

## Ras Al Khaimah College of Dental Sciences Operative Dentistry

## **Evaluation of Students' Clinical Competencies**

| Patient's Name:                 | File No: |
|---------------------------------|----------|
| Student's Name:                 | ID No.   |
| Clinical Procedure / Tooth No.: |          |

| PRO   | FESSIONALISM 10%                                       | GRADES | COMPETENCY RESULT/ COMMENTS |  |  |  |  |
|-------|--|--------|-----------------------------|--|--|--|--|
| 1     | Willingness to accepty instructions                    |        |                             |  |  |  |  |
| 2     | Time utilization/punctuality                           |        |                             |  |  |  |  |
| 3     | Adheres to rules and procedures                        |        |                             |  |  |  |  |
| PRO   | CEDURE MANAGEMENT 10%                                  |        |                             |  |  |  |  |
| 4     | Preparation for procedure/management                   |        |                             |  |  |  |  |
| 5     | Informed consent/ medical history                      |        |                             |  |  |  |  |
| 6     | Infection control                                      |        |                             |  |  |  |  |
| SKILI | LS AND PATIENT MANAGEMENT 10%                          |        |                             |  |  |  |  |
| 7     | Confidence/independence                                |        |                             |  |  |  |  |
| 8     | Interpersonal skills (patients and staff)              |        |                             |  |  |  |  |
| 9     | Perform thorough clinical and radiographic examination |        |                             |  |  |  |  |
| 10    | Patient empathy  |        |                             |  |  |  |  |
| DIAG  | DIAGNOSIS AND ISOLATION 20%                            |        |                             |  |  |  |  |
| 11    | Diagnosis*   |        |                             |  |  |  |  |
| 12    | Anesthesia   |        |                             |  |  |  |  |
| 13    | Isolation  |        |                             |  |  |  |  |
| PREF  | PARATION 25 %  |        |                             |  |  |  |  |
| 14    | Outline form   |        |                             |  |  |  |  |
| 15    | Carries removal *                                      |        |                             |  |  |  |  |
|       | Resistance form*                                       |        |                             |  |  |  |  |
| 17    | Retention form*  |        |                             |  |  |  |  |
|       | Convinience form                                       |        |                             |  |  |  |  |
|       | Pulp protection  |        |                             |  |  |  |  |
|       | Preservation of adjacent tooth/tissue                  |        |                             |  |  |  |  |
|       | ORATION 25 %   |        |                             |  |  |  |  |
|       | Restoration*   |        |                             |  |  |  |  |
|       | Occlusal/Proximal contacts                             |        |                             |  |  |  |  |
|       | Anatomy  |        |                             |  |  |  |  |
|       | Finshing   |        |                             |  |  |  |  |
| 25    | Polishing  |        |                             |  |  |  |  |

INSTRUCTOR NAME, SIGNATURE & DATE