

MATHRUSRI RAMABAI AMBEDKAR DENTAL COLLEGE & HOSPITAL

(Founded by : Ananda Social & Educational Trust)
ISO 9001:2015 CERTIFIED

Affiliated to Rajiv Gandhi University of Health Sciences
Recognised by Dental Council of India

1/36, Cline Road, Cooke Town, Bengaluru - 560 005
Ph: 080 - 2546 0747 www.mradc.in

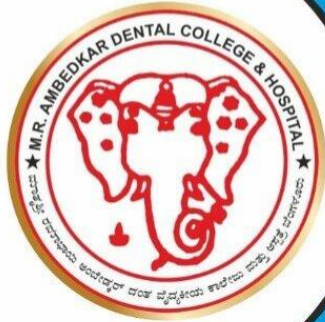
WORK PLACE BASED ASSESSMENT & SELF ASSESSMENT



P.R.P.

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DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Direct Observation of Procedural Skills (DOPS)

Date:
Examiner's Name:

DOPS Sl. No.:
Student Name:

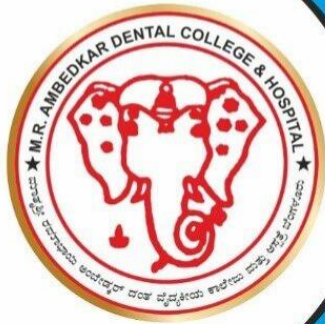
IOPA TECHNIQUE ASSESSMENT

Sl. No.	Domain - Psychomotor	Rating
1.	Did the student ensure the lead apron was put on?	
2.	Briefly explained the procedure to the patient	
3.	Prepared the unit for exposure:	
3a.	- Film placement in holder	
3b.	- Placement of barrier for film holder	
3c.	- Positioned tube head to the side of the examination area	
4.	Instructed the patient to remove all removable appliances and eyeglasses	
5.	Properly positioned the patient in the dental chair	
6.	Adjusted the X-ray unit settings (KvP, mA, and exposure time)	
7.	Sanitized hands thoroughly	
8.	Performed intra-oral examination before placement of film	
9.	Correctly positioned the receptor intra-orally based on the technique used	

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Sl. No.	Domain - Psychomotor	Rating
10.	Final positioning of the tube head for the area of examination:	
10a.	- Bisecting angle technique (reference lines and angulations)	
10b.	- Paralleling technique (alignment of the tube head to the aiming ring)	
11.	Asked the patient to bite on the bite block	
12.	Cautioned the patient not to move during exposure	
13.	Ensured all personnel stood behind the lead barrier before exposure	

Ratings Key:

N = Not Observed

D = Development Required

S = Satisfactory

O = Outstanding



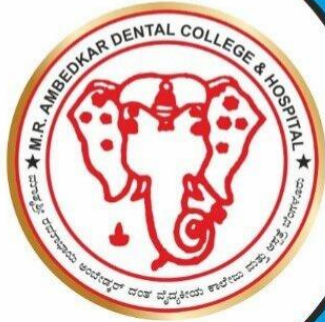
Feedback:

Assessor Signature:

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DEPRATMENT OF ORAL AND MAXILLOFACIAL SURGERY

Direct Observation of Procedural Skills (DOPS)

Date:

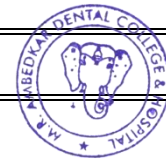
DOPS Sl. No.:

Examiner's Name:

Student Name:

TOOTH EXTRACTION ASSESSMENT

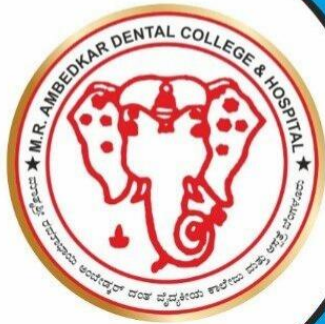
Sl. No.	Psychomotor Domain	Rating
1.	Identified the tooth indicated for extraction	
2.	Obtained informed consent after explaining the procedure and possible complications to the patient	
3.	Prepared for the procedure according to the tooth to be extracted	
4.	Proper selection of instruments	
5.	Aseptic measures followed while using the syringe	
6.	Effective nerve block administered	
7.	Landmarks for nerve block palpated and identified	
8.	Aspiration performed in two planes	
9.	Patient positioning on the dental chair was correct	
10.	Operator's position was correct	
11.	Proper instrument technique followed	



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Sl. No.	Psychomotor Domain	Rating
12.	Proper use of supporting hand	
13.	Soft tissues handled delicately	
14.	Socket effectively compressed	
15.	Gauze placement done effectively	
16.	Complications, if any, identified and managed	
17.	Postoperative instructions given effectively	

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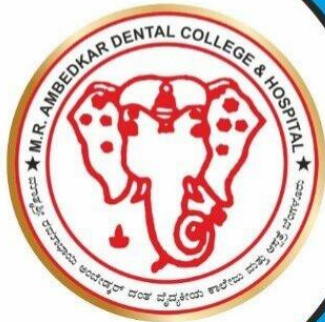
FEEDBACK:

Staff In-Charge:

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DEPRATMENT OF PROSTHODONTICS

Direct Observation of Procedural Skills (DOPS)

Date:

DOPS Sl. No.:

Examiner's Name:

Student Name:

Assessment Criteria for Primary Impression Making

Sl. No.	Psychomotor Domain	Rating
1.	Patient education and informed consent	
2.	Patient positioning and chair adjustments	
3.	Tray selection and modification	
4.	Selection and manipulation of impression material	
5.	Loading impression material onto the tray	
6.	Making the impression	
7.	Impression assessment and disinfection	
8.	Marking and recording necessary landmarks	
9.	Pouring the cast	

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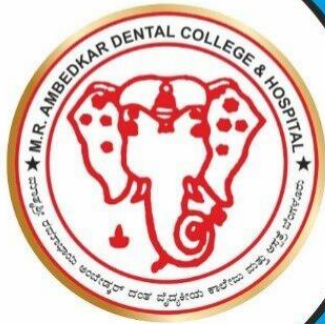
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DEPRATMENT OF PROSTHODONTICS

Direct Observation of Procedural Skills (DOPS)

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Student Name:

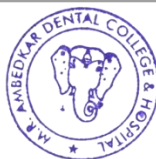
Assessment Criteria: Border Molding & Final Impression

Sl. No.	Psychomotor Domain	Rating
1.	Patient positioning and chair adjustments	
2.	Checking the special tray and making necessary modifications	
3.	Marking the PPS area	
4.	Border molding	
5.	Special tray preparation for secondary impression	
6.	Manipulation and loading of impression material	
7.	Making, inspecting, and disinfecting the final impression	

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Feedback:

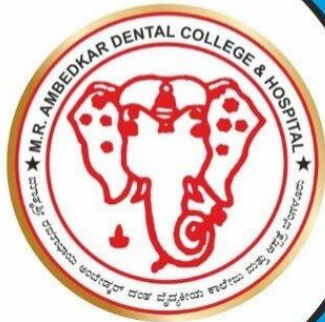
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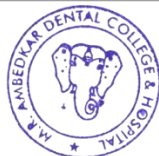
Assessment Criteria: Jaw Relation

Sl. No.	Psychomotor Domain	Rating
1.	Patient positioning, markings, and chair adjustments	
2.	Checking the temporary bases for retention, stability, and support	
3.	Adjusting the maxillary rim for lip support, fullness, and visibility	
4.	Checking the plane of orientation	
5.	Adjusting the mandibular rim for lip support, fullness, and visibility	
6.	Determining vertical jaw relation	
7.	Marking the midlines, canine line, and high lip line on the maxillary rim	
8.	Sealing the rims in centric relation	
9.	Articulation and mounting	

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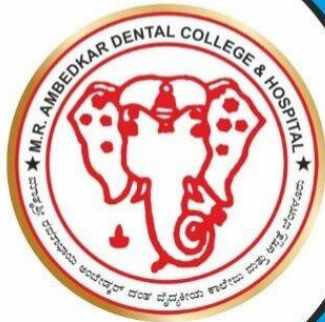
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DEPRATMENT OF PROSTHODONTICS

Direct Observation of Procedural Skills (DOPS)

Date:

DOPS Sl. No.:

Examiner's Name:

Student Name:

Assessment Criteria: Try-In

Sl. No.	Psychomotor Domain	Rating
10.	Patient positioning and chair adjustments	
11.	Assessment of the trial denture	
12.	Obtaining patient approval on the appearance of the trial denture	

Ratings Key:

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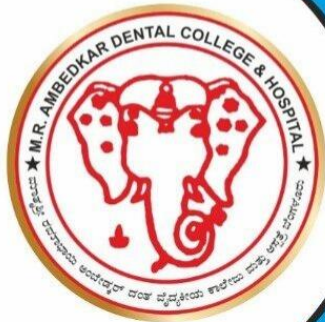
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DEPRATMENT OF PROSTHODONTICS

Direct Observation of Procedural Skills (DOPS)

Date:

DOPS Sl. No.:

Examiner's Name:

Student Name:

Assessment Criteria: Denture Insertion & Recall Checkup

Sl. No.	Psychomotor Domain	Rating
1.	Patient positioning and chair adjustments	
2.	Assessment of the final denture	
3.	Post-operative instructions and counselling	
4.	Recall checkups	

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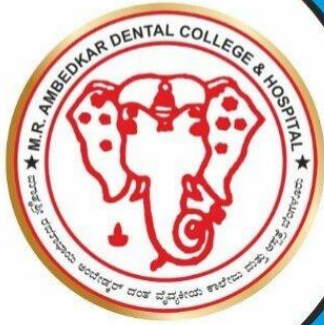
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DEPARTMENT OF PERIODONTICS AND IMPLANTOLOGY

Direct Observation of Procedural Skills (DOPS)

DATE:

Name of the student:

DOPS Sl. No:

Sr. No	Domain	Remark
1	Oral hygiene instructions given	
2	Patient education and motivation done	
3	Proper selection of instruments	
4	Proper aseptic measures followed	
5	Proper chair position maintained	
6	Obtained informed consent	
7	Explained the procedure to the patient	
8	Principles of instrumentation followed	
9	Completion of the procedure	
10	Post operative instructions given	

N= Not observed D= Development required S=Satisfactory O= Outstanding

FEEDBACK

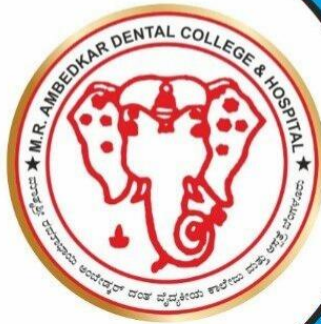


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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Direct Observation of Procedural Skills (DOPS)

DATE:

NAME OF THE STUDENT:

YEAR:

ROLL NO:

Assessment Criteria: Decayed, Missing, and Filled Teeth

Sl. No.	Psychomotor Domain	Rating
1.	Identified the case for taking case history and relevant indices	
2.	Obtained informed consent after explaining the procedure	
3.	Prepared the procedure according to the case and indices (DMFT)	
4.	Selected appropriate instruments	
5.	Conducted thorough history taking and physical examination	
6.	Were lesions clinically visible and obvious?	
7.	Did the explorer tip penetrate deeply into soft, yielding material?	
8.	Was there discoloration or loss of translucency typical of undermined or demineralized enamel?	
9.	Did the explorer tip catch or resist removal after moderate to firm pressure in pits or fissures?	
10.	Were oral hygiene instructions given effectively?	

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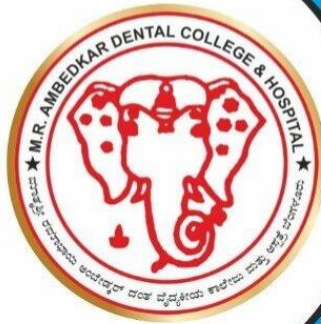
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

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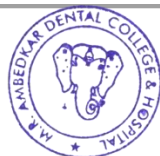
Assessment Criteria: Oral Hygiene Index - Simplified

Sl. No.	Psychomotor Domain	Rating
1.	Identified the case for taking case history and relevant indices	
2.	Obtained informed consent after explaining the procedure	
3.	Prepared the procedure according to the case and indices (OHI-S)	
4.	Selected appropriate instruments	
5.	Conducted thorough history taking and physical examination	
6.	Recorded the Debris Index - Simplified properly	
7.	Recorded the Calculus Index - Simplified properly	
8.	Performed the calculation of the index accurately	
9.	Interpreted the scores correctly	
10.	Provided effective oral hygiene instructions	

Ratings Key: N = Not Observed D = Development Required S = Satisfactory O = Outstanding

Feedback:

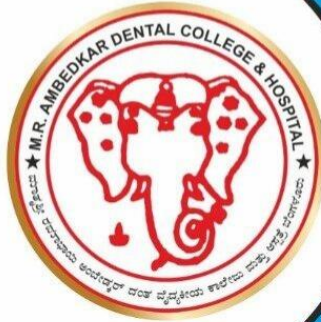
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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

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DATE:

NAME OF THE STUDENT:

YEAR:

ROLL NO:

Assessment Criteria: Oral Hygiene Index - Simplified

Sl. No.	Psychomotor Domain	Rating
1	Identified the case for taking case history and relevant indices	
2	Obtained informed consent after explaining the procedure	
3	Prepared the procedure according to the case and indices (OHI-S)	
4	Selected appropriate instruments	
5	Conducted thorough history taking and physical examination	
6	Recorded the Debris Index - Simplified correctly	
7	Recorded the Calculus Index - Simplified correctly	
8	Performed the calculation of the index accurately	
9	Interpreted the scores correctly	
10	Provided effective oral hygiene instructions	

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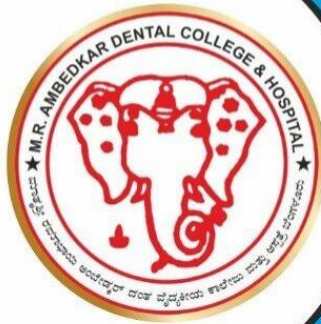
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DEPRATMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS Direct Observation of Procedural Skills (DOPS)

DATE:

NAME OF THE STUDENT:

YEAR:

ROLL NO:

NAME OF THE PROCEDURE: Evaluation of Facial Profile

Evaluation Criteria

Sl. No.	Domain	Rating
1	General etiquette and communication with the patient	
2	Correct positioning of the patient on the dental chair for examination of the facial profile	
3	Appropriate positioning of the student for patient examination	
4	Selection of appropriate instruments for examination	
5	Accurate location of required landmarks on the patient's face	
6	Proper connection of landmarks and assessment of facial profile (convex/concave/straight)	
7	Demonstration of interest in exploring the patient's concerns and expectations	

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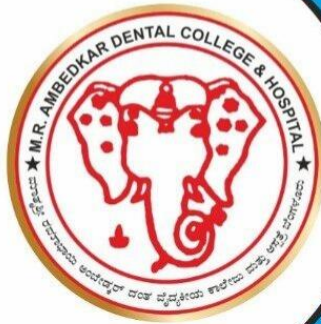
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DEPRATMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Direct Observation of Procedural Skills (DOPS)

DATE:

NAME OF THE STUDENT:

YEAR:

ROLL NO:

NAME OF THE PROCEDURE: Preclinical Procedure

Sl. No.	Domain	Rating
1	Ability to arrange all required instruments for fabrication	
2	Understanding of the task with appropriate tooth identification for cast fabrication	
3	Selection of the appropriate length of wire for fabrication	
4	Clarity on the design of the fabrication	
5	Adherence to the steps of fabrication	
6	Accurate incorporation of features into the fabrication	
7	Proper adaptation and finishing of the fabrication	

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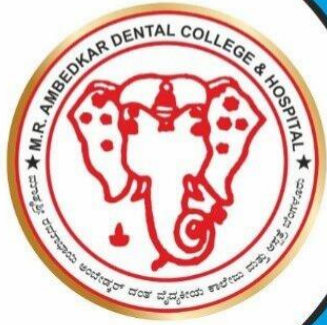
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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

DIRECTOBSERVATION OFPROCEDURALSILLS [DOPS]

DATE:

NAME OF THE STUDENT:

YEAR:

ROLL NO:

SL. NO.	DOMAIN	RATING
1	Explained the dental examination to the patient in a friendly manner	
2	Discussed treatment options, including risks and benefits, and obtained patient consent	
3	Followed infection control protocols	
4	Arranged the required set of instruments in order	
5	Completed optimal cavity preparation and tooth isolation	
6	Applied pulp-protecting agents	
7	Achieved functional occlusal anatomy in the restoration without interference	
8	Conducted finishing and polishing, and provided post-operative instructions	

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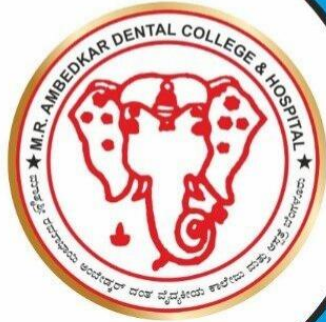
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DEPARTMENT OF ORAL MEDICINE & RADIOLOGY MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date:

Case Number:

Assessor Name:

Student Name:

Competency Level: Low ----- Moderate ----- High

Please grade the following areas using the scale mentioned below:

Area	D	S	O	N/O
History Taking				
Physical Examination Skill				
Communication Skill				
Clinical Judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

Rating Scale:

D = Development Required
Observed

S = Satisfactory

O = Outstanding

N/O = Not

Feed back by the Assessor:

Strengths:



Suggestions For Development:

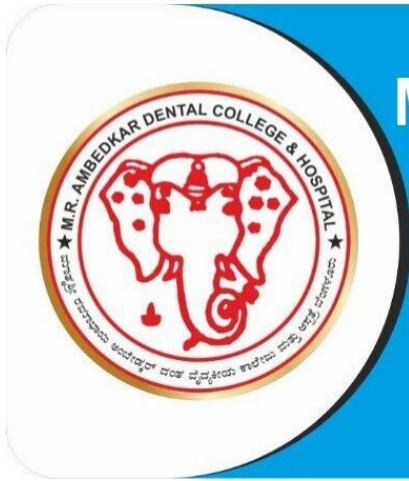
Assessor Signature:

Student Signature:

P.R.P.P.P

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Bengaluru - 560 005



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DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date:

Case Number:

Assessor Name:

Student Name:

Competency Level: Low ----- Moderate ----- High

Please grade the following areas using the scale mentioned below:

Area	D	S	O	N/O
History Taking				
Physical Examination Skills				
Communication Skills				
Clinical Judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

Rating Scale:

D = Development Required
Observed

S = Satisfactory

O = Outstanding

N/O = Not



Feed back by the Assessor:

Strengths:

Suggestions for Development:

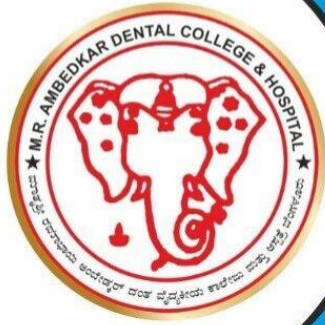
Assessor Signature:

P.R.P.

Student Signature:

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DEPARTMENT OF PROSTHODONTICS MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date:

Case Number:

Assessor Name:

Student Name:

Competency Level: Low ----- Moderate ----- High

Please grade the following areas using the scale mentioned below:

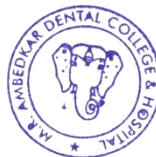
Area	D	S	O	N/O
History Taking				
Physical Examination Skills				
Communication Skills				
Clinical Judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

Rating Scale:

D = Development Required S = Satisfactory O = Outstanding N/O = Not Observed

Feed back by the Assessor:

Strengths:



Suggestions for Development:

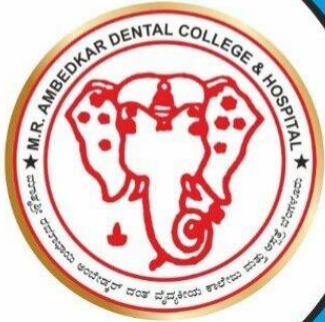
Assessor Signature:

Student Signature:

P.R.P.

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DEPARTMENT OF PERIODONTICS

MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date: _____ Case Number: _____
 Assessor Name: _____
 Student Name: _____
 Competency Level: Low ----- Moderate -----High -----

Please Grade the following areas using the scale mentioned below	D	S	O	N/O
History Taking				
Physical Examination skill				
Communication Skill				
Clinical judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

D=Development required S=Satisfactory O=Outstanding N/O= Not observed

To be completed by the Assessor:

Strengths:

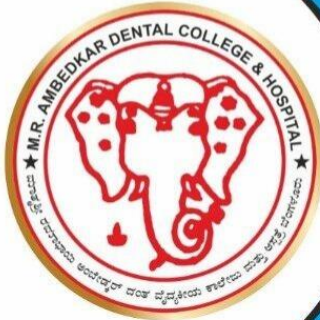
Suggestions For Development:

P.R.P.P.P

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Bengaluru - 560 005

Assessor:

Student Signature:



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DEPARTMENT OF PUBLIC HEALTH DETISTRY MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date:

Case Number:

Assessor Name:

Student Name:

Competency Level: Low ----- Moderate ----- High

Please grade the following areas using the scale mentioned below:

Area	D	S	O	N/O
History Taking				
Physical Examination Skills				
Communication Skills				
Clinical Judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

Rating Scale:

D = Development Required S = Satisfactory O = Outstanding N/O = Not Observed

Feed back by the Assessor:

Strengths:



Suggestions for Development:

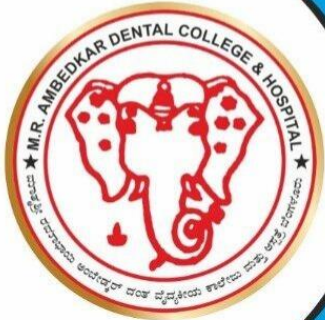
Assessor Signature:

Student Signature:

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DEPARTMENT OF ORTHODONTICS

MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date:

Case Number:

Assessor Name:

Student Name:

Competency Level: Low ----- Moderate ----- High

Please grade the following areas using the scale mentioned below:

Area	D	S	O	N/O
History Taking				
Physical Examination Skills				
Communication Skills				
Clinical Judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

Rating Scale:

D = Development Required

S = Satisfactory

O = Outstanding

N/O = Not Observed

Feed back by the Assessor:

Strengths:



Suggestions for Development:

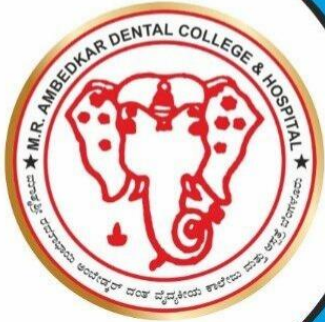
Assessor Signature:

Student Signature:

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DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date:

Case Number:

Assessor Name:

Student Name:

Competency Level: Low ----- Moderate ----- High

Please grade the following areas using the scale mentioned below:

Area	D	S	O	N/O
History Taking				
Physical Examination Skills				
Communication Skills				
Clinical Judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

Rating Scale:

D = Development Required

S = Satisfactory

O = Outstanding

N/O = Not Observed

Feed back by the Assessor:

Strengths:



Suggestions for Development:

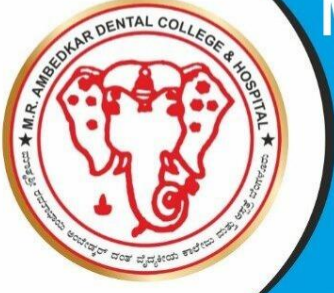
Assessor Signature:

Student Signature:

P.R.P.

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DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS
MINI-CLINICAL EVALUATION EXERCISE (CEX)

Date:

Case Number:

Assessor Name:

Student Name:

Competency Level: Low ----- Moderate ----- High

Please grade the following areas using the scale mentioned below:

Area	D	S	O	N/O
History Taking				
Physical Examination Skills				
Communication Skills				
Clinical Judgment				
Professionalism				
Time Management				
Management Plan				
Overall Clinical Care				

Rating Scale:

**D = Development Required
Observed**

S = Satisfactory

O = Outstanding

N/O = Not

Feed back by the Assessor:

**Strengths:
Development:**



Suggestions for

Assessor Signature:

Student Signature:

P.R.P. P

PRINCIPAL

**M.R. Ambedkar Dental College & Hospital
Bengaluru - 560 005**