KMCT
DENTAL COLLEGE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the information in the attached document is verified by me and is true to the best of my knowledge.

K.M.C.T. DENTAL COLLEGE CALICUT

Principal

Dr. MANOJ KUMAR.K.P
Principal
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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE

INSTITUTION'S INNOVATION COUNCIL

2.5.3 Reforms in the process and procedure in the conduct of evaluation/examination; including the automation of the examination system.

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Information on examination reforms

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Examination Procedures:

Digitalization: university examination has been digitized. This includes online electronic submission of assignments.

Processes Integrating IT:

Online Platforms: The integration of Information Technology (IT) involved the use of online platforms for exam registration, scheduling, and result dissemination.

Remote Proctoring: Our institution explored remote proctoring solutions to monitor and ensure the integrity of online exams.

Continuous Internal Assessment System:

Modular Assessment: Breaking down courses into smaller modules with continuous assessment rather than relying solely on a single end-of-semester exam.

Regular Feedback: Emphasis on providing timely and constructive feedback to students to enhance their learning throughout the course.

Competency-Based Assessment:

Focus on Skills: Shifting from rote memorization to assessing students based on their practical skills, problem-solving abilities, and real-world application of knowledge.

Project-Based Assessments: Incorporating projects, case studies, and practical assignments to assess a student's ability to apply theoretical knowledge.

Workplace-Based Assessment:

Internships and Placements: Integrating real-world work experiences into the assessment process.

Collaboration: Collaborating with industries to design assessments that reflect the skills and competencies required in the workplace.

Self-Assessment:

Reflective Learning: Encouraging students to reflect on their own learning, set goals, and evaluate their progress.

OSCE/OSPE (Objective Structured Clinical Examination / Objective Structured Practical Examination):

Introduction of OSCE/OSPE:

OSCE and OSPE are structured assessment methods that focus on evaluating practical skills, clinical reasoning, and application of theoretical knowledge in a controlled environment.

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OSCE typically involves a circuit of stations where candidates rotate and perform specific tasks or respond to scenarios, while OSPE is specific to practical skills assessment.

Objective Assessment:

The primary aim of OSCE/OSPE is to provide an objective and standardized assessment of a candidate's competence.

Each station in OSCE/OSPE is designed to assess specific skills or competencies, ensuring a comprehensive evaluation.

Rotation and Stations:

OSCE/OSPE often includes multiple stations, each focusing on different aspects of clinical or practical skills.

Reforms might involve periodic review and revision of these stations to ensure alignment with the curriculum and relevance to real-world clinical scenarios.

Feedback Mechanism:

Implementing a robust feedback mechanism is crucial. Candidates receive detailed feedback on their performance at each station, helping them understand their strengths and areas for improvement.

Standardization of Assessment:

Ensuring standardization across examiners and stations is essential. This involves comprehensive training for examiners and regular calibration sessions to maintain consistency in evaluation.

Faculty Development:

Provide training and development opportunities for faculty members to keep them updated on best practices in assessment and evaluation.

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2.5.3

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OSPE AND OSCE

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LIST OF COURSES USING OSPE/ OSCE

- **Oral Medicine and radiology**
- **Oral and maxillofacial surgery**
- **Pediatric and preventive Dentistry**
- **Orthodontics and Dentofacial orthopedics**
- **Periodontology**
- **Conservative and Endodontics**
- **Oral pathology and microbiology**
- **Prosthodontics crown and bridge**
- **Public Health Dentistry**

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OBJECTIVE STRUCTURED PRACTICAL EXAMINATION

Objective structured practical examination was conducted for both BDS and MDS students. The student's practical skill was assessed by keeping practical stations.

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ACADEMIC IN CHARGE

PRINCIPAL

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OBJECTIVE STRUCTURED PRACTICAL EXAMINATION

In every practical examination our institution follows OSPE

SAMPLE ON PERIODONTICS OSPE

The student's practical skill was assessed by keeping 3 practical stations. The stations are as follows

STATION 1CASE SCENARIO,

STATION 2 SPOTTERS

STATION 3 VIVA

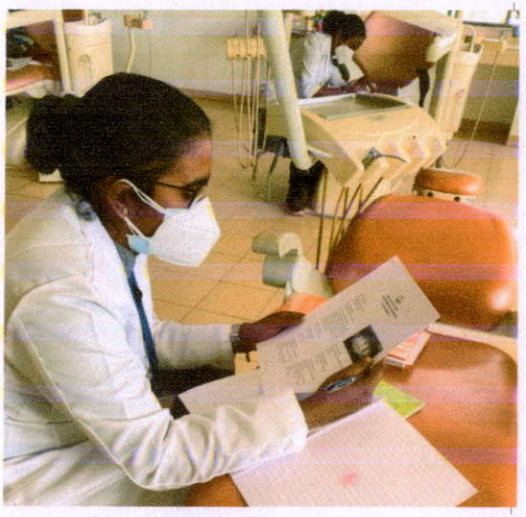
This evaluation technique has helped the teachers to know the abilities of Fourth students in PERIODONTICS practical's.

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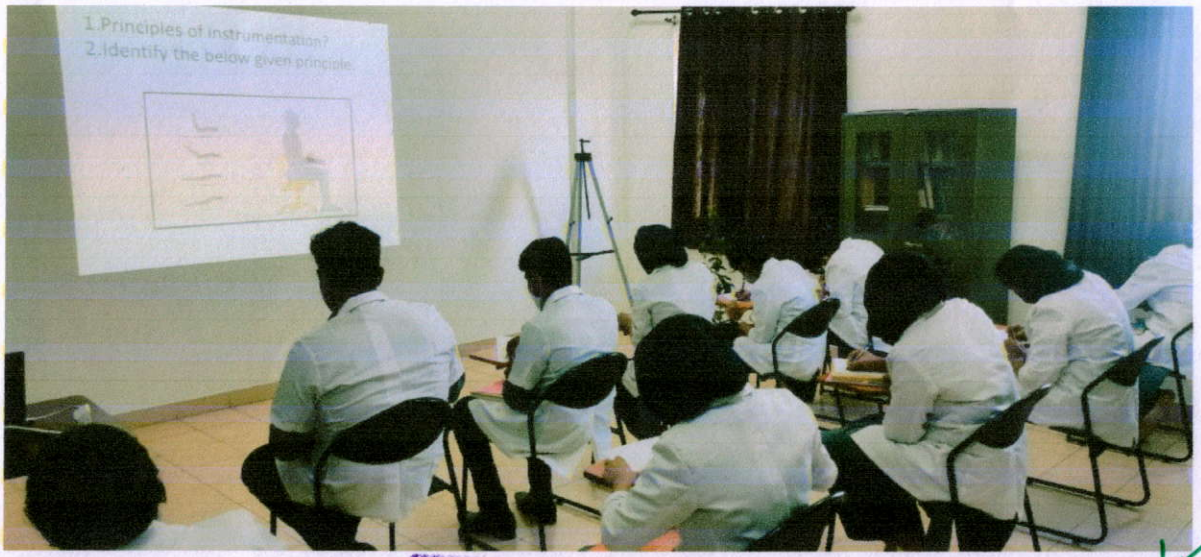
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Station1



station 3



Station 2

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SAMPLE ON PROSTHODONTICS OSPE

The student's practical skill was assessed by keeping 5 practical stations. The stations are as follows

STATION 1 ON IDENTIFICATION OF MATERIALS

STATION 2 ON IMPRESSION TAKING

STATION 3 FABRICATION OF OCCLUSAL RIM

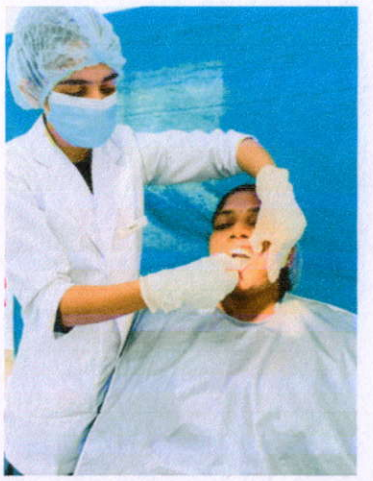
STATION 4 TYPHODONT EXERCISES

STATION 5 ON INSTUMENTS.

This evaluation technique has helped the teachers to know the abilities of first year students in PROSTHODONTICS practical's.



STATION 1



STATION 2

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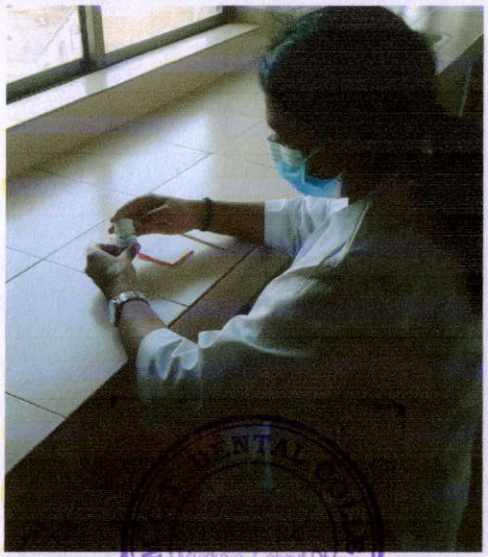
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STATION 3



STATION 4



STATION 5

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FINAL YEAR PART 1 (OSPE)

ORAL MEDICINE & RADIOLOGY

Component 1*: Spotters – 10 Time : 10 minutes

Ten (10) power point (ppt) slides – 1 mark each

Component 2*: Long case- 40 marks Time : 45 minutes

Case scenario will be displayed as PPT slides.

Option 1: Demographic details and relevant positive history will be provided along with extra oral andintra oral photos. Photos of radiographs can also be displayed if required for diagnosis.

Students have topresent it in long case format.

Option 2: Display a photo of a White/Red lesion/ Ulcer/Swelling as a PPT slide. Students have to write down the important questions to be asked during history taking and important findings to be noted duringclinical examination along with relevant investigations needed to arrive at a diagnosis.

Component 3*:

Interpretation of IOPA radiographs: 20 marks.Time: 20 minutes

Radiographs will either be provided to each candidate or will be displayed as a PPT slide.

(While interpreting the radiograph, the candidate should also mention about the technical aspects of film placement, patient & tube positioning, exposure parameters and film processing technique for the IOPA radiograph given to them)

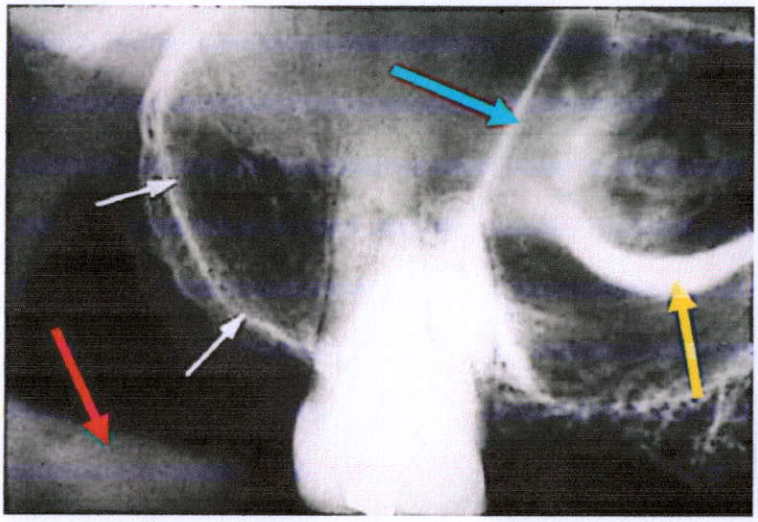
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Component 1: Spotter- Sample 2



2). Identify the normal anatomical landmarks as indicated by
a) Blue arrow
b) Red arrow
c) White arrow
d) Yellow arrow **(0.25 x 4 = 1 Mark)**

Component 2 : Long Case Scenario – Sample 1

A. Demographic Details

- Name: **XXXXXX**
- Age: XX yrs
- Gender: XX
- Address: **XXXX**

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- Occupation: XX

B. Presenting Complaint & H/O PresentingComplaint

- Painful swelling in relation to----------for the past one and half months
- Pain- Chronic, dull aching,----------

  aggravates on taking hot food, relieved by analgesics, ----------
- Any other relevant history related to presentingcomplaint

C. Past Dental History

- - - - - - - - - - - - - - - -

D. Medical History

- Significant Findings: ----.
- Medication: -----.
- Allergies: -----

E. Personal History

History of deleterious/ Parafunctional habits

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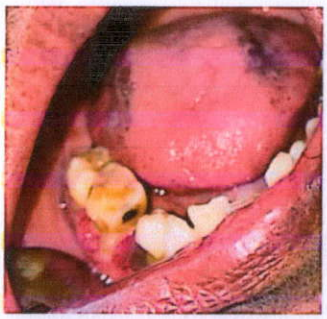
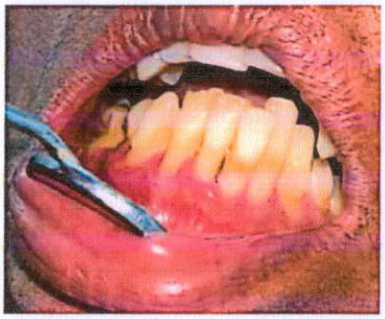
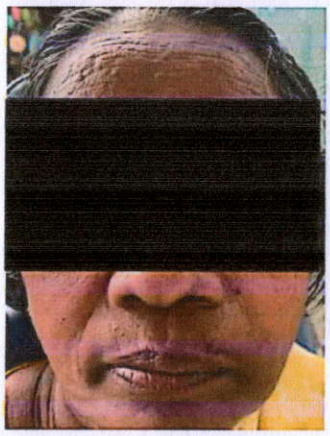
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F. **General Examination & System Review**

G. **Extra oral Examination**
Relevant Palpation findings ---------

Examination of TMJ, Salivary Glands & Lymph node

H. **Intraoral Examination**

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Relevant Palpation findings ---------

I. Investigations



J. Provisional Diagnosis

K. Differential Diagnosis

L. Any other investigations required?

M. Management

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Component 4: Case record and seminar - 10 marks

GRAND TOTAL FOR UNIVERSITY PRACTICAL EXAMINATION

▪ Spotters	10 Marks
▪ Long Case	40 Marks
▪ Interpretation of IOPA Radiograph	20 Marks
▪ Clinical work record & Seminar	10 Marks
TOTAL	80 Marks
▪ Viva Voce (2016 scheme)	20 Marks
▪ Viva Voce (2010 scheme)	25 Marks

Sample PPT slides for Component 1 & 2 are given below:

Component 1: Spotter- Sample 1



1).Write the most likely diagnosis and the differentialdiagnosis of lesion shown in the picture - **1 Mark**

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Final BDS Part II (OSPE)

PROSTHODONTICS AND CROWN & BRIDGE

EXERCISE 1 : Spotters*- 2x5=**10 marks**

(Dental materials/ instruments)

Images of spotters to be projected using ppt

(*External examiner shall select the spotters in consultation with the Internal examiner)

EXERCISE 2 : Case Scenario* : 5x2= **10 marks**

2 Clinical cases ; Time :10 x 2= 20 minutes

2(a)Case 1: Removable Prosthodontics (Complete Denture / RPD cases, designing, relevant findings to be explained based on the images)

2(b)Case 2: Fixed Prosthodontics: (FPD / Implant cases, relevant findings to be explained based on the images)

Students must write the differential diagnosis if relevant, provisional diagnosis and treatment plan.

(*The external examiner in consultation with the internal examiner should prepare the ppt. for case scenarios with brief case history, clinical examination findings with photos and radiographs if relevant).

EXERCISE 3 :

- **3(a)** Irreversible hydrocolloid Maxillary & Mandibular Impressions of a dentulous subject (students can make maxillary and mandibular impression of their peers). **30 Marks**

- **3(b)** Tooth Preparation on Phantom jaw mounted Typhodont.

20 Marks

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Clinical work record and Seminar	**10 Marks**

GRAND TOTAL FOR UNIVERSITY PRACTICAL EXAMINATION

▪ **Spotters**	**10 Marks**
▪ **Case Scenario**	**10 Marks**
▪ **Impression**	**30 Marks**
▪ **Tooth Preparation**	**20 Marks**
▪ **Clinical work record & Seminar**	**10 Marks**
TOTAL	**80 Marks**
▪ **Viva Voce (2016 scheme)**	**20 Marks**
▪ **Viva Voce (2010 scheme)**	**25 Marks**

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Final BDS Part I (OSPE)

ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

Spotters: 10 x 2 =20 Marks Time : 20 minutes

Ten spotters to be projected digitally with at least two questions for each spotter. Two marks to be allotted for each spotter.

(Selection of digitally projected spotters to be agreed upon by external and internal examiner)

Case Presentation: 50 Marks. Time- 90 minutes

Patient demographic details together with extra oral, intra oral and study model photographs with all the relevant raw data usually collected chair side by the student is to be projected digitally.

The students are supposed to make the required analysis with the given values and arrive at a problem list, diagnosis and treatment plan; followed by case presentation viva.

Clinical work record & Seminar : 10 Marks

Viva Voce : 20 Marks

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GRAND TOTAL FOR UNIVERSITY PRACTICAL EXAMINATION

▪ Spotters	20 Marks
▪ Case Presentations	50 Marks
▪ Clinical work record & Seminar	10 Marks
TOTAL	80 Marks
▪ Viva Voce (2016 scheme)	20 Marks
▪ Viva Voce (2010 scheme)	25 Marks

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Final BDS Part II (OSPE)

CONSERVATIVE DENTISTRY AND ENDODONTICS

EXERCISE 1

5 Spotters* (Dental Materials / Instruments) **Marks:** 2x 5 =**10**

Images of spotters to be projected through PPT **Time:** 2x5 =**10** Minutes

(*External Examiner should select the spotters in consultation with the Internal Examiner)

EXERCISE 2

(a) Case Scenario **Marks**: 5x2=**10**

(b) 2 Clinical cases **Time** :10x2 =**20** Minutes

Case2(a): **Restorative dentistry*** (eg; Class III or Class IV Caries / Deep caries management /Extensive caries that needs Inlay/Onlay etc)

Case 2(b): **Endodontics*** (eg. Endo diagnosis/Open apex management/Traumatised teeth management etc)

Students must write the Differential Diagnosis if relevant, Provisional diagnosis, and Treatment plan

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EXERCISE 3

Class II Conservative Mesio-Occlusal tooth preparation* for Amalgam restoration on Maxillary First Molar Typhodont tooth** using micromotor **: 50 Marks**

(i)* Box only and slot preparation to be avoided

(ii)** Teeth to be mounted on phantom head fitted with proper rubber masks

(iii)** Adjacent teeth mandatory

(iv)**Opposing arch or tooth not mandatory

a) Tooth preparation (25 Min) : 20 marks

b) Base and matrix (15 Min) : 15 marks

c) Restoration and carving (20 Min) : 15 marks

TOTAL : 50 marks

Clinical work record & Seminar : 10 Marks

GRAND TOTAL FOR UNIVERSITY PRACTICAL EXAMINATION

- **Spotters** **10 Marks**
- **Case Scenario** **10 Marks**
- **Tooth Preparation** **50 Marks**
- **Clinical work record & Seminar** **10 Marks**

TOTAL **80 Marks**

- **Viva Voce (2016 scheme)** **20 Marks**
- **Viva Voce (2010 scheme)** **25 Marks**

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Final BDS Part I (OSPE)

PUBLIC HEALTH DENTISTRY

EXERCISE 1 : 10 Marks

Writing of case history based on a given common case scenario (**5 marks**)

Viva based on a case history from the students record book (**5 Marks**)

EXERCISE 2 : 30 Marks

Selecting 2 relevant indices based on the taken case history (**5 Marks**)

Writing in detail about those 2 indices (**2x10=20 Marks**)

Viva on indices (**5 Marks**)

EXERCISE 3 : 20 Marks

Statistical Spotters 10 numbers (**10x2=20 marks**)

EXERCISE 4 : 5 Marks

Oral health education talk on a given topic for 5 minutes (**5 Marks**)

EXERCISE 5 : 5 Marks

Health Education Project done by student (**5 Marks**)

(If not done replace with third year seminar)

EXERCISE 6 : 5 Marks

Short term research project (**5 marks**)

(If not done replace with final year seminar)

Clinical Records and assignments: **5 marks**

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GRAND TOTAL FOR UNIVERSITY PRACTICAL EXAMINATION

• Case History Taking based on Scenario and Viva	10 Marks
• Identification, Writing and viva on 2 indices	30 Marks
• Spotters	20 Marks
• Oral Health Education Talk	5 Marks
• Short term Research Project/Seminar	5 Marks
• Health Education Project/Seminar	5 Marks
• Records and Documents	5 Marks
TOTAL	80 Marks

- VIVA VOCE (2016 scheme) 20 Marks
- VIVA VOCE (2010 scheme) 25 Marks

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Final BDS Part I (OSPE)

Periodontology

1) Case history and diagnosis of long case (30 marks)

a) Print out of a brief case history with the relevant clinical findings including the full mouth periodontal charting to be given to the candidate.

b) Candidate shall write in detail the investigations, differential diagnosis, prognosis and treatment plan

c) Time allotted - 30 minutes

2) Spotters: Instruments and instrumentation -10 slides (using PPt. projection)

a) Each slide carries three marks

b) Total 10x3= **30 marks**

c) Time allotted per slide is **2 minutes**

(*External examiner shall prepare the ppt in consultation with the Internal examiner.)

*The slides may contain photographs and images

3) Clinical record -10 marks

4) Seminar -10 Marks

Viva Voce - 20 marks

GRAND TOTAL FOR UNIVERSITY PRACTICAL EXAMINATION

Case Presentations	30 Marks
Spotters	30 Marks
Clinical work record	10 Marks
Seminar	10 Marks
TOTAL	80 Marks
Viva Voce (2016 scheme)	20 Marks
Viva Voce (2010 scheme)	25 Marks

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Final BDS Part II (OSPE)

PEDIATRIC AND PREVENTIVE DENTISTRY

1) **Case History:** One previous completed case record: **10 marks**

2) **Clinical scenario*: 10 marks** (2 cases x 5 marks each=10 marks)

(*External Examiner in consultation with Internal Examiner may bring photographs or case records)

3) **Natural tooth / Typhodont exercise*: 20 marks**

*Class 2 on primary second molar teeth

4) **Spotters*: 30 marks** (10x 3 =30 marks)

(*3 questions will be there in each spotter, one mark for identification and 2 marks for related questions)

5) **Work record + seminar = 10marks**

GRAND TOTAL FOR UNIVERSITY PRACTICAL EXAMINATION

▪ Case history	10 Marks
▪ Case Scenario	10 Marks
▪ Tooth Preparation	20 Marks
▪ Spotters	30 Marks
▪ Clinical work record & Seminar	10 Marks
TOTAL	80 Marks
▪ Viva Voce (2016 scheme)	20 Marks
▪ Viva Voce (2010 scheme)	25 Marks

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OSPE FEEDBACK FROM STUDENTS

Please tick any one alternative for each of these questions asked:

A. OSPE evaluation:

Question	Agree	Neutral	Disagree	No comment
Exam was fair				
Wide knowledge area covered				
Needed more time at stations				
Exams well administered				
Exams well structured & sequenced				
Exam minimized chance of failing				
OSPE less stressful than other exams				
Highlighted areas of weakness				
Student aware of level of information needed				
Wide range of performance skills covered				

B. Quality of performance testing

Question	Not at all	Neutral	To great extent
Fully aware of nature of exam			
Tasks reflected those taught			
Time at each station was adequate			
Setting and context at each station felt authentic			
Instructions were clear and unambiguous			
Tasks asked to perform were fair			
Sequence of stations logical and appropriate			
Exam provided opportunities to learn			

C. Student perception of validity and reliability

Question	Not at all	Neutral	To great extent
OSPE exam scores provide true measure of essential clinical skills in pediatrics			
OSPE scores are standardized			
OSPE practical and useful experience			
Personality, ethnicity and gender will not affect OSPE scores			

OSCE

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

At the completion of the undergraduate training program the graduates shall be competent inthe following.-

1. Apply the principles of health promotion and disease prevention
2. Have knowledge of the organization and provision of health care in community and inthe hospital service
3. Have knowledge of the prevalence of common dental conditions in India
4. Have knowledge of community based preventive measures
5. Have knowledge of the social, cultural and environmental factors which contribute tohealth or illness
6. Administer oral hygiene instructions, topical fluoride therapy and fissure sealants
7. Educate patients concerning the aetiology and prevention of oral disease and encourage them to assure responsibility for their oral health.

Scheme of Examination:

In order to evaluate the clinical skills of the students, department follows the **Objective Structured Clinical Evaluation** (OSCE) pattern of examination. OSCE is a reliable and an established and effective multi station test for the assessment of practical skills in an objectiveand a transparent manner. The clinical competence to be tested is broken down into specific skills, each of which can be tested at a time. The examination is organized in the form of several "stations" through which the candidates rotate. Each station focuses on testing a particular skill. A number of examination stations with specific instructions is to be provided.

This pattern of examination avoid examiner bias because both the examiner and theexaminee are given specific instructions on what is to be observed at each station.

Stations	Task	Score
1. STATIC		
Station 1-5	Spotters	30
2. INTERACTIVE		
Station 6	i. Patient's examination and history taking ii. Interpretation of IOPAs & OPG iii. Recording of Indices iv. Formulation of treatment plan & explaining same to the patient v. Demonstration of Oral hygiene instruction to the patients	15 05 20 10 05
3. VIVA		
Station 7	Grand viva : It is desirable to conduct the viva voce independently by each examiner. In order to avoid vagueness and to maintain uniformity of standard and coverage, questions can be pre-formulated before administering them to each student.	20
4. REST		
Station 8	Records/ Log Books: The candidate is given credit for his records based on the scores obtained in the record.	05

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DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

At the completion of the undergraduate training program the graduates shall be competent inthe following.-

1. Basics of clinical examination and diagnosis of an Orthodontic patient.
2. Shall be able to identify and differentiate between different types of malocclusion.
3. An Understanding of physiological shedding of primary teeth and eruption of permanentteeth.
4. To recognize etiological factor causing any particular malocclusion.
5. Counsel the patients regarding functional, esthetic and structural issues regarding malocclusion.
6. To identify self-correcting anomalies occurring during the transition from primary to permanent dentition.
7. Identification of deleterious oral habits & counseling of the patients and parents for eradication and correct management protocol.
8. To conduct appropriate investigations, like model and cephalometric analysis to arriveat a proper diagnosis.
9. To arrive at an appropriate treatment plan based on thorough diagnosis.

Scheme of Examination:

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This pattern of examination avoid examiner bias because both the examiner and examineeare given specific instructions on what is to be observed at each station.

Stations	Task	Score
1. STATIC		
Station 1-10	Spotters	20
Station 11	Wire Bending	30
2. INTERACTIVE		
Station 12	I. Patient examination and history taking & formulating a diagnosis and treatment plan. II. To record a good Alginate impressionof the patient.	15 15
3. VIVA		
Station 13	**Grand viva:** It is desirable to conduct the **viva voce independently by each examiner. In order to avoid vagueness and to maintain uniformity of standard and coverage, questions can be pre- formulated before administering them to each student.**	20
4. REST		
Station 14	**Records/ Log Books:** The candidate is given credit for his records based on the scores obtained in the record.	10

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Scheme of clinical and practical examinations: The specific scheme of clinical and practical examinations, the type of clinical procedures/ experiments to be performed and marks allotted for each are discussed and finalized by the Head of the Department and other examiners and it is published prior to the conduct of the examinations along with the publication of the time table for the practical examinations..

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DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

At the completion of the undergraduate training program the graduates shall be competent inthe following.-

1. Basics of clinical examination and diagnosis.
2. An Understanding of the frequently encountered maxillofacial abnormalities and oral mucosal lesions.
3. An in depth knowledge of the most prevalent potentially malignant disorders (PMD's) amongst the Indian population.
4. Knowledge regarding the correct management protocol for commonly encountered oralmucosal lesions.
5. Counseling of the patients for eradication of the deleterious habits.
6. Knowledge of intraoral and extraoral radiographic techniques.
7. Competency at interpretation and reporting of the intraoral and extraoral radiographs.

Scheme of Examination:

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Stations	Task	Score
1. STATIC		
Station 1-5	Spotters	10
2. INTERACTIVE		
Station 6	I. Patient examination and history taking. II. Acquiring and Interpreting an IOPAR. III. Formulating a diagnosis. IV. Formulating a treatment plan and writing a prescription for the same.	30 20 10 10
3. VIVA		
Station 7	**Grand viva:** It is desirable to conduct the viva voce independently by each examiner. In order to avoid vagueness and to maintain uniformity of standard and coverage, questions can be pre-formulated before administering them to **each student.**	20
4. REST		
Station 8	**Records/ Log Books:** The candidate is given credit for his records based on the scores obtained in the record.	10

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE
INSTITUTION'S INNOVATION COUNCIL

2.5.3 reforms in the process and procedure in the conduct of evaluation/examination; including the automation of the examination system

OSCE/OSPE

The Objective Structured Clinical Examination (OSCE) and Objective Structured Practical Examination (OSPE) are assessment methods used in prosthodontics and other medical fields to evaluate the practical and clinical skills of students. These exams typically involve stations where candidates rotate to perform specific tasks, answer questions, or solve problems.

In prosthodontics, OSCE and OSPE stations may cover a range of topics related to the diagnosis, treatment planning, and execution of prosthodontic procedures. Here are some examples of OSCE/OSPE stations in prosthodontics:

1. **Case Presentation and Treatment Planning:**
    - Station Scenario: Given a patient case history and diagnostic records (radiographs, photographs, impressions), the candidate is required to present a comprehensive treatment plan for a patient with missing teeth.
    - Task: Discuss the various treatment options, including removable and fixed prostheses, and justify the chosen treatment plan.
2. **Impression making:**
    - Station Scenario: A patient requires an impression for a complete denture. Materials and equipment are provided.
    - Task: Take an accurate maxillary and mandibular impression using appropriate materials. Evaluate the quality of the impression for detail and accuracy.

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3. **Articulation and Occlusion:**

   - Station Scenario: Given a set of mounted casts, assess and adjust the occlusion of a complete denture.
   - Task: Identify and correct occlusal discrepancies, ensuring proper centric occlusion and balanced articulation.

4. **Crown and Bridge Preparation:**

   - Station Scenario: A typodont is provided with a tooth requiring a crown preparation.
   - Task: Perform a tooth preparation for a crown, considering principles of tooth reduction, preservation of tooth structure, and adequate clearance for the restoration.

5. **Denture Delivery and Adjustment:**

   - Station Scenario: A patient is presented with newly fabricated complete dentures.

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- Task: Deliver the dentures to the patient, ensuring proper fit, function, and aesthetics. Make necessary adjustments and provide patient education on denture care.

6. **Communication Skills:**

   - Station Scenario: Interact with a simulated patient who is dissatisfied with the appearance of their removable partial denture.
   - Task: Demonstrate effective communication skills in addressing the patient's concerns, discussing possible solutions, and ensuring patient satisfaction.

7. **Material Identification and Selection:**

   - Station Scenario: Various prosthodontic materials are displayed.
   - Task: Identify different dental materials used in prosthodontics, explain their properties, and justify the selection of specific materials for different clinical situations.

These examples cover a range of prosthodontic skills, from diagnosis and treatment planning to hands-on clinical procedures and patient communication. The goal is to assess a candidate's ability to apply theoretical knowledge in a practical setting and to perform clinical tasks with competence.

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DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

At the completion of the undergraduate training program the graduates shall be competent inthe following.-

1. Basics of clinical examination and diagnosis of a pediatric dental patient.
2. Shall be able to identify and differentiate between primary and permanent dentition.
3. An Understanding of physiological shedding of primary teeth and eruption of permanentteeth.
4. To recognize Early childhood caries & nursing caries and understand its possiblecause.
5. Counsel the patients regarding dietary habits and role of diet and nursing bottle in development of caries.
6. To develop a preventive strategy for the patient including dietary changes, brushingtechniques, sealants, fluoride treatment.
7. To identify self-correcting anomalies occurring during the transition from primary to permanent dentition.
8. Identification of deleterious oral habits & counseling of the patients and parents for eradication and correct management protocol.

Scheme of Examination:

In order to evaluate the clinical skills of the students, department follows the **Objective Structured Clinical Evaluation** (OSCE) pattern of examination. OSCE is a reliable and an established and effective multi station test for the assessment of practical skills in an objective and a transparent manner. The clinical competence to be tested is broken down into specific skills, each of which can be tested at a time. The examination is organized in the form of several "stations" through which the candidates rotate. Each station focuses on testing a particular skill. A number of examination stations with specific instructions is to be provided.

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This pattern of examination avoid examiner bias because both the examiner and examinee are given specific instructions on what is to be observed at each station.

Stations	Task	Score
1. STATIC		
Station 1-10	Spotters	20
Station 11	Wire Bending	10
2. INTERACTIVE		
Station 12	I. Patient examination and history taking & formulating a diagnosis. III. Performing the clinical treatment required by the patient (restoration/ oral prophylaxis/ fluoride/ pit & fissure sealent)	25 25
3. VIVA		
Station 13	**Grand viva:** It is desirable to conduct the **viva voce independently by each examiner. In order to avoid vagueness and to maintain uniformity of standard and coverage, questions can be pre- formulated before administering them to each student.**	20
4. REST		
Station 8	**Records/ Log Books:** The candidate is given credit for his records based on the scores obtained in the record.	10

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DEPARTMENT OF PEDODONTIC AND PREVENTIVE DENTISTRY

GLASS IONOMER CEMENT RESTORATION

OSCE CHECK LIST

Sl No.	Steps	Yes	No
1	**Correct Arrangement of the instrument tray**		
2	**Correct Positioning of instruments**		
3	**Correct Chair position**		
4	**Correct Operator's position**		
5	**General explanation** Tell-Show-Do (T-S-D) general explanation		
6	**Isolation**		
7	**Caries excavation** Superficial leathery layer excavated with Spoon excavator Infected dentin excavated with carbide burs Unsupported enamel removed with diamond burs		
8	**Class II** Matrix and wedge placed properly		
9	**Conditioning the cavity**		
10	**Mixing GIC** Mixing pad and Plastic spatula used Correct Powder Liquid ratio Mix carried into the cavity when surface is shiny Mix Condensed Post-set high points checked Water insulating medium applied		
11	**Post restoration instructions**	✓	
12	**Comments**		

ORAL PROPHYLAXIS & FLUORIDE APPLICATION

Sl. No	Steps	Yes	No
1	**General explanation** **Tell-Show-Do (T-S-D)/general explanation using age appropriate language given**		
2	**Correct arrangement of the instrument tray**		
3	**Correct Positioning of instruments**		
4	**Correct Chair position**		
5	**Correct Operator's position**		
6	**Oral prophylaxis** **Correct finger rest and handling of instruments Plaque removed** **Polishing done**		
7	**Topical Fluoride Application** **T-S-D/general explanation using age-appropriate language give Correct tray selection** **Isolation (cotton rolls & saliva ejector)** **Loading of the tray (appropriate amount)** **Application for 4-minutes**		
8	**Instructions to patient**		
9	**Comments**		

LOCAL ANAESTHESIA & EXTRACTION

Sl.no	Steps	Yes	No
1	Calculation of local anaesthetic dosage		
2	Appropriate needle used		
3	Correct chair position		
4	Correct Arrangement of the instrument tray		
5	Correct Positioning of instruments		
6	Correct Operator's position		
7	Pre-injection Tell-Show-Do / general explanation before „putting tooth to sleep"		
8	Topical Application T-S-D/general explanation using age- appropriate language given Mucosa dried at the site of needle penetration Topical anaesthetic applied to site of needle penetration Cover topical anaesthetic with gauze Wait 1 min before injecting		
9	Injection T-S-D/age-appropriate language Distracts/constantly Under-the-chin transfer of syringe Anesthetizes the buccal Anesthetizes the lingual		

OSCE

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MEET THE EDUCATORS

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OF PEDIATRIC

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OVERVIEW OF CONTENT

KMCT DENTAL COLLEGE

- CASE HISTORY
- CLINICAL EXAMINATION
- RADIOGRAPHIC

  INTERPRETATION
- VIVA VOCE

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TARGET POPULATION

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Target Population

KMCT DENTAL COLLEGE

Final year part 2 BDS dental students with preclinical and clinical experience.

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OSCE Blueprint

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Station Blueprint

Station Time:
10 Minutes

Station One: Case history(10 points)

- ✓ Examiner observed
- ✓ Kidney trays
- ✓ Mouth mirror
- ✓ Probe
- ✓ Explorer
- ✓ Tweezer
- ✓ Hand sanitizer
- ✓ Gloves
- ✓ Faculty directions
- ✓ Faculty checklist
- ✓ Student directions – written

OSCE Objective & Performance Criteria:

- ✓ Long Case history and clinical examination

Clinical Skill
Learning Domain: Psychomotor / Cognitive

Station Two: Clinical procedure(10 points)

- ✓ Examiner observed
- ✓ Kidney trays
- ✓ Mouth mirror
- ✓ Probe
- ✓ Explorer
- ✓ Tweezer
- ✓ Specific instruments for procedure
- ✓ Hand sanitizer
- ✓ Gloves
- ✓ Student directions
- ✓ Student form
- ✓ Writing utensil
- ✓ Faculty directions
- ✓ Answer key

OSCE Objective & Performance Criteria:

- ✓ Recognize normal anatomy of the oral cavity
- ✓ Demonstrate knowledge of soft tissue and hard tissue findings and achieve a score of 80% or above

Clinical Skill
Learning Domain: Psychomotor / Cognitive

Station Three: Radiograph Interpretation (10 points)

- ✓ Student directions
- ✓ IOPA films
- ✓ Student form
- ✓ Writing utensil
- ✓ Faculty directions
- ✓ Faculty checklist

OSCE Objective & Performance Criteria:

- ✓ Radiographic interpretation and diagnosis

Procedural Skill
Learning Domain: Psychomotor / Cognitive

Station Four: Viva Voce(10 points)

- ✓ Examiner observed
- ✓ Hand sanitizer
- ✓ Faculty directions
- ✓ Faculty checklist & answer key
- ✓ Student directions & student form

OSCE Objective & Performance Criteria:

- ✓ Express importance of clinical knowledge and assessment
- ✓ Demonstrate knowledge of subject and clinical skills assessment and achieve a score of 80% or above

Clinical Skill
Learning Domain:Psychomotor / Cognitive / Affective

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OSCE Map

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OSCE Map

STATION 1 Case History (examiner observed)

STATION 2 Clinical procedure (Examiner observed)

STATION 3 Radiograph interpretation (Examiner observed)

STATION 4 Viva voce (examiner observed)

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OSCE Stations – Instructions to students

KMCT DENTAL COLLEGE

- Reporting time: 8.30 am
- Records should be covered and register number stuck.
- Neat apron with register number pinned on Apron.
- College dress code to be strictly followed.
- 2 masks , gloves and extra set of instruments for examiner.
- Appliances, seminars and log note to be submitted on the day of exam.
- Examination and procedural instruments to brought for clinical procedure.
- The patient and bystander should be asked to report by 9.00 am at college.

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Faculty OSCE Evaluation:

- Student Performance
- Class Performance
- Curriculum

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OSCE Evaluation

Student Performance

KMCT DENTAL COLLEGE

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DEPARTMENT OF PEDODONTICS

OSCE EVALUATION FORM

SL NO	REGISTER NUMBER	CASE HISTORY (10)	CLINICAL EXAMINATION (10)	RADIGRAPHIC INTERPRETATION (10)	VIVA (10)

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OSCE Stations

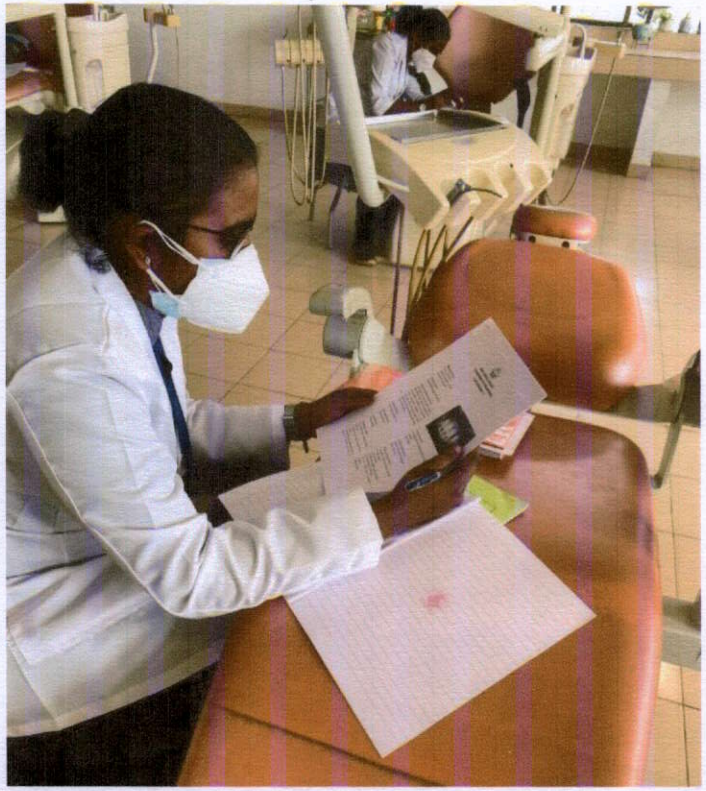
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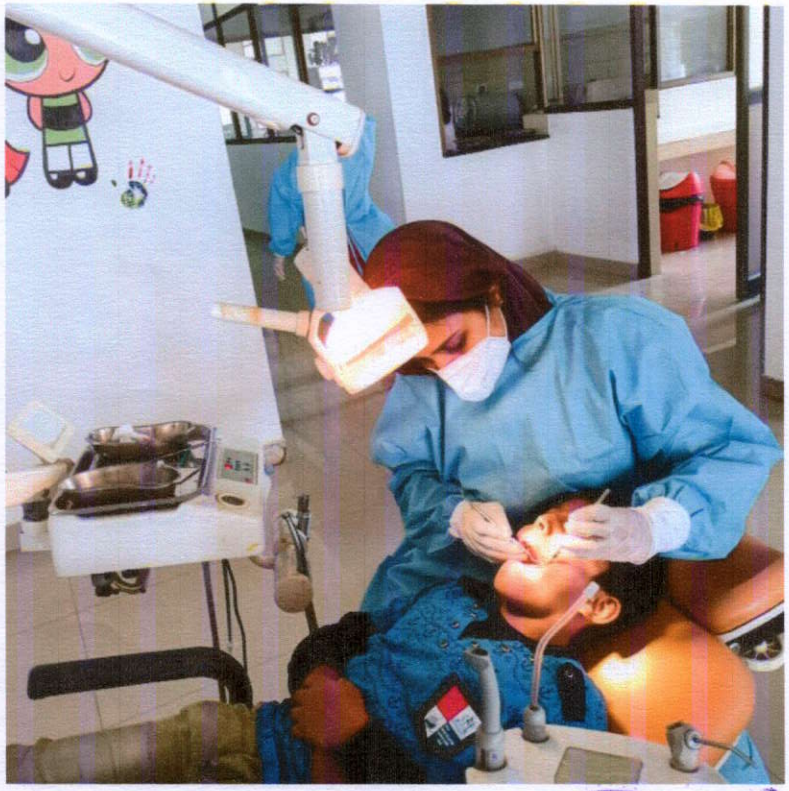
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STATION 1



STATION 2

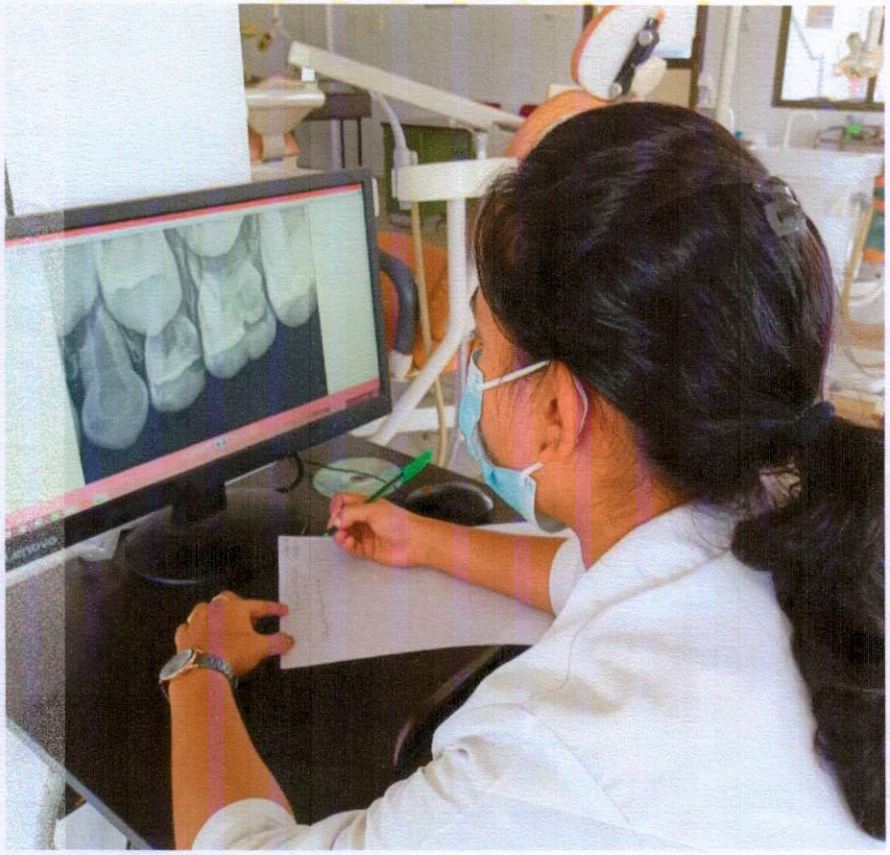


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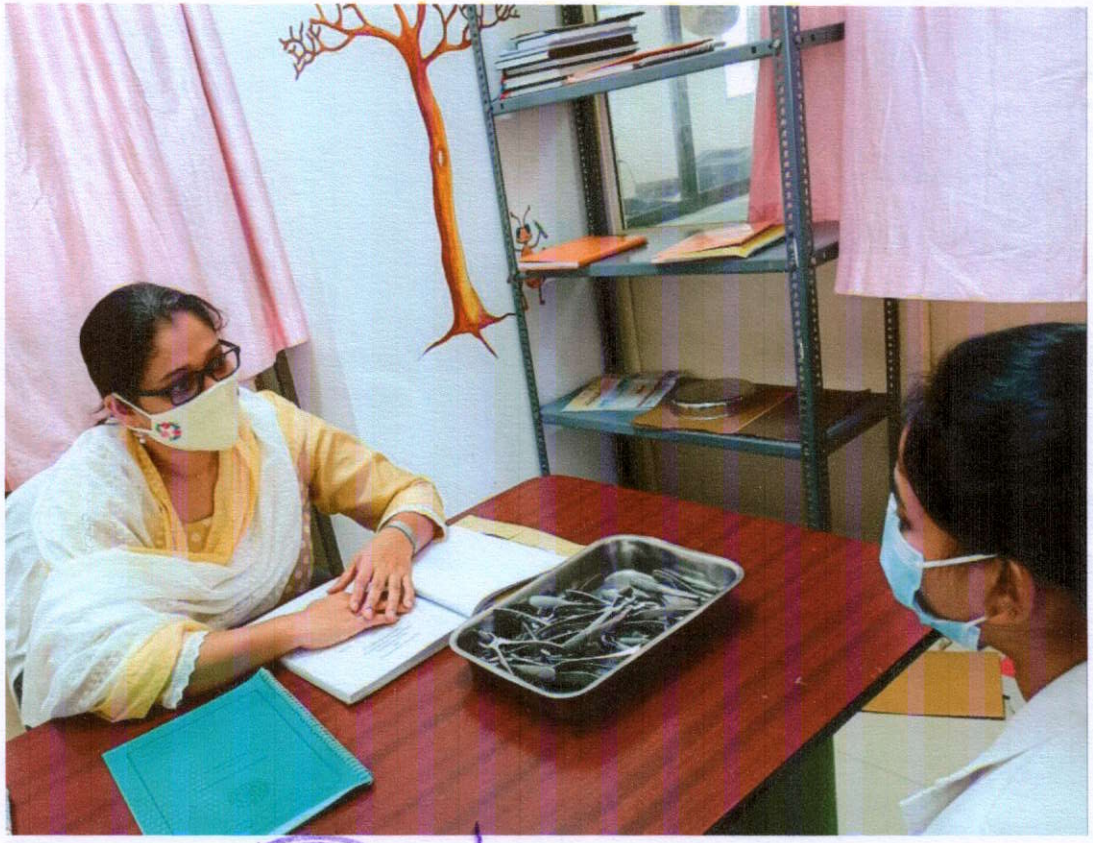
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STATION 3



STATION 4



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IMPROVEMENT PLAN FOR OSCE

Improving an Objective Structured Clinical Examination (OSCE) involves careful planning, implementation, and evaluation. OSCEs are widely used in medical, nursing, and healthcare education to assess clinical skills and competence:

1. **Clear Objectives and Blueprint**:
   - Define clear learning objectives and competencies the OSCE is meant to assess.
   - Create a detailed blueprint outlining the stations, timing, and assessment criteria for each station.
2. **Standardized Patients (SPs)**:
   - Ensure that SPs are well-trained and consistent in their portrayal of cases.
   - Provide SPs with scripts and specific expectations for each case.
   - Regularly assess SP performance and provide feedback.
3. **Variety of Cases**:
   - Include a wide range of clinical cases and scenarios that reflect the curriculum and clinical practice.
   - Incorporate both common and rare conditions to assess different levels of expertise.
4. **Assessment Criteria**:
   - Develop clear and specific assessment criteria or checklists for each station.
   - Use a mix of global and task-specific rating scales for a comprehensive evaluation.
5. **Feedback Mechanism**:
   - Incorporate immediate feedback sessions with faculty or SPs for students after each station.
   - Encourage self-reflection by providing students with their performance data.
6. **Rotation of Stations**:
   - Ensure that stations are rotated and randomized for each student to prevent predictability.
   - Avoid stations that are too similar to each other.
7. **Standardized Timing**:
   - Strictly adhere to timing for each station to ensure fairness and consistency.

- Allocate time for reading instructions and performing tasks.

8. **Simulated Equipment**:
    - Ensure that equipment and materials are standardized and in good working condition.
    - Verify that all necessary instruments and supplies are readily available.
9. **Faculty Training**:
    - Train faculty members who will be assessing students to ensure they understand the assessment criteria and are consistent in their evaluations.
    - Conduct calibration sessions to ensure inter-rater reliability.
10. **Security and Confidentiality**:
    - Maintain the confidentiality and security of OSCE content to prevent leakage of case details.
    - Implement measures to deter cheating.
11. **Pilot Testing**:
    - Pilot the OSCE with a small group of students to identify any issues with cases, timing, or logistics.
    - Make necessary adjustments based on pilot results.
12. **Feedback and Evaluation**:
    - Collect feedback from students, SPs, and faculty to identify areas for improvement.
    - Regularly review and revise the OSCE based on feedback and performance data.
13. **Technology Integration**:
    - Consider using technology for OSCE management, such as electronic checklists or simulations.
    - Ensure that the IT infrastructure is reliable.
14. **Accessibility**:
    - Ensure that the OSCE is accessible to all students, including those with disabilities.
    - Provide accommodations as needed.
15. **Continuous Improvement**:

- Regularly review the OSCE format and content to ensure it aligns with evolving educational goals and best practices.

16. **Faculty Development**:

- Invest in ongoing training and development for faculty involved in OSCE design and evaluation.

17. **Ethical Considerations**:

- Address ethical considerations, such as informed consent for students and SPs, and ensure patient confidentiality.

18. **Logistics and Facilities**:

- Ensure that logistics and facilities, including room assignments and equipment, are well-organized and conducive to the OSCE process.

Implementing these improvement plans will help make your OSCE more effective, fair, and reliable in assessing clinical skills and competence among students. Regular review and refinement are key to maintaining the quality and relevance of the OSCE over time.

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CERTIFICATE

This is to certify that

AMITH ADYANTHAYA

has participated in the

7 Day National Level Online Faculty Development Program on Outcome Based Education (OBE)

organised by St. James College of Nursing and St. James College of Pharmaceutical Sciences, Chalakudy

in association with The Kerala State Higher Education Council

from 08 March to 15 March 2023

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Sample OSCE stations

The exam will consist of ten OSCE stations, each of which will have the individual scenarios placed outside. The scenarios will contain information about the "patient" you will see at that particular station.

The information you will be given will include the patient's name, age, gender, occupation and any relevant history. You will also be given a lead question. This will tell you the focus of the station.

Prior to entering each OSCE station you will have up to two minutes to look at this information before you speak to the "patient".

While you are having a dialogue with the "patient", an examiner will be marking you against a pre-agreed set of criteria on a mark sheet.

Examples of candidate information and mark sheets are given below. The mark sheets are used as a basic outline and guide to the examiners. They indicate the absolute minimum required and the actual assessment of passing or failing is more complex than indicated on these mark sheets.

EXAMPLE 1

Information for Candidate

Theme: History Taking

Patient Details:

Name	
Age	
Gender	
Occupation	

Information about scenario
This is a new patient to your general dental practice today. He has a broken painful lower right first molar tooth and he has already told you he wants the tooth extracted.

At this station
Take a complete history from this patient and explain to the patient any implications of his history on his oral health and any proposed dental treatment. **(Accept that you cannot examine the patient).**

Marking Schedule

Theme: **History Taking**

Topic: **Extractions**

Information Gathering		
Competent • Identifies medical condition (atrial fibrillation) associated with anticoagulation • Ascertains relevant medical (including drug) history • Elicits list of medication from patient • Identifies Warfarin as an issue for dental extraction • Enquires about INR level		
Not competent • Does not identify extraction as posing post extraction haemorrhage risk • Does not take adequate medical history including medication and allergies		
	Grade	

Dentist/Patient interaction		
Competent • Identifies patient's desire to have tooth extracted today • Courteous • Takes account of patient's needs		
Not competent • Does not understand patient's desire for treatment today • Unfriendly and unhelpful • Dictates treatment to patient without rapport / seeking views		
	Grade	

Communicating		
Competent • Explains medical history questions in plain language • Communicates issues with extraction and anticoagulation ○ need to check INR and acceptable INR range ○ haemorrhage risk for anticoagulant • Explains short term pain relief • Explains treatment plan clearly and without jargon		
Not competent • Lacks clarity and uses jargon in explaining medical information • No or poor explanation for refusing to extract tooth • No or poor explanation of alternative pain relief treatment • Does not explain guidelines for anticoagulants		
	Grade	

Clinical Management		
Competent • Defers extraction • Discusses need for GP/Hospital to assess INR maximum of 72 hours before extraction • Offers alternative treatment for pain relief • Recommends analgesia which does not interact with Warfarin		
Not competent • Agrees to extraction today with no INR check • Suggests inappropriate analgesia – NSAID		
	Grade	

Outstanding / Good / Satisfactory / Unsatisfactory / Poor / Bad
(delete as applicable)

EXAMPLE 2

Information for Candidate

Theme: Managing Patient Concerns

Patient Details:

Name	Mrs .....
Age	56 (DoB)
Gender	Female
Occupation	Restaurant Owner
Relevant Social History	Married, 1 son aged 27. Non-smoker. Non-drinker
Relevant Medical History	Fit and well
Relevant Dental History	Regular attender for past 30 years

Information about scenario
Towards the end of a busy morning, your receptionist comes through to your surgery to explain that Mrs is in the waiting room and is very upset and angry. She has come back from a holiday where she has had toothache and an infection. She went to a local dentist who said she had a lot of teeth that were decayed. The practice principal, Mr ....., usually sees Mrs ..... but he is on holiday for two weeks. The notes confirm that Mrs ..... has been a patient at the practice for the past 30 years. The notes report that she had some toothache six months ago and radiographs taken at that time show multiple carious lesions and an apical radiolucent area affecting the lower left first molar (LL6, tooth 36). However the radiographs were not reported in the notes and no treatment was provided except advice on use of a desensitising toothpaste.

At this station
Discuss and respond to Mrs 's concerns regarding previous dental care in the practice.

Marking Schedule

Theme: **Managing Patient Concerns**

Topic: **Missed dental caries**

Information Gathering		
Competent • Appropriate history of clinical problem and treatment		
Not competent • Inadequate questions to diagnose clinical problem		
	Grade	

Dentist/Patient interaction		
Competent • Empathy in recognition of patient's situation • Demonstrates appropriate concern and understanding of the issue		
Not competent • No empathy • Cold • Defensive • Blames patient		
	Grade	

Communicating		
Competent • Honest about radiographic findings and diagnosis • Admits that caries has been missed and arrangements should have been made to treat problem • Gives information to patient about complaints procedure if asked		
Not competent • Uses jargon • Evasive – does not acknowledge radiographic findings • Is not aware of any complaints procedures used in practice		
	Grade	

Clinical issues
Competent • Arranges to get patient seen quickly for treatment • Ensures that patient is not in pain • Discusses treatment issues
Not competent • Straight for referral without arranging examination

• Blaming colleague • Does not establish if patient is in pain		
	Grade	

Outstanding / Good / Satisfactory / Unsatisfactory / Poor / Bad
(delete as applicable)

EXAMPLE 3

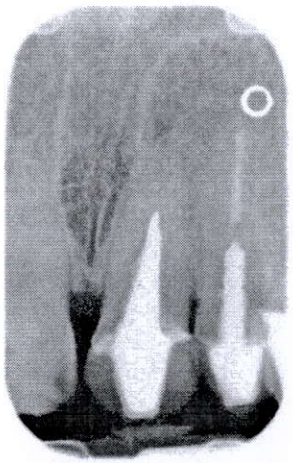
Information for Candidate

Theme: Explanations

Patient Details:

Name	Mrs .....
Age	40 (DoB)
Gender	Female
Occupation	Accountant
Relevant Social History	Non-smoker, non-drinker
Relevant Medical History	Fit patient with no relevant medical history
Relevant Dental History	Regular attender, but nervous about receiving treatment

Information about scenario
You have taken over this patient's care from a colleague in general dental practice. She has been booked for root canal treatment of the upper left central incisor. There is post and crown but no root canal filling in the tooth which has developed a labial discharging sinus. A radiograph has been taken and is shown below.

At this station
Listen to the patient's history and then explain the nature of the intended procedure.


Marking Schedule

Theme: **Explanations**

Topic: **Repeat root canal treatment**

Information Gathering		
Competent • Listens to history and elicits relevant points • Realises that the patient is apprehensive Realises patients reluctance but not resistance to receive further RCT **Not competent** • Does not obtain all of history • Does not notice apprehension • Does not realise misgivings towards further RCT		
	Grade	

Dentist/Patient interaction		
Competent • Allays fears and answers the prompts simply and reassuringly a) Listening and clarifying b) Eye Contact **Not competent** • Fails to reassure patient about the procedure • Failure to maintain eye contact • Not listening to prompts		
	Grade	

Communicating		
Competent • Clear explanation of the procedure. Discussion about removal of crown, post, and re-root canal treatment • Avoids jargon.		
Not competent • Failure to explain, reassure • Use of unnecessary jargon		
	Grade	

Clinical Management
Competent • Clear understanding of procedure, including treatment options and risks • Aware of root fracture risk with removal of post • Aware of flare up with re-treatment

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) FOR PERIODONTOLOGY

The Objective Structured Clinical Examination (OSCE) is a widely used assessment method in medical and dental education, including periodontology. OSCEs are designed to evaluate a candidate's clinical skills, communication abilities, and problem-solving capabilities in a structured and standardized manner.

Structure of OSCE:

1. Stations:

- The OSCE will consist of multiple stations, each focusing on different aspects of periodontology.

- Stations may include clinical scenarios, patient interactions, diagnostic skills, treatment planning, and communication skills.

2. Time Allocation:

- Allocate a specific amount of time for each station, usually ranging from 5 to 15 minutes.

- Ensure that candidates are aware of the time constraints and the need to manage their time effectively.

3. Content Areas:

- Include a mix of content areas such as:

- Diagnosis: Assessing the ability to diagnose periodontal conditions based on clinical and radiographic findings.

- Treatment Planning: Evaluating the formulation of appropriate treatment plans for various periodontal cases.

- Communication Skills: Assessing the ability to communicate effectively with patients, explaining procedures, and addressing concerns.

- Instrumentation Skills: Testing proficiency in periodontal instrumentation techniques.

- Case Presentation: Candidates may be asked to present a case history and treatment plan to an examiner.

4. Role Players:

- Use standardized patients or actors to simulate real-life scenarios.

- Ensure that role players are trained to provide consistent responses to candidates.

5. Checklists and Rating Scales:

- Develop checklists and rating scales for each station to standardize the evaluation process.

- Include criteria such as clinical skills, communication, professionalism, and decision-making.

6. Feedback:

- Provide constructive feedback to candidates at the end of each station.

- Feedback should highlight strengths and areas for improvement.

7. Rotation of Candidates:

- Organize a rotation system to ensure that candidates move through each station in a systematic manner.

8. Scenarios:

- Design scenarios that reflect a range of periodontal conditions, from mild to severe cases.

- Include variations in patient demographics to assess cultural competence and adaptability.

9. Quality Control:

- Have a quality control mechanism in place to ensure consistency in the examination process.

- Standardize examiner training to maintain reliability across different examiners.

10. Preparation:

- Provide candidates with information on the format and expectations of the OSCE.

- Consider organizing practice OSCEs to familiarize candidates with the process.

To revise the OSCE to the specific curriculum and learning objectives of the periodontology program.

Regular reviews and updates of the OSCE format which will help ensure the relevance and effectiveness in assessing the skills in the field of periodontology.

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OSCE STATIONS FOR DIFFERENT PERIODONTOLOGY TOPICS COVERED:

1. Diagnosis and Examination Station:

- Scenario: A patient presents with bleeding gums and mobility in certain teeth.

- Tasks:

  - Perform a thorough periodontal examination.

  - Diagnose the periodontal condition.

  - Identify contributing factors and risk factors.

  - Discuss the findings with the patient and suggest the next steps.

2. Treatment Planning Station:

- Scenario: A patient with chronic periodontitis seeks treatment.

- Tasks:

  - Develop a comprehensive treatment plan.

  - Consider surgical and non-surgical interventions.

  - Discuss the treatment plan with the patient, addressing concerns and gaining informed consent.

3. Scaling and Root Planing Station:

- Scenario: A patient requires scaling and root planing in the mandibular posterior region.

- Tasks:

  - Demonstrate proper instrumentation techniques.

  - Explain the procedure to the patient.

- Address any questions or concerns the patient may have.

4. Radiographic Interpretation Station:

- Scenario: Reviewing a panoramic radiograph of a patient with localized periodontal defects.

- Tasks:

  - Identify areas of bone loss and calculus deposits.

  - Correlate radiographic findings with clinical examination.

  - Discuss potential treatment options based on radiographic evidence.

5. Regenerative Procedures Station:

- Scenario: Patient with intrabony defects requiring regenerative therapy.

- Tasks:

  - Explain regenerative procedures to the patient.

  - Demonstrate knowledge of guided tissue regeneration or bone grafting techniques.

  - Discuss expected outcomes and potential complications.

6. Communication Skills Station:

- Scenario: Patient presenting with aesthetic concerns due to gingival recession.

- Tasks:

  - Communicate effectively with the patient about the esthetic implications.

  - Discuss treatment options, including grafting procedures.

  - Address patient expectations and concerns.

7. Maintenance and Follow-up Station:

- Scenario: Patient post-periodontal surgery returning for follow-up.
- Tasks:
  - Assess healing and treatment outcomes.
  - Reinforce oral hygiene instructions.
  - Address any post-operative complications or concerns.

8. Case Presentation Station:

- Scenario: Presenting a complex periodontal case to a referring dentist.
- Tasks:
  - Clearly articulate the patient's history, diagnosis, and treatment plan.
  - Address interdisciplinary considerations.
  - Respond to questions or concerns from the referring dentist.

9. Medical History and Risk Assessment Station:

- Scenario: Patient with a complex medical history seeking periodontal treatment.
- Tasks:
  - Obtain and evaluate the patient's medical history.
  - Assess systemic factors impacting periodontal health.
  - Develop a treatment plan considering medical considerations.

10. Pedagogical Skills Station:

- Scenario: Teaching a junior dental student about periodontal charting.
- Tasks:
  - Instruct the student on proper periodontal charting techniques.
  - Provide constructive feedback.
  - Assess the student's understanding and skill proficiency.

These OSCE stations cover a range of periodontology topics, and they can be adapted based on the specific curriculum and learning objectives. Each station are designed to assess the student's knowledge, clinical skills, communication abilities, and professionalism in the context of periodontal care.

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