

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

REMOVABLE PARTIAL DENTURE COMPETENCY TEST

Student Name:

Reg No:

| Domains | Infection control Satisfactory[S] Nor | Satisf | | 1 | | |
|---|---|----------|---|----|--|--|
| Ethics & | Clearly explained the procedure to the patient and obtained aconsent from him. | S | Unable to clearly explain the procedure and obtain consent from the patient | N | | |
| Professionalism | | | | | | |
| Patient safety | Informed Knowledge about the importance of sterilization and disinfection protocols Reviewed the Medical history | S | Lack of knowledge about the importance of sterilization and disinfection protocols Failed to review the medical history | NS | | |
| | Verbal communication Meets expecta | tions (| (MF) / Needs improvement (NI) | | | |
| Communication | Clearly explained to the patient about the procedure and cost of the treatment | ME | Not Clearly explained to the patient about the procedure and cost of the treatment | N | | |
| skills | Non-verbal communication Meets exp | oectatio | | | | |
| | Listened to the patient and responded to his/her query | ME | Inattentive to the patient | NI | | |
| | Planning for procedure Meets expect | ations | (ME) / Needs improvement (NI) | | | |
| | Thorough knowledge about the importance of patient selection, case history, diagnosis, treatment planning, interpretation of radiographs and investigations | ME | Lacks Knowledge about the importance of patient selection, case history, diagnosis, treatment planning, interpretation of radiographs and investigations | N | | |
| | Preparation for procedure Satisfacto | ory (S)/ | 'Non satisfactory(NS) | | | |
| | Clear understanding of patient and operator ergonomics during impression making. Knowledge about selection of impression trays, impression techniques and impression materials of choice | S | Inadequate knowledge about patient and operator ergonomics during impression making. Lack of Knowledge about selection of impression trays, impression techniques and impression materials of choice | N | | |
| | Performing the procedure | | | | | |
| | Kennedy's class I, II,III, IV partially | P | | | | |
| Diagnostic and technical skills | edentulous condition 1.U/L primary impressions: Proper tray selection/adequate extension 2.Border molding and pick up impression (IF NEEDED): 3 Interocclusal record (IF NEEDED) 4. Teeth selection according to patient factors 4. Try in: esthetically pleasing trial dentures without altering patient's natural occlusion 5. Insertion :partial dentures with adequate extension, esthetics and occlusion 6. Post insertion instructionscorrectly explained | S | Incorrect tray selection/inadequate extension improper border molding and pick up impression Incorrect recording of interocclusal record Teeth selected not considering patient factors Try in : unesthetic dentures altering patient's natural occlusion Insertion: partial denture with inadequate extension, esthetics & occlusion Post insertion instructions not correctly explained | N | | |
| l performance: Satis ure of Head of Depa | U | ME | PRINCIPAL ZIA COLLEGE OF DENTAL ZIA COLLEGE OF DENTAL DENCES AND RESEARCH DENCES AND RESEARCH OF DENTAL SCORE OF DENTAL SCORE DEMONOR POLICY | | | |



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

DEZIA CERTIFICATE OF COMPETENCY/COMPLETION OF INTERNSHIP

Proficiency of knowledge: Score (1-5) obtained in each domains

(1-Unsatisfactory 2-Needs improvement 3-Fair 4-Good 5-Excellent)

| DOMAINS | | SCORE |
|---|--|-------|
| FIELD VISITS | Visit to PHC/Anganwadi/Tobacco cessation clinic/Palliative care centre/Old age home/school/Juvenile home | |
| ACTIVITIES DONE IN OUTREACH PROGRAMMES | Projects/Health education materials Conducting health education programmes Screening | |
| ETHICS AND PROFESSIONALISM | Capacity to work as a team .Conduct with staff, colleagues, nursing staffs and community stakeholders. | |
| DEMONSTATIVE SKILLS | Effective demonstration of Tooth brushing techniques and Flossing techniques | |
| TECHNICAL SKILLS | Effective demonstration of preventive procedures- Pit and fissure sealant application/Topical fluoride application | |
| RESEARCH | Short term survey/Research aptitude | |
| | Journal club discussions | |

PRINCIPAL AZEEZIA COLLEGE OF DENTAL ACCELIA CULLEGE UP DEINTAL SCIENCES AND RESEARCH MEEYYANOOR, KOLLAM-691 53



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Total Score Obtained out of 40:

| Performance Grade Obtained: | | | | |
|-----------------------------|-------|--|--|--|
| Poor | <10 | | | |
| Below Average | 11-19 | | | |
| Average | 20-27 | | | |
| Above Average | 28-34 | | | |
| Excellent | 35-40 | | | |

Note- Students failing to score less than 20 is considered as **FAIL** and will have to repeat one third of the total period of posting.

Student Name:

Reg No:

Date:

OVERALL PERFORMANCE: PASS / FAIL

SIGNATURE OF EXAMINER

SIGNATURE OF HEAD OF DEPARTMENT

AZEEZIA COLLEGE OF DENTAL PRINCIPAL ACECIA UULLEGE UF UENTAL SCIENCES AND RESEARCH MEEYANOOR, KOLLAM-691 E2-



DEPARTMENT OF PERIODONTICS

ORAL PROPHYLAXIS COMPETENCY

Student Name:

Reg No:

| Domains | | | | | | | | |
|------------------|--|------------------|--|--------|--|--|--|--|
| | Ir | nfection of | control | | | | | |
| | Independently demonstrated proper | | Cannot demonstrate proper | | | | | |
| | infection control. | PASS | infection control. | FAIL | | | | |
| Patient safety | Explained and defended with scientific | | Failed to present the case | | | | | |
| i alloni caloty | knowledge the need for the | | including the summary of findings, | | | | | |
| l | management. | PASS | the understanding of the findings | FAIL | | | | |
| | | | and the need for the management | | | | | |
| | | | proposed. | | | | | |
| | | Informed consent | | | | | | |
| | Clearly explained the procedure to the | | Unable to clearly explain the | | | | | |
| Ethics and | patient and obtained a consent from | | procedure to the patient. | | | | | |
| professionalism | him. | PASS | (Observation / asking the patient) | FAIL | | | | |
| | (Observation / asking the patient) | | | | | | | |
| | Verbal communication [Meets | s expecta | tions (ME) / Needs improvement (NI)] | | | | | |
| | Avoided the use of jargons. | | Used jargons throughout the | | | | | |
| | Provided clear explanation to the | ME | conversation and/or failed to | NI | | | | |
| | patient. | | explain clearly to the patient. | | | | | |
| Communication | Non-verbal communication [Me | ets exper | tations (ME) / Needs improvement (NI |)1 | | | | |
| skills | Listened to the patient and responded | | Inattentive to the patient. | /] | | | | |
| | to his query. | | Eye-contact was not maintained. | | | | | |
| | Demonstrated eye-contact during the | | Unable to demonstrate proper | | | | | |
| | conversation. | ME | body language and proper | NI | | | | |
| | Demonstrated proper position and | | position when providing | | | | | |
| | body language when providing | | instructions to the patient. | | | | | |
| | instructions to the patient. | | | | | | | |
| | | ming the | procedure | | | | | |
| | Independently removed local factors | | Failed to remove local factors | | | | | |
| | through supragingival and subgingival | PASS | through supragingival and | FAIL | | | | |
| Diagnostic and | scaling. | | subgingival scaling and/or unable | | | | | |
| technical skills | Independently polished the teeth. | | to polish the teeth. | | | | | |
| | No major injury to soft tissue. | PASS | Injury to soft tissue requiring any | FAIL | | | | |
| | | | surgical management. | | | | | |
| | | | Failed to demonstrate brushing | | | | | |
| | Demonstrated brushing technique and | PASS | technique and use of mouthwash | | | | | |
| | use of mouthwash | | | FAIL | | | | |
| | | | | | | | | |
| | \ | AZEE | ZIA COLLEGE OF DEINCH IENCES AND RESEARCH IENCES AND RESEARCH | | | | | |
| OVERALL PE | RFORMANCE: PASS / FAIL | SU | ZIA COLLEO IENCES AND RESEARCH IENCES AND RESEARCH IENCES AND RESEARCH IENTAL SO | | | | | |
| | | | Signature of Ex | aminer | | | | |
| | V | | | | | | | |
| Signature of H | lead of Department: | | | RE | | | | |
| - | | | DIAMOND HILLS | s// | | | | |



DEPARTMENT OF PEDODONTICS

Evaluation of the competency for minor oral procedure in children

Student Name:

Reg No:

| Domains | | | | |
|------------------------------------|---|---------------|---|----------------|
| | Ir | nfectior | i control | |
| | Independently demonstrated proper infection control. | ME | Cannot demonstrate proper infection control. | NI |
| Patient safety | Explained and defended clinical finding with appropriate investigations required and concluded with a proper treatment plan | ME | Failed to explain clinical finding with appropriate investigations and a proper treatment plan | NI |
| | | formed | l consent | |
| Ethics and professionalism | Clearly explained the procedure to the parent and caretaker and obtained a consent from his/her parent. | ME | Unable to clearly explain the procedure to the parent and caretaker . | NI |
| | Verbal communication [Me | ets exp (N | ectations (ME) / Needs improve | ment |
| Communication | Provided clear explanation to the parent or caretaker . Responded appropriately to the parent's or caretaker questions. | ME | Failed to explain clearly to the parent or caretaker. Couldnot respond appropriately to parent or caretaker questions. | NI |
| skills | Proper usage of age appropriate NPBMT technique. Proper usage of age appropriate euphemisms. | | Did not use age appropriate NPBMT technique and euphemisms. | |
| | | ation [N | Veets expectations (ME) / Needs | 5 |
| | in | proven | nent (NI)] | - |
| | Demonstrated eye-contact during the conversation with the child and parent or caretaker . Proper usage of age appropriate NPBMT technique used according to the procedure to be done | ME | Eye-contact was not maintained. .Did not use age appropriate NPBMT technique and euphemisms. | NI |
| | | pectatio | ons (ME) / Needs improvement (| [NI)] |
| Diagnostic and technical skills | Proper diagnosis and treatment plan for the case using appropriate investigations and competent in explaining the need for the treatment to the parent or caretaker. | ME | Unable to properly diagnose the case and conclude with a treatment plan using appropriate investigations and competent in explaining the need for the treatment to the parent or caretaker. | NI |
| | Pre | ventive | dental care | - |

| Use of appropriate preventive procedure Proper technique and use of pit and fissure sealants. Proper isolation for fluoride. Proper selection of tray , proper application, proper post op instructions . Oral prophylaxis | ME | Improper use of appropriate preventive procedure. Improper technique anduse of pit and fissure sealants. Improper isolation for fluoride, selection of tray, application, post op instructions. | NI |
|---|---------|---|----|
| Independently removed stains and calculus through supragingival and subgingival scaling. Independently polished the teeth. | ME | Failed to remove stains and calculus through supragingival and subgingival scalingand/or unable to polish the teeth. | NI |
| Caries rem | oval an | d cavity preparation | |
| Proper isolation, proper preparation. Pulp protection if needed Choosing of appropriate restorative material. Proper polishing and checking of occlusion | ME | Improper isolation and preparation. Improper pulp protection Choosing of inappropriate restorative material. Improper polishing and checking of occlusion | NI |
| F | Exodont | ia | |
| Proper application of topical anesthesia. Proper administration of local anesthesia. Proper positioning and extraction procedureincluding hemostasias was achieved. Prescription of Medication was correct | ME | Improper application or failed to apply local anesthesia. Choice of route and LA achieved was incorrect/ inadequate. Improper positioning and extraction procedure Failed to extract the tooth uneventfully. Prescription writing was faulty. | NI |

OVERALL PERFORMANCE: PASS / FAIL

Signature of Head of Department:

Signature of Examiner





DEPARTMENT OF ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

Student Name:

Reg No:

Date:

| Domains | | | | | |
|------------------------------------|--|----------|--|------|--|
| | l | nfection | i control | | |
| | Independently demonstrated proper infection control. | PASS | Cannot demonstrate proper infection control. | FAIL | |
| Patient safety | Explained and defended with scientific knowledge the need for the management. | PASS | Failed to present the case including the summary of findings, the understanding of the findings and the need for the management proposed. | FAIL | |
| | Ir | formed | consent | | |
| Ethics and professionalism | Clearly explained the procedure to the patient and obtained a consent from him/her. (Observation / asking the patient) | PASS | Unable to clearly explain the procedure to the patient. (Observation / asking the patient) | FAIL | |
| | Verbal communication [Meet | s expect | tations (ME) / Needs improvement (NI)] | | |
| Communication skills | Avoided the use of jargons. Provided clear explanation to the patient. Responded appropriately to the patient's questions. | ME | Used jargons throughout the conversation and/or failed to explain clearly to the patient. | NI | |
| | Non-verbal communication [Meets expectations (ME) / Needs improvement (NI)] | | | | |
| | Listened to the patient and responded to his query. Demonstrated eye-contact during the conversation. Demonstrated proper position and body language when providing instructions to the patient. | ME | Inattentive to the patient. Eye-contact was not maintained. Unable to demonstrate proper body language and proper position when providing instructions to the patient. | NI | |
| | Diagnosis/Debon | ding/ Po | lishing/Impression taking | | |
| | Independently done the extraoral, intraoral examination and diagnosis. | ME | Unable to independently do the extraoral, intraoral examination and diagnosis. | NI | |
| Diagnostic and technical skills | Independently debonded the fixed orthodontic appliance. Independently removed the composite and polished the teeth. Independently removed calculus through scaling. | | Unable to independently debond the fixed orthodontic appliance. Unable to independently remove the composite and polish the teeth. Unable to independently remove calculus through scaling. | | |
| | Independently taken upper and lower impression. | | Unable to independently take upper and lower impression. | | |



| Domains | | | | | | |
|---------|--|--------------------------------|---|----|--|--|
| | Appl | Appliance delivery/ Activation | | | | |
| | Independently fabricated the removable (retention/retraction) appliance. | PASS | Unable to independently fabricate the removable (retention/retraction) appliance. | FA | | |
| | Independently delivered the removable (retention/ retraction) appliance within 5 days of debonding/impression taking. | | Unable to independently deliver the removable (retention/ retraction) appliance within 5 days of debonding/impression taking. | | | |
| | Independently activated the removable (retention/ retraction) appliance. | | Unable to independently activate the removable (retention/ retraction) appliance. | | | |

OVERALL PERFORMANCE: PASS / FAIL

Signature of Examiner

Signature of Head of Department:

PRINCIPAL AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH MEEYYANOOR, KOLLAM-691 53 NTAL

AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

COMPETENCY FORM FOR INTERNS

Name of the Intern:

Duration of Posting:

| SI. No. | Work Done | Good | Satisfactory | Not satisfactory |
|------------|--|------|--------------|---------------------|
| 1) | Staining procedure | | | |
| 2) | Clinical case presentation/ Seminar | | | |
| 3) | Project work | | | |
| 4) | Punctuality and attendance | | | |
| 5) | Overall performance | | | |

AZEEZIA COLLEGE OF DENTAL PRINCIPAL ALELIA UULLEGE UT UENTAL SCIENCES AND RESEARCH MEEYYANOOR, KOLLAM-691 52 TA1

Assessed by:

Signature of HOD



Student Name:

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY COMPETENCY ASSESSMENT

Reg.No:

Date:

| DOMAINS | | Inf | ection Control | | | |
|---|--|---------|--|------|--|--|
| | Independently demonstrated proper infection control. | PASS | Cannot demonstrate proper Infection control. | FAIL | | |
| Patient Safety and Case Presentation | Explained and defended with scientific knowledge the need for the management. | PASS | Failed to present the case including the summary of findings,the understanding of the findings and the need for the management proposed | FAIL | | |
| | Reviewed the Medical history | PASS | Failed to review the medical history | FAIL | | |
| | Informed Consent | | | | | |
| Ethics and professionalism | Clearly explained the procedure to the patient and obtained a consent from him/her. (Observation/asking the patient) | PASS | Unable to clearly explain the procedure to the patient. (Observation/asking the patient) | FAIL | | |
| | Verbal communication[Meets Ex | pectati | ions(ME)/ Needs Improvement(NI)] | | | |
| | Avoided the use of jargons. Provided clear explanation to the patient. Responded appropriately to the patient's questions. | ME | Used jargons throughout the conversation and/or failed to explain clearly to the patient. | NI | | |
| Communication | Non-verbal Communication[Meets Expectations(ME)/Needs Improvement(NI)] | | | | | |
| Skills | Listened to the patient and responded to his query. | | Inattentive to the patient. | | | |
| | Demonstrated eye-contact during The conversation. | ME | Eye-contact was not maintained. | | | |
| | Demonstrated proper position and body language when providing instructions to the patient. | IVIL | Unable to demonstrate proper body language and proper position when providing instructions to the patient. | | | |
| | Cas | e Histo | ory | | | |
| | Able to elicit detailed Case history. Arrives at a Proper Provisional Diagnosis Aware of possible differential diagnosis | ME | Unable to elicit detailed Case history. Unable to Arrive at a Proper Provisional Diagnosis Unable to mention possible differential diagnosis | NI | | |
| Diagnostic and Technical Skills | Radiographic technique an | d Inter | pretation | | | |
| | Able to indicate the right Intraoral radiograph. Positing of Patient & X-ray cone for IOPA is correct. Knowledge and ability of processing of X-ray is good. Interpretation of Findings on the X-ray is good. | Δ. | Unable to indicate the right Intraoral radiograph. Positing of Patient & X-ray cone for IOPA is incorrect. Knowledge and ability of processing of X-ray is poor. Not aware of Amaging modalities. Unable to interpret the X-ray appropriately. EEZIA SOLACES AND RESEARCH 157 | FAIL | | |

OVERALL PERFORMANCE : PASS/FAIL

SIGNATURE OF HEAD OF DEPARTMENT

SIGNATURE OF EXAMINER



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

CARIES MANAGEMENT COMPETENCY

Student Name:

Reg No:

| Domains | | | | | |
|------------------------------------|--|-----------|--|------|--|
| | I | nfection | control | | |
| | Independently demonstrated proper infection control. | PASS | Cannot demonstrate proper infection control. | FAIL | |
| Patient safety | Explained and defended with scientific knowledge the need for the management. | PASS | Failed to present the case including the summary of findings, the understanding of the findings and the need for the management proposed. | FAIL | |
| | In | formed | consent | | |
| Ethics and professionalism | Clearly explained the procedure to the patient and obtained a consent from him/her. (Observation / asking the patient) | PASS | Unable to clearly explain the procedure to the patient. (Observation / asking the patient) | FAIL | |
| | Verbal communication [Meet | s expect | tations (ME) / Needs improvement (NI) | | |
| Communication | Avoided the use of jargons. Provided clear explanation to the patient. Responded appropriately to the patient's questions. | ME | Used jargons throughout the conversation and/or failed to explain clearly to the patient. | NI | |
| skills | Non-verbal communication [Meets expectations (ME) / Needs improvement (NI)] | | | | |
| | Listened to the patient and responded to his query. Demonstrated eye-contact during the conversation. Demonstrated proper position and body language when providing instructions to the patient. | ME | Inattentive to the patient. Eye-contact was not maintained. Unable to demonstrate proper body language and proper position when providing instructions to the patient. | NI | |
| | Moisture control [Meets e | xpectatio | ons (ME) / Needs improvement (NI)] | | |
| | Independently selected the best moisture control method for the tooth to be restored and performed tooth isolation accordingly. | ME | Unable to select the best moisture control method for the tooth and/or unable to perform tooth isolation independently. | NI | |
| Dia wa di l | Caries remo | oval and | cavity preparation | | |
| Diagnostic and technical skills | Independently removed infected dentine and preserved remaining tooth structure. Cavity size reflects the lesion size. | PASS | Unable to remove infected dentine and/or unable to preserve remaining tooth structure. Cavity is bigger or smaller than the carious lesion. | FAIL | |
| | No iatrogenic pulp exposure. and No trauma to soft tissue. and No injury to adjacent tooth/teeth. | PASS | Injury to pulp. or Trauma to soft tissue. or Injury to adjacent tooth/teeth that requires management. | FAIL | |



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

CARIES MANAGEMENT COMPETENCY

| | Pulp protection (if required) | | | | |
|------------------|---|------|--|------|--|
| Diagnostic and | Independently identified the need to protect the pulp and protected the pulp accordingly. | PASS | Unable to identify the need to protect the pulp or requires faculty's help or prompting. | FAIL | |
| technical skills | Finishing and polishing (if required) and the final restoration | | | | |
| | Independently finished and polished the restoration to normal anatomical shape, form and colour (composite) including occlusion. | PASS | Unable to finish and polish the restoration to normal anatomical shape, form and colour. | FAIL | |

OVERALL PERFORMANCE: PASS / FAIL

Signature of Examiner

Signature of Head of Department:





DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY EXODONTIA COMPETENCY TEST

Student Name:

Reg.No:

Date:

| DOMAINS | Infection Control | | | |
|---------------------------------------|---|--------|---|------|
| | Independently demonstrated proper infection control. | PASS | Cannot demonstrate proper Infection control. | FAIL |
| Patient Safety | Explained and defended with scientific knowledge the need for the management. | PASS | Failed to present the case including the summary of findings, the understanding of the findings and the need for the management proposed | FAIL |
| | Reviewed the Medical history | PASS | Failed to review the medical history | FAIL |
| | Informed Consent | | | |
| Ethics and professionalism | Clearly explained the procedure to the patient and obtained a consent from him/her. (Observation/asking the patient) | PASS | Unable to clearly explain the procedure to the patient. (Observation/asking the patient) | FAIL |
| | Verbal communication[Meets Expectation | s(ME)/ | Needs Improvement(NI)] | • |
| | Avoided the use of jargons. Provided clear explanation to the patient.Responded appropriately to the patient's questions. Provided clear post OP instructions | ME | Used jargons throughout the conversation and/or failed to explain clearly to the patient. Post OP instructions were not clear / complete | NI |
| Communication Skills | Non-verbal Communication[Meets Expectations(ME)/Needs Improvement(NI)] | | | |
| | Listened to the patient and responded to his query. Demonstrated eye-contact during The conversation. Demonstrated proper position and body language when providing instructions to the patient. | ME | Inattentive to the patient. Eye-contact was not maintained. Unable to demonstrate proper body language and proper position when providing instructions to the patient. | NI |
| | Planning for procedure [Meets Expectations(N | E)/Nee | ds Improvement(NI)] | |
| Diagnostic and Technical Skills | Planning of procedure(including interpretation of radiographs & investigations done) Note if any problems anticipated | ME | Unable to adequately plan the procedure (including interpretation of radiographs & investigations done) Does not anticipate problems. | NI |
| | Preparation for procedure | | | |
| | Position of patient and operator is appropriate. Operator is in appropriate protective gear. Applies topical anaesthetic | | The position of the patient and operator is incorrect. Operator is not in appropriate protective gear. Does not apply topical anaesthetic | FAIL |
| | Performing the procedure | | | |
| | Administration of LA was adequate Infiltration /Nerve Block Surgical procedure (Extraction of tooth including hemostasias was achieved. Prescription of Medication was correct. Identified & managed any medical emergency that arose | PASS | Choice of route and LA achieved was incorrect/inadequate Failed to extract the tooth uneventfully. Prescription working was faulty. Unable to identify manage the medical emergency that arose. COLENCES AND RESEARCH COLENCES AND RESEARCH COLENCES AND RESEARCH | FAIL |

OVERALL PERFORMANCE : PASS/FAIL

SIGNATURE OF HEAD OF DEPARTMENT

SIGNATURE OF EXAMINER