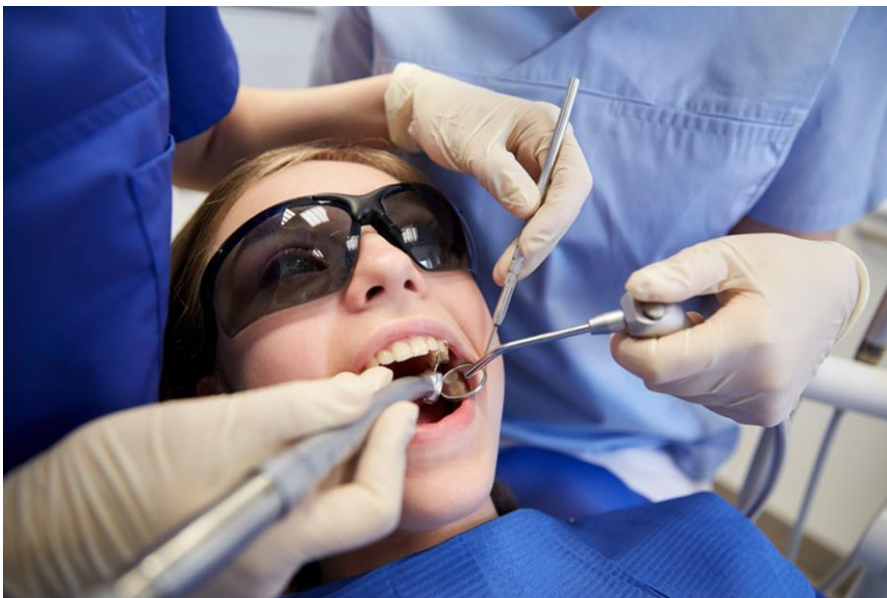




Australian
Dental
Council LTD



Practical Examination Handbook

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Australian Dental Council Ltd

Po Box 13278
Law Courts Victoria 8010
Australia

Tel +61 (0) 3 9657 1777

www.adc.org.au

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Introduction

Under the provisions of the *Health Practitioner Regulation National Law Act 2009* the Australian Dental Council (ADC) has been assigned the accreditation functions of the Dental Board of Australia.

One of the key accreditation functions is the assessment of the knowledge, judgement, clinical skills and professional attributes of overseas qualified dentists who are seeking registration with the Dental Board of Australia to practise in Australia and whose qualifications are not otherwise approved for registration.

In addition, the ADC is the national assessment authority appointed by the Department of Immigration and Border Protection to assess professional skills for migration purposes.

The ADC assessment and examination procedure consists of the following steps:

1. Initial Assessment of Professional Qualifications in Dentistry
2. Written Examination
3. Practical Examination

The format of the ADC examination process has been approved for the purposes of registration in Australia. The ADC cannot vary the format of the examination, or grant exemptions from the requirements of the examinations.

Venue Allocations and Requirements

Practical Examinations are held over two days at various venues in Australia.

They are scheduled to be held twice each year, generally in June and November, but additional examinations may be scheduled according to demand and the availability of examination venues.

You can apply to sit for any available examination by selecting the venue that you wish to sit the examination at using the online portal on the ADC website (www.adc.org.au)

In order to confirm your booking you **must** submit an application form and the relevant examination fee within four (4) weeks of selecting a venue online. The ADC reserves the right to remove your provisional booking if you repeatedly make a provisional booking but fail to submit an application form and payment.

After successful submission of an application form and payment, you will receive confirmation of the examination to which you have been allocated, and also receive an information pack relevant to that particular venue. The venues in which the ADC examinations are held are usually clinics within dental hospitals or university dental schools. Each venue has its own requirements that you will need to satisfy and comply with.

Registration and other Dental Board of Australia Requirements

As the examination format does not involve the treatment of patients, you are **not required to provide evidence of immune status when sitting your examination but you will be required to have ascertained this before being registered to practise in Australia.**

If you are successful in the Practical Examination the ADC will advise the DBA that you have been awarded an *ADC Certificate (General Dentist)*.

Candidate Contact Information

You must notify the ADC of any change in mailing address immediately in writing.

Information may not be reissued if you fail to advise the ADC or do not employ a suitable mail redirection service from your previous address.

Timetables and urgent information may be communicated to you through your nominated email address. You must ensure the email address you provide is reliable and checked regularly. If you use free webmail services (Gmail, Yahoo, Hotmail, etc.) you should properly maintain your mailboxes. The ADC will not accept responsibility for non-receipt of correctly addressed emails.

Withdrawing from an Examination

If you choose to withdraw from an examination you should contact the ADC in writing. An intention to withdraw can be sent by email if the date of the examination is imminent and a withdrawal letter, together with any supporting documentation, has been posted to the ADC. Withdrawal notification will not be accepted by telephone.

The ADC will respond to you in writing.

You will forfeit 20% of the examination fees if your withdrawal from an examination is received before the closing date for applications for that examination session.

If your withdrawal is received after the closing date for the examination series you will forfeit 50% of the examination fees.

Withdrawal within four weeks of the examination date will result in forfeit of the whole fee unless your withdrawal is due to acceptable medical grounds and is supported by a medical certificate, in which case you will forfeit 40% of the fee.

Failure to undertake the examination because of an inability to obtain necessary visas or to arrange travel etc. will be considered a withdrawal and fees will be forfeited.

Content and Format

In the transition period to the new examination format, candidates who completed the old Preliminary Written Examination prior to March 2014 will be required to sit the **Transitional Written Examination** as part of the Practical Examination process.

This component of the examinations assesses concepts, knowledge and clinical problem-solving previously assessed in the Clinical Examination.

The Transitional Written Examination is a two hour examination paper consisting of scenario-based and stand-alone multiple choice questions.

All Public Sector Dental Workforce Scheme Candidates will be required to sit the Transitional Written Examination.

Candidates who pass the Transitional Written Examination but fail the Practical Examination will not be required to re-sit the Transitional Written Examination.

All other candidates will be required to have a valid Written Examination.

The two-day **Practical Examination** will evaluate your performance of dental procedures on simulated patients (manikins) in a clinical setting.

At the start of each day you will be given:

1. a set of dental models (upper and lower), labelled with your Candidate ID and mounted in a manikin on a dental chair,
2. a task list, detailing all the procedures that you will be required to undertake for that day, including tooth numbers and surfaces and a designated practice tooth and
3. a timetable with attendance times for the Rubber Dam, Communication and Radiology tasks.

Examination Schedule

The following is an indicative schedule for the Practical Examination.

More detailed information will be provided to candidates who enrol for the examination.

TRANSITIONAL WRITTEN EXAM

(Friday before the Practical Examination)

Examination registration	9:30 a.m. - 10.00 a.m.
Transitional written examination	10:00 a.m. - 12:00 noon

PRACTICAL EXAMINATION ORIENTATION

(Friday before the Saturday examinations commence)

Orientation lecture	2:00 p.m. – 3:00 p.m.
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PRACTICAL EXAMINATION DAY 1

Examination Registration	7:30 a.m. - 8:00 a.m.
Orientation and instructions	8:00 a.m. - 8:30 a.m.
Bay set-up and model check	8:30 a.m. - 9:00 a.m.
Completion of task list	9:00 a.m. - 4:30 p.m.

PRACTICAL EXAMINATION DAY 2

Examination Registration	7:30 a.m. - 8:00 a.m.
Bay set-up and model check	8:00 a.m. - 8:30 a.m.
Completion of task list	8:30 a.m. - 4:00 p.m.

Examination Registration

At the start of each day (Saturday and Sunday) you will be issued your Candidate ID badge at the Examination Registration Desk on presentation of current government photographic identification (i.e. a current passport or driver's licence) that includes your signature.

This photograph will be compared to the photograph on your ID badge. The name on the government photographic identification must also match the name you used when you registered with the ADC for the Practical Examination.

If you do not provide the identification requested you will not be admitted into the examination.

You must wear your Candidate ID Badge at all times.

At the end of each day you must hand in your ID badge as directed. If you fail to hand in your ID badge, you may receive a fail grade for all requirements in the Examination.

Equipment, Instruments and Supplies

We will provide all candidates with standard equipment and materials for these exercises.

You are not permitted to supply your own instruments or handpieces. Detailed instrument information will be provided to you as part of your venue pack.

Please note that **dental burs will not be provided**. You are required to bring all relevant burs to the examination. You may bring your own materials to the examination (e.g. restorative materials and rubber dam sheets) although this is not encouraged as we cannot guarantee that equipment needed to dispense such materials will be available at the Examination Venue.

The dental clinic at the Examination Venue will NOT be accessible prior to the Assessment.

You are advised to bring a small clock or watch to the examination. You will not be permitted to use phones, laptop computers, tablets or other devices to monitor the time.

Examination Instructions

Tasks

- You will be given a task list detailing all the procedures that you will be required to undertake at the start of each day. Three of the tasks will be timetabled – Rubber Dam, Radiography and Communication. You will be allocated 30 minutes for the Rubber Dam task on one day, and will be allocated 15 minutes each for the Radiography task and the Communication task on the other day. You may undertake the other tasks for the day in any order.
- The FDI two digit tooth numbering system is used during the examination. If you start or complete a procedure not listed on the task sheet, or start or complete a task on an incorrect tooth you will receive a fail grade for that task.
- Although tasks are conducted on manikins, you must demonstrate that you are competent to perform procedures in a clinical environment, including undertaking tasks in positions appropriate for both the operator and the patient. Examiners will ask you to correct inappropriate positions, such as having the manikin's head or neck in a position that would be uncomfortable for a patient or contact with the manikin that would be considered inappropriate in a clinical situation. If you continue to work on the manikin in an inappropriate position you may be dismissed from the examination.
- You must wear eye protection, masks, gowns and gloves whilst undertaking any simulated clinical activity. The venue will supply gowns, masks and gloves, but you must provide your own eye protection. You must be appropriately and professionally attired. You should wear suitable, closed shoes and long hair should be appropriately controlled.
- You may use magnification aids. This does not include hand-held magnifiers.
- You are responsible for your own materials and belongings. The ADC and the Examination Venue will not be held responsible for personal supplies left unattended.
- You will be financially responsible for any damage caused to any supplied equipment.

Teeth

- The ADC will provide special prepared typodont models to be used for the restorative exercises.
- These models will include combinations of teeth and dental tissues of the following types
 - **Plain Ivorine** teeth that are of uniform colour and consistency.
 - **Simulated enamel** that is **white** in colour and is made of composite resin that is harder than the simulated dentine and simulated caries. The teeth have been manufactured so that they can be prepared with a dental bur using normal pressure and, if desired, preparations can be finished using normal pressure with sharp hand instruments.
 - **Simulated dentine** that is **yellow** in colour and is softer than the simulated enamel
 - **Simulated caries:** Currently the ADC is using two forms of teeth that have simulated caries present. Some have simulated caries placed by the manufacturers and some are pre-prepared and filled with Cavit™ to simulate

caries. For those enamel/dentine teeth with simulated caries the manufacturing process ensures that the caries depth is standardized for each tooth used. The simulated caries in dentine is **grey** in colour and is softer than the simulated enamel but of similar hardness to the simulated dentine. In some anterior teeth, there is also a cavity in the simulated enamel on the proximal surface(s). This cavity extends through the simulated enamel into the simulated dentine and must be included as part of the preparation.

- The manufacturing process for teeth with simulated caries ensures that caries depth is standardized for each tooth used as part of the Assessment. As a result of the manufacturing process, there may be a small cement-filled space between the simulated enamel and the simulated dentin which may appear grey in colour. This is not simulated caries.
- **Simulated pulp chamber and canals:** The simulated dental pulp chamber and canals are hollow spaces lined with red colouring.
- **Please Note:** The use of metal hand instruments in cavity preparations will leave a grey stain.

Infection Control

Candidates must perform all tasks as if they were being performed on a live patient and follow standard infection control procedures with some minor modifications to cater for an examination environment.

Candidates should assume that all instruments are sterile on Day One and that they are treating the same patient for both days.

At the start of each day of the examination you will be allocated 30 minutes to set up your cubicle. During “set-up” time you:

- should assume that your cubicle is disinfected at the start of each day
- are NOT required to use barriers
- may arrange instruments, materials and handpieces without using standard infection control procedures
- are required to designate clean and dirty areas within your bays

Once “set-up” time is over and the examination has started you should treat the cubicle as a standard clinical area. All benches, instrument storage areas and materials outside your cubicle should be considered potentially contaminated.

You may use transfer tweezers whilst gloved to retrieve items from a clean area.

Standard infection control procedures are modified for this examination to allow candidates to continue wearing gloves in the following specific circumstances only:

- when adjusting the manikin head position, patient chair controls and overhead light
- when using the amalgamators
- when pressing the button to take radiographs.

If you drop an instrument or treatment material during a task, you must notify an examiner before retrieving the article.

As part of the assessment of infection control you will also be observed in relation to:

- your management of potentially hazardous materials such as amalgam or sharps
- appropriate attire and use of personal protective equipment
- appropriate manikin positioning and handling.

Breaks

- There will be a mandated 45 minute lunch break scheduled for each day. During the break you will be required to leave the examination area.
- You may take additional breaks whenever needed during the day except during timetabled tasks.

Incidents

- If there are problems with any of the teeth, models or manikins, you should bring this to the attention of the examination convenor as soon as possible so that they can be rectified if necessary.

If you experience an adverse incident during the examination, it is your responsibility to notify one of the Examiners immediately. The Examiner can then complete an Adverse Incident form. The ADC will not be able to take into consideration any adverse incidents that are reported to the ADC after the examination.

Policies

Examination Conduct Policy

The Practical Examination is conducted under the following conditions.

- You must be punctual for both days of the examination. If you arrive late for an examination you will not be given any extra time to complete the examination.
- The dental clinic at the Examination Venue will not be accessible prior to the examination.
- Space at the Examination Venue is provided only for participants. Family and friends will not be admitted.
- During the mandated 45-minute lunch break you will be required to leave the examination area.
- You may take additional breaks whenever needed during the day except during timetabled tasks.
- Standard equipment and materials will be provided for the examination exercises. You are able to supply your own dental materials, but you will not be able to supply your own handpieces or instruments (e.g. hand instruments, rubber dam clamps or matrices).
- Please note that dental burs will not be provided. You are required to bring all necessary burs to the examination.
- You will be given a task list detailing all the procedures that you will be required to undertake at the start of each day. The rubber dam, communication and radiography

tasks will be timetabled for each individual candidate. You may perform the remaining tasks for the day in any order.

- You may not bring food and/or drink (including water) into the examination room unless a special accommodation for medical reasons has been granted by the ADC office. A written request to the ADC office must include a medical certificate signed by a doctor indicating the accommodation required.
- You must not bring any electronic devices (including but not limited to mobile phones, personal computers and tablet devices, cameras and other recording devices) into the examination room.
- You must not bring this handbook, dental textbooks or other written material into the examination room.
- You may not remove teeth from models, nor may you remove models from the manikins.
- You may not remove Task Sheets from the examination room.
- You may not bring extra teeth into the assessment area.
- You must be appropriately and professionally attired. You should wear suitable, closed shoes and long hair should be appropriately controlled.
- You must wear eye protection, masks and gloves as if you were treating patients
- You must manage sharps and excess amalgam appropriately and ensure that your work areas are left clean and safe.
- You may use magnification aids. This does not include hand-held magnifiers.
- If you start or complete a procedure not listed on the task sheet, or if you start or complete a task on an incorrect tooth you will receive a fail grade for that task.
- You will be financially responsible for any damage caused to any supplied equipment.
- Your ability to read, interpret and comply with instructions and other written material is part of the examination. Examination supervisors and invigilators will not answer questions involving content of the Assessment.
- You must stop working and leave the examination room at the indicated ending time. If you refuse to leave the examination room at the indicated ending time you will be given a fail grade for all requirements that day.
- If you consider that you have been disadvantaged by an adverse incident beyond your control, occurring either immediately before or during the examination, you must inform the Examination Convenor immediately and can later request that the ADC void the results of the examination. The ADC cannot accept advice of an adverse incident after the examination.
- You are required to read the current version of the ADC Practical Examination Handbook.

You will be required to provide a signed statement at the examination registration indicating that you have read and understood the Examination Conduct Policy, and agree to abide by the conditions of the examination:

Time Extension Policy

If you experience problems with equipment, you should ask a member of staff for assistance. If there is a problem with equipment that the ADC or Examination Venue has provided, and you lose more than 30 minutes of assessment time, you can ask to complete a Time Extension form to request an extension. It is important to note that the examination already has an extra 30 minutes of time built-in, and generally delays amounting to less than 30 minutes will not be granted a time extension.

You may be moved to another bay in order to solve problems with non-functioning equipment.

You will **not** be granted a time extension for problems that arise with anything that you have supplied for the examination.

Adverse Incident Policy

If you experience what you consider to be an adverse incident during the examination, you **must** bring it to the attention of one of the examiners **immediately**. The Convenor will then assess the situation and complete an Adverse Incident form, if warranted. The ADC will not be able to take into consideration any adverse incidents that are reported after the examination.

Adverse incidents include situations that are beyond your control and likely to affect your performance in the examination, for example chair malfunction or a broken manikin.

Personal illness and minor incidents that are readily rectified (i.e. a loose tooth that is tightened before work commences) would not usually warrant the completion of an Adverse Incident form.

You may not request special consideration for tasks as a result of personal illness during an examination.

If you wish to request any special accommodations for pre-existing medical conditions (e.g. taking medications into the examination room) you should contact the ADC with your request prior to the examination.

Assessment Tasks

You will be required to perform 12 tasks from the following list. The tasks will be set for each examination by the ADC.

- Restorations of pre-prepared teeth
 - Class II composite resin
 - Class IV composite resin
 - Class II amalgam
- Preparations
 - Class III composite resin
 - Class II amalgam OR Class II composite resin
 - Full gold crown
 - Metal-ceramic (porcelain fused to metal) crown preparation.
- Endodontic access on a molar tooth. Teeth with simulated enamel, dentine and pulp will be provided for the Endodontic Access Preparation
- Fabrication of a provisional crown for a tooth pre-prepared for a metal-ceramic (porcelain fused to metal) crown. This task will be scheduled on Day 2 of the Assessment and the original, unprepared tooth will be present in the models used on Day 1 of the Assessment.
- Clinical communication.
- Taking nominated radiographs in a manikin
- Applying a rubber dam
- Record keeping

In addition to the 12 tasks, Infection Control will be assessed throughout the examination.

The rubber dam, communication and infection control tasks are assessed by examiners 'on-site'.

The assessment of the other tasks from all examination venues is undertaken at a central site after the examination.

Assessment Criteria

You will receive a score for each task that will be determined by the Assessment Criteria for that task.

If the task is scored as "Borderline" for any of the three criteria then the overall score will be "Borderline"

Similarly, if the task is scored as "Unsatisfactory" for any of the criteria then the overall score will be "Unsatisfactory"

The "Assessment Criteria" for each task are provided in "Appendix A" for your information.

Final Result Grade Derivation

To obtain an overall "PASS" in the Practical Examination, requires

:

- ***Nine or more Satisfactory grades and no more than one Unsatisfactory grade, or***
- ***Eight or more Satisfactory grades and no Unsatisfactory grades***

Results

The results of the Practical Examination will be posted on the ADC Candidate Portal.

Posting of results will normally be done within 6 weeks of the examination. You should check the ADC website for updates.

Results will not be released by telephone, fax or email.

Verification, Review and Appeal

You are referred to the ADC Appeal Policy for information regarding verification, review and appeal processes for the Practical Examination

Repeat Examinations

If you do not pass the Practical Examination, you are permitted to apply again to repeat it, provided that your Written Examination and English language test results are still valid.

There are no Supplementary Examinations for the Practical Examination, and the examination must be taken in full and passed in a single attempt.

No credits or exemptions will be given for previous attempts at the Practical Examination.

Appendix A: Assessment Criteria

The following Assessment Criteria are used by the examiners to assess your performance on each of the assessment tasks.

The Criteria have been developed so that:

- | | |
|----------------|---|
| IDEAL | identifies the attributes of the task that will be considered and defines what you should aim to achieve |
| SATISFACTORY | identifies minor deviations from the “ideal” that <ul style="list-style-type: none">• could be easily corrected, or• would not significantly compromise the clinical outcome, and• might reasonably occur on occasions when a task is undertaken by a competent operator |
| BORDERLINE | identifies additional, more major deviations from the “ideal” that <ul style="list-style-type: none">• should where possible have been corrected during the procedure, or• would compromise the clinical outcome to a minor extent, and• should not often occur when a task is undertaken by a competent operator |
| UNSATISFACTORY | identifies additional, major deviations from the ideal that <ul style="list-style-type: none">• cannot be corrected, or• would significantly compromise the clinical outcome, and• should not occur when a task is undertaken by a competent operator |

Class III Composite Resin Cavity Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>External form</p> <ul style="list-style-type: none"> - Optimal extension based on extent and location of caries - Gingival margin supra-gingival - No damage to gingiva, adjacent teeth or to the assessment tooth beyond preparation 	<ul style="list-style-type: none"> - Minor over-preparation - Minor damage to adjacent tooth not requiring enameloplasty - Minor damage to assessment tooth beyond preparation margin not requiring further adjustment 	<ul style="list-style-type: none"> - Inadequate convenience form - under-extended by <0.5mm - Over-extended by <0.5mm - Minor, correctable damage to adjacent tooth - Minor, correctable damage to assessment tooth beyond preparation margin - Minor damage to gingiva - Moderate unsupported enamel 	<ul style="list-style-type: none"> - Insufficient convenience form - Overextended by > 0.5mm - Cavitation not included in preparation - Major damage to adjacent tooth requiring restoration - Major damage to assessment tooth beyond preparation margin - Major damage to gingiva - Significant unsupported enamel
<p>Internal form</p> <ul style="list-style-type: none"> - No unnecessary removal of tooth structure - Optimal resistance and retention form based on extent of caries - All internal line angles rounded 	<ul style="list-style-type: none"> - Minor over-preparation 	<ul style="list-style-type: none"> - Inadequate resistance and retention form - Moderate over-preparation pulpally - Unnecessary removal of internal tooth structure - Sharp line angles 	<ul style="list-style-type: none"> - Unacceptable resistance and retention form - Major over-preparation generally - Major over-preparation risking pulpal exposure
<p>Finish</p> <ul style="list-style-type: none"> - Smooth cavo-surface margin - No debris or caries (infected dentine) 	<ul style="list-style-type: none"> - Minor roughness - Absence of debris 	<ul style="list-style-type: none"> - Unacceptable roughness - Presence of debris 	<ul style="list-style-type: none"> - Caries remaining in cavity - Gross roughness

Class II Amalgam Cavity Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>External form</p> <ul style="list-style-type: none"> - Optimal extension based on extent and location of caries - Gingival margin supra-gingival - No damage to gingiva, adjacent teeth or to the assessment tooth beyond preparation - Proximal and/or gingival margins clear adjacent teeth by <0.5mm - Buccal and lingual/palatal walls are 90° to cavosurface 	<ul style="list-style-type: none"> - Minor over-preparation - Minor damage to adjacent tooth not requiring further adjustment - Minor damage to assessment tooth beyond preparation margin not requiring further adjustment 	<ul style="list-style-type: none"> - Inadequate convenience form - under-extended by <0.5mm - Over-extended by <0.5mm - Minor, correctable damage to adjacent tooth - Minor, correctable damage to assessment tooth beyond preparation margin - Minor damage to gingiva - Moderate unsupported enamel 	<ul style="list-style-type: none"> - Insufficient convenience form - Overextended by > 0.5mm - Cavitation not included in preparation - Major damage to adjacent tooth requiring restoration - Major damage to assessment tooth beyond preparation - Major damage to gingiva - Significant unsupported enamel
<p>Internal form</p> <ul style="list-style-type: none"> - No unnecessary removal of tooth structure - Optimal resistance and retention form based on extent of caries - All internal line angles rounded - Gingival and occlusal floors parallel to occlusal plane 	<ul style="list-style-type: none"> - Minor over-preparation axially (and/or in occlusal extension if present) - Minor under-preparation axially or occlusally - Minor over-preparation pulpally 	<ul style="list-style-type: none"> - Inadequate resistance and retention form - Unnecessary removal of internal tooth structure - Sharp line angles - Divergent walls - Moderate over-preparation pulpally 	<ul style="list-style-type: none"> - Unacceptable resistance and retention form - Excessive over-preparation - Major over-preparation pulpally risking pulpal exposure
<p>Finish</p> <ul style="list-style-type: none"> - Smooth cavo-surface margin - No debris or caries (infected dentine) - All unsupported enamel removed 	<ul style="list-style-type: none"> - Minor roughness - Absence of debris 	<ul style="list-style-type: none"> - Unacceptable roughness - Presence of debris 	<ul style="list-style-type: none"> - Caries remaining in cavity - Gross roughness

Class II Composite Resin Cavity Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
External form			
<ul style="list-style-type: none"> - Optimal extension based on extent and location of caries - Gingival margin supra-gingival - No damage to gingiva, adjacent teeth or to the assessment tooth beyond preparation - Proximal and/or gingival margins clear adjacent teeth by <0.5mm 	<ul style="list-style-type: none"> - Minor over-preparation - Minor damage to adjacent tooth not requiring further adjustment - Gingival margin in enamel - Outline form generally reflects the extent of caries 	<ul style="list-style-type: none"> - Inadequate convenience form - under-extended by <0.5mm - Over-extended by <0.5mm - Minor, correctable damage to adjacent tooth - Minor, correctable damage to assessment tooth beyond preparation margin - Minor damage to gingiva - Moderate unsupported enamel 	<ul style="list-style-type: none"> - Insufficient convenience form - Overextended by > 0.5mm - Cavitation not included in preparation - Major damage to adjacent tooth requiring restoration - Major damage to assessment tooth beyond preparation - Major damage to gingiva - Significant unsupported enamel
Internal form			
<ul style="list-style-type: none"> - No unnecessary removal of tooth structure - Optimal resistance and retention form based on extent of caries - All internal line angles rounded 	<ul style="list-style-type: none"> - Minor over-preparation axially (and/or in occlusal extension if present) - Minor under-preparation axially or occlusally - Minor over-preparation pulpally 	<ul style="list-style-type: none"> - Inadequate resistance and retention form - Unnecessary removal of internal tooth structure - Sharp line angles - Divergent walls - Moderate over-preparation pulpally 	<ul style="list-style-type: none"> - Unacceptable resistance and retention form - Excessive over-preparation - Major over-preparation pulpally risking pulpal exposure
Finish			
<ul style="list-style-type: none"> - Smooth cavo-surface margin - No debris or caries (infected dentine) 	<ul style="list-style-type: none"> - Minor roughness - Absence of debris 	<ul style="list-style-type: none"> - Unacceptable roughness - Presence of debris 	<ul style="list-style-type: none"> - Caries remaining in cavity - Gross roughness

Full Gold Crown Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
Path of insertion and taper of preparation			
<ul style="list-style-type: none"> - <i>Optimal path of insertion for final restoration</i> - <i>No undercuts</i> - <i>Preparation taper 12°</i> 	<ul style="list-style-type: none"> - Path of insertion requires no modification of adjacent teeth - Preparation taper 6° - 20° 	<ul style="list-style-type: none"> - Minor undercuts in the preparation that can be managed by laboratory - Preparation taper 20° - 30° or <6° - Path of insertion for final crown would require minor modification of an adjacent tooth 	<ul style="list-style-type: none"> - Undercuts present that cannot be managed by the laboratory - Preparation taper >30° - Path of insertion for final crown would require major modification of adjacent tooth/teeth
Preservation of tooth vitality			
<ul style="list-style-type: none"> - <i>Optimal preparation to allow for fabrication of a functional restoration</i> - <i>No damage to adjacent teeth</i> - <i>Reduction axially 0.5-1.0mm; occlusally 1.5mm</i> - <i>Uniform reduction reflects anatomy</i> - 	<ul style="list-style-type: none"> - -Preparation axially 1.0-2.0mm and/or occlusally 1.5-2.5mm - Minor damage to adjacent tooth not requiring further adjustment - Maintenance of occlusal anatomy - 	<ul style="list-style-type: none"> - Inadequate reduction of tooth structure compromising final crown - Over-preparation axially 2.0 – 2.5mm and/or occlusally 2.5 – 3.0mm - Minor, correctable damage to adjacent tooth - Sharp line angles or cusps compromising final crown - Moderate loss of occlusal anatomy 	<ul style="list-style-type: none"> - Inadequate reduction of tooth structure preventing final crown production - Over-preparation axially >2.5mm or occlusally >3.0mm compromising success of final restoration - Major damage to adjacent tooth requiring restoration - Sharp line angles or cusps preventing final crown production - Complete loss of occlusal anatomy - Incorrect tooth prepared
Finish and margins			
<ul style="list-style-type: none"> - <i>Margin is 0.5mm supra-gingival</i> - <i>Margin is smooth, continuous, identifiable and 0.5mm wide</i> - <i>No debris</i> - <i>No damage to gingiva</i> 	<ul style="list-style-type: none"> - Margin is generally supra-gingival 0-1.0mm - No damage to gingiva - Margin is 0.5-1.0mm wide 	<ul style="list-style-type: none"> - Margin is generally sub-gingival < 1.0mm, or supragingival 1.0-2.0mm - Presence of debris - Indistinct and/or rough margins - Minor damage to gingiva - Presence of unsupported enamel at the margin - Margin is 1.0-1.5mm wide 	<ul style="list-style-type: none"> - Margin is generally >2.0mm supra-gingivally or >1.0mm sub-gingivally - Margin not appropriate to crown material - Grossly indistinct or rough margin - Grossly unsupported enamel at margins - Major damage to gingiva - Margin is at contact point - Margin is >1.5mm wide

Metal-ceramic Crown Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
Path of insertion and taper of preparation			
<ul style="list-style-type: none"> - <i>Optimal path of insertion for final restoration</i> - <i>No undercuts</i> - <i>Preparation taper of 12°</i> 	<ul style="list-style-type: none"> - Path of insertion requires no modification of adjacent teeth - Preparation taper 6° - 20° 	<ul style="list-style-type: none"> - Minor undercuts in the preparation that can be managed by the laboratory - Preparation taper 20° - 30° or <6° - Path of insertion for final crown would require minor modification of an adjacent tooth 	<ul style="list-style-type: none"> - Undercuts present that cannot be managed by the laboratory - Preparation taper >30° - Path of insertion for final crown would require major modification of adjacent tooth/teeth
Preservation of tooth vitality and strength			
<ul style="list-style-type: none"> - <i>Optimal preparation to allow for fabrication of an aesthetic and functional restoration</i> - <i>No damage to adjacent teeth</i> - <i>Full occlusal ceramic coverage</i> - <i>Uniform reduction reflects anatomy</i> - <i>Reduction of 1.2mm (buccal, mesial and distal), 0.5-1.0mm lingual, 2.0mm occlusal/incisal</i> 	<ul style="list-style-type: none"> - Reduction of: <ul style="list-style-type: none"> - 1.0-1.8mm (buccal, mesial, distal) - 1.0-1.5mm (lingual) - 2.0-3.0mm (occlusal, incisal) - Minor damage to adjacent tooth not requiring further adjustment 	<ul style="list-style-type: none"> - Reduction of: <ul style="list-style-type: none"> - 1.8-2.5mm (buccal, mesial, distal) - 1.5-2.0mm (lingual) - 3.0-3.5mm (occlusal, incisal) - Inadequate reduction of tooth structure compromising final crown - Sharp line angles or cusps compromising final crown - Minor, correctable damage to adjacent tooth 	<ul style="list-style-type: none"> - Reduction compromising success of final restoration <ul style="list-style-type: none"> - >2.5mm (buccal, mesial, distal) - >2.0mm (lingual) - >3.5mm (occlusal, incisal) - Inadequate reduction of tooth structure preventing final crown production - Sharp line angles or cusps preventing final crown production - Major damage to adjacent tooth requiring restoration - Incorrect tooth prepared
Finish and margins			
<ul style="list-style-type: none"> - <i>Margin is 0.5mm supra-gingival</i> - <i>Margin is smooth, continuous, identifiable</i> - <i>Margin is 1.2mm wide on the buccal margin and 0.5mm wide on the lingual margin</i> - <i>No debris</i> - <i>No damage to gingiva</i> 	<ul style="list-style-type: none"> - Margin is equigingival or <1.0mm supra-gingival - No damage to gingiva - Margin is 1.2-1.5mm wide on buccal, 0.5-1.0mm on lingual - No debris - No damage to gingiva 	<ul style="list-style-type: none"> - Margin is 1.0-2.0mm supra-gingival or <1.0mm sub-gingival - Margin is 1.5-2.00mm wide on buccal and/or 1.0-1.5mm on lingual - Presence of unsupported enamel at the margins - Indistinct and/or rough margins - Presence of debris - Minor damage to gingiva 	<ul style="list-style-type: none"> - Margin is >2.0mm supra-gingival or >1.0mm sub-gingivally - Margin is >2.0mm wide on buccal, >1.5mm on lingual - Margin not appropriate to crown material - Grossly indistinct or rough margin - Grossly unsupported enamel at margins - Major damage to gingiva

Endodontic Access Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>External form</p> <ul style="list-style-type: none"> - <i>Optimal outline form to provide appropriate removal of pulp horns and allow access to all canals</i> - <i>Optimal removal of unsupported tooth structure</i> 	<ul style="list-style-type: none"> - Over- or under-extension at access outline by <1.0mm - Access cavity has appropriate shape and positioning 	<ul style="list-style-type: none"> - Over- or under-extension at access outline by 1.0-2.0mm - Access cavity shape and/or positioning compromising access to canals 	<ul style="list-style-type: none"> - Over- or under-extension at access outline by >2.0mm - Access shape and/or positioning preventing access to canals - Chamber not accessed - Part of the roof of pulp chamber still present
<p>Internal form</p> <ul style="list-style-type: none"> - <i>Optimal internal form to allow straight-line access to all canals</i> - <i>Optimally tapered preparation walls</i> 	<ul style="list-style-type: none"> - Minor removal of internal tooth structure beyond optimal preparation - Slightly over-tapered internal walls - Unobstructed access to all canals 	<ul style="list-style-type: none"> - Moderately excessive removal of internal tooth structure - Gouging of internal tooth walls - Marginal ridge undermined - Obstructed access to canals 	<ul style="list-style-type: none"> - Grossly excessive removal of internal tooth structure - Flared internal walls - Excessive gouging of internal tooth walls - Perforation - Canal(s) not located
<p>Finish</p> <ul style="list-style-type: none"> - <i>Smooth walls and cavo-surface</i> - <i>No debris left on walls of access cavity</i> 	<ul style="list-style-type: none"> - Minor roughness - Minimal debris left on walls of access cavity 	<ul style="list-style-type: none"> - Unacceptable roughness - Moderate debris left on walls of access cavity 	<ul style="list-style-type: none"> - Excessive roughness - Debris obscuring chamber and/or canal orifices

Provisional Crown Restoration

Ideal	Satisfactory	Borderline	Unsatisfactory
Marginal contour and adaptation			
<ul style="list-style-type: none"> - <i>Optimal marginal fit</i> - <i>Preparation margin undamaged</i> - <i>No excess temporary crown material in/on adjacent soft tissues or hard tissues</i> 	<ul style="list-style-type: none"> - Margin of temporary crown is over-extended by <0.5mm 	<ul style="list-style-type: none"> - Margin of temporary crown is over-extended by 0.5-1.0mm - Marginal defects of crown <0.5mm - Excess temporary crown material on adjacent soft or hard tissues - Minor damage to preparation margin 	<ul style="list-style-type: none"> - Margin of temporary crown is over-extended by >1.0mm - Marginal defects >0.5mm - Gross amount of temporary crown material on adjacent soft or hard tissues - Major damage to preparation margin
Morphology			
<ul style="list-style-type: none"> - <i>Optimal emergence profile</i> - <i>Optimal interproximal contacts</i> - <i>Optimal occlusal contacts</i> - <i>Temporary crown can be removed</i> 	<ul style="list-style-type: none"> - Over-contoured < 0.5mm with respect to adjacent teeth - Under-contoured by <0.5mm with respect to adjacent teeth - Infra-occlusion <0.5mm - Supra-occlusion <0.5mm 	<ul style="list-style-type: none"> - Over-contoured by 0.5-1.0mm with respect to adjacent teeth - Under-contoured by 0.5-1.0mm with respect to adjacent teeth - Proximal contact too light or too tight - Infra-occlusion by 0.5-1.0mm - Supra-occlusion by 0.5-1.0mm 	<ul style="list-style-type: none"> - Over-contoured by >1.0mm with respect to adjacent teeth - Under-contoured by >1.0mm with respect to adjacent teeth - No proximal contact - Broken or cracked temporary crown - Temporary crown cannot be removed - Infra-occlusion by >1.0mm - Supra-occlusion by >1.0mm
Finish			
<ul style="list-style-type: none"> - <i>Smooth finish</i> - <i>Optimal polish</i> - <i>No porosities</i> 	<ul style="list-style-type: none"> - Adequate polish - No porosities 	<ul style="list-style-type: none"> - Roughness manageable by further polishing - Porosities - Minor damage to adjacent soft tissues or teeth 	<ul style="list-style-type: none"> - Gross roughness or porosities requiring remake - Major damage to adjacent soft tissues or teeth

Class II Composite Resin Restoration

Note: shade-matching is not part of the evaluation.

Ideal	Satisfactory	Borderline	Unsatisfactory
Restoration integrity and finish			
<ul style="list-style-type: none"> - Uniform smoothness - Highly polished - No stains, porosities or incremental lines 	<ul style="list-style-type: none"> - Some minor polishing required - Minor stains, porosities or incremental lines present that do not affect the durability or aesthetics 	<ul style="list-style-type: none"> - Generalised roughness - Porosities present that affect durability or aesthetics 	<ul style="list-style-type: none"> - Excessive roughness - Excessive stains, porosities and/or incremental lines requiring replacement of restoration - Uncured resin present
Margins			
<ul style="list-style-type: none"> - Junction of tooth/restoration not detectable with probe - No excess resin composite past preparation margin - No damage to adjacent teeth, gingiva or assessment tooth 	<ul style="list-style-type: none"> - Junction of restoration/tooth slightly detectable by probe - Minor amount of resin beyond preparation margin - Minor damage to adjacent teeth and/or assessment tooth not requiring further adjustment 	<ul style="list-style-type: none"> - Distinct deficiency or void at margins <0.5mm wide - Excessive resin beyond preparation margin requiring correction - Moderate, correctable damage to adjacent teeth and/or assessment tooth - Minor damage to gingiva 	<ul style="list-style-type: none"> - Deficiency or void at margins >0.5mm wide - Gross amount of excess resin beyond preparation margin - Major damage to adjacent teeth and/or assessment tooth requiring restoration - Major damage to gingiva
Contour and function			
<ul style="list-style-type: none"> - Optimal contours on occlusal and proximal surfaces - Optimal proximal contact - No excess resin composite on adjacent soft tissues and/or teeth 	<ul style="list-style-type: none"> - Under- or over-contoured by <0.5mm - Proximal contact slightly occlusally or gingivally placed 	<ul style="list-style-type: none"> - Under- or over-contoured by 0.5-1.0mm - Poorly defined morphology - Light proximal contact - Marginal ridge height discrepancy of <0.5mm - Poor contour of proximal contact - Excess resin on adjacent soft tissues and/or other teeth 	<ul style="list-style-type: none"> - Under- or over-contoured by >1.0mm - Lack of appropriate morphology - Marginal ridge height discrepancy of >0.5mm - Proximal contact absent - Restoration fractured - Gross amount of excess resin on adjacent soft tissues and/or other teeth

Class IV Composite Resin Restoration

Note: shade-matching is not part of the evaluation.

Ideal	Satisfactory	Borderline	Unsatisfactory
Restoration integrity and finish			
<ul style="list-style-type: none"> - <i>Optimal smoothness and polish</i> - <i>Absence of porosities, stains or incremental lines</i> 	<ul style="list-style-type: none"> - Some minor polishing required - Minor stains, porosities or incremental lines present that do not affect the durability or aesthetics 	<ul style="list-style-type: none"> - Major areas of roughness or scratches - Major areas of stains, incremental lines or porosities that require correction 	<ul style="list-style-type: none"> - Excessive roughness - Excessive stains, porosities and/or incremental lines requiring replacement of restoration
Margins			
<ul style="list-style-type: none"> - <i>Junction of tooth/restoration not detectable by probe</i> - <i>No excess resin past preparation margin</i> - <i>No damage to adjacent teeth, gingiva or assessment tooth</i> 	<ul style="list-style-type: none"> - Junction of restoration/tooth slightly detectable by probe - Minor amount of resin composite beyond preparation margin - Minor damage to adjacent teeth and/or assessment tooth not requiring further adjustment 	<ul style="list-style-type: none"> - Distinct deficiency or void at margins <0.5mm wide - Excessive resin beyond preparation margin requiring correction - Minor, correctable damage to adjacent teeth and/or assessment tooth that is correctable by enameloplasty - Minor damage to gingiva 	<ul style="list-style-type: none"> - Deficiency or void at margins >0.5mm wide - Gross amount of excess resin beyond preparation margin - Major damage to adjacent teeth and/or assessment tooth requiring restoration - Major damage to gingiva - Excessive modification of existing preparation
Contour and function			
<ul style="list-style-type: none"> - <i>Morphology of tooth restored</i> - <i>Optimal proximal contact restored</i> - <i>Optimal occlusal contour</i> 	<ul style="list-style-type: none"> - Under- or over-contoured by <0.5mm - Proximal contact slightly occlusally or gingivally placed 	<ul style="list-style-type: none"> - Under- or over-contoured by 0.5-1.0mm - Poorly defined morphology - Light proximal contact - Poor morphology of proximal contact - Excess resin on adjacent soft tissues and/or other teeth 	<ul style="list-style-type: none"> - Under- or over-contoured by >1.0mm - Proximal contact absent - Lack of appropriate morphology - Gross amount of excess resin on adjacent soft tissues and/or other teeth

Class II Amalgam Restoration

Ideal	Satisfactory	Borderline	Unsatisfactory
Restoration integrity and finish			
<ul style="list-style-type: none"> - <i>Optimal smoothness</i> 	<ul style="list-style-type: none"> - Some areas of surface roughness - No porosities 	<ul style="list-style-type: none"> - Some areas of roughness requiring correction - Minor porosities 	<ul style="list-style-type: none"> - Excessive roughness that cannot be polished - Deep or excessive porosities on surface
Margins			
<ul style="list-style-type: none"> - <i>Junction of restoration and tooth not detectable by probe</i> - <i>No damage to adjacent tooth, assessment tooth or gingiva</i> 	<ul style="list-style-type: none"> - Junction of restoration/tooth slightly detectable by probe - Minor damage to adjacent tooth and/or assessment tooth not requiring further adjustment 	<ul style="list-style-type: none"> - Excess amalgam at margin <0.5mm - Distinct deficiency or void at margins <0.5mm wide - Moderate, correctable damage to adjacent tooth and/or assessment tooth - Minor damage to adjacent gingiva 	<ul style="list-style-type: none"> - Excess amalgam at margin >0.5mm - Deficiency or void at margins >0.5mm wide - Major damage to adjacent tooth and/or assessment tooth requiring restoration - Major damage to adjacent gingiva
Contour and function			
<ul style="list-style-type: none"> - <i>Optimal restoration of morphologic tooth contours, including cusp height and position</i> - <i>Optimal proximal contact restored</i> 	<ul style="list-style-type: none"> - Restoration morphology resembles original anatomy - Cusp height over/under-contoured by <0.5mm - Cusp position is in functional occlusion - Proximal contact slightly occlusally or gingivally placed - Proximal contact slightly broad 	<ul style="list-style-type: none"> - Poorly defined morphology - Cusp height over/under-contoured by 0.5-1.0mm - Cusp is incorrectly positioned but can be corrected to functional occlusion - Marginal ridge height discrepancy of <0.5mm - Increased depth of occlusal contouring compromising function - Light proximal contact - Poor contour of proximal contact 	<ul style="list-style-type: none"> - Absence of tooth morphology - Cusp height over/under-contoured by >1.0mm - Cusp is incorrectly positioned and cannot be corrected to functional occlusion - Marginal ridge height discrepancy >0.5mm - Excessive depth of occlusal contouring requiring replacement - Proximal contact absent - Restoration fractured or loose

Radiographic exercise

Ideal	Satisfactory	Borderline	Unsatisfactory
<ul style="list-style-type: none"> - <i>Appropriate film selected and oriented</i> - <i>Optimal positioning of film so that assessment tooth is centred in the image (Periapical)</i> - <i>Occlusal plane is centred and parallel to film borders (Bitewing)</i> - <i>No cone cut</i> - <i>No horizontal overlapping of proximal surfaces for assessment tooth</i> - <i>No foreshortening or elongation of image</i> - <i>Apex and 2.0mm of adjacent area of assessment tooth visible on image (periapical)</i> - <i>Interproximal areas from distal of 4s to mesial 7s visible (bitewing)</i> 	<ul style="list-style-type: none"> - Assessment tooth is slightly off centre but still visible on image - Cone cut <10% and not affecting nominated area - Overlapping of proximal areas <1/2 enamel width - Slight foreshortening or elongation of image - Apex and adjacent area of assessment tooth visible on image (periapical) - All nominated interproximal areas visible (bitewing) 	<ul style="list-style-type: none"> - Inappropriate film orientation - Assessment tooth not completely visible on image - Significant cone cut but still not affecting nominated area - Overlapping of occlusal or proximal areas >1/2 enamel width - Moderate foreshortening or elongation - Apex of assessment tooth is visible on image but no periapical bone (periapical) - One nominated interproximal area not visible (bitewing) 	<ul style="list-style-type: none"> - Inappropriate film selected - Film reversed - Film artifact appears in area of nominated tooth - Assessment tooth not visible on image - Cone cut affecting nominated area - Overlapping of occlusal or proximal areas involving dentine - Major foreshortening or elongation - Apex of assessment tooth not visible on image - >1 nominated interproximal area not visible (bitewing)

Rubber Dam Application

Ideal	Satisfactory	Borderline	Unsatisfactory
<ul style="list-style-type: none"> - <i>Appropriate clamp</i> - <i>Stable clamp</i> - <i>Clamp secured with appropriate length of dental floss</i> - <i>Orientation provides an unrestricted airway</i> - <i>Dam inverted on all isolated teeth</i> - <i>All punch holes in appropriate positions</i> - <i>Dam and frame positioned for optimal access, safety, moisture control and patient comfort</i> 	<ul style="list-style-type: none"> - Dam inverted in operative area only - Minor deviations in punch hole locations - Dam or frame positioning needs minor adjustment for access, safety, moisture control and/or patient comfort 	<p>Any two of the following:</p> <ul style="list-style-type: none"> - Unnecessary trauma to the gingiva or teeth - Unstable clamp or no clamp - Inadequately secured clamp - Patient airway compromised - Dam not over the wings of the clamp - Frame incorrectly orientated - Dam not inverted in operative area - Dam not through all interproximal areas - Punch holes improperly positioned - Tears or holes in dam compromising function - Dam or frame needs major adjustment for access, safety, moisture control and/or patient comfort - Inappropriate use of caulking agent (ie Oraseal) 	<p>Any three or more of the borderline criteria OR:</p> <ul style="list-style-type: none"> - Dam not placed in allotted time - Improper positioning of dam and frame not allowing treatment on indicated tooth - Major tears or holes compromising function

Record of Procedures

Candidates may be required to record all the procedures they undertake on one of the assessment days as an Assessment Task. Candidates will be provided with a *Dental Records Form* to complete and instructions for completion.

Candidates are referred to the Dental Board of Australia's ***Dental guidelines on dental records*** which provide guidance for dental practitioners and those seeking to become registered in the dental profession in Australia. Records will be expected to comply with these guidelines. Errors will be recorded when entries do not comply with these guidelines.

Examples of unacceptable Recording of Procedures include:

- illegible information
- incorrect information
- missing information
- incorrectly amended information.

Ideal	Satisfactory	Borderline	Unsatisfactory
- <i>In accordance with the Dental Board of Australia Guidelines on dental records</i>	- One error on the Dental Records Form	- Two or three errors on the Dental Records Form	- More than three errors on the Dental Records Form

Infection Control

Candidates must perform all tasks as if they were being performed on a live patient. This includes following standard cross-infection control procedures. Candidates are referred to the Dental Board of Australia's **Guidelines on infection control** which provide guidance for dental practitioners and those seeking to become registered in the dental profession in Australia. Candidates will be expected to comply with these guidelines. Candidates are required to attend the examination suitably attired. As this is a simulated examination, manikins must be appropriately positioned and handled as if they were a live patient. Violations will be recorded when candidates do not comply with these guidelines.

Examples of unacceptable Infection Control include:

- not wearing gloves where required
- using contaminated instruments or materials
- not using eye protection
- inappropriate sharps handling.

If a candidate drops an instrument or treatment material during a task, they must notify an examiner before retrieving the article.

Ideal	Satisfactory	Borderline	Unsatisfactory
- In accordance with the Dental Board of Australia Guidelines on infection control	- One infection control violation	- Two infection control violations	- Three or more infection control violations

Clinical Communication

Candidates may be required to undertake a Clinical Communication role play as one of the assessment tasks. This will involve a clinical discussion with a simulated patient. Candidates will be given a clinical scenario to read prior to their allocated Communication session. The clinical scenario will provide information about the case, and may include history, examination, clinical photographs and/or radiographs. Candidates will then have 10 minutes to discuss a particular aspect of the case with the simulated patient. For example, candidates may be asked to explain a diagnosis or treatment option for a patient. **Candidates must communicate the information to the patient to enable them to gain informed consent.**

All clinical scenarios used in the Clinical Communication task are available for review on the ADC website.

Ideal	Satisfactory	Borderline	Unsatisfactory
<ul style="list-style-type: none"> - Always attentive when the patient speaks - Does not interrupt when the patient is talking except, with the patient's permission, to clarify meaning - Asks questions when they do not understand the patient - Uses words, terms and examples that would be clearly understood by the average patient - Avoids jargon and dental terminology - Speaks in a clear and understandable voice (tone, enunciation and pace) - Gives patient the required information to enable the patient to provide Informed Consent 	<ul style="list-style-type: none"> - Mostly attentive when patient speaks (sometimes distracted) - Mostly uses words, terms and examples that would be clearly understood by the average patient - Sometimes uses jargon or dental terminology - Mostly speaks in a clear and understandable voice (tone, enunciation and pace) 	<p>One or two of the following:</p> <ul style="list-style-type: none"> - Inattentive when patient speaks - Interrupts patient without permission - Uses words/terms/examples that are confusing or inappropriate - Moderate use of jargon or dental terminology - Speaks in a voice that is difficult to understand (tone, enunciation and pace), that requires the patient to ask for clarification - Inappropriate intrusion into personal space of the patient - Inappropriate body language 	<p>Three or more Borderline deficiencies</p> <p>OR:</p> <ul style="list-style-type: none"> - Consistently inattentive to the patient when they are speaking - Consistently uses confusing words, terms, jargon or examples which the patient cannot understand - Overall message is not understood by the patient - Information provided does not allow patient to give Informed Consent.



Australian Dental Council Ltd

PO Box 13278

Law Courts Victoria 8010

Australia

Tel +61 (0) 3 9657 1777

Fax +61 (0) 3 9657 1766

Email: info@adc.org.au

Web: www.adc.org.au

ABN 70 072 269 900

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