduction: 1.5-2 mm Sufficient interocclusal distance (1-1.5 mm) for metal ceramic restoration with porcelain occlusal contacts	
II	Slight roughness of walls and/or margins	The cervical finish line is placed 0.5- < 1.0 mm coronal to the crest of gingival shroud	Margin width varies slightly, but is adequate for restoration design	Slight damage to gingival shroud
	Finish line is slightly irregular		Axial walls slightly under-reduced or slightly over-reduced	Slight damage the adjacent tooth/teeth but polishing at the proximal surface was done
	Under taper (0-5°) or over taper in range of 10-16°	The cervical finish line is placed subgingival to the crest of gingival shroud but not more than 0.5 mm	Slight lack of rounded line or point angles Slight lack of canine contour after preparation	
			Incisal reduction: 1-1.5 mm or 2-2.5 mm Interocclusal distance: Slightly under-reduced or slightly over-reduced	
III	Moderately rough walls and/or margins	The cervical finish line is placed 1.0-1.5 mm coronal to the crest of gingival shroud	Shoulder margin width exists and varies significantly in width but not more than 1.5 mm or less than 0.7 mm	Moderate damage of gingival shroud
	Finish line is non-continuous or significantly irregular		The axial walls are significantly under-reduced or significantly over-reduced	Slight damage to adjacent tooth
	Over taper (>16°) but less than 20°		Moderate lack of rounded line or point angles Moderate lack of canine contour after prepared	
			Incisal reduction and interocclusal distance: significantly under-reduced or significantly over-reduced	
IV	Unfinished and severe roughness of walls and/or margins	The cervical finish line is placed subgingival to the crest of gingival shroud by 0.5mm or more	Facial shoulder width: 1.5mm or more in width or facial shoulder not present	Severe damage to gingival shroud
	Finish line is unacceptable and/or having unsupported enamel remaining	The cervical finish line is placed more than 1.5 mm coronal to the crest of gingival shroud	The axial walls are severely under-reduced or over-reduced No two plane reduction of the labial wall	Moderate to severe damage to adjacent tooth
	Undercut between any set of opposing axial surfaces or line angles or decidedly excessive taper		Severe lack of rounded line or point angles Loss of canine contour after prepared	Wrong tooth prepared
		Cervical contact has not been broken	Incisal reduction: more than 3 mm or less than 1 mm Interocclusal distance: Severely under-reduced or severely over-reduced.	

Evaluation criteria for prepared porcelain fused to metal abutment # 8 for FPD 6-7p-8

	Finish line & Walls	External outline	Internal outline	Treatment management
I	Smooth walls Smooth, continuous and well defined margins Angle of convergence of 6-10°	The cervical finish line is placed 0- < 0.5 mm coronal to the crest of gingival shroud	Facial shoulder with internal round line angle width uniform and adequate for restoration design,(1.0-1.2 mm) extending to mesial and distal and gradually diminishing to 0.5 mm chamfer on lingual	No damage to gingival shroud
			Sufficient tooth structure removal (including labial, lingual) for metal-ceramic restoration with two plane reduction on the labial	No damage to adjacent tooth
			Rounded line and point angles	
			Incisal reduction : 1.5-2 mm Sufficient interocclusal distance (1-1.5 mm) for metal ceramic restoration with porcelain occlusal contacts	
II	Slight roughness of walls and/or margins Finish line is slightly irregular Under taper (0-5°) or over taper in range of 10-16°	The cervical finish line is placed 0.5- <1.0 mm coronal to the crest of gingival shroud The cervical finish line is placed subgingival to the crest of gingival shroud but not more than 0.5 mm	Margin width varies slightly, but is adequate for restoration design	Slight damage to gingival shroud
			Axial walls are slightly under-reduced or slightly over-reduced	Slight damage the adjacent tooth/teeth but polishing at the proximal surface was done
			Slight lack of rounded line or point angles	
			Incisal reduction: 1-1.5 mm or 2-2.5 mm Interocclusal distance : Slightly under-reduced or slightly over-reduced	
III	Moderately rough walls and/or margins Finish line is non-continuous or significantly irregular Over taper (>16°) but less than 20°	The cervical finish line is placed 1.0-1.5 mm coronal to the crest of gingival shroud	Shoulder margin width exists and varies significantly in width but not more than 1.5 mm or less than 0.7 mm	Moderate damage of gingival shroud
			The axial walls are significantly under-reduced or significantly over-reduced	Slight damage to adjacent tooth
			Moderate lack of rounded line or point angles	
			Incisal reduction and Interocclusal distance : Significantly under-reduced or significantly over-reduced	
IV	Unfinished and severe roughness of walls and/or margins Finish line is unacceptable and/or having unsupported enamel remaining Undercut between any set of opposing axial surfaces or line angles or decidedly excessive taper	The cervical finish line is placed subgingival to the crest of gingival shroud 0.5mm or more The cervical finish line is placed more than 1.5 mm coronal to the crest of gingival shroud Cervical contact has not been broken	Facial shoulder width: 1.5mm or more in width or facial shoulder not present.	Severe damage to gingival shroud
			The axial walls are severely under-reduced or over-reduced No two plane reduction on the labial axial wall	Moderate to severe damage to adjacent tooth
			Severe lack of rounded line or point angles	Wrong tooth prepared
			Incisal reduction: more than 3 mm or less than 1mm Interocclusal distance: Severely under- or over-reduced.	

Evaluation criteria for provisional fixed partial denture acrylic restoration (6-7p-8)

	Line of withdraw	Margin integrity & surface finish	Facia/Lingual/Interproximal Contours & Proximal contacts&Pontic Design	Anatomy & Occlusion	Treatment management
I	Abutments have the appropriate line of draw for the FPD acrylic restoration	All marginal areas well adapted to the tooth w/o horizontal or vertical extensions	The contours are harmonious with adjacent teeth forming proper embrasures and conducive for gingival health	Provisional restorations reproduce normal occlusal anatomy of the abutment teeth and pontic tooth.	No damage or slight damage to gingival shroud No acrylic resin residue or dust left in gingival sulcus and/or on typodont
		The surface of the restoration is smooth with a minimum of voids	Good interproximal contacts as determined by thin articulating foil (shimstock)	Connector is in correct position and of proper size both labiolingually and incisocervically	
		The internal form conforms to the shape of the abutment and provides resistance and retention	Pontic: Modified ridge lap or ovate pontic without any concave area under pontic.	Occlusal contact present for both restoration and other teeth (which had contact prior to the restoration placement) as determined by thin articulating foil	
II	There is a slight variance to the line of withdraw	Vertical or horizontal overextension or short margin at 1 location and less than 0.5 mm x 0.5 mm (either #6 or 8) and all marginal areas well adapted to the teeth	The contours of provisional restorations deviate slightly from the normal contour of the abutment teeth or pontic tooth	Provisional restorations reproduce normal occlusal anatomy of the abutment teeth and pontic tooth with only slightly deviation	Moderate damage to gingival shroud Minimal acrylic resin residue or dust left on typodont
		The surface of the restoration is smooth with a minimum number of voids	Slightly over or under contoured (<1mm) and/or slightly lacking of proper embrasures	Connector is incorrectly positioned (<1mm out of position) and of slight improper dimensions	
		The internal form, due to adjustment, deviates slightly from the shape of the abutment but still provides resistance and retention	Pontic: Modified ridge lap or ovate pontic with slightly deviation in shape	Occlusal contact on restoration prevents other teeth from contacting as determined by thin articulating foil or restoration lacks any occlusal contact as determined by thin articulating foil	
III	There is significant variance to the line of draw which requires adjustment to either the retainers or the abutments to seat the restoration	Vertical or horizontal overextension or short margin at 2 location and less than 1.0 mm x 1.0 mm (either #6 or 8) and all marginal areas well adapted to the teeth	The contours of provisional restorations deviate significantly from the normal contour of the abutment teeth or pontic tooth.	Provisional restorations deviate significantly from normal occlusal anatomy	Severe damage to gingival shroud Moderate amount acrylic resin residual or dust left on typodont
		The surface of the restoration exhibits significant irregularities including voids, pits, or porosities	Lack of interproximal contact as determined by thin articulating foil but not by eye.	Connector is incorrectly positioned (>1mm out of position) and of significantly improper dimensions	
		The internal form, due to adjustment, deviates significant from the shape of the abutment and compromises resistance and retention form.	Pontic has a flat tissue surface contour		

Evaluation criteria for provisional fixed partial denture acrylic restoration (6-7p-8), cont.

IV	The line of draw for the FPD restoration is decidedly at variance	Generalized absence of marginal adaptation and/or generalized vertical or horizontal overextension or short margins	The contours of provisional restorations do not resemble the normal contours of the abutment teeth or pontic tooth Contact is concave or wraps around adjacent tooth	Provisional restorations do not resemble the normal anatomy of the abutment teeth or pontic tooth.	Wrong tooth or teeth is/are replaced in any location of typodont Tooth or teeth is/are misplaced in M-D and B-L orientation Significant amount of acrylic resin residue or dust left on typodont
		The surface of the restoration is rough and/or porous or the restoration is fractured	Lack of interproximal contact as determined by eye or excessive interproximal contacts which cause the adjacent tooth/teeth to move	Connector is incorrectly positioned (>2 mm out of position) and of severely improper dimensions	
		The internal form grossly deviates from the shape of the abutment and there is total lack of retention and resistance.	Pontic has a concave tissue surface contour and/or has no interproximal embrasures.	Occlusal contact on restoration prevents other teeth from contacting as determined by eye or restoration lacks any occlusal contact as visible by eye There is premature contact in excursive movement	

3rd Year Typodont Competency Assessment

Rev. 5/2015

3RD YEAR TYPODONT

**Prosthodontic Competency Assessment
Fixed Partial Denture (teeth 19-21)**

Date Submitted for Evaluation _____ Student ID#/ Provider # _____

Porcelain Fused to Metal Crown Preparation #21

	Student Self Evaluation				Faculty Evaluation			
	I	II	III	IV	I	II	III	IV
FINISH LINE AND WALLS								
Deficiency: Smoothness <input type="checkbox"/> <input type="checkbox"/>	Taper <input type="checkbox"/> <input type="checkbox"/>		Undercut <input type="checkbox"/> <input type="checkbox"/>		Finish Line <input type="checkbox"/> <input type="checkbox"/>			
EXTERNAL OUTLINE								
Deficiency: Over-extended <input type="checkbox"/> <input type="checkbox"/>	Under-extended <input type="checkbox"/> <input type="checkbox"/>							
INTERNAL OUTLINE								
Deficiency: Shoulder Width <input type="checkbox"/> <input type="checkbox"/>	Under Reduced <input type="checkbox"/> <input type="checkbox"/>		Over Reduced <input type="checkbox"/> <input type="checkbox"/>					
TX MANAGEMENT								
Deficiency: Shroud/Typodont Damage <input type="checkbox"/> <input type="checkbox"/>	Wrong Tooth Prepared (IV) <input type="checkbox"/> <input type="checkbox"/>		Adjacent Tooth Damage Minor (III) <input type="checkbox"/> <input type="checkbox"/>		Adjacent Tooth Damage Major (IV) <input type="checkbox"/> <input type="checkbox"/>			

Cast Metal Crown Preparation #19

	Student Self Evaluation				Faculty Evaluation			
	I	II	III	IV	I	II	III	IV
FINISH LINE AND WALLS								
Deficiency: Smoothness <input type="checkbox"/> <input type="checkbox"/>	Taper <input type="checkbox"/> <input type="checkbox"/>		Undercut <input type="checkbox"/> <input type="checkbox"/>		Finish Line <input type="checkbox"/> <input type="checkbox"/>			
EXTERNAL OUTLINE								
Deficiency: Over-extended <input type="checkbox"/> <input type="checkbox"/>	Under-extended <input type="checkbox"/> <input type="checkbox"/>							
INTERNAL OUTLINE								
Deficiency: Chamfer Width <input type="checkbox"/> <input type="checkbox"/>	Under Reduced <input type="checkbox"/> <input type="checkbox"/>		Over Reduced <input type="checkbox"/> <input type="checkbox"/>					
TX MANAGEMENT								
Deficiency: Shroud/Typodont Damage <input type="checkbox"/> <input type="checkbox"/>	Wrong Tooth Prepared (IV) <input type="checkbox"/> <input type="checkbox"/>		Adjacent Tooth Damage Minor (III) <input type="checkbox"/> <input type="checkbox"/>		Adjacent Tooth Damage Major (IV) <input type="checkbox"/> <input type="checkbox"/>			

Provisional

	Student Self Evaluation				Faculty Evaluation			
	I	II	III	IV	I	II	III	IV
LINE OF DRAW								
MARGINS/SURFACE FINISH								
Deficiency: Smoothness <input type="checkbox"/> <input type="checkbox"/>	Excesses/Deficiencies <input type="checkbox"/> <input type="checkbox"/>		Internal adaptation <input type="checkbox"/> <input type="checkbox"/>					
CONTOUR/CONTACT								
Deficiency: Contour <input type="checkbox"/> <input type="checkbox"/>	Interproximal Contact <input type="checkbox"/> <input type="checkbox"/>		Pontic Design <input type="checkbox"/> <input type="checkbox"/>					
ANATOMY/OCCUSION								
Deficiency: Anatomy <input type="checkbox"/> <input type="checkbox"/>	Anatomy <input type="checkbox"/> <input type="checkbox"/>		Occlusion <input type="checkbox"/> <input type="checkbox"/>					
TX MANAGEMENT								
Deficiency: Shroud/Typodont Damage <input type="checkbox"/> <input type="checkbox"/>	Wrong tooth/orientation <input type="checkbox"/> <input type="checkbox"/>							

Student Comments:

Faculty Comments:

Faculty Evaluator: PASS FAIL

Overall Score:
Fail = a total of two IIIs or one IV on entire sheet.

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4th Year Typodont Competency Assessment

Rev. 5/2015

4th YEAR TYPODONT

Prosthodontic Competency Assessment Fixed Partial Denture (teeth 6-8)

Date Submitted for Evaluation _____

Student ID# / Provider # _____

Porcelain Fused to Metal Crown Preparation #6

	Student Self Evaluation				Faculty Evaluation			
	I	II	III	IV	I	II	III	IV
FINISH LINE AND WALLS								
Deficiency: Smoothness <input type="checkbox"/> <input type="checkbox"/>	Taper <input type="checkbox"/> <input type="checkbox"/>	Undercut <input type="checkbox"/> <input type="checkbox"/>	Finish Line <input type="checkbox"/> <input type="checkbox"/>					
EXTERNAL OUTLINE								
Deficiency: Over-extended <input type="checkbox"/> <input type="checkbox"/>	Under-extended <input type="checkbox"/> <input type="checkbox"/>							
INTERNAL OUTLINE								
Deficiency: Shoulder Width <input type="checkbox"/> <input type="checkbox"/>	Under Reduced <input type="checkbox"/> <input type="checkbox"/>	Over Reduced <input type="checkbox"/> <input type="checkbox"/>						
TX MANAGEMENT								
Deficiency: Shroud/Typodont Damage <input type="checkbox"/> <input type="checkbox"/>	Wrong Tooth Prepared (IV) <input type="checkbox"/> <input type="checkbox"/>							
Adjacent Tooth Damage Minor (III) <input type="checkbox"/> <input type="checkbox"/>	Adjacent Tooth Damage Major (IV) <input type="checkbox"/> <input type="checkbox"/>							

Student Comments:

Porcelain Fused to Metal Crown Preparation #8

	Student Self Evaluation				Faculty Evaluation			
	I	II	III	IV	I	II	III	IV
FINISH LINE AND WALLS								
Deficiency: Smoothness <input type="checkbox"/> <input type="checkbox"/>	Taper <input type="checkbox"/> <input type="checkbox"/>	Undercut <input type="checkbox"/> <input type="checkbox"/>	Finish Line <input type="checkbox"/> <input type="checkbox"/>					
EXTERNAL OUTLINE								
Deficiency: Over-extended <input type="checkbox"/> <input type="checkbox"/>	Under-extended <input type="checkbox"/> <input type="checkbox"/>							
INTERNAL OUTLINE								
Deficiency: Shoulder Width <input type="checkbox"/> <input type="checkbox"/>	Under Reduced <input type="checkbox"/> <input type="checkbox"/>	Over Reduced <input type="checkbox"/> <input type="checkbox"/>						
TX MANAGEMENT								
Deficiency: Shroud/Typodont Damage <input type="checkbox"/> <input type="checkbox"/>	Wrong Tooth Prepared (IV) <input type="checkbox"/> <input type="checkbox"/>							
Adjacent Tooth Damage Minor (III) <input type="checkbox"/> <input type="checkbox"/>	Adjacent Tooth Damage Major (IV) <input type="checkbox"/> <input type="checkbox"/>							

Faculty Comments:

Provisional

	Student Self Evaluation				Faculty Evaluation			
	I	II	III	IV	I	II	III	IV
LINE OF DRAW								
MARGINS/SURFACE FINISH								
Deficiency: Smoothness <input type="checkbox"/> <input type="checkbox"/>	Excesses/Deficiencies <input type="checkbox"/> <input type="checkbox"/>	Internal adaptation <input type="checkbox"/> <input type="checkbox"/>						
CONTOUR/CONTACT								
Deficiency: Contour <input type="checkbox"/> <input type="checkbox"/>	Interproximal Contact <input type="checkbox"/> <input type="checkbox"/>	Formic Design <input type="checkbox"/> <input type="checkbox"/>						
ANATOMY/OCCLUSION								
Deficiency: Anatomy <input type="checkbox"/> <input type="checkbox"/>	Occlusion <input type="checkbox"/> <input type="checkbox"/>							
TX MANAGEMENT								
Deficiency: Shroud/Typodont Damage <input type="checkbox"/> <input type="checkbox"/>	Wrong tooth/orientation <input type="checkbox"/> <input type="checkbox"/>							

Faculty Evaluator:

PASS FAIL

Overall Score:
Fail = a total of two IIIs or one IV
on entire sheet

SOM Competency #12: Restoring teeth
SOM Competency #13: Restoring partial or complete edentulous including communication and collaboration with dental laboratory services.

Removable Prosthodontics OSCE-type Assessment

Rev. 5/2015

III. Removable Prosthodontics OSCE-type Assessment

The student will challenge an online clinical OSCE-type exam focusing on all aspects of complete and removable partial denture prosthodontics. The student must pass with a minimum of 70%.

- a. *Recommended prerequisites:* Completion of a complete denture and a removable partial denture.
- b. *Remediation:* If remediation should be necessary, the student may challenge the exam an additional time. If further remediation is required, the method will be determined on a case-by-case basis after review of the student's performance on the exam and in clinic.

When the student is prepared to challenge the assessment, he/she must notify Dr. Duncan via email. It will be offered twice a month on scheduled Mondays and Thursdays.

The following outline provides the student with a guide to prepare for the Removable Prosthodontics Competency Assessment. The course manuals and lectures posted on Blackboard from the Complete Denture and RPD courses should be used for reference. The OSCE will assess the student with clinically based questions from the objectives listed below.

Learning Objectives

I. Complete Denture Prosthodontics

A. Denture Bearing Tissues:

1. Recognize normal, healthy denture bearing tissues.
2. Distinguish between favorable and unfavorable edentulous ridge contours, arch shapes and other anatomic supporting structures for denture wear.
3. Identify common pathologic conditions commonly associated with denture wear.
 - a. Inflammatory papillary hyperplasia
 - b. Epulis fissuratum
 - c. Angular cheilitis
 - d. Combination syndrome
4. Identify non-pathologic conditions of the hard and soft tissues that will require surgical intervention.

B. Complete Denture Impressions

1. Describe the appropriate techniques for accurately manipulating alginate for a final impression for an edentulous arch.
2. Recognize an acceptable final alginate impression of either edentulous arch.
3. Describe the impact of an unacceptable impression on the outcome of the final prosthesis.

C. Complete Denture Master Casts

1. Describe the appropriate techniques for use of the dental stone used for pouring complete denture master casts.
2. Recognize an acceptable edentulous master cast for either edentulous arch.
3. Describe the impact of various types of unacceptable master casts on the outcome of the final prosthesis.

D. Complete Denture Bases

1. Recognize acceptable laboratory processed denture bases.
2. Recognize a properly adapted denture base with the use of pressure indicating paste.
3. Identify properly extended denture base flanges.
4. Recognize an adequate or inadequate posterior palatal seal.

E. Complete Denture Occlusion Rims and Mounting Casts

1. Identify properly contoured occlusion rims prepared for initial jaw relationship records.
2. Identify properly fabricated mounting casts.

F. Jaw Relationship Records for Complete Dentures

1. Recognize the appropriate sequence for obtaining jaw relationship records and understand the rationale for this sequence.
2. Describe the proper use of a facebow.
3. Describe the techniques for recording centric relation including the materials and their manipulation.
4. Recognize an accurate centric relation record.
5. Recognize what is appropriate lip support, incisal edge length, midline and VDO with occlusion rims.

G. Esthetic Try In for Complete Dentures

1. Recognize the appropriate sequence for procedures at the esthetic try in appointment and understand the rationale for this sequence.
2. Identify an esthetic denture arrangement including the following:
 - i. Appropriate midline
 - ii. Appropriate shade of denture teeth
 - iii. Appropriate arrangement of denture teeth relative to the smile line, buccal corridor, and plane of orientation.
 - iv. Appropriate lip support and incisal edge length
 - v. Appropriate appearance of vertical dimension
3. Describe the technique for verifying centric relation on the articulator.
4. Describe factors that would indicate the vertical dimension is either excessive or insufficient.

H. Processing of Complete Dentures

1. Recognize a properly processed denture.
 2. Understand the potential reasons for receiving a denture back from the lab with errors in processing or finishing. Such errors might include the following:
 - i. Porosity of the denture base
 - ii. Flanges shorter or longer than desired
 - iii. Tooth position altered
 - iv. Vertical dimension altered
 - v. Positives or negatives in the denture bases
- I. Delivery of Complete Dentures
1. Recognize a properly fitting denture.
 2. Describe the indications for performing a clinical remount and the techniques involved in a clinical remount.

II. Removable Partial Denture Prosthodontics

A. RPD Supporting Tissues:

1. Apply the same criteria as listed in "I. 1." above for complete dentures to the supporting tissues for partial dentures.
2. Evaluate teeth and determine their prognosis and potential acceptability as abutments for a partial denture.

B. Designing RPD frameworks

1. Identify the proper use of all components of an RPD based upon the appropriate principles of design and biomechanics. (Review the corresponding lectures/discussions from the RPD course.)
2. Apply the essential biomechanical principles relative to designing all classifications of partial dentures.
3. Utilize the "standard" design concepts all classifications of partial dentures.

C. RPD Mouth Preparation, Impressions, and Master Casts

1. Recognize the indications for altering the axial height of contour on abutment teeth.
2. Describe the appropriate sequencing of mouth preparation.
3. Recognize the appropriate shape and dimensions of occlusal and cingulum rests and describe the consequences if these rests are not correctly prepared.
4. Describe the factors involved in generating an accurate final impression.
5. Recognize an acceptable RPD impression.
6. Identify the properties of an acceptable RPD master cast.

D. RPD Framework Fabrication and Try-In

1. Create a work authorization for a removable partial denture framework and describe which casts must be submitted and how they must be prepared for fabrication of a removable partial denture framework.
2. List the steps in fitting and seating a removable partial denture framework.
3. Recognize the indications for remaking a framework.

E. Jaw Relationship Records for RPDs

1. Describe the materials and technique involved in fabricating record bases and occlusion rims for RPDs.
2. Recognize when a record of maximum intercuspation can be used versus a centric relation record for mounting RPDs.

F. Esthetic Try In RPDs

1. The student should be able to recognize the indications for an esthetic try-in with an RPD.
 - i. The student should be able to apply all the same principles of evaluating esthetics as described above for complete dentures.
2. Describe the principles of RPD occlusion and how to obtain them.

G. Processing of RPDs

1. Recognize how processing may alter the fit the RPD framework.

H. Delivery of RPDs

1. Recognize a properly fitting partial denture after the acrylic portions have been processed to it.
2. Recognize appropriate occlusion with the RPD and remaining natural dentition.
3. Evaluate properly fitting clasps.
4. Recognize when a RPD needs to be remade.
5. List appropriate post-insertion instructions for the patient.

Single Crown Portfolio Assessment

Rev. 5/2015

IV. Single Crown Portfolio Assessment

Students must complete the following procedures:

1. Preparation
2. Provisional
3. Impression
4. Mounting of casts, die trimming, lab authorization
5. Delivery

Particulars:

- Natural teeth only, no implants
- P&C teeth ok, bridge abutments ok, previously crowned teeth ok
- No requirements of proximal contacts or occlusion
- Each step does not have to be on the same tooth or for the same patient
- Student must have completed the work with minimal faculty assistance for the “step” to qualify

Requirements for each step:

- Photo documentation (student’s responsibility)
 - Intraoral photos—
 - Occlusal and buccal of preparation, provisional (after cementation) and final crown (after cementation)
 - Casts—occlusal and proximal view of pindexed tooth, view of articulator with casts mounted
 - Impression—showing all teeth
- Faculty evaluation done in axiUm
 - Uses current global assessment—all steps must be satisfactory
- Competency step codes will be added to axiUm and will need to be “swiped” by faculty like any other procedure
 - Students will be responsible for adding the additional codes.
 - 2000.1, 2, 3, 4, 5 (one for each of the steps above)
 - Students will receive 2 RVUs for each step completed.

Students will be required to submit a PowerPoint presentation with the above photos to Dr. Duncan. This must include “mini-self-reflection” for each of the five steps above, which should include a critique of work, challenges encountered, things learned, etc. It should not be simply a description of the work submitted.

Successful completion is required to be considered for graduation at the 4th year April APC meeting.

EVALUATION CRITERIA FOR SINGLE CROWNS

1. Preparation

- a. Occlusal/Incisal Reduction
 - Satisfactory – 1.5 mm for Full Gold crowns; 2.0 mm for PFM crowns
 - Unsatisfactory – excessive reduction or inadequate clearance
- b. Facial/Lingual Reduction
 - Satisfactory – 1.0 mm F/L for FGC; 1.5 mm for F for PFM crown
 - Unsatisfactory – insufficient reduction for placement or over-reduction
- c. Proximal Reduction
 - Satisfactory – reduction for replacement
 - Unsatisfactory – excessive proximal reduction; proximal contact not broken
- d. Retention & Resistance Form
 - Satisfactory – 12-16° taper of opposing walls; minimum 3 mm axial wall height
 - Unsatisfactory – over-tapered or undercut
- e. Finish Lines and Surface Finish
 - Satisfactory
 - visible, smooth, continuous finish lines, placement on sound tooth structure
 - exhibit the proper configuration (chamfer or shoulder)
 - proper location to achieve desired esthetic result
 - placed in proper location to tissue
 - Unsatisfactory feather edge or lipped shoulder margin
 - impingement on gingival attachment
 - surface finish is rough, irregular, sharp
- f. Caries, Pulp Exposure, Damage to Adjacent Tissues
 - Unsatisfactory
 - caries remaining or mechanical pulp exposure
 - mutilation of soft tissues
 - damage to adjacent tooth or restoration during preparation

2. Provisional Restoration

- a. Occlusion – Natural teeth should contact the same with the provisional as without the provisional
 - Unsatisfactory – Provisional prevents contact of natural teeth/normal occlusion or has no visible occlusal contact
- b. Marginal adaptation
 - Unsatisfactory

- open, short margins
- overhanging margins
- soft tissue impingement
- c. Proximal contact - visible contact should be present and verified with floss
- d. Esthetics, contours - the provisional should exhibit proper esthetics, contour, embrasures, occlusal form and surface finish
- e. Cementation - excess cement should be removed to prevent gingival irritation and maintain gingival health

3. Impression

- a. Isolation and retraction - Unsatisfactory:
 - inadequate retraction
 - excessive force in placement of retraction cord
 - excessive use of chemical hemostatic agents
 - moisture or hemorrhage which prevents making an adequate impression
- b. Margins - Unsatisfactory:
 - finish lines not visible
 - voids on finish lines
 - debris on finish lines
- c. Voids in critical areas - Unsatisfactory:
 - voids in impression near preparation or occlusal surfaces that would make mounting difficult
 - distortion of teeth that will not allow for correct mounting

4. Laboratory Work to be Submitted

- a. articulated casts
 - articulation correct
 - opposing cast in good condition
 - mounted working cast, opposing cast and articulator are neat and clean
 - cases involving bridges, canines or multiple units must be mounted on a semi-adjustable articulator
- b. die work
 - correctly trimmed
 - finish line well-defined, and carefully marked with red pencil
 - stable and seated completely
- c. interocclusal record (if indicated)
- d. second pour of final impression (solid cast)
- e. final impression

- f. diagnostic wax up (when appropriate)
- g. opposing occlusion rim or denture set-up (when appropriate)
- h. work authorization in Axium
 - whenever possible, should be signed by the preceptor who you made the impression with in clinic
 - preceptor signature is only obtained when all materials are present for evaluation (mounted casts with trimmed dies, solid cast, complete work authorization)


5. Delivery

- a. Occlusion - Unsatisfactory:
 - supraocclusion; infraocclusion
 - eccentric interferences
 - inadequate occlusal morphology from extensive adjustment
- b. Marginal adaptation - Unsatisfactory:
 - open or short margins
 - overhanging or bulky margins
- c. Proximal contact - Unsatisfactory:
 - open contact
 - excessively tight contact
 - improper location of contact
- d. Surface finish - the restoration should exhibit a smooth, highly polished surface
- e. Esthetics - patient must approve of esthetics prior to cementation. Crown should have appropriate shade (unless FGC) and contours to match adjacent teeth.
- f. Cementation - Unsatisfactory:
 - inadequate isolation
 - crown not fully seated
 - failure to remove cement completely from tooth and margin
 - inappropriate selection of cement for situation


POWERPOINT TEMPLATE FOR SINGLE CROWN PORTFOLIO ASSESSMENT

Preparation

Occlusal View



Buccal View




Self-Assessment/Reflection


1

Provisional

Occlusal View



Buccal View




Self-Assessment/Reflection

2

Impression

Occlusal View




Self-Assessment/Reflection


3

Die and Mounted Casts

Trimmed die in arch



Mounted casts showing articulator and die




Self-Assessment/Reflection


4

Delivery

Occlusal View



Buccal View



Self-Assessment/Reflection

5

Laboratory Global Assessment

Rev. 5/2015

V. Laboratory Global Assessment

The Laboratory Global Student Assessment is done by the Dental Arts Center laboratory technicians based on their interactions with the students in the management of the laboratory work on their prosthetic cases. The technicians assess the students with the same criteria utilized in the Daily Global Assessments done in clinic: professionalism, patient management and performance at expected level towards competence. The Predoctoral Prosthodontics Director receives the report from the Dental Arts Center on a bimonthly basis and incorporates the assessment into the overall general assessment for the student when reporting to the Academic Performance Committee.

Clinical Prosthodontic Program Assessment

Rev. 5/2015

VI. Clinical Prosthodontic Program Assessment

At the end of each clinic session, the faculty will assess the student utilizing the school's Daily Global Assessment. Areas for assessment are listed in the table below. The list is based upon the form in axiUm, which is meant to provide examples but is not meant to be comprehensive. This daily evaluation allows the faculty to assess the student in the areas of professionalism, patient management and performance at the expected level towards competence. The last category encompasses knowledge, technical and psychomotor skills. Each clinic session is graded as satisfactory or needs improvement. A satisfactory mark signifies acceptable performance in all three categories. A grade of "needs improvement" signifies a less than acceptable performance for that session in any of the evaluated areas. To successfully complete the clinical phase of Prosthodontics, a student must maintain a cumulative average of 90% of satisfactory session evaluations. For example, if a student has 20 session grades in two months, at least 18 must be satisfactory. The evaluations for each student are reviewed by the Predoctoral Prosthodontics Director prior to Academic Performance Committee meetings. If a student is found to be below the 90% benchmark, then the student is counseled on the necessary measures to remediate their deficiencies.

The evaluation system measures the degree of mastery of the student for each clinic session. All clinic sessions are evaluated and all clinic sessions are weighted the same. The procedure performed is not the basis of evaluation. Appropriate performance for the clinic session is the subject of evaluation. Protection of the patient, provision of optimal dental care and efficient clinical education are the goals of the faculty and the focus of the evaluation system.

Daily Global Assessment Categories		
Professionalism	Patient Management	Performance
Professional attire	Patient presentation	Time management
Constructively accepts/acts on feedback	Infection control protocol	Documentation of patient care
Treats others courteously	Preparedness	Self-assessment
Ethical standards/behavior	Management of pain or anxiety	Critical thinking
		Demonstrate independence
		Skill level for stage of development

Treatment Planning

Treatment Planning Competency Assessment I (Year 3)

Treatment Planning Competency Assessment II (Year 4)

Administered through Blackboard