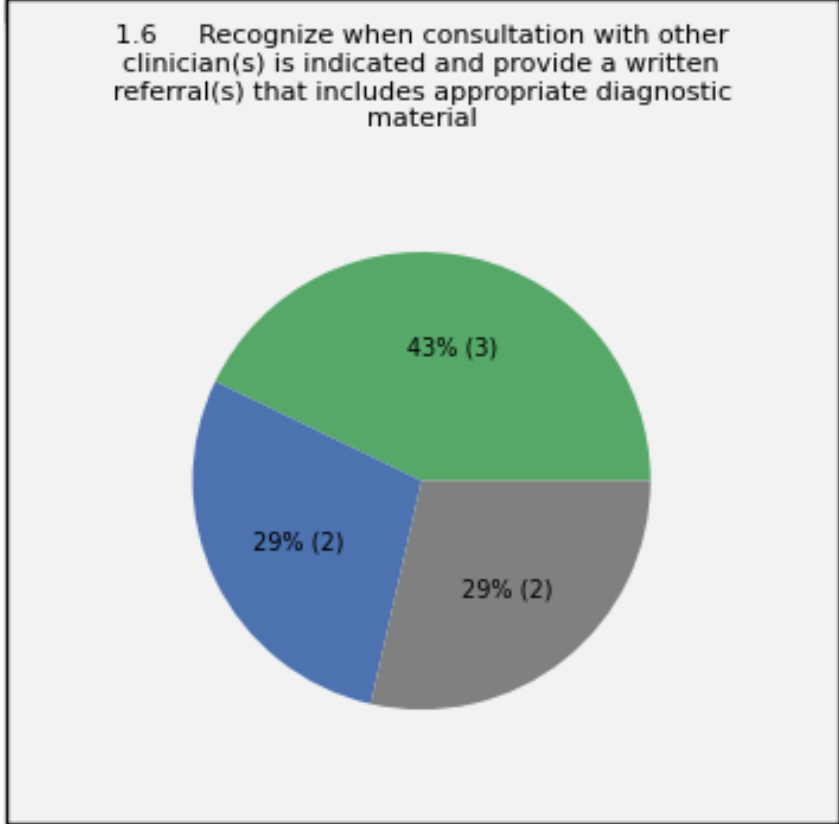
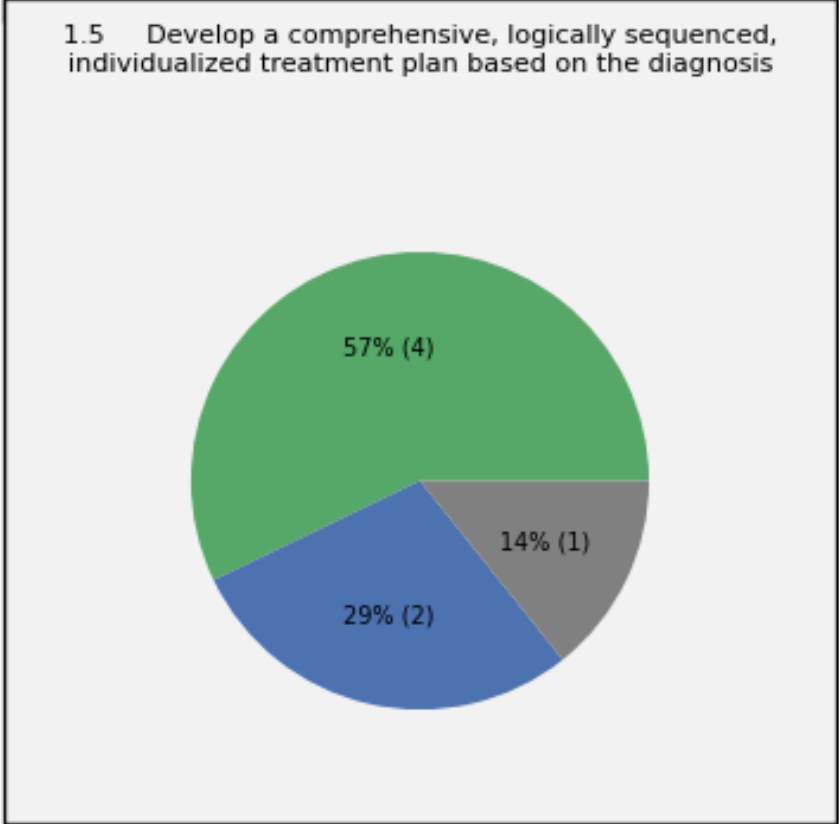
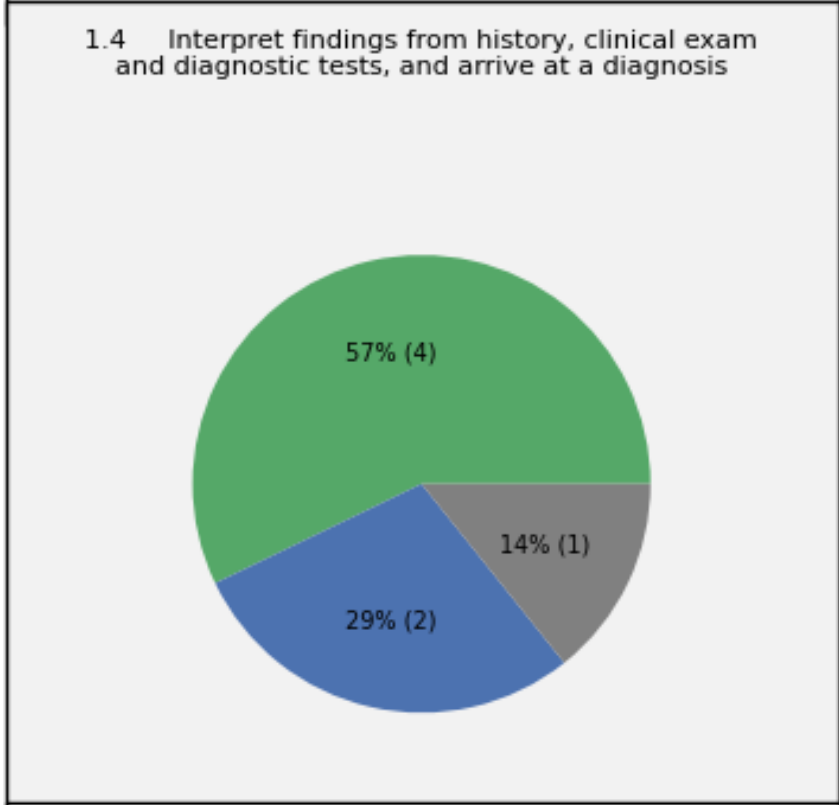
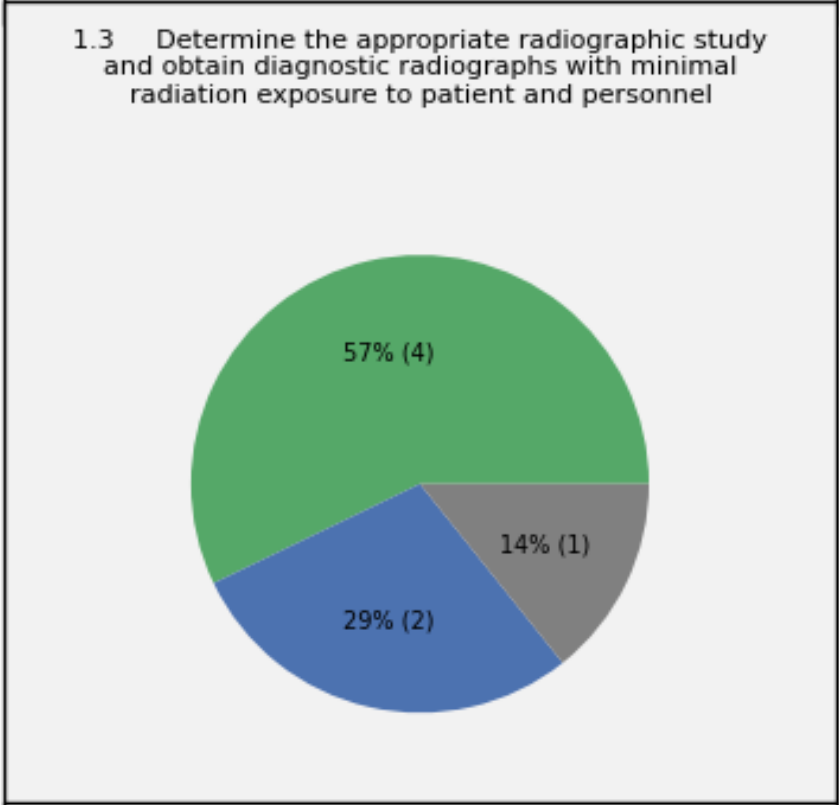
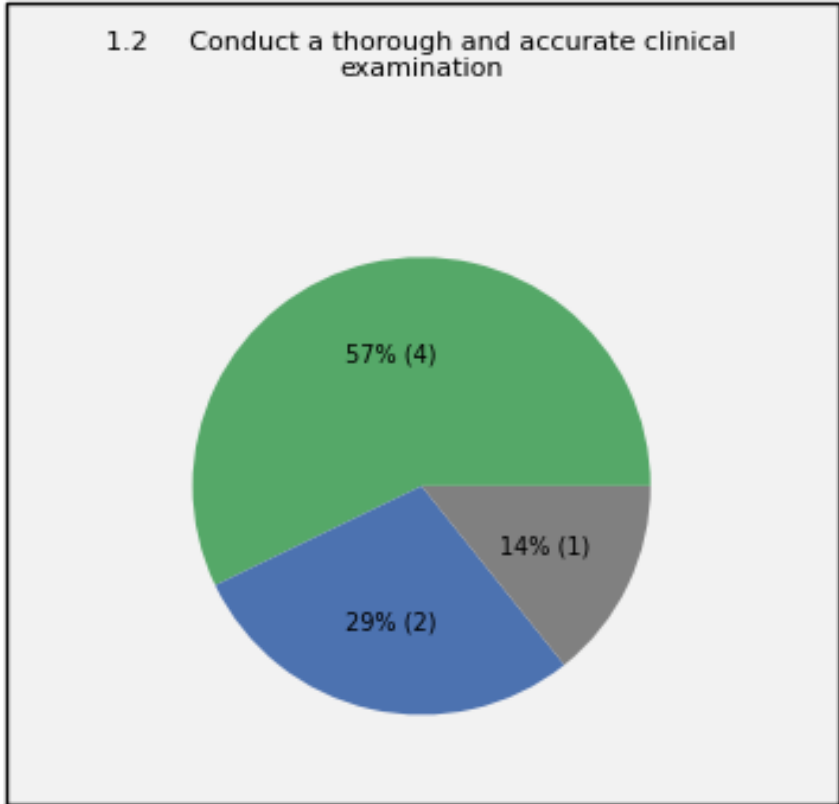
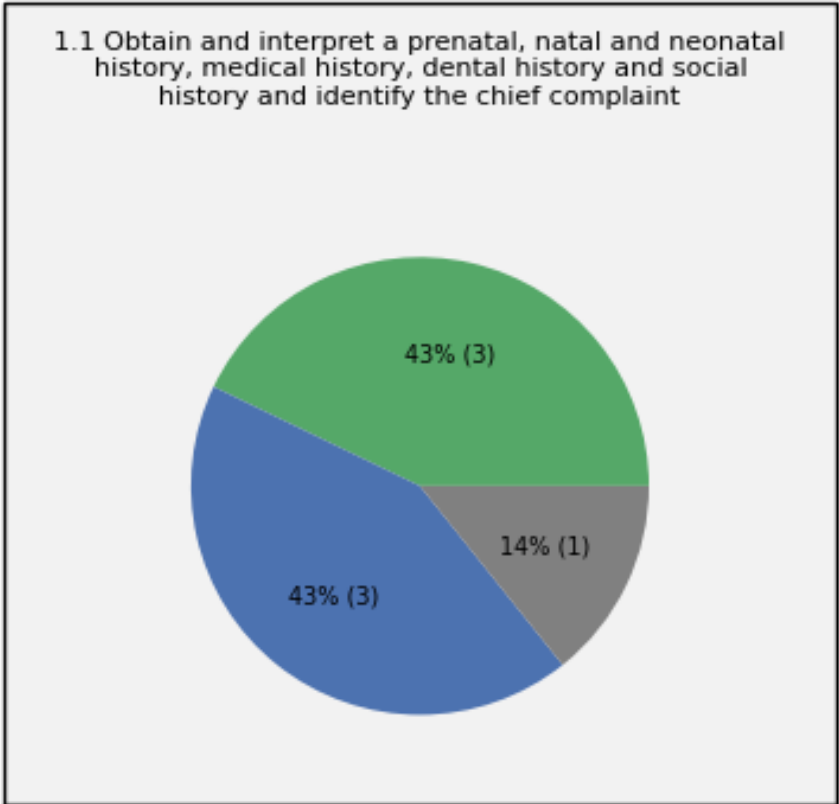
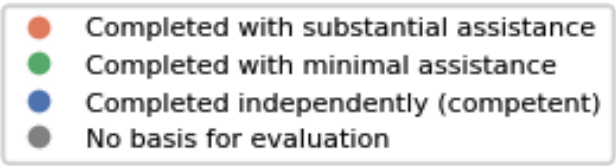


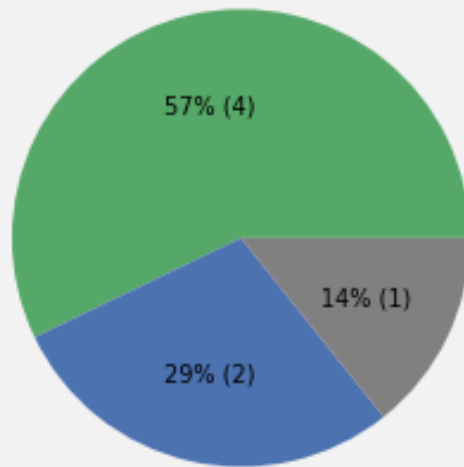
Emily Trinh

Number of forms: 7

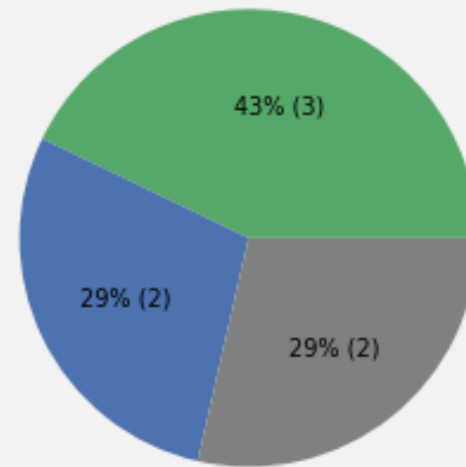


- Completed with substantial assistance
- Completed with minimal assistance
- Completed independently (competent)
- No basis for evaluation

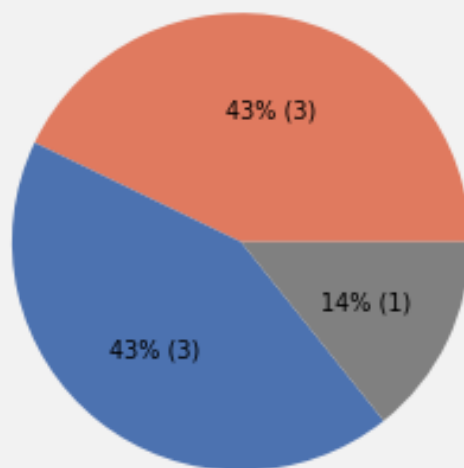
1.7 Recognize the significance of special health care needs in individual patients and formulate a treatment plan that utilizes the alternatives in the delivery of dental care that those conditions may require



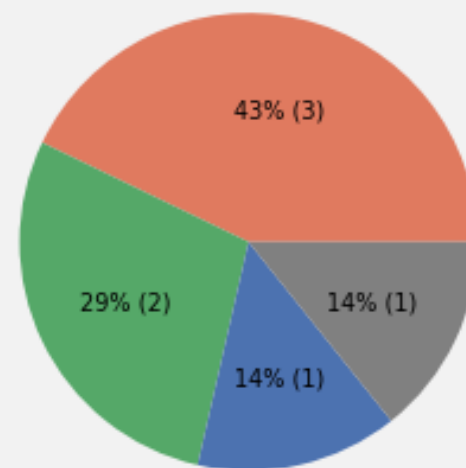
1.8 Explain and discuss the findings, diagnosis and treatment options with the patient, parent and /or guardian including an explanation of a treatment plan that has been modified due to medical or physical limitations, behavioral, financial, or other unexpected factors



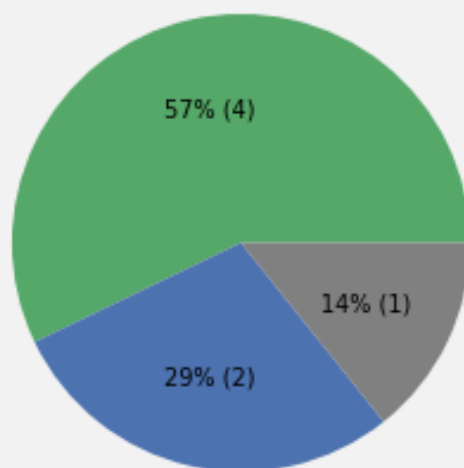
1.9 Discuss financial obligations and obtain informed consent from the legally responsible party



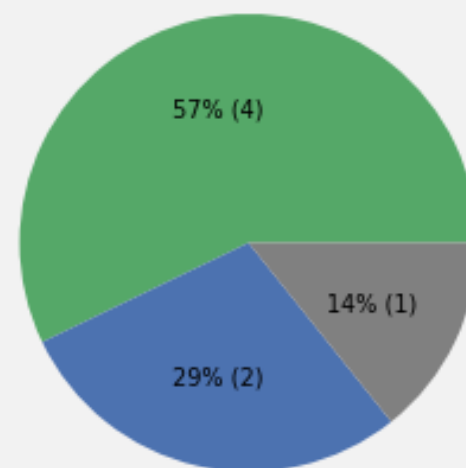
1.10 Establish and maintain accurate patient treatment records



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

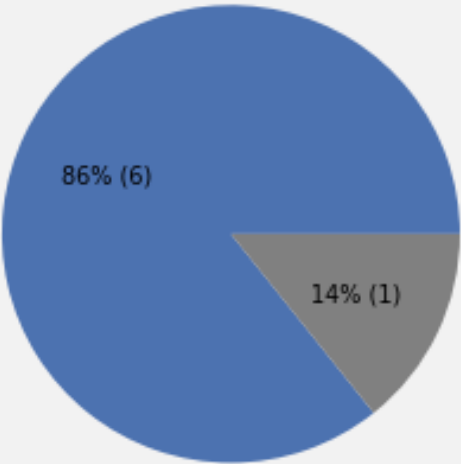


2.2 Implement individualized plans for health promotion and disease prevention by identifying factors that may impede behavioral change and compliance, and implement strategies to motivate patients, parents and caretakers to assume responsibility for their oral health

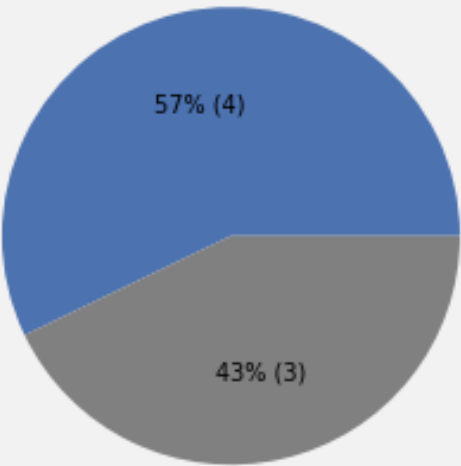


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- No basis for evaluation

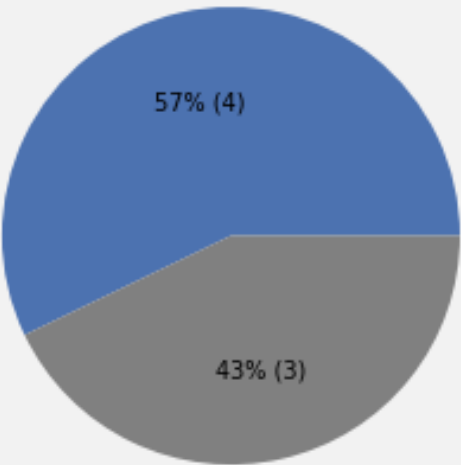
2.3 Evaluate the effectiveness of preventive programs and make adjustments when indicated



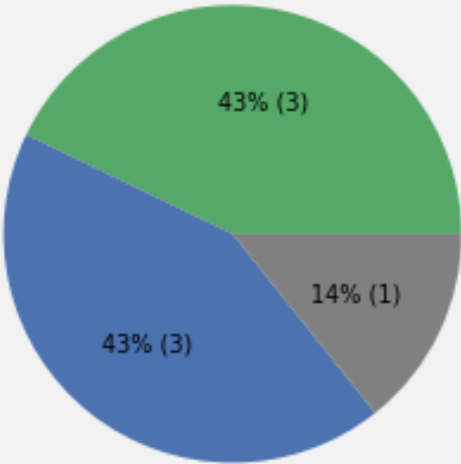
3.2 Describe to parents, in understandable terms, the various behavior guidance techniques and obtain informed consent



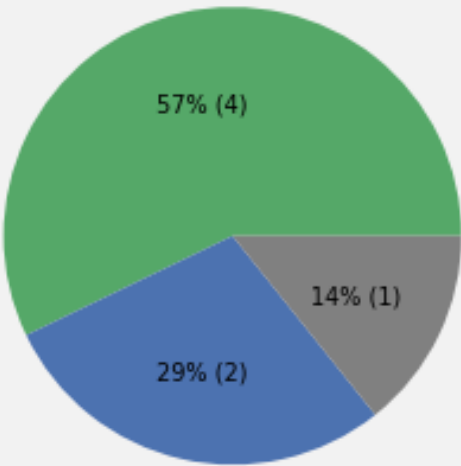
3.4 Utilize nitrous oxide inhalation appropriately and effectively



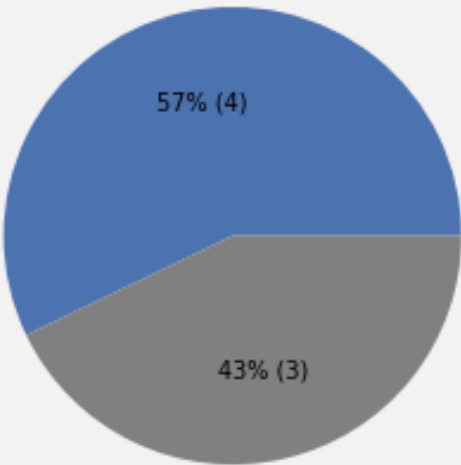
3.1 Perform a differential diagnosis of patient fear and anxiety and select the appropriate behavior guidance technique to alleviate pain and anxiety



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

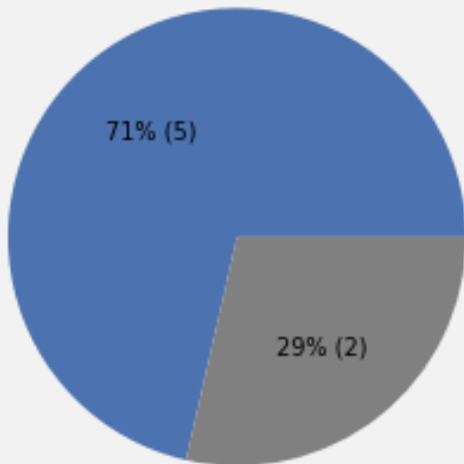


3.5 Perform pre-operative workup and assessment including medical risk assessment prior to sedation and general anesthesia

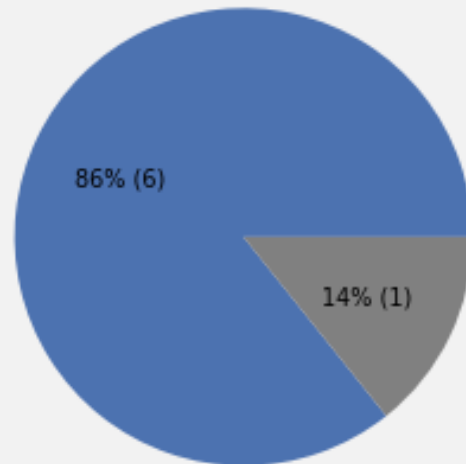


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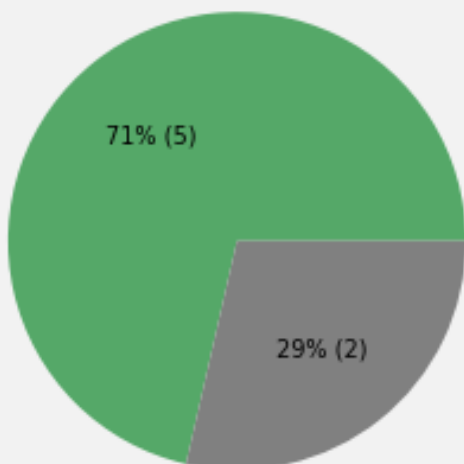
3.6 Continuously monitor and interpret physiologic data during sedation and prior to discharge



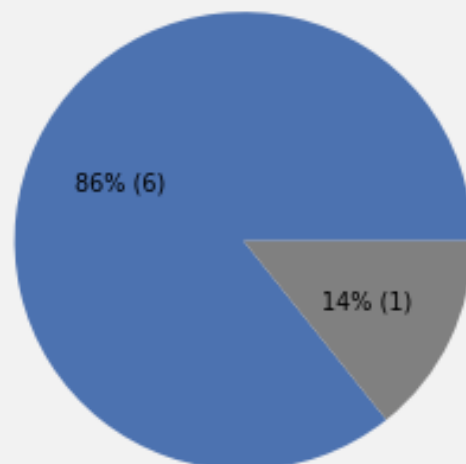
3.7 Prevent, recognize and manage complications related to drugs used for pain and anxiety control



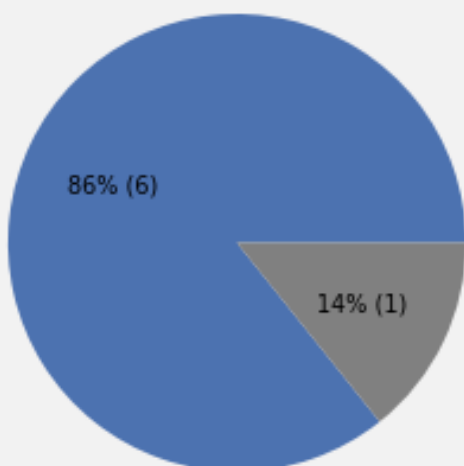
4.1 Diagnose and manage traumatic injuries of the oral and perioral structures including the soft tissues, alveolar bone, as well as the primary and permanent dentition



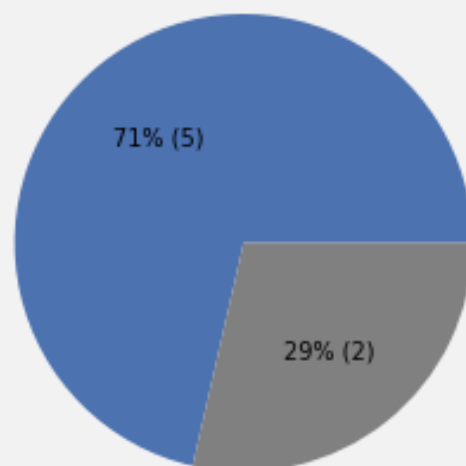
4.2 Assess and manage dental pain and infections while on emergency services



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

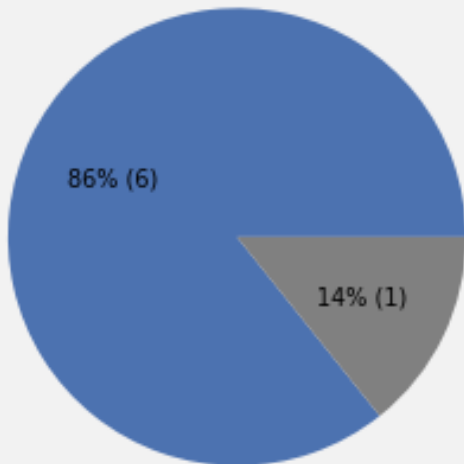


5.2 Perform supra and subgingival cleaning and debridement

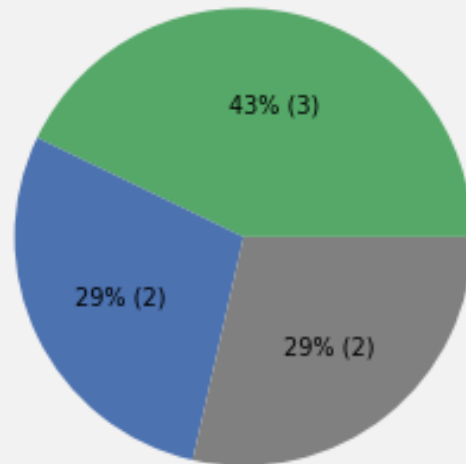


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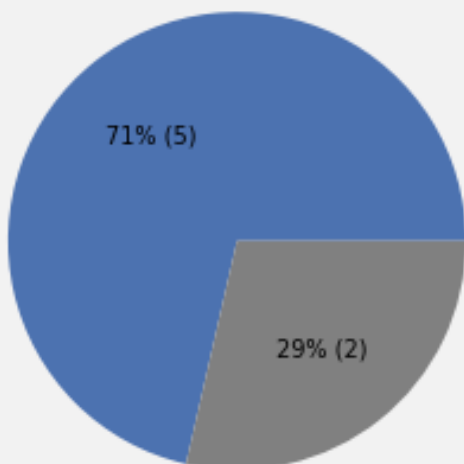
5.3 Recognize when specialist periodontal care is indicated and make an appropriate referral



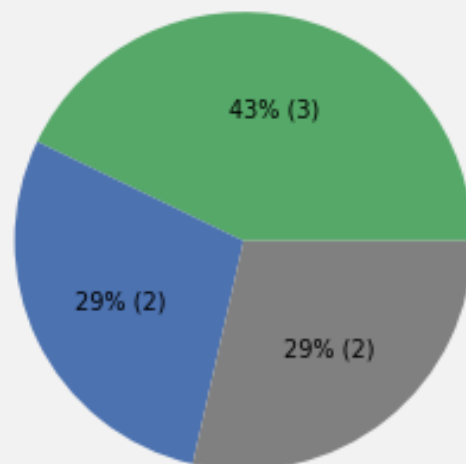
6.1 Understand the properties and indications for contemporary restorative and prosthetic techniques available for the restoration of primary, mixed and permanent dentition



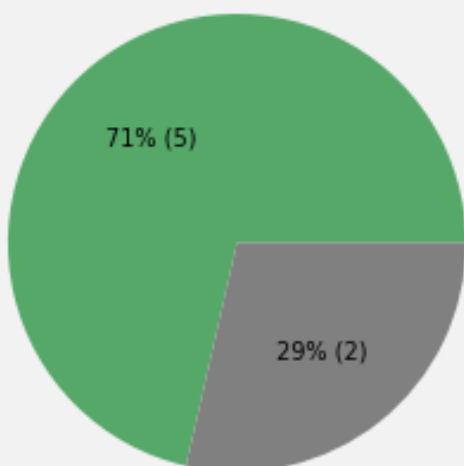
6.2 Administer local anesthesia safely and effectively, and appropriately manage local and general complications



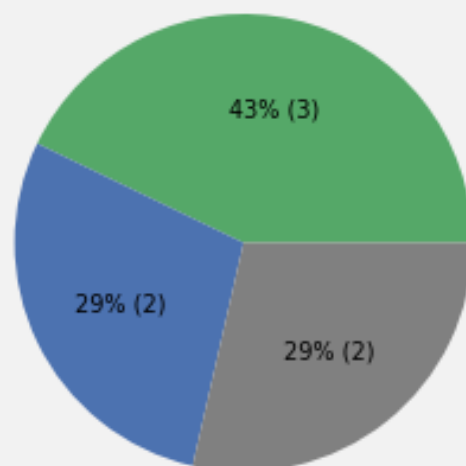
6.3 Utilize the various restorative and prosthetic techniques appropriately and effectively, and be able to analyze failures



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

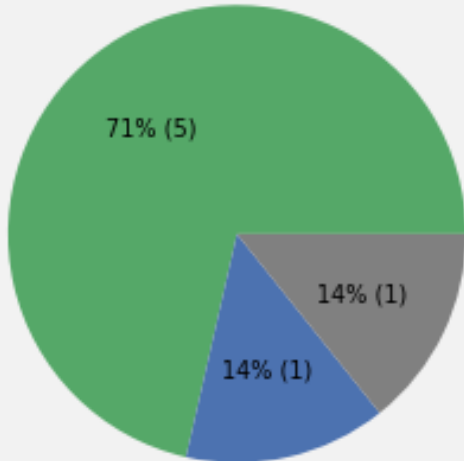


7.1 Diagnose and manage pulpal disease in primary as well as immature and mature permanent teeth

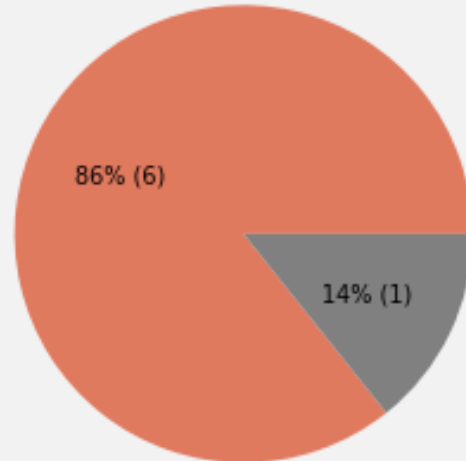


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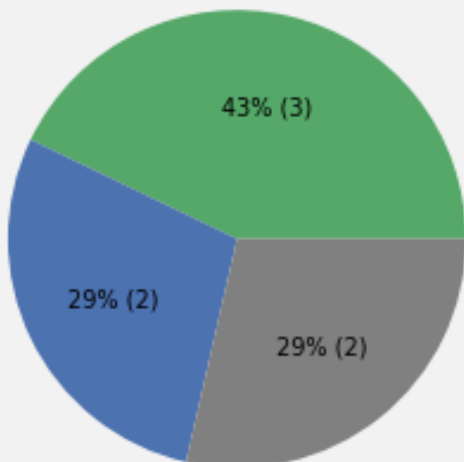
7.2 Recognize when specialist endodontic care is indicated and make appropriate referral



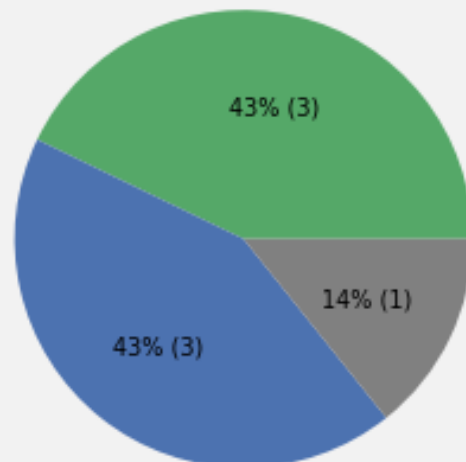
8.1 Diagnose and manage the common bacterial, fungal and viral oral diseases in infants, children and adolescents



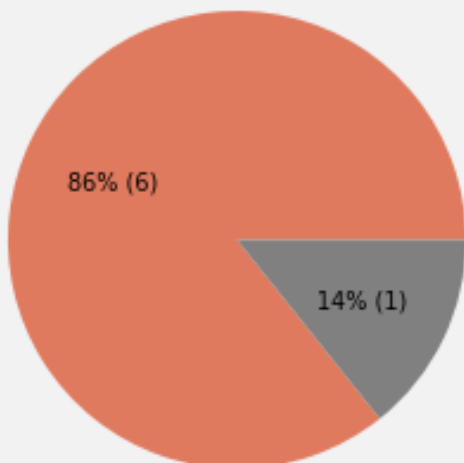
9.1 Participate in general anesthesia cases by completing: pre-operative workup and assessment, medical risk assessment, admitting procedures, and informed consent



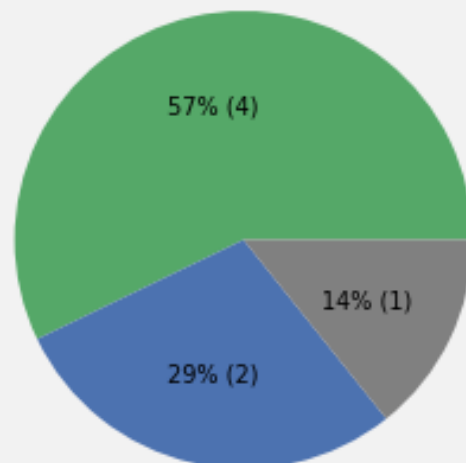
9.2 Perform intra-operative management including completion of the dental procedures, post-operative care, discharge, follow up, and completion of medical records



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

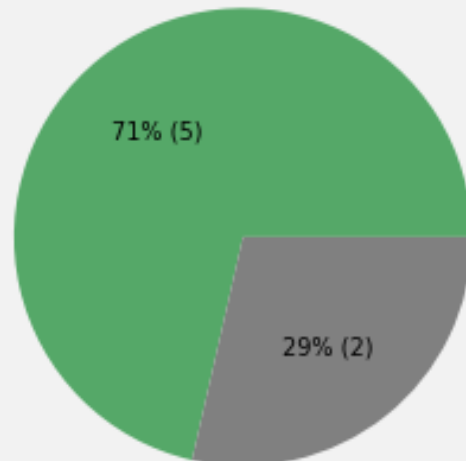


10.1 Recognize normal growth and development of the craniofacial complex and diagnose abnormalities in the developing dentition utilizing clinical examination and other diagnostic tests.

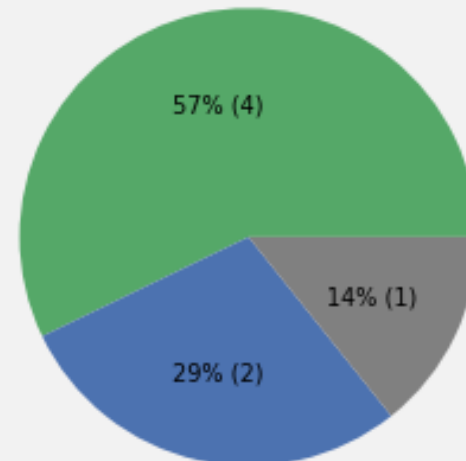


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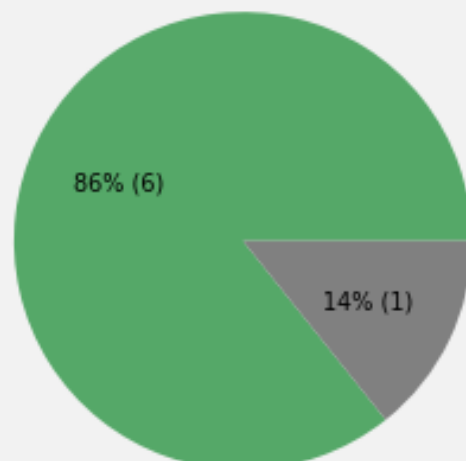
10.2 Recognize the indications, contraindications and fundamental treatment modalities used in guidance of eruption and space supervision of the developing dentition.



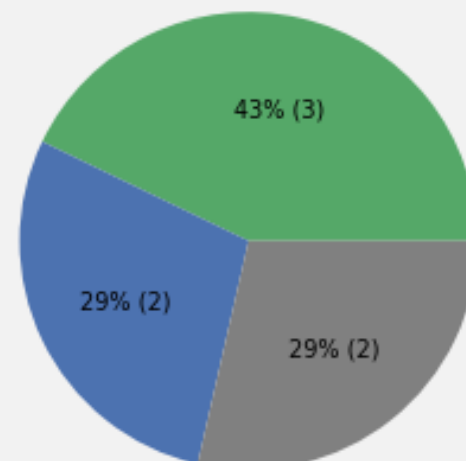
10.3 Recognize when consultation with and/or timely referral to orthodontic or other specialist care is indicated in order to achieve optimal outcomes in the developing occlusion



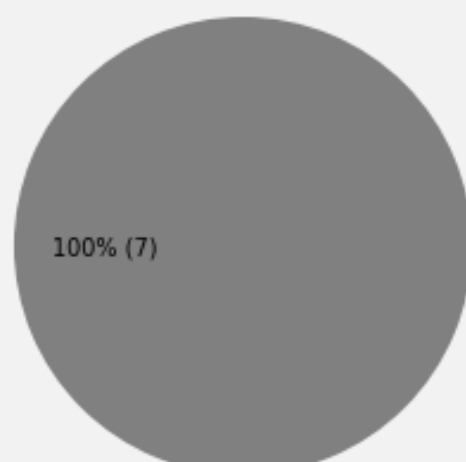
10.4 Perform interceptive removable and/or fixed orthodontic procedures in the primary, mixed, and early permanent dentition to establish a stable, functional and esthetic occlusion



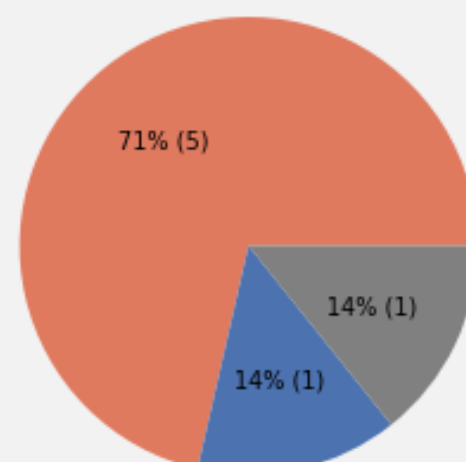
11.1 Perform extraction of uncomplicated primary and permanent teeth including fractured or residual root tips



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

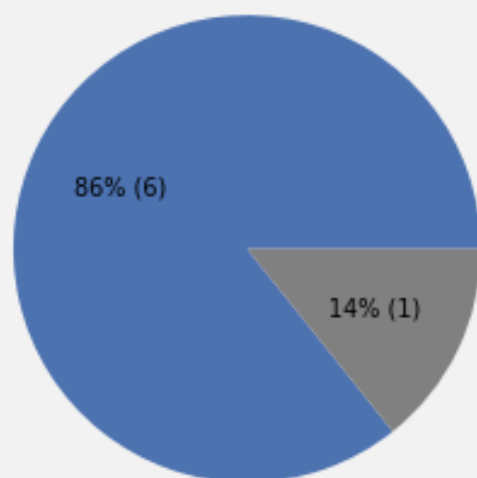


11.3 Recognize and manage common intra-operative and post-operative surgical complications



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





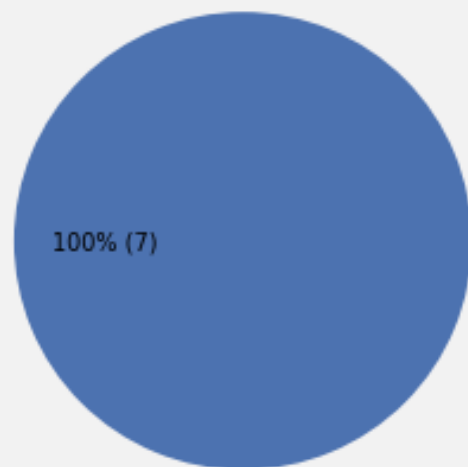
12.1 Appropriate professional attire and appearance



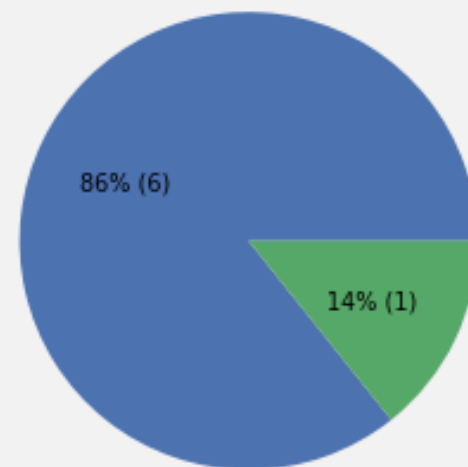
12.2 Punctual and prepared for clinic



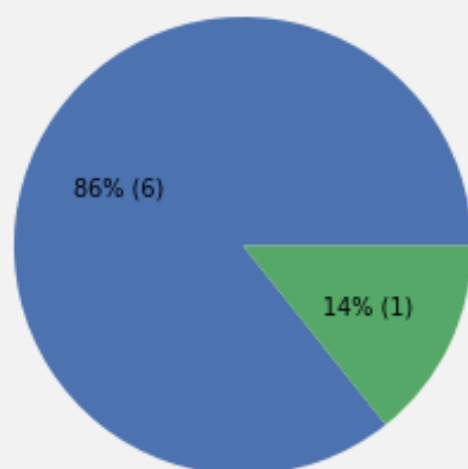
12.3 Speaks respectfully to parents and patients



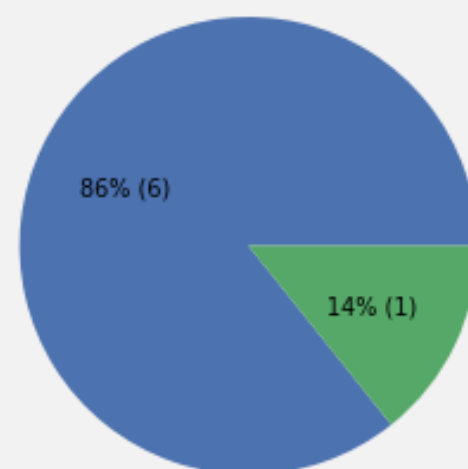
12.4 Self-evaluates clinical performance



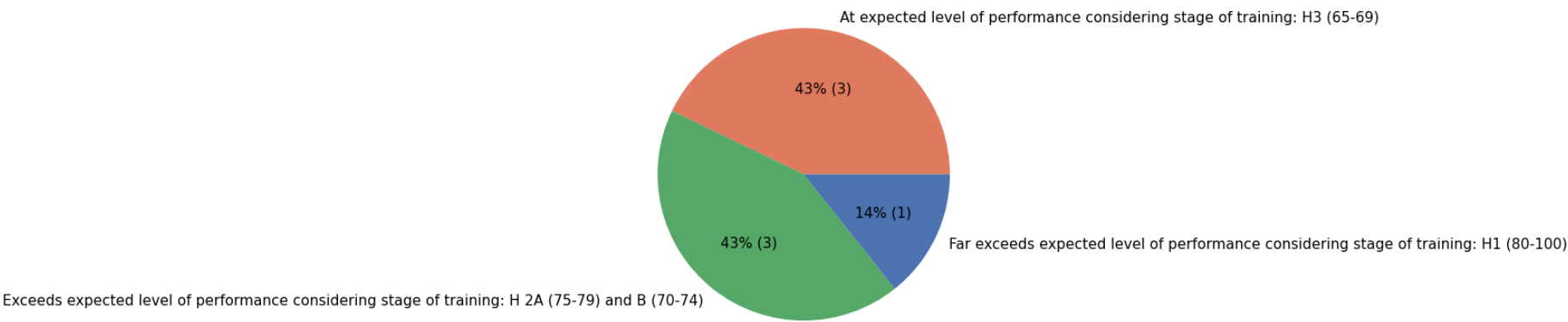
12.5 Seeks appropriate faculty advice



12.6 Alters behaviour based on faculty advice



Final Grades



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

Staff	Comments
Nicky Kilpatrick	Emily is clinically very efficient and competent. She is thorough and professional.
Daniel Andreasen-Cocker	Was inefficient getting cases started, but good efficiency once gets treating in DSU. Some good cases working on extending knowledge of what is restorable with SSC. Hopefully now taking all radiographs in mouth closed position for better assessment. Need to make sure cleaning blood from inside crowns before cementing for better GIC set.
Dharini Ravindra	Emily is a very motivated student and is developing into a confident and comprehensive specialist. Emily takes on feedback well and makes changes accordingly. She has excellent pre-operative clinical prep and is always well prepared for her general anaesthetic sessions. She appropriately asks for consultant assistance when required (e.g. post-op bleeding) which should be commended.
Giselle D'Mello	I have only supervised Emily for a few session this year. Emily is capable in her clinical practice and at a level suitable for her year level.
Wendy Cheney	Dr. Trinh continues to make steady progress towards competency in all aspects of her clinical work. Her confidence in her decision-making and patient management is appropriately growing. Great progress.
Lucy Wu	Well organised GA work-up completed in a timely manner, and adapts well to changes in treatment plan

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	I would like to see Emily develop greater reflective practice skills particularly as she starts to see patients returning for review. I will be working with her on this
Dharini Ravindra	As Emily gets more exposure to general anaesthetic sessions I would encourage her to work on her speed and clinical judgement. She has already shown great improvement since her initial GA sessions this year and more exposure and practice will help her hone these skills.
Giselle D'Mello	Emily has a tendency to avoid coming to a conclusion and tends to wait for the consultant to give her a decision. I will continue to encourage her to provide her thoughts and make a decision.
Lucy Wu	If a patient has been brought in recently before their GA (i.e., for seps insert), it would be worthwhile reassessing the status of the dentition and update the treatment plan accordingly.