

Communication Task - Scenario 1

CANDIDATE COPY

Patient information (for Candidate)

Your patient is 30 years old, and has presented today complaining of pain from the lower right posterior side. The tooth had been cold sensitive for several weeks, but the pain has become more severe in the last 2 days. The patient is now experiencing spontaneous pain, and it has been waking them at night. They have been taking Panadeine to relieve the pain, but it has not always been effective. This is the first time that you have seen this patient.

Clinical examination reveals that tooth 46 is tender to percussion, has an exaggerated and lingering response to vitality testing using CO₂, and a periapical radiograph reveals a large carious lesion extending to the pulp, and a small periapical radiolucency. The tooth has normal periodontal pocket depths (2-3mm), no bleeding on probing except for the distal pockets, and normal bone levels.

The diagnosis is **irreversible pulpitis**.

The patient has acceptable oral hygiene, and is a non-smoker. There are no medical problems, and the patient is not taking any medication. The patient works as a school teacher at the local primary school. **The patient does not want the tooth extracted.**

The starting point for the consultation is that you have just reached your diagnosis of **irreversible pulpitis**, and you must tell the patient of your diagnosis, and the treatment options for managing this problem for the patient.

Communicate this information to the patient to enable you to gain informed consent.



Note: One of the examiners will be acting as the patient, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a patient, and not as an examiner with expert dental knowledge.

Communication Task - Scenario 2

CANDIDATE COPY

Patient information (for Candidate)

Your patient is 45 years old, and presents today for a routine dental check-up.

The patient has a number of large amalgam restorations on posterior teeth that are about 20 years old. The patient's mouth is comfortable, and all of these restorations appear to be in satisfactory condition – there are no clinical or radiographic signs of secondary caries, and no obvious cracks in the teeth.

The patient has acceptable oral hygiene, and smokes 10 cigarettes per day, and has done so for the past 20 years. There are no medical problems, and the patient is not taking any medication. Periodontal examination shows a healthy periodontium, with probing depths of 2-3mm.

The starting point for the consultation is that you have just completed your examination, and found no clinical or radiographic signs of dental disease. The patient then asks you about replacing the silver fillings with white coloured fillings.

Communicate this information to the patient to enable you to gain informed consent.



Note: One of the examiners will be acting as the patient, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a patient, and not as an examiner with expert dental knowledge.

Communication Task - Scenario 3

CANDIDATE COPY

Patient information (for Candidate)

Your patient is 45 years old, and presents today for a routine dental check-up.

The patient has a number of large amalgam restorations on posterior teeth that are about 20 years old. The patient complains of occasional pain on chewing on the lower right side, and occasional cold sensitivity that has been getting worse over the past few weeks.

Your examination reveals that the 46 is tender to percussion, and responds positively to a FracFinder or Tooth Sleuth on the mesio-lingual cusp. The tooth responds normally to CO₂, and there are no clinical or radiographic signs of secondary caries.

The diagnosis is **cracked cusp**.

The patient has acceptable oral hygiene, and smokes 10 cigarettes per day, and has done so for the past 20 years. There are no medical problems, and the patient is not taking any medication. Periodontal examination shows a healthy periodontium, with probing depths of 2-3mm. The patient works as a school teacher at the local primary school. **The patient does not want the tooth extracted.**

The starting point for the consultation is that you have just reached your diagnosis of **cracked cusp**, and you must tell the patient of your diagnosis, and the treatment options for managing this problem for the patient.

Communicate this information to the patient to enable you to gain informed consent.



Note: One of the examiners will be acting as the patient, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a patient, and not as an examiner with expert dental knowledge.



ADC PRACTICAL EXAMINATION

Communication Task - Scenario 4

CANDIDATE COPY

Patient information (for Candidate)

Your patient is 45 years old, and presents today with a discomfort from their upper left second premolar. The tooth was restored with amalgam about 15 years ago, and it has been increasingly uncomfortable over the past four weeks. You have just removed the old amalgam restoration to assess what is happening and the clinical picture is shown in the photograph below.

Your examination reveals a fracture line running mesio-distally across tooth 25.

The patient has acceptable oral hygiene, has no medical problems, and is not taking any medication. Periodontal examination shows a healthy periodontium, with probing depths of 2-3mm, with mild bleeding on probing in some sites. The patient works as a school teacher at the local primary school.

After removing the old restoration to assess what is happening with this tooth you have reached your diagnosis of **vertical root fracture**, and realise that nothing can be done to save the tooth. It requires extraction. You must tell the patient of your diagnosis, and the options for extracting this tooth. You do not need to discuss the replacement options for the missing tooth at this time.

Communicate this information to the patient to enable you to gain informed consent for your proposed treatment of extraction of the tooth 25.



Note: One of the examiners will be acting as the patient, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a patient, and not as an examiner with expert dental knowledge.

Communication Task - Scenario 5

(Hygiene/Therapy candidates)

CANDIDATE COPY

Patient information (for Candidate)

Your patient is 25 years old, and presents today after an appointment with the dentist for periodontal treatment. The dentist has done screening periodontal probing, and has noted significant bleeding on probing, some probing depths of 4-5mm and some areas of gingival recession.

The patient has been an irregular attender, and their last dental visit was more than 3 years ago.

They are not currently experiencing any pain, but they are aware of bleeding gums when they brush their teeth.

The diagnosis is **chronic generalised mild periodontitis**.

The patient has no medical problems, is not a smoker, and is not taking any medication. The patient works as a school teacher at the local primary school.

The starting point for the consultation is that you have a diagnosis of **chronic generalised mild periodontitis**, and you must tell the patient of the diagnosis, and outline the treatment that is required.

Communicate this information to the patient to enable you to gain informed consent.



Note: One of the examiners will be acting as the patient, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a patient, and not as an examiner with expert dental knowledge.



ADC Practical Examination
DHDT Communication Task – Scenario 6
CANDIDATE COPY

Patient information (for Candidate)

Your patient is 23 years old and presents today after an appointment with the dentist for an initial examination. The dentist has taken a set of bite-wing radiographs and has diagnosed a number of interproximal carious lesions extending into dentine which will need to be restored. The dentist also notes a number of incipient lesions at the gingival margin and has asked you to discuss the importance of prevention and early intervention with your patient.

The patient has not seen a dentist since they finished high school at the age of 17 and tells you that they prefer to drink juices and soft-drinks rather than water. The patient reports no recollection of ever having a filling done and seems quite nervous about their next appointment with the dentist.

The patient reports that they are currently working nights at a local bar while they complete their studies at University. The medical history is clear and they are not currently taking any medication.

Communicate to the patient your understanding of incipient (white-spot) lesions, and the management steps you would recommend, remembering to provide sufficient information to be able to gain informed consent for your treatment plan.



Note: One of the examiners will be acting as the patient and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a patient and not as an examiner with expert dental knowledge.

ADC PRACTICAL EXAMINATION

Communication Task – Trauma 1 CANDIDATE COPY

Patient information (for Candidate)

Your patient, Kim Nguyen, is 12 years old, and has presented today with his parent following an incident in a nearby playground when a swing hit his front teeth. This occurred around 20 minutes ago. This is the first time that you have seen this boy. Kim is bright and alert and did not lose consciousness. The tooth fragment could not be found in the playground. Your practice is in Colac, a town two hours from the capital of Victoria, Melbourne.

Kim is compliant and has acceptable oral hygiene. There are no medical problems, and Kim is not taking any medication. The parent works as a school teacher at the local primary school. **Both the parent and the patient are very concerned about losing this tooth.**

The first step in these situations is often to take a radiograph of the fractured tooth. You have done this and no root fracture or alveolar fracture is evident. Root development is complete.

The diagnosis is **a fractured central incisor with a small pulp exposure. You decide to carry out a Cvek pulpotomy as the initial treatment.**

The starting point for the consultation is that you have just reached your diagnosis and you must tell the parent of your diagnosis and the treatment options for managing this problem. Your discussions should all be directed at the parent. You should assume that the child is not present in the room for this discussion.

Note: One of the examiners will be acting as the parent, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a parent, and not as an examiner with expert dental knowledge.

Communicate this information to the parent to enable you to gain informed consent for your proposed treatment.



ADC PRACTICAL EXAMINATION

Communication Task – Trauma 2

CANDIDATE COPY

Patient information (for Candidate)

Your patient is 8 years old, Gabriel Galekovic. She has presented today with her parent following an incident in a nearby playground when a swing hit her front teeth. This occurred around 20 minutes ago. The tooth fragments cannot be found. This is the first time that you have seen this patient. The child is bright and alert and did not lose consciousness. You practice in Meningie, a town two hours from the capital of South Australia, Adelaide.

Gabriel is compliant and has acceptable oral hygiene. There are no medical problems, and she is not taking any medication. The parent works as a school teacher at the local primary school. **Both the parent and the patient are very concerned about losing these teeth.**

The first step in these situations is often to take a radiograph of the fractured teeth. You have done this and no root fractures or alveolar fractures are evident. Root development is incomplete.

The diagnosis is **three fractured upper incisors with dentine exposed**. You decide to cover the exposed dentine with GIC today and review subsequently.

The starting point for the consultation is that you have just reached your diagnosis and you must tell the parent of your diagnosis and the treatment options for managing this problem. Your discussions should all be directed at the parent. You should assume that the child is not present in the room for this discussion.

Note: One of the examiners will be acting as the parent, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a parent, and not as an examiner with expert dental knowledge.

Communicate this information to the parent to enable you to gain informed consent for your proposed treatment.



ADC PRACTICAL EXAMINATION

Communication Task – Trauma 3 CANDIDATE COPY

Patient information (for Candidate)

Your patient, Francesca Rocca, is 12 years old, and she has presented following an incident in a nearby playground when a cricket ball hit her front teeth. This occurred around 20 minutes ago. Her front left tooth was avulsed but the parent immediately picked it up, rinsed it using Francesca's saliva and reinserted it in the socket. This is the first time that you have seen Francesca. She is upset but bright and alert and did not lose consciousness. You practice in Oakey, a town two hours from the capital of Queensland, Brisbane

Francesca is compliant and has acceptable oral hygiene. There are no medical problems, and she is not taking any medication. The parent works as a school teacher at the local primary school.

Both the parent and the patient are very concerned about losing this tooth.

The first step in these situations is often to take a radiograph of the damaged teeth. You have done this and no root fracture or alveolar fracture is evident. Root development is complete. You have carefully assessed the tooth's mobility and determined that it is sufficiently mobile for you to reposition it to be stable when the patient is in centric occlusion.

The diagnosis is **avulsion and re-implantation of upper left central incisor. You decide to give LA, reposition the tooth and retain it with a flexible splint.**

The starting point for the consultation is that you have just reached your diagnosis and you must tell the parent of your diagnosis and the treatment options for managing this problem. Your discussions should all be directed at the parent. You should assume that the child is not present in the room for this discussion.

Note: One of the examiners will be acting as the parent, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a parent, and not as an examiner with expert dental knowledge.

Communicate this information to the parent to enable you to gain informed consent for your proposed treatment.





ADC PRACTICAL EXAMINATION

Communication Task – Trauma 4 CANDIDATE COPY

Patient information (for Candidate)

Your patient is Franz Kruger, who is 10 years old. He has presented today with his parent following an incident in a nearby playground when a cricket ball hit his front teeth, avulsing the upper left central incisor. This occurred around 20 minutes ago. The parent found the tooth on the grass and rinsed it in milk and then wrapped it in cling film to bring it to the surgery. The tooth is intact. This is the first time that you have seen Franz. He is upset but bright and alert and did not lose consciousness. You practice in Bunbury, a town 2 hours from the capital of Western Australia, Perth

Franz is compliant and has acceptable oral hygiene. There are no medical problems, and he is not taking any medication. The parent works as a school teacher at the local primary school. **Both the parent and the patient are very concerned about losing this tooth.**

The first step in these situations is often to take a radiograph of the damaged area. You have done this and no root fractures or alveolar fractures are evident. Root development is complete. The parent tells you that the small chip on the mesial of tooth 11 has been present for more than one year.

The diagnosis is **avulsion of upper left central incisor. You decide to reimplant the tooth and retain it with a flexible splint.**

The starting point for the consultation is that you have just reached your diagnosis and you must tell the parent of your diagnosis and the treatment options for managing this problem. Your discussions should all be directed at the parent. You should assume that the child is not present in the room for this discussion.

Note: One of the examiners will be acting as the parent, and will occasionally ask you a question. You should assume that they are a regular dental patient with limited dental knowledge. You should speak to them as a parent, and not as an examiner with expert dental knowledge.

Communicate this information to the parent to enable you to gain informed consent for your proposed treatment.

