King Abdulaziz University FACULTY OF DENTISTRY

Pediatric Dentistry Division

Students self evaluation

Clinical competency for examination & treatment planning

Stu	udent Patient Patient				
File	e # Instructor signature				
1= unsatisfactory 2= minimally competent 3= competent			4= outstanding		
A.	Patient's Personal Data				
В.	Patient's Systemic and Dental Health Evaluation:				
	 All questions on the medical history answered. 	1	2	3	4
	 All questions on the dental history answered. 	1	2	3	4
C.	Clinical Examination				
	1. Head and neck	1	2	3	4
	2. Soft Tissue Evaluation: Gingiva, mucosa, etc.	1	2	3	4
	3. Oral hygiene	1	2	3	4
D.	Occlusion and Orthodontic Evaluation				
	Skeletal and soft tissue relationships (concave, convex,				
	straight)	1	2	3	4
	Dental relationship				
	a. Molar relationship	1	2	3	4
	b. Cuspid relationship	1	2	3	4
	c. Midline relationship	1	2	3	4
	d. Open-bite, overbite, overjet	1	2	3	4
	e. Cross-bites	1	2	3	4
	3. Habits	1	2	3	4
	4. Arch space	1	2	3	4
	5. Eruption sequence	1	2	3	4
	6. Summary of orthodontic relationships and				
	recommendations for treatment:				
	a. Mixed dentition analysis	1	2	3	4
	b. Study models	1	2	3	4
	c. Cephalometrics	1	2	3	4
	d. Consultation	1	2	3	4
	e. Referral	1	2	3	4
E.	Dental Charting:				
	1. Teeth present or absent	1	2	3	4
	2. Existing restorations	1	2	3	4
	3. Presence of dental decay	1	2	3	4
	4. Fractures	1	2	3	4
	5. Developmental anomalies	1	2	3	4

F.	Considerations for Radiographic Diagnosis:							
	a.	Be sure films are mounted properly.	1	2	3	4		
	b.	Correspond films with clinical charting while diagnosing.	1	2	3	4		
	C.	Completing the following steps in order will aid in						
		securing a comprehensive diagnosis:						
		 Examine the quality of the bony structure. 	1	2	3	4		
		Examine the number of teeth present.	1	2	3	4		
		3. Examine the stage of development and eruption.	1	2	3	4		
		4. Examine the position of the teeth.	1	2	3	4		
		5. Then examine each tooth and area for carious						
		lesions, developmental disturbances, external and	1	2	3	4		
		internal resorption, etc.						
G	Co	nsiderations for Treatment Planning:						
٥.	1.	Prevention of caries is emphasized in initial	1	2	3	4		
		appointments.	_	_	3	,		
	2.	QUADRANT dentistry is one of the main emphasis						
		points.						
		A. Handle emergency situation first if patient present						
		with emergency should be treated.	1	2	3	4		
		B. Keep the first restorative appointment relatively						
		simple to introduce the child to operative						
		procedures as easily as possible	1	2	3	4		
		C. The second operative appointment should start						
		with those procedures most needed.	1	2	3	4		
		D. Proceed with treatments in most logical order. Eg.,						
		no bimandibular blocks, etc.	1	2	3	4		
		E. Last appointment is for polishes, pit and fissure						
		sealant, and bitewings, if applicable.	1	2	3	4		
	3.	Appliances will be left until after all operative has been						
		completed in that arch. Band adaptation may take place	1	2	3	4		
		earlier.						
	4.	The recall period of 3 to 6 months.	1	2	3	4		
If s	tude	ent receives a 1 in any category, it will constitute a failure.						

☐ Fail		Pas
--------	--	-----

Failure to:

- 1. Be familiar with the health questionnaire = a grade of "1"
- 2. Recognize skeletal and soft tissue relationship = a grade of "2" or less
- 3. Recognize molar relationship, obvious presence of a habit, pathology of soft or hard tissue (not including pit caries) = grade of no more than "2".
- 4. Properly summarize the data and make proper recommendations for treatment = a grade of no more than "2".
- 5. Recognize apparent dental caries including pits and fissures and defective restorations = a grade of "2" or below.
- 6. Mark teeth that are present grade of "2" or less.
- 7. Incorporate recommended orthodontic procedures in their proper place = 2 or less
- 8. Utilize the quadrant approach = 2 or less
- 9. Note contra-indicated treatment or drugs = 1
- 10. Formulate an organized, logical sequence of treatment: initial attempt = 3; second attempt = 2; other = 1