

SKILLED OSCE

General advice:

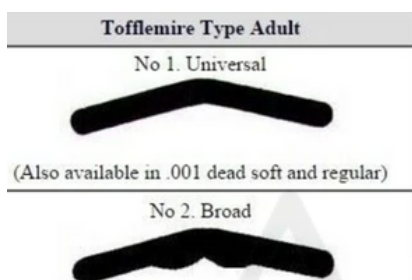
- Make sure to be thorough with infection control for these tasks.
- Check with a mirror before starting each task.
- Make sure your chair position or your standing position is correct for each task.
- You can adjust your chair and not the patient's position in the first 3 minutes, however always take permission before doing so.
- Do not touch anywhere other than reading scenarios in the first 3 minutes, unless advised by the examiner. You can ask the examiner, can I have a look around?

1. Matrix band placement

Tasks: 25 as a MO prepared cavity.

46 as MOD with missing ML or DL cusp.

Things kept in the clean area:



Tofflemire matrix band size 1 and 2.

Tofflemire retainer.

Sectional matrix system bands size: 4.5, 5.5 and 6.5

Plastic wedges.

Wooden wedges.

Gauze piece (maybe).

Transfer tray (like a kidney tray).

Tweezer to grab things from the clean area onto the transfer tray.

**Steps:**

(Suggest to use a tofflemire band along with the retainer).

In a transfer tray, carry 2 quantities of both size 1 and size 2 bands, tofflemire, gauze piece.

Drop the transfer tray gently over the bracket table.

Bracket table will already have your instruments. Including the burnisher needed for this task.

While pushing or pulling the tofflemire band use a gauze piece within the patient's mouth, as it's sharp.

For a shallow cavity, use number 1 and for a deeper cavity use number 2 band.

Make sure, the band does not impinge on gums.

Do not forget burnishing the band.

After the task is completed, mention it to the examiner. And then you can ask, can I dispose of the sharps? If yes, then dispose into a sharps container.

2. X-Ray**Tasks:**

1. Patient/ woman with pain on biting with 26. (Also practise 16, 36 and 46).
2. Patient has a vague pain on left side. (Also practise right side).
3. Patient has a fall on 11. (Can also come with 21).
4. One patient in their teenage years had an injury 1 week or 2 weeks back, 11 got affected, tooth have a grade 2 mobility and take x-rays accordingly.

2. X-Ray

Tasks:

1. Patient/ woman with pain on biting with 26. (Also practise 16, 36 and 46).
2. Patient has a vague pain on left side. (Also practise right side).
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Things kept in the clean area:



X-ray films without barriers. (Size 1, size 2, Size 4)

Barriers are kept separately (you have to place films in the barrier and seal it).

X-ray holders: Bitewing holders (complete yellow)

Anterior PA (green and yellow)

Posterior PA (dark brown and yellow)

X-rays sizes:

Size 1 for anterior PA

Size 2 for posterior PA

Size 4 for occlusal x-ray.

Steps:

Make sure to use the correct holder and keep revising, which side of the film goes to the exposure of the dental x-ray tube.

For task number 4:

You will use one size 4 for occlusal x-ray. (as there is no holder for this, an angle of 60-65 degrees with the focus on the tip of nose).

One anterior IOPA.

3. Scaling with Gracey curettes

Tasks:

Only one quadrant comes as a task. Two teeth come as a task for that quadrant.

- **33 and 37.**
- **43 and 46.**
-

Things kept in the clean area:

Just for this task, you do not have to carry anything from the clean area. Everything is kept on a bracket table.

On a bracket table: Gracey curettes, gauze pieces, floss, or cotton roll.



Steps:

In the exam, there will be calculus present on all the surfaces subgingivally. (Understand what instructions say about removing the calculus. If mentioned about removing mesial and distal only, focussing just on those).

Dentist's position will be somewhere between 8 o'clock to 12 o'clock for these tasks.

For canine: No. 1 and No. 2 Gracey curette to be used.

For molar: No. 11 and No. 12 - for mesial surfaces of the molar.

No. 13 and No. 14 - for distal surfaces of the molar.

Also, check with the periodontal probe before starting.

Support is very important for this task. Do not take support from the same tooth.

Use a gauze piece within the mouth, as well as one outside on the bracket table to clean the Gracey curette.

Never flip the instrument near the patient's mouth.

Perform-2-3 motions with the scratching noise being heard.

Rinse with the water and perform flossing at the end of the task.

Using a periodontal probe at the end as well.

3. Scaling with Gracey curettes

Videos for better understanding:

(9) Gracey's- 3 Ways to Determine the Correct Working End - YouTube

Clock Positions to Use While Scaling_(youtube.com).

4. CPR

Tasks:

How to differentiate whether it's a syncope or CPR task.

In your CPR task - Patient/ manikin will be collapsed on the floor.

There is cyanosis on manikin's lips. (bluish).

(No PPE is required and no steps of handwashing or ABHR to begin with).

Steps: We follow DRSABCD.

Ms/Mrs./Mr..., are you okay? (Ask twice or thrice).

D - Remove the danger from the adjacent area. (Mention it while doing, I'm removing the danger (bracket table) away from the patient).

R - Check for the response. Hold the patient's hand (Ms...can you hear me? Please open your eyes or try squeezing my hand)

Examiner mentions over here, patient is not responding.

S - Send for help. (Assistant can you please call 000 and our defibrillator).

Examiner mentions an ambulance is on the way and there is no defibrillator).

Mention: Okay, thank you.

A - Airway (I will check the patient airway, by lifting up the chin and having a careful look).

Examiner will say Airway is clear.

B - Breathing (I will check breathing by listening, looking and feeling).

Examiner will say breathing is absent.



4. CPR

C - Compressions.

As the patient is not breathing, I will start CPR until the ambulance arrives.

Completely take off the patient's jacket. (Start doing 30 compressions and 2 breaths).

(Practise the task of compressions several times. For breaths, close the nostrils blow into the patient's mouth in a way where the manikin's chest should blow out).

Keep on doing this until the examiner says the ambulance has arrived.

Stop immediately and sanitise hands.

At the end perform ABHR or handwashing.

First AID Australia video of CPR:

<https://www.youtube.com/watch?v=l-mATMuAJDc>

5. Syncope

Tasks:

Mr./Ms....has a long medical history. And he/she is anxious before the procedure in a dental clinic. You have to give him LA for the procedure. After giving LA, while removing gloves you noticed the patient is about to faint.

Steps:

Following DRSABCD.

First always, ask are you okay, Ms./Mr.?

D - Danger. Remove danger (bracket table) from the patient's proximity.

R - Check for the response. Ms/Mr...can you hear me?

S - Place the patient in supine position. Open the jacket just partially around 5 cm. Grab a pillow and place it under the calf muscles.

5. Syncope

A - Airway. Lift the manikin's chin and check the patient airway (By looking inside the mouth).

B - Breathing. I will check the patient's breathing by looking, listening and feeling.

C - Circulation. I am checking the patient's pulse. (Check this on the patient's left arm). Can you get our blood pressure apparatus? (pretending this to mention to our DA).

Examiner will say Pulse is weak and BP is low.

Now the examiner will start saying, the patient is regaining consciousness.

Then, ask your manikin. How are you feeling now, Mr./Ms.? You just experienced an episode of fainting, it's very common in dental settings with the fear revolving around. I want to assure you, everything is under control. Are you comfortable talking to me?

Do you want me to upright the chair slightly?

Do you want some water to drink?

Has this happened to you before, Mr./Ms.?

I would advise rescheduling today's appointment. For now, I will monitor you for the next 30 minutes to assess your situation. I will also check your blood pressure and pulse one more time.

We have called your emergency contact, they are on the way. I will write down today's incident report, just here. You have some rest, do not hesitate to call us out for anything.

After this, sanitise your hands and write down the incident report.

5. Syncope

Incident Report

Date of Incident: [Insert Date]

Time of Incident: [Insert Time]

Patient Name: [Insert Patient Name]

Gender/Age:[Insert Gender]/[Insert Age]

Address: ADC clinic.

Reason for Visit: [e.g., Routine dental procedure, tooth extraction, filling]

Incident Details:

At [insert time], during/after [describe the dental procedure or activity], the patient experienced an episode of syncope (fainting). The patient reported feeling lightheaded and dizzy before losing consciousness for approximately [insert duration]. The patient was seated in the dental chair at the time of the incident.

Action Taken:

- 1.The dental chair was immediately reclined into a supine position, with the patient's legs elevated to encourage blood flow to the brain.
- 2.Vital signs were monitored, including pulse rate and blood pressure.
- 3.The patient regained consciousness after [insert duration] and appeared disoriented but responsive.
- 4.The patient was monitored for an additional 30 minutes, and vital signs were rechecked until they stabilised.
- 5.The patient was offered water and asked about their medical history, including any previous episodes of fainting or dizziness.
- 6.The patient was advised to rest before attempting to stand, and once stable, arrangements were made for safe transportation home, with a family member/emergency contact.

Follow-up Recommendations:

- The patient was advised to follow up with their primary care physician to rule out underlying medical conditions.
- Instructions for rest and hydration were given.
- The patient was informed of the potential causes of syncope, such as anxiety, dehydration, low blood pressure, or prolonged sitting for the procedure followed by standing up suddenly.

5. Syncope

Witnesses:

- [Dental assistant]

Reported by:

[Insert Your Name - Dr....]

[Insert Date of Report]

https://www.youtube.com/watch?v=z3_u8nA_20g

6. Local anaesthetic:

Tasks:

1. Mrs./Ms...is pregnant. She is also dealing with depression and is on prescription for Nardil. She needs an emergency pulpectomy with 16. Select local anaesthetic for her.
2. Mrs./Ms...is pregnant. She needs an emergency pulpectomy with 16. Select local anaesthetic for her.
3. Mr...comes to you to complete the treatment plan of extraction with 46/ 36. He is also taking Endep. Select local anaesthetic for him.
4. Ms...returns to the clinic to complete composite filling on 11. Her medical history states - Patient is on prescription for lexapro and allergic to adrenaline. Select local anaesthetic for her.

Things kept in the clean area:

- Needles: Long and short needles of 2 or 3 gauges.
- Syringe.
- Local anaesthetic: Xylocaine: Lignocaine + Adrenaline.
Citanest: Prilocaine + Felypressin.

Steps:

Depending on the task given, you will be reading TG (therapeutic guidelines) or MIMS (Monthly Index of Medical Specialties) or both.

A medical history form will be given to us.

In the first 3 minutes, we have to read the scenario, take permission from our examiner to read MIMS and TG.

6. Local anaesthetic:

For each task, always retract and aspirate before injecting.

There is no contraindication for xylocaine (lignocaine + adrenaline) except for adrenaline allergy, wherein we give Citanest (prilocaine + felypressin).

For an IANB, which will be done for 36 or 46 extraction patients. Ideally you should be inserting a needle from the premolar area. However, it's best if you do it from the opposite canine-premolar area to insert the 2/3rd of the needle.

Inject around 1 ml over 1 minute (which would be approximately half of your cartridge).

For lingual nerve block, take your needle out around 2-3mm and again retract, aspirate and inject.

Long buccal nerve block - almost parallel to your occlusal table, just above the second molar.

Buccal infiltration - Go along the long axis of the tooth and hub of the needle should be equal to the gum margin.

Palatal infiltration - Angle at 45 degrees targeting the apex of the tooth.

7. Extraction

Task:

You have retracted gums, luxated the tooth and now you are about to perform extraction. Most common tooth is either 26 or 46 as a task. The scenario or examiner can mention do not do any actions just show us your grip on tooth and your position.

Things kept in the clean area:

Forceps - maxillary and mandibular forceps.

7. Extraction

Steps:

For a 26,

Your grip is very important. Adjust the chair according to your height. Stand behind the patient chair and turn the patient's head towards you. You need to stand at an 8 o'clock position. Hold the maxilla with your two fingers and thumb. And apply the forceps on the tooth. If asked, then only mention the movements. First apical movement always, then buccal and palatal. Then, doing a few more back and forth movements and coming back to the centre. The last move is by taking the tooth out from the buccal direction.



For a 46,

Your grip is very important. Adjust the chair according to your height and comfortable position for extraction. You need to stand at a 12 o'clock position. Hold the mandible with your thumb and one finger supporting the alveolus and 3 fingers below the jaw. And apply the forceps on the tooth. The forceps placement should be at the CEJ level or below. If asked, then only mention the movements. First apical movement always, then buccal and lingual. Then, doing a few more back and forth movements and coming back to the centre. The last move is by taking the tooth out from the buccal direction.



8. Fissure Sealant task

Task:

Any quadrant can come in the exam. Task is usually performed on 5, 6 and 7 for any quadrant.

Things kept in the clean area:

Etchant syringe.

Fissure sealant syringe.

Prophy paste - either it's already in the dappen dish or take it out with a spatula from the prophy paste tub.

Miller's forcep with articulating paper.

Few cotton rolls

2 or 3 micro brushes.

On bracket table:

Instrument kit

Prophy cup

Gauze pieces

Steps:

Adjusting the patient chair, according to your accessibility.

Check with the mirror

Using prophy paste.

Rinsing thoroughly.

Dry the tooth surfaces.

Apply etchant and wait for 20 seconds.

Rinse thoroughly and dry.

Change the light to yellow while you are waiting for 20 seconds.

Fissure sealant application on occlusal as well as on buccal and palatal grooves wherever applicable.

Light cure for 20 seconds each tooth.

9. Rubber Dam task

Task:

1. Mr. Mike is visiting us to complete fissure sealant on 35, 36 and 37. Complete isolation with a rubber dam.
2. Mr. Rey is visiting us to complete composite restorations on anterior teeth 11, 21 and 23. Patient has a missing 22 tooth. Complete isolation with a rubber dam.
3. Ms. Wei is visiting us to complete treatment of RCT on 11 and 21. Complete isolation with a rubber dam.
4. Mr. Jay is visiting us today to complete endo treatment for a 16 tooth. Complete isolation with a rubber dam.

Things kept on clean trolley:

Rubber dam sheet (One is marked and others are not)

Rubber dam stamp.

Rubber dam frame.

Rubber dam forceps (clamp holder)

Rubber dam clamps:

2A (premolar clamp), 13A, 14A, Universal clamp (molar clamps)

Oraseal.

3 wedgets and 3 floss.

Rubber dam stencil.

Things kept on the bracket table:

Examination instrument kit.

Flat plastic instrument. (If on the clean trolley, then carry from there).

Things to remember:

1. Possibly make all the whole set up on a clean trolley.
2. Do not forget to apply floss on the clamp on the clean trolley.
3. Floss in between the teeth after applying a rubber dam.
4. With a plastic instrument in the end to do the inversion of the rubber dam.
5. Make sure, the clamp is on the tooth cervically and the rubber dam isn't coming in between the tooth and the clamp.
6. Oraseal, which is self curing. Apply it on the areas if there is any exposed area.