



UAF VOL 2

ULTIMATE ADVANCE FILE

P.O.W.E.R

PREPARATION OF ADC WITH WINSPERT EXPERT REVIEW

NOTES



By Dr. Jigyasa Sharma

PROFESSIONALISM



Dear Students,

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We're committed to providing you with the best tools for your success, and we appreciate your cooperation in maintaining a fair and secure learning environment.

Thank you for your understanding and continued dedication.

Best regards,
WINSPERT TEAM



R.A.S.H TECHNIQUE

R- **RULE** OUT

A- DOES IT **ANSWER** OUR QUESTION

S- **SEQUENCE** WISE WHAT COMES 1ST

H- WHAT IS GIVEN IN THE **HISTORY**

SOLVE ADC QUESTIONS AT
lightning speed!

PROFESSIONALISM

SBQ 1

ICG SBQ: WORKING DENTIST. MOUTH MIRROR WAS DROPPED WHILE HE WAS WORKING ON THE PATIENT.

I. What are you going to do?

- A. Use chair light and work in direct vision without a mirror.
- B. Push the mouth mirror with your feet to a safe place and use a sterilised mirror
- C. Tell the assistant to pick up the mirror and sterilise immediately
- D. Remove gloves, do ABHR, put on a new set of gloves and pick up the mirror.

II. Patient is allergic to the latex of the rubber dam. What are the alternatives to latex in the rubber dam you can use?

- A. Neoprene
- B. Polyisoprene
- C. Polyacetate
- D. Polyterephthalate
- E. PVC

III. A patient came to you and while collecting case history, he was hesitant to disclose the BBV status, details regarding smoking and alcohol amount. How will you make sure he will disclose his BBV status?

- A. You will tell him that you'll ensure standard precautions for every patient
- B. You'll use transmission based precautions as his condition is highly infectious.
- C. You tell him that his medical status would be kept confidential
- D. Without disclosing you can't proceed with his treatment.

IV. How will you prepare for a procedure (scaling) when a patient reveals that he has hep b?

- A. Wear short sleeve gown and gloves over the scrubs
- B. Use Level 3 mask
- C. Tell all staff to wear respiratory filtrate mask
- D. Wear long sleeve gown

V. Before treatment what should be the sequence of donning ppe:

- A. Gown - Mask - Eye protection.
- B. Mask - Eye protection - Gown.
- C. Eye protection - Gown - Mask.

VI. After treatment what should be the sequence of doffing/removal of ppe

- A. Gloves before gown
- B. Gown before gloves
- C. Gown before mask
- D. Mask before gown or variation- mask after gown

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P.O.W.E.R NOTES SBQ 1

- I.
 - You need to use the mouth mirror for indirect vision. Option (A) is ruled out.
 - Pushing the mouth mirror with the feet is not professional. Option (B) is ruled out.
 - Both (C) and (D) options are correct. As your hands are contaminated you need to do ABHR and wear new gloves prior to pick up the instrument. Assistant doesn't need to change her gloves as her hands are not contaminated. But option (D) is an incomplete answer. So the best answer is (C).
- II.
 - According to ICG nitrile and neoprene can be used in case of latex allergies. Among the given the best answer is (A)
- III.
 - Option (A) and (C) are correct statements. But (C) is answering the given question. So (C) is the best answer.
 - Option (B) and (D) are incorrect statements. For BBV you use standard precautions.
- IV.
 - Long sleeve gown is preferred over the short sleeve gown. Option (A) gets ruled out.
 - ICG recommends level 3 masks for aerosol generating procedures. Scaling a aerosol generating process. Hep B virus is present in saliva.
 - All the staff don't need to wear the respirators. Option (C) gets ruled out.
 - Both options (B) and (D) are correct. But (B) answers the question the best.
- V. Answer on next page

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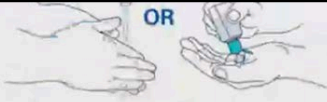
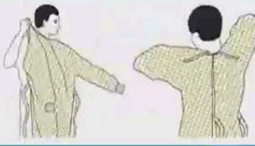


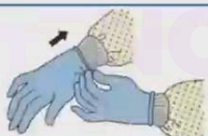
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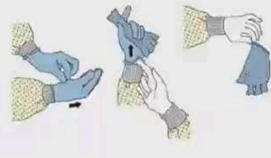
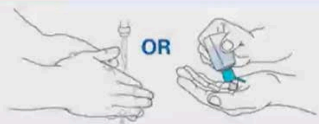



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P.O.W.E.R NOTES SBQ 1

V.

1. Perform hand hygiene <ul style="list-style-type: none"> Wash hands or use an alcohol-based hand rub. 	
2. Gown (if required) <ul style="list-style-type: none"> Fully cover torso from neck to knees, arms to end of wrists and wrap around the back. Fasten at the back of neck and waist. 	
3. Mask or particulate filter respirator (if required) <ul style="list-style-type: none"> Secure ties or elastic bands at middle of the head and neck. Fit check if using a particulate filter respirator. 	
4. Protective eyewear or face shield (if required) <ul style="list-style-type: none"> Place over face and eyes and adjust to fit. 	
5. Gloves (if required) <ul style="list-style-type: none"> Extend to cover wrist of gown. 	

1. Remove gloves <ul style="list-style-type: none"> Outside of gloves is contaminated! Grasp outside of gloves with opposite gloved hand; peel off. Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist. Discard gloves in waste container. 	
2. Perform hand hygiene <ul style="list-style-type: none"> Wash hands or use an alcohol-based hand rub. 	
3. Remove gown <ul style="list-style-type: none"> Gown front and sleeves are contaminated! Unfasten ties. Pull away from neck and shoulders, touching inside of gown only. Turn gown inside out. Fold or roll into a bundle and discard. 	
<p>Alternatively gloves and gown can be removed as one step. Then perform hand hygiene.</p>	
4. Remove protective eyewear or face shield <ul style="list-style-type: none"> Outside of eye protection or face shield is contaminated! To remove, handle by head band or ear pieces. Place in designated receptacle for reprocessing or waste container. 	
<p>Perform hand hygiene if the protective eyewear or face shield is contaminated.</p>	
5. Remove mask <ul style="list-style-type: none"> Front of mask is contaminated—DO NOT TOUCH! Grasp bottom, then top ties or elastic and remove. Discard in waste container. 	

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SBQ 2

A PATIENT COMES TO YOU AND WHILE TAKING HISTORY HE WAS RELUCTANT TO SHARE ABOUT BBV STATUS.

I. What will you tell him?

- A. Your information will be kept confidential
- B. It is mandatory to tell

II. The patient disclosed that he had Hep B 6 months back but now he is symptom free. While performing scaling, you get a prick from the scaler tip. Dentist was confident that he had got his immunity status checked recently and it was >10U/ml. Patient was asked to get his blood tested but he wasn't willing to follow your instructions. What is your next step?

- A. Get yourself checked for Hep B, C and HIV for baseline information
- B. Get an immunoglobulin dose in 48-72 hrs
- C. Check the antibody levels again for Hep B
- D. Don't do anything because you're sure that you are immune
- E. Operator need to remove the scaler tip from the handpiece

III. What will you do after the exposure to the wound?

- A. Squeeze the wound
- B. Clean with soap and water
- C. Rinse in running water for 10 min(1min)

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P.O.W.E.R NOTES SBQ 2

I. Option (A) is the best.

- II. • According to the new guidelines, if the immunity status is more than 10U/mL, doesn't require a booster dose. And doesn't required to do another test as recently a test has been performed.
- When there is an incident of exposure, the right protocol is to get baseline tested.
- Among the given the answer is (A).

Reference:

Management of a healthcare worker exposed to hepatitis B virus

	Exposed person is immune [NB1]	Exposed person is not immune		
		Unvaccinated [NB2]	Hepatitis B 3-dose vaccination completed but inadequate response (anti-HBs less than 10 mIU/mL) [NB3]	Hepatitis B vaccine nonresponders (after 6 doses of vaccine)
Source is HBsAg negative	No further action required.	Offer opportunistic vaccination: • immediately: 1st dose of hepatitis B vaccine • 1 month: 2nd dose of hepatitis B vaccine • 6 months: 3rd dose of hepatitis B vaccine, followed by anti-HBs testing 1 to 2 months later.	Offer opportunistic booster vaccination: • immediately: 1st booster dose of hepatitis B vaccine • 1 month: check anti-HBs. If less than 10 mIU/mL, give 2nd booster dose of hepatitis B vaccine, followed by a 3rd booster dose 1 month later (ie at 2 months).	No further action required.

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P.O.W.E.R NOTES SBQ 2

II. Reference:

Management of a healthcare worker exposed to hepatitis B virus

Source is HBsAg positive or status unknown	No further action required.	Manage exposure: • immediately: 1st dose of hepatitis B vaccine and one dose HBIG (at separate injection sites) [NB4] [NB5] • 1 month: 2nd dose of hepatitis B vaccine • 6 months: 3rd dose of hepatitis B vaccine, followed by anti-HBs testing 1 to 2 months later. If negative, test for HBsAg and anti-HBc to exclude acquired hepatitis B infection.	Manage exposure: • immediately: 1st booster dose of hepatitis B vaccine and one dose HBIG (at separate injection sites) [NB4] [NB5] • 1 month: 2nd booster dose of hepatitis B vaccine • 6 months: 3rd booster dose of hepatitis B vaccine, followed by anti-HBs testing 1 to 2 months later. If negative, test for HBsAg and anti-HBc to exclude acquired hepatitis B infection.	Manage exposure: • immediately: 1st dose of HBIG [NB5] • 1 month: 2nd dose of HBIG • 3 months: test for HBsAg and anti-HBc to exclude acquired hepatitis B infection • 6 months: test for HBsAg and anti-HBc to exclude acquired hepatitis B infection.
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III. Exposed wound should be cleaned with soap and water.

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SBQ 3

A NEW SURGEON JOINED THE CLINIC WHERE YOU PRACTICE. SHE IS A RECENT GRADUATE AND WANTS TO LEARN MORE ABOUT THIRD MOLAR EXTRACTIONS.

I. Before performing EPPs what does she need to provide to the clinic?

- A. Hepatitis B immunization
- B. Medical background tests

II. She performed extraction in one of the patients. The tooth was partially impacted (it was a complicated extraction) and she asked for your help regarding the painkillers to prescribe after extraction? The patient was Hep B positive.

- A. Paracetamol + ibuprofen
- B. Paracetamol + oxy
- C. Ibuprofen + Celecoxib
- D. Oxycodone only

P.O.W.E.R NOTES SBQ 3

I. Hep B immunization is needed prior doing any EEP.

- II.
 - Hep B doesn't mean that the patient is having liver cirrhosis or liver failure.
 - In chronic hep B situation, you might need to take liver function test.
 - In chronic situations you might need to avoid prescribing NSAIDs as it can have an impact on bleeding.
 - PCM + Oxycodone is given in sever pain management.
 - Both options (C) and (D) are incorrect because cannot prescribe 2 NSAIDS at once and oxycodone alone is not prescribed.
 - Both options (A) and (B) are correct but as the patient is not having any contraindication to NSAID, option (A) is the best answer.

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SBQ 4

PATIENT IS ANXIOUS ABOUT LEGIONELLA INFECTION AS SHE HAS HEARD AND READ ABOUT IT.

I. How will you assure her that your clinic is safe while providing audit document summary which includes-

- A. They get the annual service by the technician and they record it
- B. You add silver ions daily to the water bottle every time.
- C. Disinfectant suction lines with hospital grade Disinfectants daily

II. You are going to use intra oral scanners . what will you follow according to infection control guidelines on the display screen

- A. Double disinfect area
- B. Use barrier in the display screen
- C. Will not use gloved hands on display screen

P.O.W.E.R NOTES SBQ 4

I. • All the 3 options are correct.

- Patient wants to know about her safety. Suction line is another water line. Predominant water that is coming in her mouth is from the triple syringe. You need to disinfect the suction line as it takes the things away from the mouth. So, you need to clean the suction line to clean the mineral deposits and the antimicrobial load.
- Legionella infection can come from the water line where we use the triple syringe. Option (C) is a correct and important statement, but it doesn't answer the question.
- The difference between the option (A) and (B) is that, option (A) is done annually and option (B) is done on a daily basis. Option (B) is more reassuring and answering the patient's concern.

II. • We usually use barriers on the display screens, so we can touch them with the gloved hands if the barriers are already there.

- Option (B) is the best answer.

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SBQ 5

PATIENT COMES TO YOU SAYING THAT HE FEELS WELL TODAY AFTER 2 WEEKS OF TESTING POSITIVE FOR COVID-19. YOU DECIDED TO PERFORM THE PROCEDURE AND GO AHEAD WITH THE TREATMENT.

I. What precautions you and your staff must perform during the procedure/ treatment to minimise the risk of transmission?

- A. Hand hygiene and ppe (standard precautions)
- B. Double disinfection of the place where the patient was there.
- C. Remove items like magazine and toys with observe social distancing
- D. Ask the patient to perform hand hygiene and wear a mask. E. Ask staff to wear fitted respirators

II. What aseptic technique is appropriate before you start the extraction?

- A. sterile drapes on the surgical field
- B. use liquid hand wash for Hand scrubbing.
- C. disinfect the chair before the patient comes

III. Patient running late for the appointment . When do you open your instrument from the sterilized package?

- A. As soon as you put on your ppe
- B. When patient has come to reception
- C. When patient is sitting on the dental chair
- D. Before taking the case history

IV. Mouth rinse to be given?

- A. Chlorhexidine 0.12%
- B. Hydrogen peroxide 1.5%
- C. Essential oil
- D. Triclosan

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SBQ 5

P.O.W.E.R NOTES SBQ 5

- I. • Already 2 weeks are over. Standard based precautions are enough. Option (A) is the best answer.
• All other options are a part of the transmission-based precaution.
- II. • Aseptic technique requires disinfecting of the key site / area- operation area. Option (C) gets ruled out.
• In aseptic technique, you need to do both hand washing and hospital graded disinfectant together. Option (B) gets ruled out.
• Sterilized drapes on the surgical field will help to isolate the key site. Option(A) is the best answer.
- III. Instruments should be sterilized just at the point of use. Option (C) is the best answer.
- IV. • Hydrogen peroxide comes 1st in the list, but the percentage is incorrect. So, the best option is (C) among the given.
• Listerine comes 2nd in the list.
• Hydrogen peroxide is more effective in Covid virus infection. CHX is least effective.

Reference:

- There is some evidence that the following commercially available mouth rinses when used before dental treatment reduce the viral load in saliva:
 - Hydrogen peroxide (0.5-1.0%).
 - Essential oils (Listerine™).
 - Cetylpyridinium chloride (0.07-0.1%).
 - Povidone iodine solutions (0.23%-1%).
 - Chlorhexidine (0.12-0.2%).
- Freshly generated ozonated water can also be used as a preprocedural mouth rinse provided the ozone concentration is at least 0.1 ppm.

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SBQ 6

YOU ARE A PUBLIC HEALTH DENTIST IN A REMOTE AREA, WHERE THE PEOPLE IN THE AREA DID NOT HAVE ANY HEALTHY FOOD ALTERNATIVES, LACK OF AWARENESS OF ORAL HEALTH, WATER IS NON FLUORIDATED. PEOPLE HAVE LIMITED ACCESS TO DENTAL FACILITIES.

I. It was noticed there were many “preventable hospital admissions” in hospitals especially from aboriginal community. What is your approach to prevent this?

- A. Arrange community visit programs
- B. Flying in doctors for that region
- C. Educate you staff cultural approach
- D. Open more clinics
- E. Providing your services in aboriginal community hospital
- F. Asking aboriginal community for teaching hygiene to aboriginals.

II. You planned to provide pamphlets to school and community medical units in that area. What kind of approach is this?

- A. Community involvement in promoting oral health
- B. Behaviour management
- C. Health policy development

III. You ban selling of cariogenic sweet foods in school and nearby shops. What kind of approach is this?

- A. Health policy development
- B. Behaviour and community management
- C. Habit recontouring

IV. In another area you notice the people use rainwater collected in a tank to drink and they don't use fluoridated toothpaste

- A. 5000 ppm dentifrice
- B. Adding fluoride tablets (1mg /l) to the rain water tank.
- C. Asking them to drink from bottled water.
- D. No need to do anything
- E. Fluoride varnish every 3 months

V. Which factor is most significant for the dental care of the pt.

- A. Less dental professionals or less access to dental care
- B. Less nutrition foods
- C. Elderly population

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SBQ 6

P.O.W.E.R NOTES SBQ 6

- I. • These services are provided by using “fly-in-fly-out”, mobile and outreach delivery models and are funded by the commonwealth of Australia.
- In option (B), it only mentions flying doctors. So, it’s ruled out.
- Once you visit and once you are physically there, when the health care force is there the options (C), (D), (E), (F) can be done.
- To approach the “preventable hospital admissions” 1st we need to reach there.
- Among the given option (A) is the best.

Reference:

Royal Flying Doctor Service

The Royal Flying Doctor Service (RFDS) provides a comprehensive range of primary healthcare services throughout Australia. After recognising that a large proportion of people living in remote and rural Australia do not have access to a regular dental service, the RFDS established their dental service designed to support communities in country Australia. These services are provided using ‘fly-in fly-out’, mobile and outreach delivery models and are funded by the Commonwealth of Australia, state governments, private investments or the use of donor funds (Gardiner et al 2020).

The RFDS are committed to providing primary healthcare services to those in need, and, using ‘access to a primary healthcare service within a 60-minute drive time’ as one measure of reasonable access, identified that close to 119,000 people did not have access to general dental services (RFDS 2022). This included around 11,500 people in the West Pilbara region, around 10,300 in the Alice Springs region and around 9,500 in the Daly-Tiwi-West Arnhem region (RFDS 2022).

- II. • Behavior management is done individually. Option (B) gets ruled out.
- You are distributing pamphlets to schools and community education units to educate them. Option (A) is the best answer.
- You are creating a policy here. Option (C) gets ruled out.
- III. • Ban selling cariogenic sweet food in schools and near by shops is not a part of promoting health education or behavior and community management.
- That’s a health policy.

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SBQ 6

P.O.W.E.R NOTES SBQ 6

- IV. • 5000ppm dentifrices is an individual level management. Option (A) gets ruled out.
- You have no idea how much rainwater is collected to add fluoride tablets in it. Not a safe method. Drinking rainwater itself is not the safest method. Option (B) gets ruled out.
 - There are water bottles without fluoride as well. So, option (C) gets ruled out.
 - Not doing anything is not a good option. (D) gets ruled out.
 - (E) is the best among the given.

Reference:

A population that has an increased risk of tooth decay and limited access to a dental practitioner, such as remote Indigenous communities, can now access community and out-reach tooth decay prevention programs where Aboriginal and Torres Strait Islander Health Workers apply fluoride varnish.

- V. • The problem is the access to dental care, education and health promotion can go in hand and hand with that. But there should be professionals to educate them. Option (A) is the best among the given.
- For the elderly populations, they can create residential programs.
 - If food is the issue, they can easily provide food.

PROFESSIONALISM

SBQ 7

UAF SAVANNAH VARIATION (SERVICE DOG QUESTION) 14 YR OLD PT. COMPLAINTS OF PAIN AND THERE IS POSITIVE TENDERNESS TO PERCUSSION (TOP) SHE BOUGHT HER SERVICE DOG. SHE WAS EMOTIONALLY DEPENDENT ON HER DOG BENTLEY.

I. What will you consider in treating her? Treat her as the last patient of the day (this UAF option was not given)

- A. Schedule after school hours
- B. Treat as universally how patients are treated
- C. Immediately
- D. In normal clinic hours

II. How will you proceed with her treatment?

- A. Provide detailed explanation explaining the technical terms as well
- B. Providing holistic care
- C. Develop treatment involving parents/Family members in decision making (after school time) (only in some centres)

III. What was the origin of the pain? (A bitewing x-ray was given which obviously showed mesial 47 decay, Horizontal bone loss, but the same bitewing also showed 15 16 having C1 and C2 lesions not reaching dentine).

- A. Caries on 47
- B. Caries on 15
- C. Periodontal involvement
- D. Food lodgement

IV. You diagnosed irreversible pulpitis and what will you consider while treating this pt?

- A. Root is in developing process
- B. Root furcation not yet developed
- C. Root completely developed
- D. Root developed with narrow pulp canals

V. Why implant is not considered as a treatment option for a 13 year old patient?

- A. Continuing development of Craniofacial skeleton
- B. Root condition of adjacent teeth
- C. Bone quality

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DISCLAIMER

SBQ 7

P.O.W.E.R NOTES SBQ 7

- I.
 - She has a disability and she's emotionally dependent on the service dog.
 - If she has acute pulp pain, you can give her an immediate appointment. Otherwise, the better option is to give her an appointment in normal clinical hours. She might have to miss the school.
 - After school hours is the busiest time in the clinics and gets filled fast.
- II.
 - She will not understand if you try to explain her with technical terms. Option (A) gets ruled out.
 - Holistic care is an approach to healthcare that considers the whole person – physical, mental, emotional, social, and spiritual – rather than focusing solely on their physical symptoms or illness. It recognizes that these different aspects of a person's being are interconnected and that a problem in one area can affect others. The goal of holistic care is to achieve overall well-being by addressing all these interconnected aspects of a person's life.
 - Option (C) is a part of holistic care. So, it's not the best answer.
 - Option (B) is the best answer.
- III. 47 has deep caries. It can be the reason for the pain.
- IV. The 2nd molar in a 14-yr old is affected. 2nd molars erupt at 11-12 and root will not be completed at the age of 14yrs. Among the given the best answer is (A).
- V. We usually wait till the age of 18yr to give them implants because the development of the craniofacial skeleton is not completed.

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