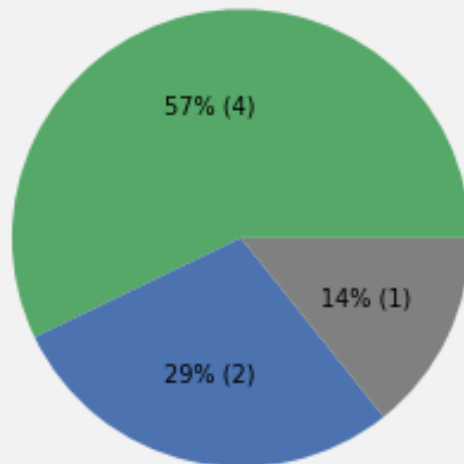


Andrew Park

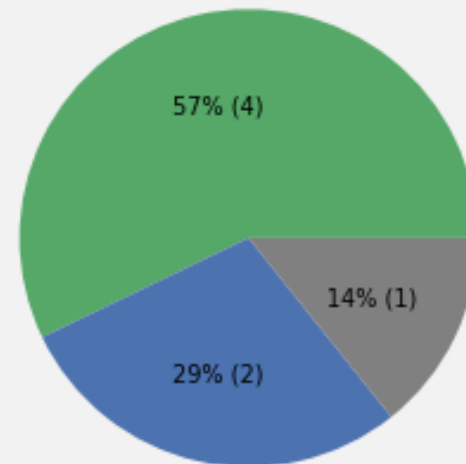
Number of forms: 7

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- Completed independently (competent)
- No basis for evaluation

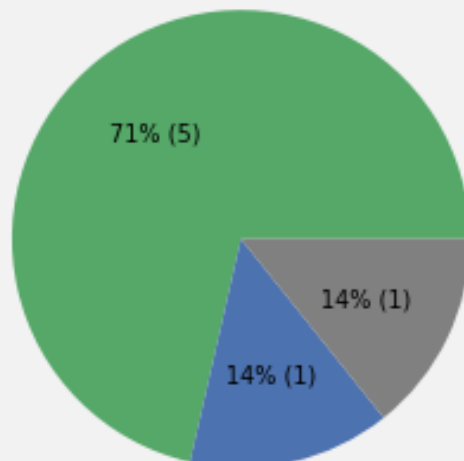
1.1 Obtain and interpret a prenatal, natal and neonatal history, medical history, dental history and social history and identify the chief complaint



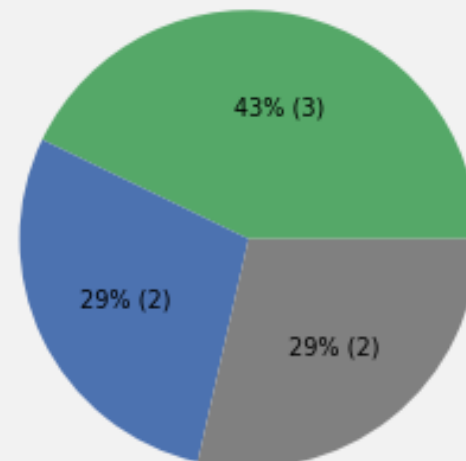
1.2 Conduct a thorough and accurate clinical examination



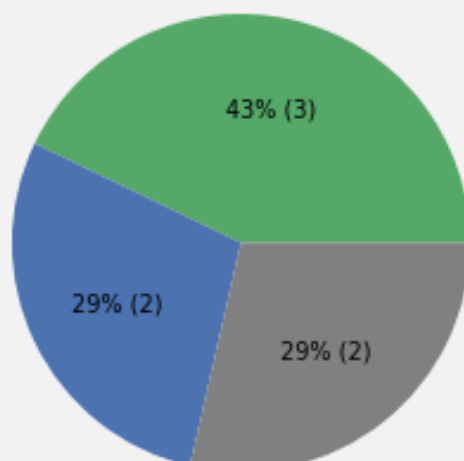
1.3 Determine the appropriate radiographic study and obtain diagnostic radiographs with minimal radiation exposure to patient and personnel



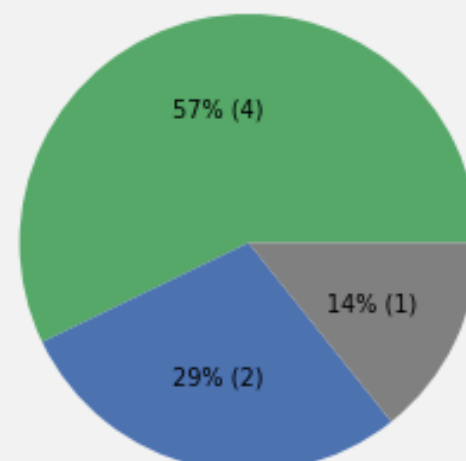
1.4 Interpret findings from history, clinical exam and diagnostic tests, and arrive at a diagnosis



1.5 Develop a comprehensive, logically sequenced, individualized treatment plan based on the diagnosis

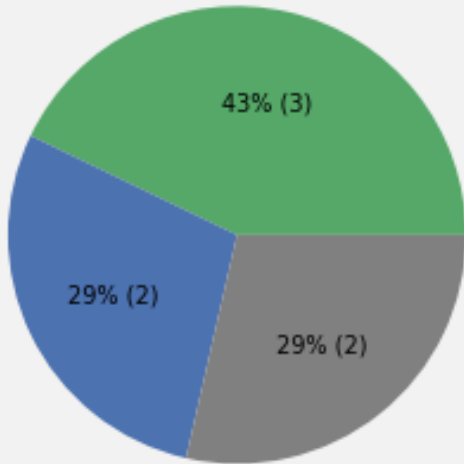


1.6 Recognize when consultation with other clinician(s) is indicated and provide a written referral(s) that includes appropriate diagnostic material

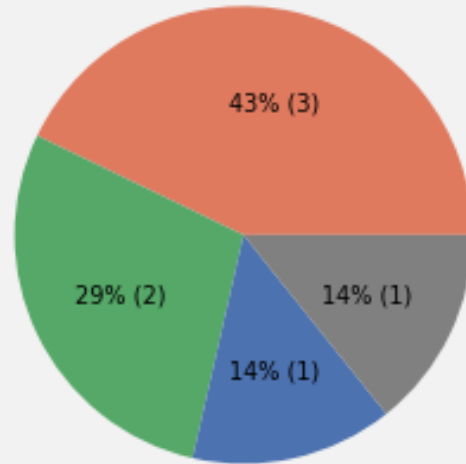


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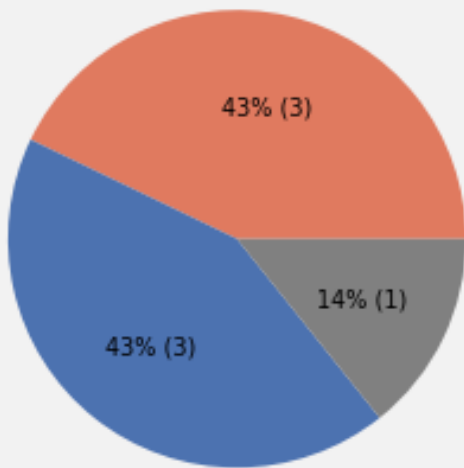
1.7 Recognize the significance of special health care needs in individual patients and formulate a treatment plan that utilizes the alternatives in the delivery of dental care that those conditions may require



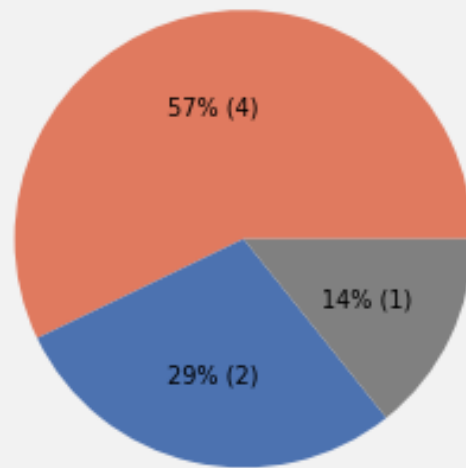
1.8 Explain and discuss the findings, diagnosis and treatment options with the patient, parent and /or guardian including an explanation of a treatment plan that has been modified due to medical or physical limitations, behavioral, financial, or other unexpected factors



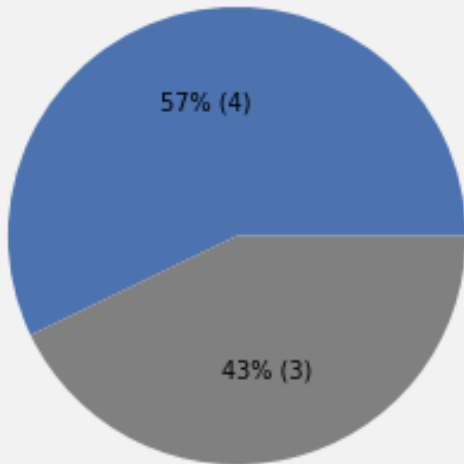
1.9 Discuss financial obligations and obtain informed consent from the legally responsible party



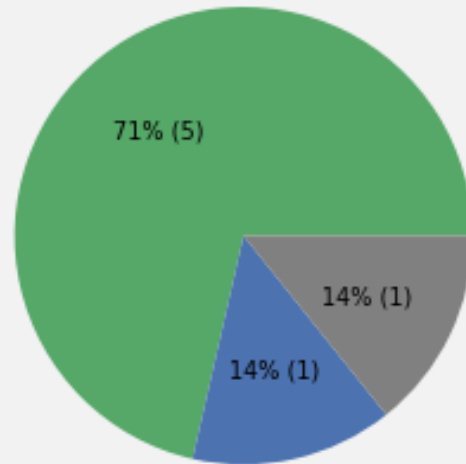
1.10 Establish and maintain accurate patient treatment records



2.1 Provide developmentally and age-appropriate education to patients, parents and caretakers concerning the etiology and scientific principals underlying the prevention of oral diseases including diet management, chemotherapeutics and other approaches

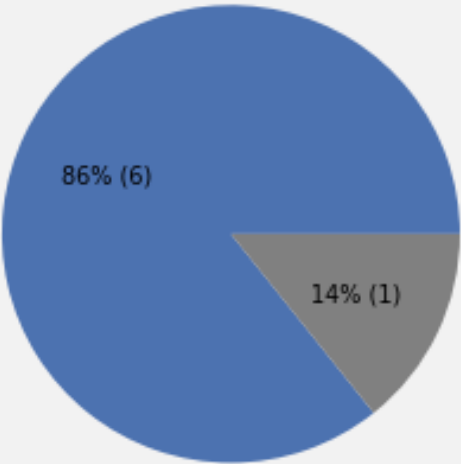


2.2 Implement individualized plans for health promotion and disease prevention by identifying factors that may impede behavioral change and compliance, and implement strategies to motivate patients, parents and caretakers to assume responsibility for their oral health

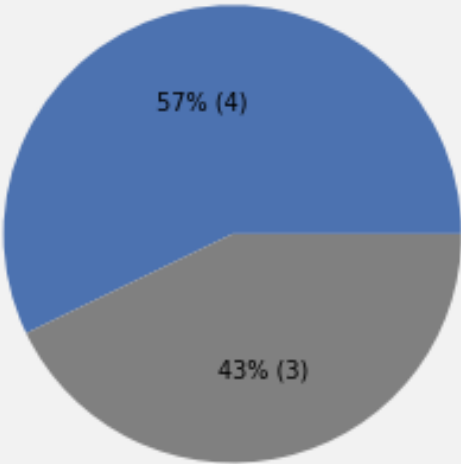


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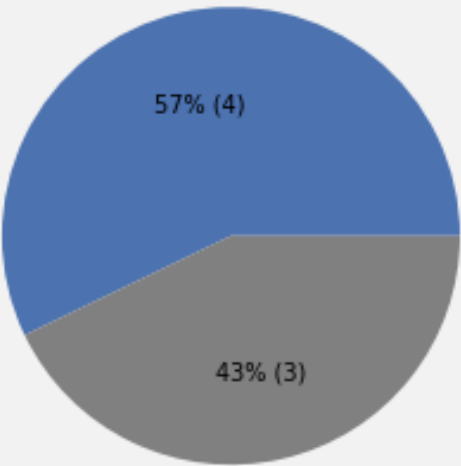
2.3 Evaluate the effectiveness of preventive programs and make adjustments when indicated



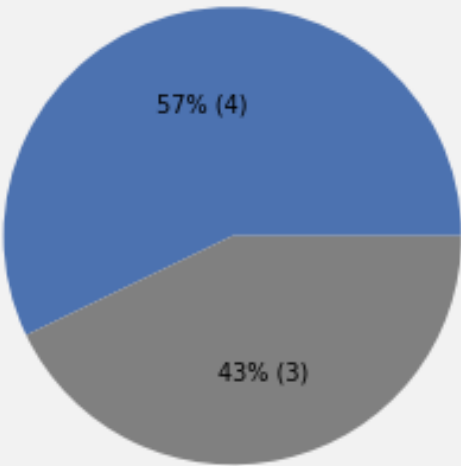
3.1 Perform a differential diagnosis of patient fear and anxiety and select the appropriate behavior guidance technique to alleviate pain and anxiety



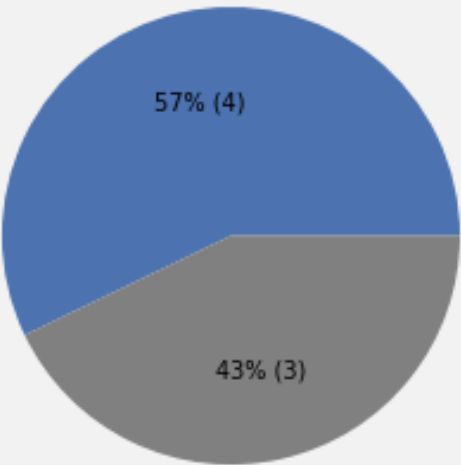
3.2 Describe to parents, in understandable terms, the various behavior guidance techniques and obtain informed consent



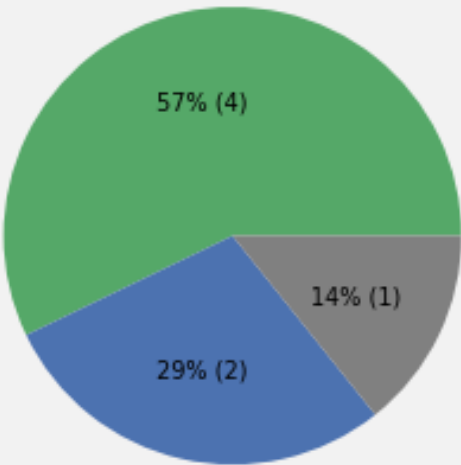
3.3 Apply age-appropriate and culturally sensitive non-pharmacologic behavior guidance techniques effectively in an out-patient setting



3.4 Utilize nitrous oxide inhalation appropriately and effectively

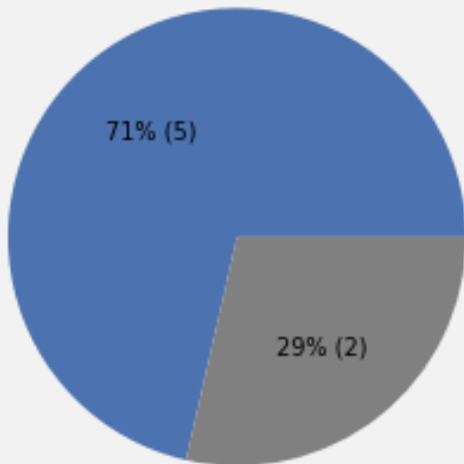


3.5 Perform pre-operative workup and assessment including medical risk assessment prior to sedation and general anesthesia

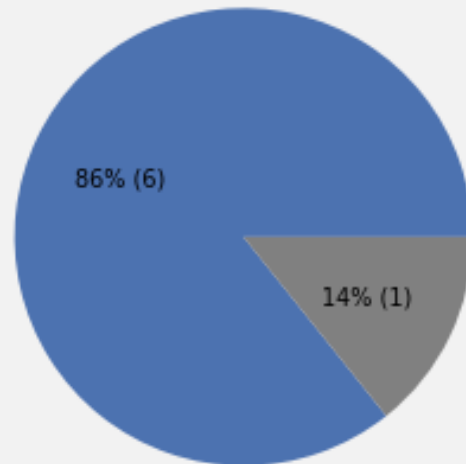


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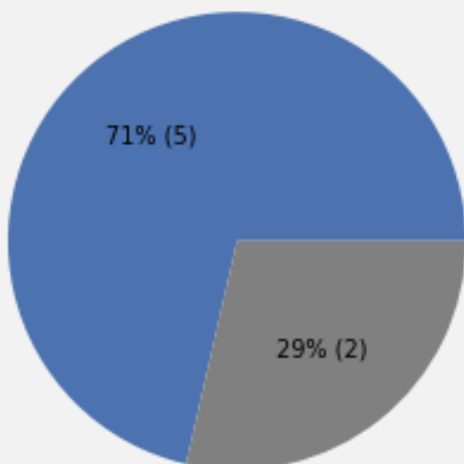
3.6 Continuously monitor and interpret physiologic data during sedation and prior to discharge



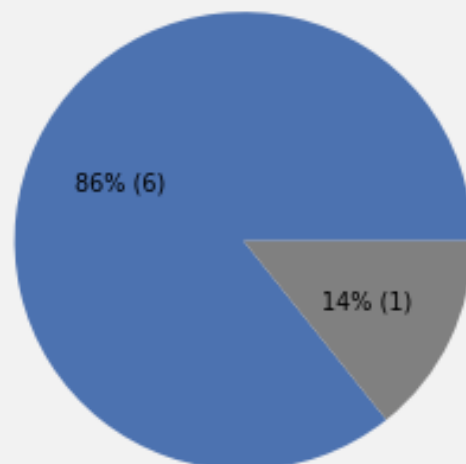
3.7 Prevent, recognize and manage complications related to drugs used for pain and anxiety control



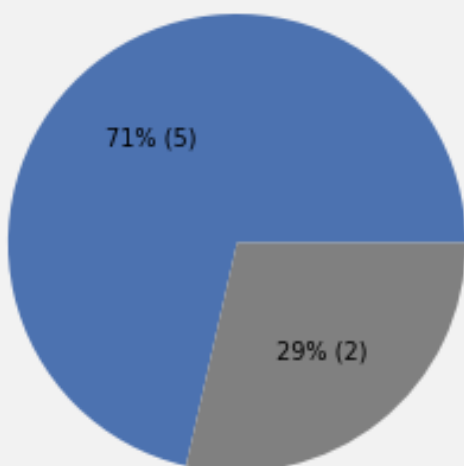
4.1 Diagnose and manage traumatic injuries of the oral and perioral structures including the soft tissues, alveolar bone, as well as the primary and permanent dentition



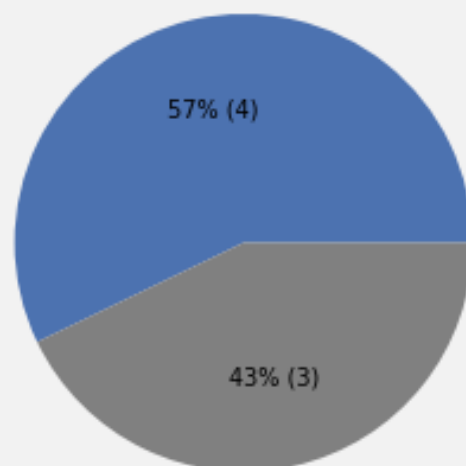
4.2 Assess and manage dental pain and infections while on emergency services



5.1 Perform a comprehensive examination of the periodontium and formulate a diagnosis

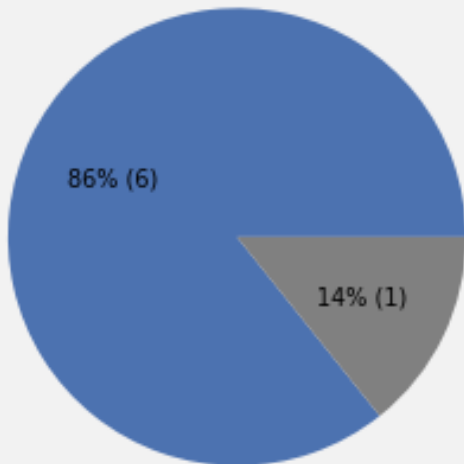


5.2 Perform supra and subgingival cleaning and debridement

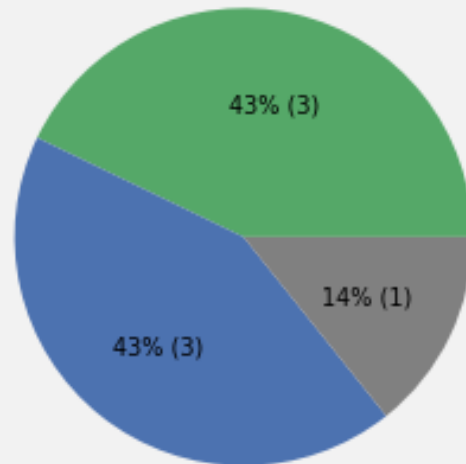


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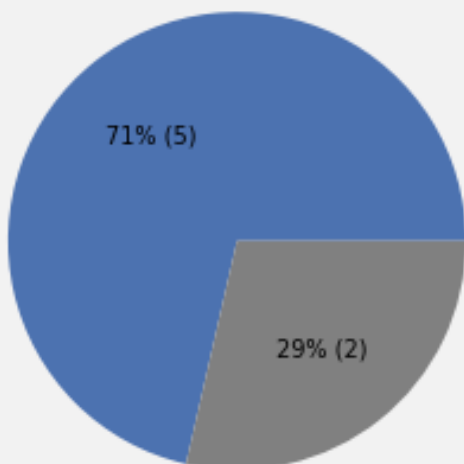
5.3 Recognize when specialist periodontal care is indicated and make an appropriate referral



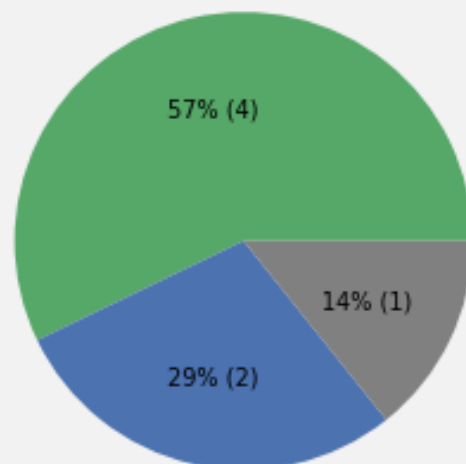
6.1 Understand the properties and indications for contemporary restorative and prosthetic techniques available for the restoration of primary, mixed and permanent dentition



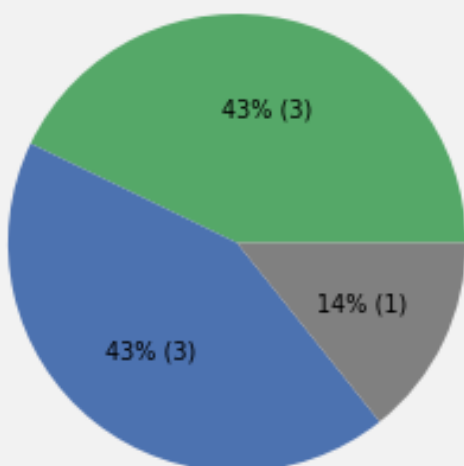
6.2 Administer local anesthesia safely and effectively, and appropriately manage local and general complications



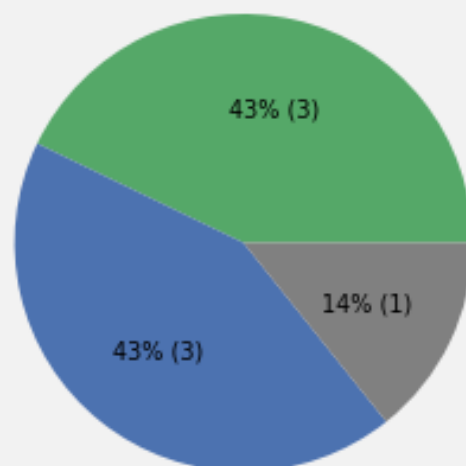
6.3 Utilize the various restorative and prosthetic techniques appropriately and effectively, and be able to analyze failures



6.4 Lead multi-disciplinary teams in providing comprehensive care for healthy patients as well as those who are medically, physically, mentally or socially compromised

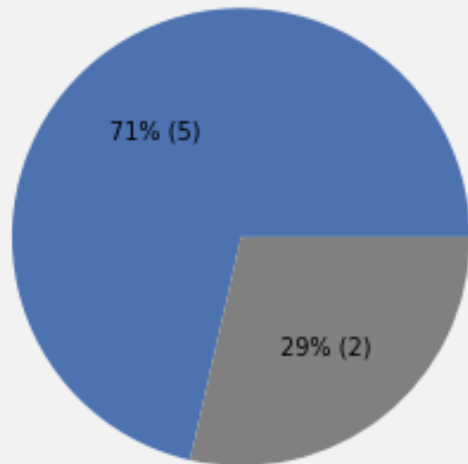


7.1 Diagnose and manage pulpal disease in primary as well as immature and mature permanent teeth

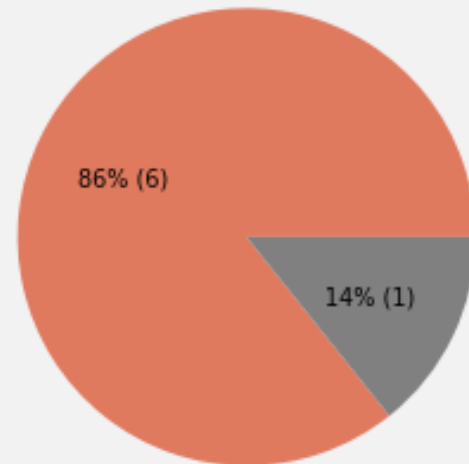


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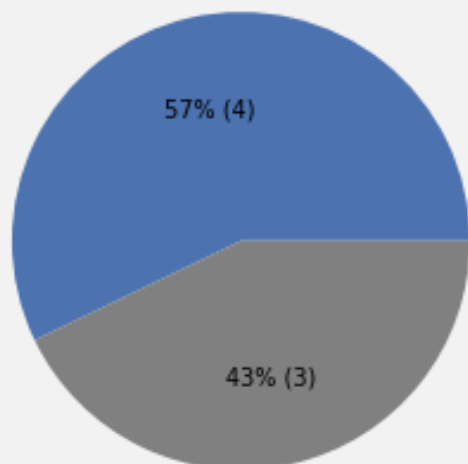
7.2 Recognize when specialist endodontic care is indicated and make appropriate referral



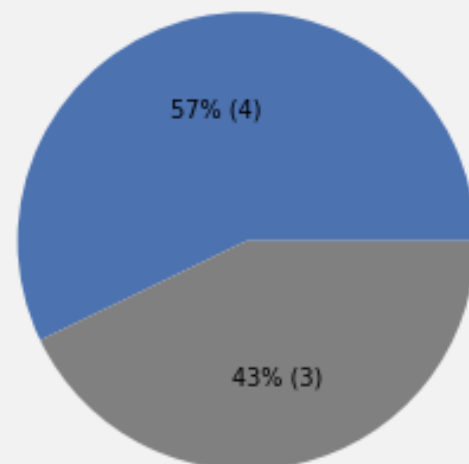
8.1 Diagnose and manage the common bacterial, fungal and viral oral diseases in infants, children and adolescents



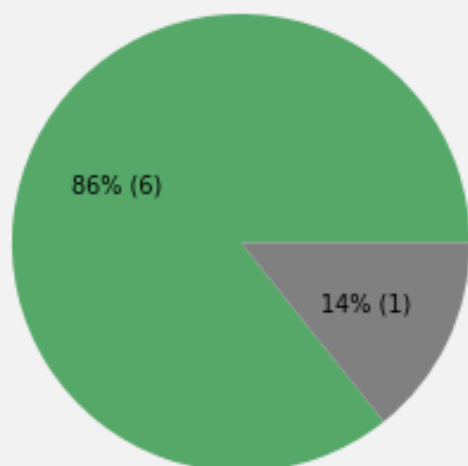
9.1 Participate in general anesthesia cases by completing: pre-operative workup and assessment, medical risk assessment, admitting procedures, and informed consent



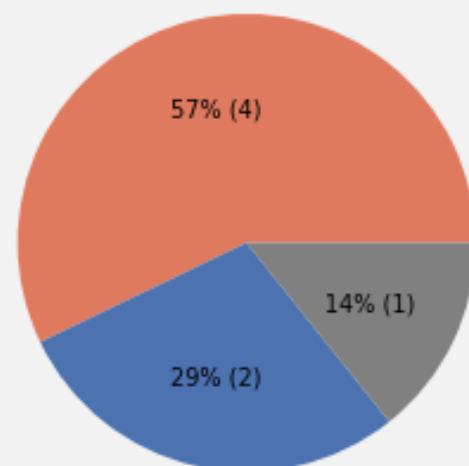
9.2 Perform intra-operative management including completion of the dental procedures, post-operative care, discharge, follow up, and completion of medical records



9.3 Manage the oral care of patients who have been admitted to general, psychiatric or rehabilitation hospitals/facilities

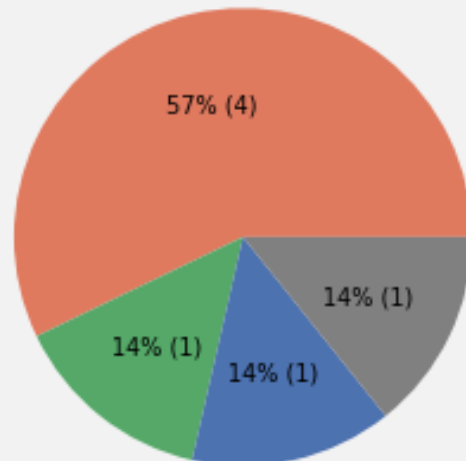


10.1 Recognize normal growth and development of the craniofacial complex and diagnose abnormalities in the developing dentition utilizing clinical examination and other diagnostic tests.

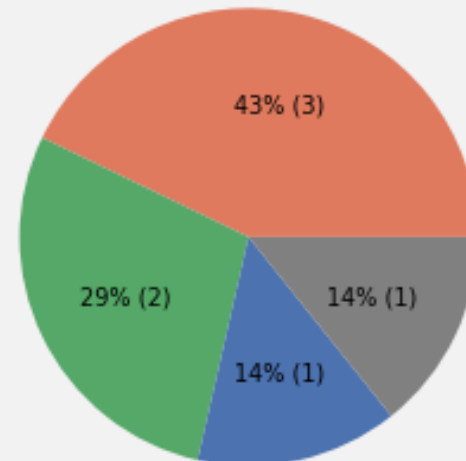


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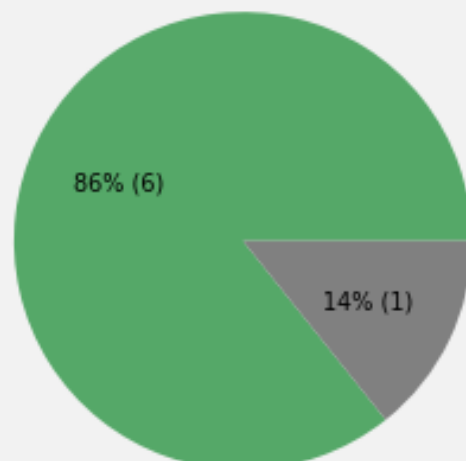
10.2 Recognize the indications, contraindications and fundamental treatment modalities used in guidance of eruption and space supervision of the developing dentition.



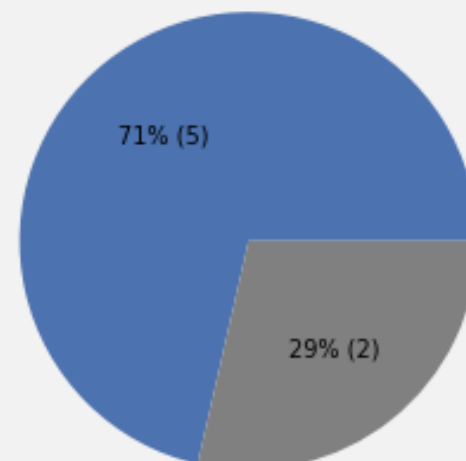
10.3 Recognize when consultation with and/or timely referral to orthodontic or other specialist care is indicated in order to achieve optimal outcomes in the developing occlusion



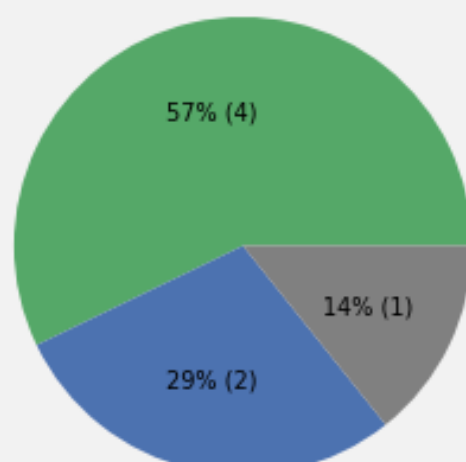
10.4 Perform interceptive removable and/or fixed orthodontic procedures in the primary, mixed, and early permanent dentition to establish a stable, functional and esthetic occlusion



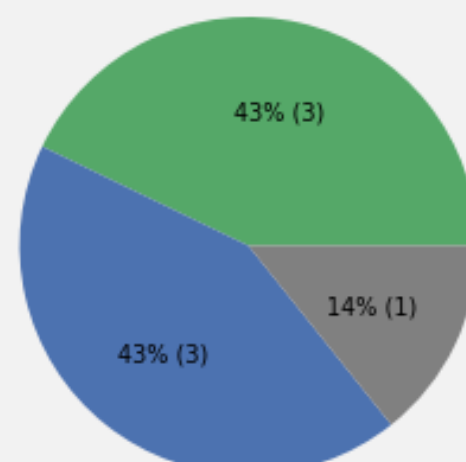
11.1 Perform extraction of uncomplicated primary and permanent teeth including fractured or residual root tips



11.2 Perform minor oral surgical procedures including excisional and incisional biopsy, soft tissue surgery and exposure of impacted teeth

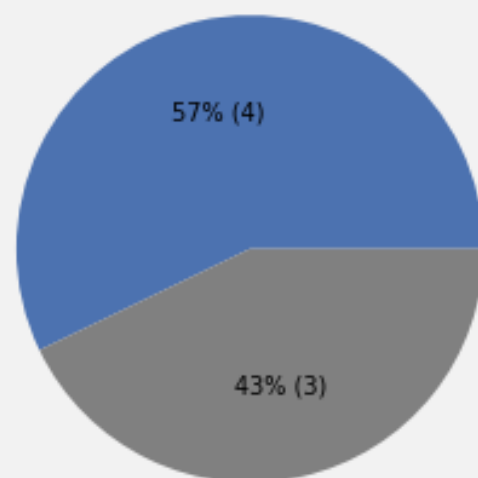


11.3 Recognize and manage common intra-operative and post-operative surgical complications



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11.4 Recognize when specialist oral surgical care is indicated and make appropriate referral





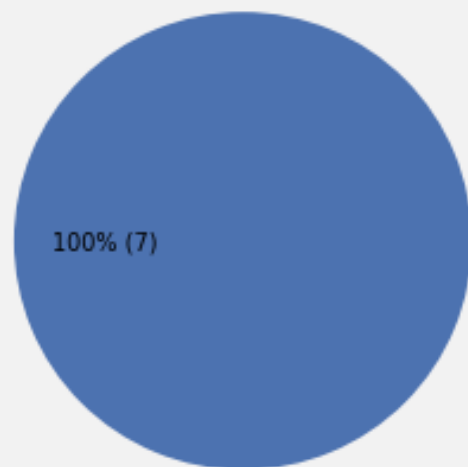
12.1 Appropriate professional attire and appearance



12.2 Punctual and prepared for clinic



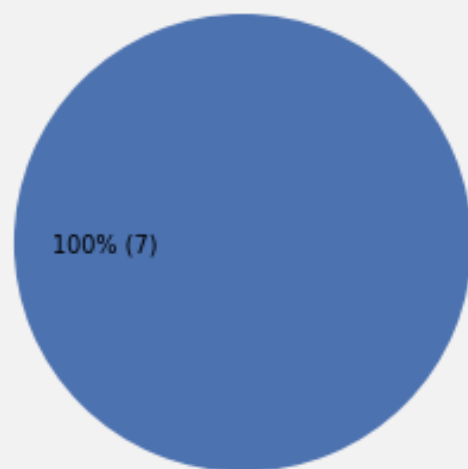
12.3 Speaks respectfully to parents and patients



12.4 Self-evaluates clinical performance



12.5 Seeks appropriate faculty advice

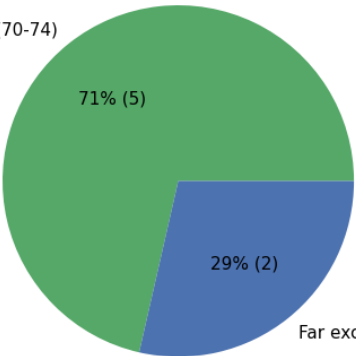


12.6 Alters behaviour based on faculty advice



Final Grades

Exceeds expected level of performance considering stage of training: H 2A (75-79) and B (70-74)



Far exceeds expected level of performance considering stage of training: H1 (80-100)

Describe the strongest aspects of the student’s performance, including examples of noteworthy incidents

Staff	Comments
Nicky Kilpatrick	Andrew has developed a really valuable professional curiosity in relation to understanding his patient's background and the impact this has on management and prognosis
Daniel Andreasen-Cocker	Has been having multiple cases with more difficult SSC placement, back to back with space loss. Have been working on improving tooth prep to help with more difficult situations rather than just apply more pressure. Had some cases on more heavily broken down teeth to see what's possible with SSC. Has had some good supernumerary surgical removals. Has been doing well in both direct and indirect supervised lists.
Dharini Ravindra	Andrew is very confident and demonstrates very strong clinical skills. He is eager to learn and seeks out information to do so. He takes on feedback very well and is always very prepared for his general anaesthetic sessions. He has a very approachable nature and the support staff (nurses and dental assistants) always comment on how nice it is to work with him.
Giselle D'Mello	Andrew has spent the most time at RCH this year. Andrew is competent and capable of managing children at RCH at the expected level. He works well in the team and is keen to help the team when needed. He is great at building rapport with families.
Wendy Cheney	Dr. Park continues to provide evidence-based, thoughtful and compassionate care to all his patients. Well done.
Lucy Wu	GA work-ups are thorough and detailed Good GA treatment planning and works efficiently

Describe any aspect of the student’s performance where he/she needs to spend more time and effort. Include any examples of critical incidents

Staff	Comments
Nicky Kilpatrick	not that I can think of
Daniel Andreasen-Cocker	Had a couple of sessions Andrew appeared a bit laissez-faire, not sure if it was due to the DSU list looking lightly booked? Was slow to get case going, was a bit quick with radiographic assessment missing some key features.
Dharini Ravindra	Andrew and I have already discussed trying to focus on finesse in pulpotomy preps which he has not had a lot of practice with as yet. The aim will be to try and do a few more before the end of the year
Giselle D'Mello	Andrew sometimes does rush with his treatment planning and providing treatment especially in the emergency setting which we will continue to work on. Andrew also needs to continue to work on using appropriate professional language when discussing and presenting cases to colleagues.
Lucy Wu	Please allow sufficient time to review GA work-ups/discussions Please take into consideration additional needs for comprehensive care e.g., correction of crossbite