

**Department of Restorative Dental Sciences (RDS)**

**Division of Operative Dentistry**

 **Student’s Weekly Evaluation Book**

**Student’s Name:** ………………………………………….

**Computer No. :** ……………………………………….....

**Clinical No. :** ………………………………………….

**Serial No.** **:** ………………………………………….

**Important instructions**

1. Students are responsible to complete and submit their evaluation forms in each clinical session. This weekly evaluation form proves your work and attendance.
2. Students are **very responsible** for affording suitable patients if the booking area failed to provide patients.
3. Each student **should** **be prepared ahead of time for the planned procedure.**
4. The grade for each procedure will divided into **Cavity preparation** (4 points); **restoration** (4 points); and **knowledge evaluation** (2 points) out of 10.
5. Each patient should have **an approved treatment plan** before starting any cavity preparation.
6. Students **cannot** start preparing a cavity unless approved by the instructor **even with approved treatment plan**.
7. Polishing of teeth is mandatory before any treatment plan; compromised patients or with active periodontal disease are unacceptable.
8. Polishing of amalgam is mandatory. If amalgam restoration is not polished, 20% of the points for that restoration will deducted.
9. **In order to count a treatment plan**, a minimum of **three (3)** teeth of that treatment plan must restored.
10. Student should do at least two (2) simple conservative procedures such as Fissure sealant, PRR, or class I restoration before being able to do more advance procedures.
11. If for any reason, the restoration needs to be re-done, the restoration will evaluated as a **caries control.**
12. If somebody else did the cavity, it **will not** considered as a requirement.
13. Students must complete all procedures by **11:30 a.m**. Any delay beyond that time will considered failure in time management.
14. Under any circumstances, those students not having patients **are not be allowed** to leave the clinic; however, they should assist their colleagues in treating patients.
15. When the student assists his colleague, the assisting student will get 5 points per session up to 5 clinical sessions in the whole course. After that, assisting a colleague will considered without points.
16. Radiograph duplicates of each regular patient should kept in an envelope attached to the clinical manual.
17. If a student restores 3 **(three)** teeth or more for an additional patient, he must do a treatment plan and transfer that patient to the regular patient form.

**WEEKLY EVALUATION**

1. Two proximal boxes will considered as ***one*** class II requirement, and ***one*** MOD will considered as ***one and a half*** class II requirement.
2. Two separate MO and DO cavities in the same tooth will considered as two class II requirements.
3. Any pit amalgam or composite ***will not*** considered as a requirement, but will counted for its points.
4. Class V sandwich technique (Glass Ionomer + Composite Resin) is considered as class V composite restoration or GI for the requirement.
5. Restoration of Proximal cavities on the posterior teeth by direct access will be counted as class V cavity for requirements.
6. When conventional class II or III cavity preparations are performed, routine check up for the proximal surface should be done
7. “Shuffling” of patients between students without approval of the Course Director is not allowed.
8. At the end of each clinical session, the student must enter the date, the tooth number, the class and material, the code, and the difficulty factor in the evaluation form; and have it ready for the instructor to put the evaluation and his signature. The student absolutely must account for his clinical time.
9. If the student is not sure about the code of the work he did that session, he should ask the instructor to write the suitable code.
10. A pencil ***must not*** use to fill in the patient’s file or in the clinical book. Any information or treatment plan written by a pencil ***will not*** be accepted.
11. Students ***must not*** use ink corrector, scratch out or erase any information entered. If the wrong information is filled out, student must start on another line.
12. Student ***must not*** write in the spaces used for evaluation and total points in the weekly evaluation form.
13. A tooth with more than one cavity must written separately in the operative treatment plan.
14. Students should take a bitewing radiograph after each class II restoration and save it in the envelope attached to the clinical manual.

**CLINICAL TIME REQUIREMENTS**

1. If the student is late more than 15 minutes, he/she is not allowed to work in the clinic.
2. To meet the requirements of the clinic, it expected to have patient’s procedure completed no later than 11:30 AM OR 4:30 P.M., in order to allow for clean- up.
3. Evaluation to be based on observing these time requirements:
	1. Excellent - Student has work and patient is out of the clinic by

 11:30AM or 4:30 PM.

* 1. Satisfactory - Student not finished by 11:45 AM or 4:45PM.

 c. Unsatisfactory - Student not finished until after 12:00 AM or 5:00 PM

**REQUIREMENTS**

Students have to successfully finish the following minimum requirements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amalgam** | **Composite** | **Class V GI** **&/or Sandwich Technique** | **PRR** | **Treatment Plan** |
| **Class I** | **Class II** | **Class I** | **Class II** | **Class III** | **Class IV** | **Class V** | 2 | 2 | 3 |
| 3 | 2 | 3 | 2 | 3 | 1 | 2 |

* Student must complete requirements; otherwise, 4% deduction will applied for each restoration requirement not completed.
* Polishing of amalgam restorations is mandatory. If an amalgam restoration is not polished, 20% of the points for that restoration will be deducted.
* For each completed case, the student will get credit.

**OPERATIVE CLINICAL EVALUATION CODES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROCEDURE** | **CODE** | **FACTOR** |  | **PROCEDURE** | **CODE** | **FACTOR** |
| Treatment Plan | 1 | 3 |  | Class II **Proximal Box** Composite Restoration | 3.2A | 3 |
| Class I Pit Amalgam | 2.1 | 1 |  | Class II Composite  | 3.2B | 4 |
| Class I Occlusal (Simple) Amalgam | 2.1A | 2 |  | Class II Composite with B or L ext. | 3.2C | 5 |
| Class I Compound Amalgam (with B or L ext.) | 2.1B | 3 |  | Class II Composite with B and L ext. | 3.2D | 6 |
| Class I Compound (with B and L ext.) | 2.1C | 4 |  | Class II Composite MOD | 3.2E | 6 |
| Proximal Box Amalgam | 2.2 | 3 |  | Class II Composite MOD with B or L ext. | 3.2F | 7 |
| Class II Amalgam | 2.2A | 4 |  | Class III Composite  | 3.3 | 3 |
| Class II Amalgam with B or L ext. | 2.2B | 5 |  | Class IV Composite (small, chipped incisal) | 3.4A | 2 |
| Class II Amalgam with B and L ext. | 2.2C | 6 |  | Class IV Composite (medium) | 3.4B | 3 |
| Class II MOD Amalgam | 2.2D | 6 |  | Class V Composite  | 3.5 | 3 |
| Class II MOD with B or L Amalgam | 2.2E | 7 |  | Diastema Closure (no grade for cavity) | 3.6A | 6 |
| Build-up Amalgam (1 cusp missing) | 2.3A | 8 |  | Composite Resin Veneer | 3.6B | 5 |
| Build-up Amalgam ( 2 cusps missing) | 2.3B | 9 |  | Class V GIC/Compomer (small)  | 4.1 | 3 |
| Build-up Amalgam ( 3 or more cusps missing)  | 2.3C | 10 |  | Class V GIC/Compomer (medium)  | 4.1A | 4 |
| Class V Amalgam | 2.4 | 2 |  | Sandwich Technique  | 4.2 | 4 |
| Fissure Sealant (PFS)  | 3.0A | 1 |  | Caries Control Measures (one surface) | 6.1A | 1 |
| Preventive Restorative Resin (PRR) | 3.0B | 2 |  | Caries Control Measures (two surfaces) | 6.1B | 2 |
| Class I Pit Composite | 3.1 | 1 |  | Caries Control Measures (three surfaces) | 6.1C | 3 |
| Class I Composite  | 3.1A | 2 |  | Caries Control Measures (four surfaces or more) | 6.1D | 4 |
| Class I Compound Composite | 3.1B | 3 |  | Pulp Extirpation | 6.2 | 5 |
| Class II Direct Approach Composite | 3.2 | 3 |  | Assisting a colleague  | 7 | 5 points |

**Amalgam ↔ Aml, Composite ↔ Co, Temporary Restoration ↔ IRM**

**COMMENTS FORM**

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| **DATE** | **COURSE DIRECTOR’S COMMENTS** |
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**COMMENTS FORM**

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**OPERATIVE DENTISTRY**

**STUDENT’S WEEKLY EVALUATION**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cubicle No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* Regular

\* Additional

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ToothNo. | Surface | Material | Code | Factor | Grade(8) | Knowledge (2) | SIGNATURE | Total points | Req. |
| Treatment Plan | 1 | 3 |  |  |  |  |  |
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**Instructor Notes:**

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**OPERATIVE TREATMENT PLAN**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cubicle No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Serial No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Tooth****No.** | **Proposed Treatment** | **Date** | **Signature** | **Amalgam****Polish** | **Date** |
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**NON-OPERATIVE TREATMENT PLAN**

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| **Tooth****No.** | **Diagnosis** | **Referred to** | **Signature** |
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**Treatment Plan Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Operative Treatment Plan Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

**List of treated Patients:**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CALCULATION FORM- REQUIRMENTS**

**FIRST SEMESTER**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Amalgam** | **Composite** | **Class V** **GIC/****ST (2)** | **PRR** **(2)** | **Tx. Plan (3)** | **Total** **Points** | **No. of Finished****Cases** |
| **Class I** **(3)** | **Class II** **(2)** | **Class I** **(3)** | **Class II** **(2)** | **Class III** **(3)** | **Class IV** **(1)** | **Class V** **(2)** |
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**SECOND SEMESTER**

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| **Date** | **Amalgam** | **Composite** | **Class V** **GIC/****ST (2)** | **PRR** **(2)** | **Tx. Plan (3)** | **Total** **Points** | **No. of Finished****Cases** |
| **Class I** **(3)** | **Class II** **(2)** | **Class I** **(3)** | **Class II** **(2)** | **Class III** **(3)** | **Class IV** **(1)** | **Class V** **(2)** |
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**FULL YEAR REQUIREMENTS**

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| --- | --- | --- | --- | --- | --- | --- |
| **Requirement** | **Amalgam** | **Composite** | **GIC/ST****Class V** | **PRR** | **Tx. Plan** | **Total Points** |
| **Class I** | **Class II** | **Class I**  | **Class II**  | **Class III**  | **Class IV**  | **Class V**  |
| **Complete** |  |  |  |  |  |  |  |  |  |  |  |
| **Incomplete** |  |  |  |  |  |  |  |  |  |  |  |

**Total No. of Finished Cases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**