

## Form 2 of 2

## Form U (Year 4)

## МОСК

## Diagnosis and Treatment Planning Assessment (DPTA)



Academic Year 2019-20 Planning ASSESSMENT (DPTA) Peninsula Dental School																																			
S	tuden	t ID	Νι	ımbe	er												(	Can	d	ida	te	Nu	m	be	r [	Z									
D	ate	2	4	/ [	<u>.                                     </u>	2	, [	2	0																										
	Assessor (first & last name)																																		
	1336336	, (				T	- <i>,</i>		Т					Т					Γ			Τ	T			Ι	П			Τ	Τ	$\top$	$\top$		$\neg$
L																																			
С	Observation of Student																																		
	X = not attempted/failed to consider																																		
	Y = attempted but inadequate/incomplete  Z = performed adequately and completely																																		
-	регто					, u		····		,																			X			Υ		7	<u>z</u>
1	Initial	/ er	ner	gency	tre	eatm	nent	t UL	7																								T		
X = Fails to mention or prescribes antibiotics																	_																		
Y = Advises extraction as only option <b>OR</b> just states extirpation UL7  Z = Recommends extirpation and temporary restoration UL7													Ш					Ш																	
2 Oral hygiene instruction																		+																	
X = Fails to mention Y = Toothbrushing technique OR interproximal aids Z = Toothbrushing technique AND additional interproximal cleaning aids (floss/TePes)																_	_																		
															Ш		Ш																		
3 Diet analysis and advice																																			
	X = Fails to mention																																		
	Y = Diet advice only																																		
Z = Diet analysis and advice  4 Prescribes fluoride toothpaste, mouth rinse and apply fluoride varnish (2.2%) to teeth																	+																		
	Prescribes fluoride toothpaste, mouth rinse and apply fluoride varnish (2.2%) to teeth twice a year																																		
X = Fails to mention																																			
Y = Just states fluoride mouth rinse <b>OR</b> high concentration fluoride toothpaste <b>OR</b> application of fluoride varnish									n																										
	<b>Z</b> = Re																				-					uth	1								
rinse (0.05%), prescribe 2800ppm or 5000ppm fluoride toothpaste WITH CORRECT F- CONCENTRATIONS																																			
5	Supra						l su	bgir	ngiv	al d	ebr	ider	ner	nt /	/ rc	oot s	urfa	ce d	el	brid	em	nent	: (R	RSD	) of					$\dashv$			+		
	pocke																																		
	<b>X</b> = Fa <b>Y</b> = Su						•				•	_	_			_								_	fv c	∫f.									
		•		4mn		riuei	illei	it a	iiu s	uuş	sirig	ivai	uer	או וכ	uei	пеп	/ N.S	יט טו	ut	. uut	:S I	NOI	٦ŀ	Jec	ily C	וכ									
	<b>Z</b> = Su			jival d s ≥ 4r		riden	nen	t an	d sı	ubgi	ingi	val d	lebi	ride	em	ent /	root	sur	fa	ce d	leb	ride	me	ent	(RS	SD)	)								
6	6–12-			eriod	ont	al re	vie	N																											
	•		ppc laqu	e and	ble	edin	g sc	ores																											
	X = Fa																																		
	<b>Y</b> = Re		-	-				_																	_		_								
	<b>Z</b> = Respect		-							-			pe	rıo	do	ntal	trea	mei	٦t	ъ-1	LZ '	wee	KS	ıat	er A	N/	ט								
7	Remo									_			n o	r c	om	nposi	te r	esin)	) <b>(</b>	JR6	an	d LI	R5										$\top$		
	<b>X</b> = Fa																																		
	Y = Me		-																																

										PLEAS
--	--	--	--	--	--	--	--	--	--	-------



		Х	Υ	Z							
8 Root canal treatment UL7 and placement of amalgam or composite resin core											
<ul> <li>X = Fails to mention</li> <li>Y = Just states root canal treatment of UL7</li> <li>Z = Root canal treatment of UL7 and placement of core</li> </ul>											
9 Definitive restoration of UL7											
<ul> <li>X = Fails to mention</li> <li>Y = Advises cuspal coverage restoration</li> <li>Z = Advises cuspal coverage restoration and suggests example(s) - gold onlay, full gold crodirect amalgam onlay, direct composite onlay</li> </ul>	own,										
10 Treatment options for replacement of missing UR5 and UL5											
<ul> <li>Do nothing and accept space</li> <li>Partial denture</li> <li>Resin retained bridges (RRBs)</li> <li>Conventional bridges</li> <li>Dental implants</li> <li>X = Fails to mention any options or only one</li> <li>Y = Suggests two to three options</li> <li>Z = Suggests at least four options</li> </ul>											
11 Considers appropriate recall interval and long-term maintenance		Ţ									
<ul> <li>3-6 month perio review</li> <li>Long term maintenance</li> <li>6-month dental recall</li> <li>X = No mention of options</li> <li>Y = 3-6 month periodontal recall OR 6-month dental recall</li> <li>Z = Long term maintenance plan with 3-6 month periodontal recall AND 6-month dental recall</li> </ul>	recall										
12 Treatment plan listed in a logical order											
1) Emergency management of UL7 2) Prevention 3) Debridement 4) Periodontal review 5) Direct Restorations 6) Endodontic treatment of UL7 and definitive restoration (cuspal coverage) 7) Options for replacement of UR5 and UL5 8) Review and long-term maintenance plan											
<ul> <li>X = No logical order or three or more items out of unjustifiable order</li> <li>Y = Only one or two elements of the treatment plan out of unjustifiable order</li> <li>Z = All points in appropriate treatment planning order</li> </ul>											
No unjustifiable (irreversible) incorrect treatments planned - so do not include unjustifiable reversible procedures i.e.:  1) Dentures 2) Prevention 3) Referral/second opinion If additional treatments are in your opinion justifiable (e.g. direct restorations on heavily restored teeth) please do not penalise for this.  X = Two or more unjustifiable treatments planned	1										
Y = One unjustifiable treatment planned Z = No unjustifiable treatments planned											
Feedback	Feedback										
Assessor Signature:											