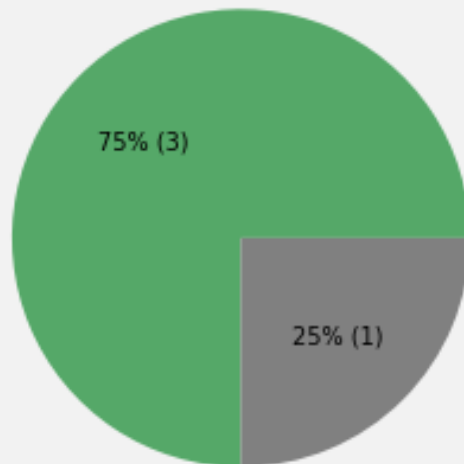


Rachelle Welti

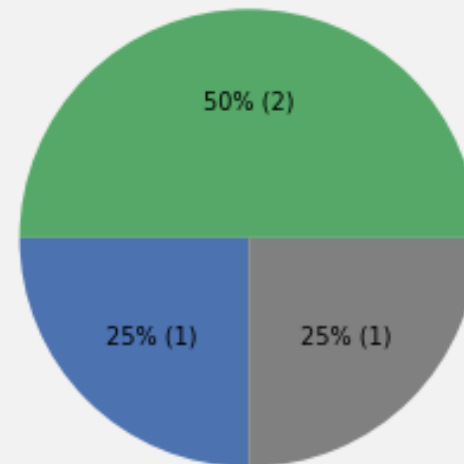
Number of forms: 4

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- No basis for evaluation

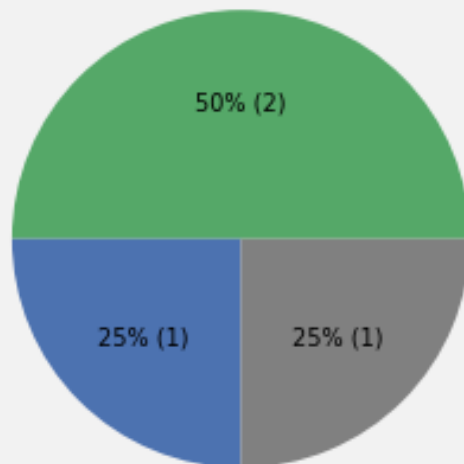
1.1 Obtain and interpret a prenatal, natal and neonatal history, medical history, dental history and social history and identify the chief complaint



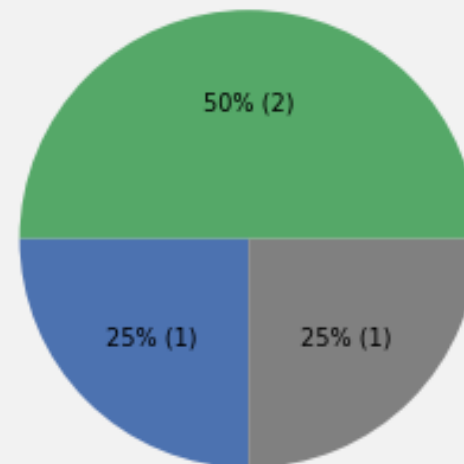
1.2 Conduct a thorough and accurate clinical examination



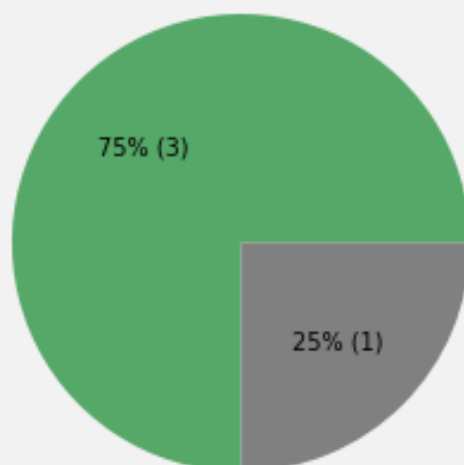
1.3 Determine the appropriate radiographic study and obtain diagnostic radiographs with minimal radiation exposure to patient and personnel



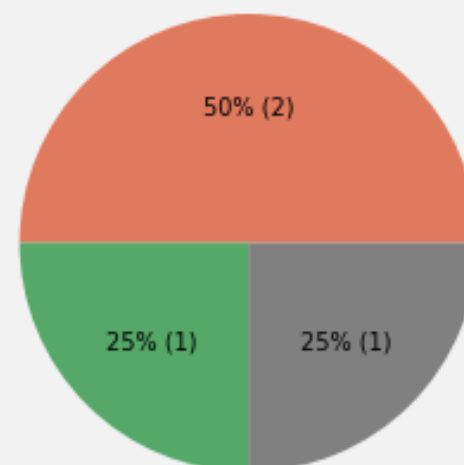
1.4 Interpret findings from history, clinical exam and diagnostic tests, and arrive at a diagnosis



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

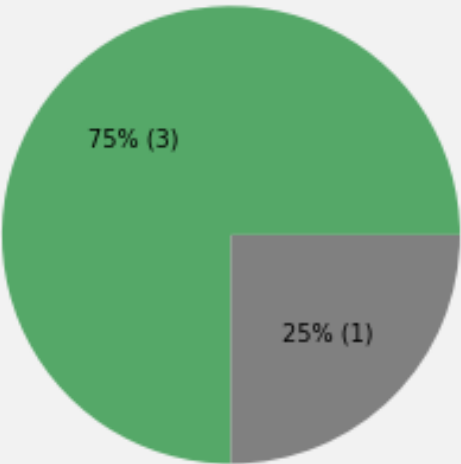


1.6 Recognize when consultation with other clinician(s) is indicated and provide a written referral(s) that includes appropriate diagnostic material

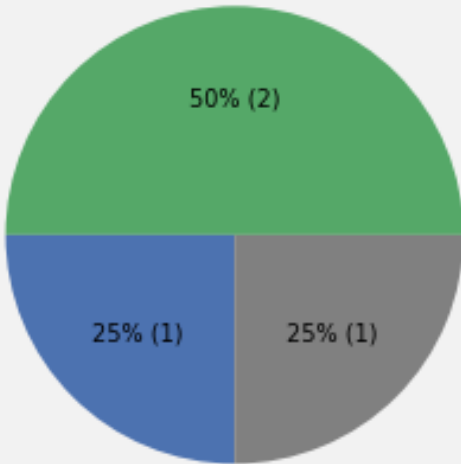


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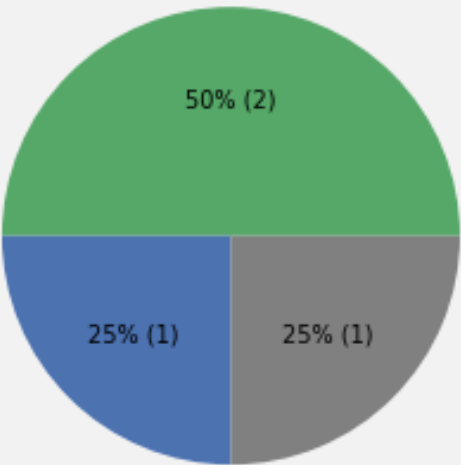
1.7 Recognize the significance of special health care needs in individual patients and formulate a treatment plan that utilizes the alternatives in the delivery of dental care that those conditions may require



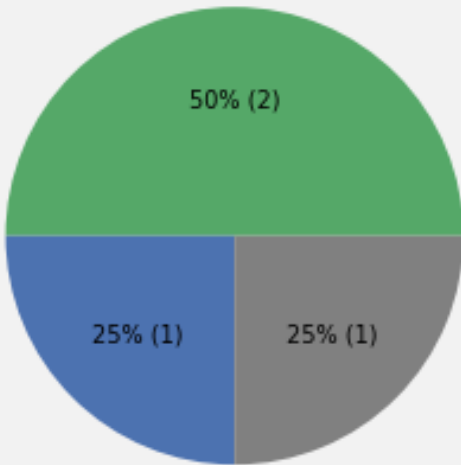
1.8 Explain and discuss the findings, diagnosis and treatment options with the patient, parent and /or guardian including an explanation of a treatment plan that has been modified due to medical or physical limitations, behavioral, financial, or other unexpected factors



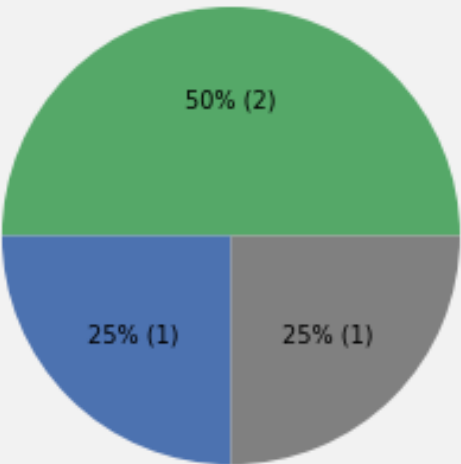
1.9 Discuss financial obligations and obtain informed consent from the legally responsible party



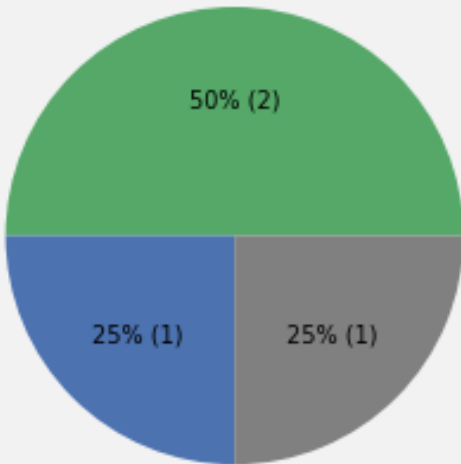
1.10 Establish and maintain accurate patient treatment records



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

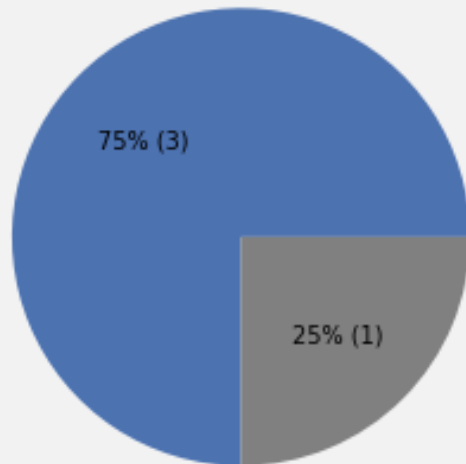


2.2 Implement individualized plans for health promotion and disease prevention by identifying factors that may impede behavioral change and compliance, and implement strategies to motivate patients, parents and caretakers to assume responsibility for their oral health

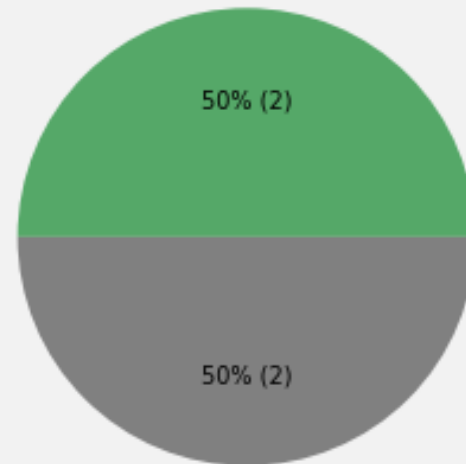


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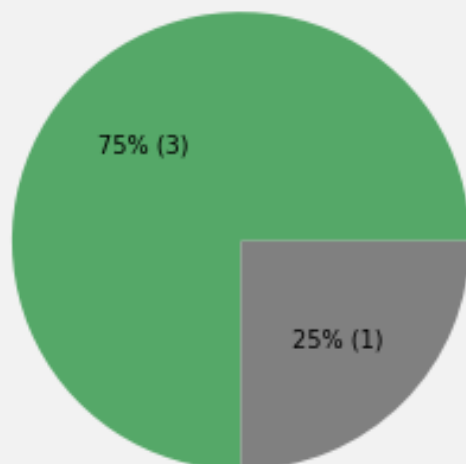
2.3 Evaluate the effectiveness of preventive programs and make adjustments when indicated



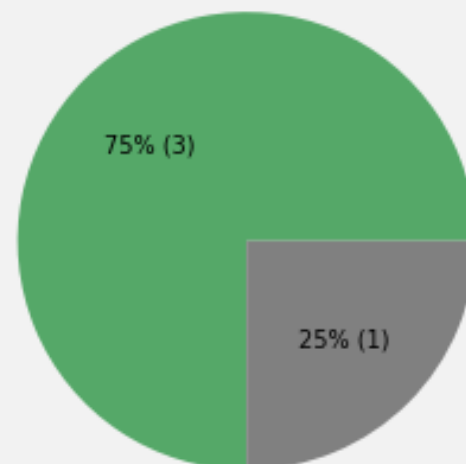
3.1 Perform a differential diagnosis of patient fear and anxiety and select the appropriate behavior guidance technique to alleviate pain and anxiety



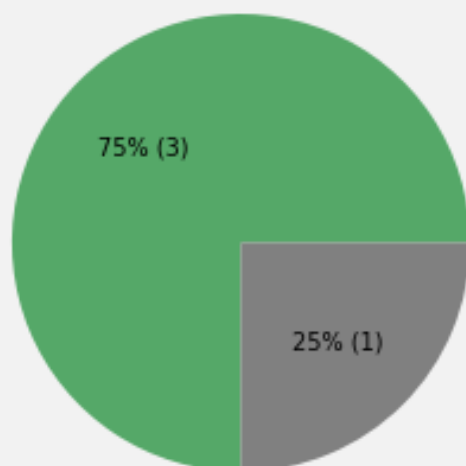
3.2 Describe to parents, in understandable terms, the various behavior guidance techniques and obtain informed consent



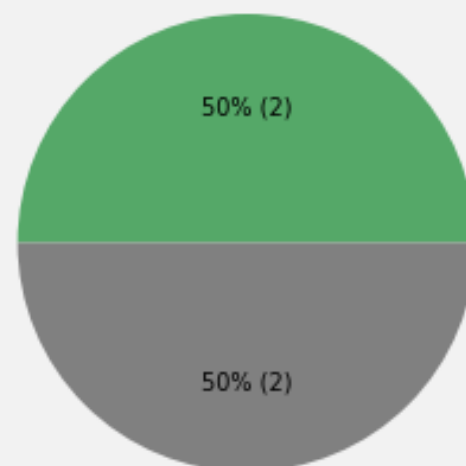
3.3 Apply age-appropriate and culturally sensitive non-pharmacologic behavior guidance techniques effectively in an out-patient setting



3.4 Utilize nitrous oxide inhalation appropriately and effectively

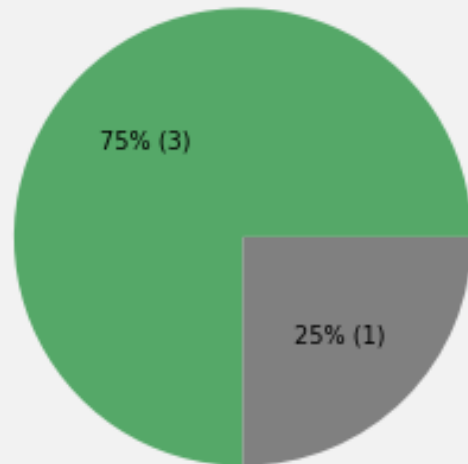


3.5 Perform pre-operative workup and assessment including medical risk assessment prior to sedation and general anesthesia

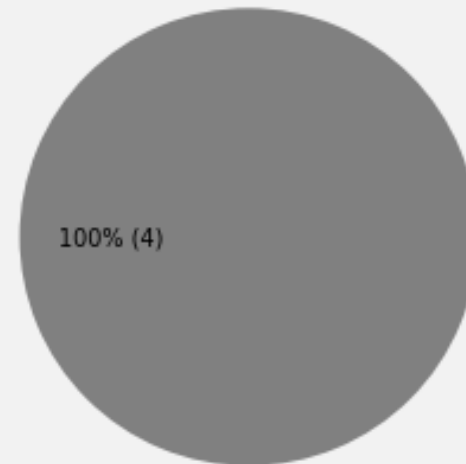


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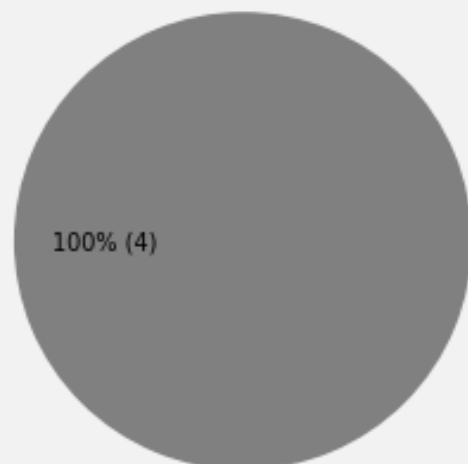
3.6 Continuously monitor and interpret physiologic data during sedation and prior to discharge



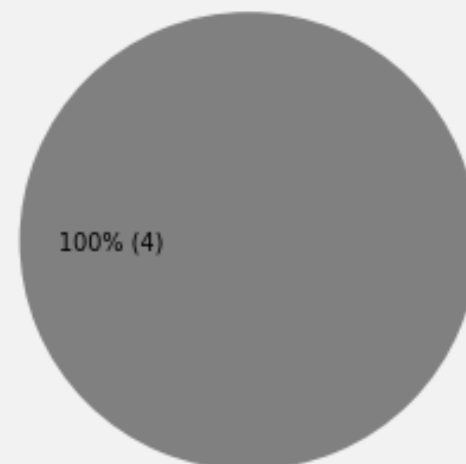
3.7 Prevent, recognize and manage complications related to drugs used for pain and anxiety control



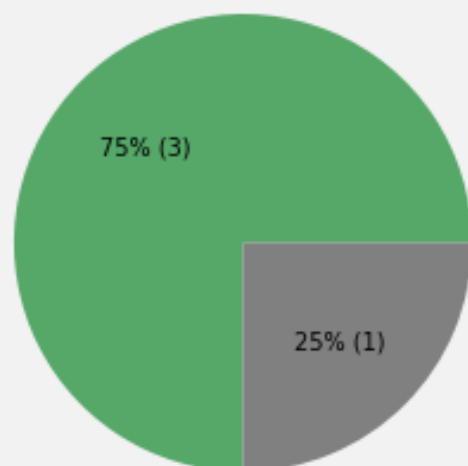
4.1 Diagnose and manage traumatic injuries of the oral and perioral structures including the soft tissues, alveolar bone, as well as the primary and permanent dentition



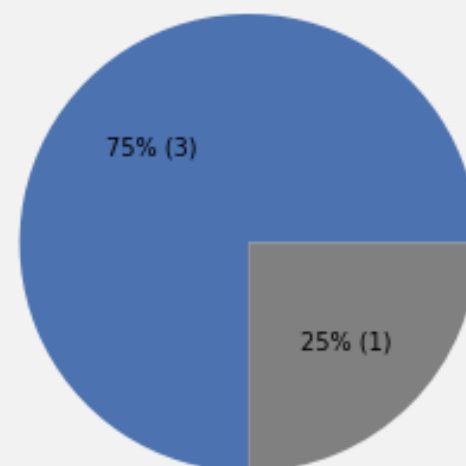
4.2 Assess and manage dental pain and infections while on emergency services



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

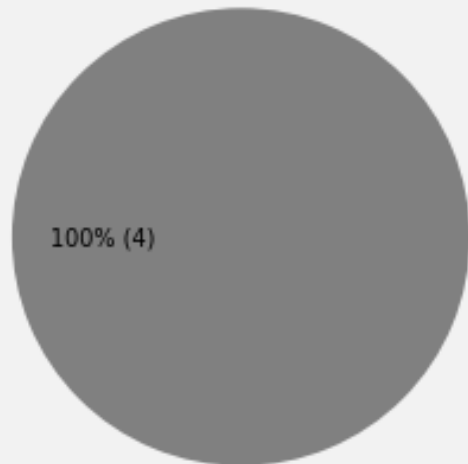


5.2 Perform supra and subgingival cleaning and debridement

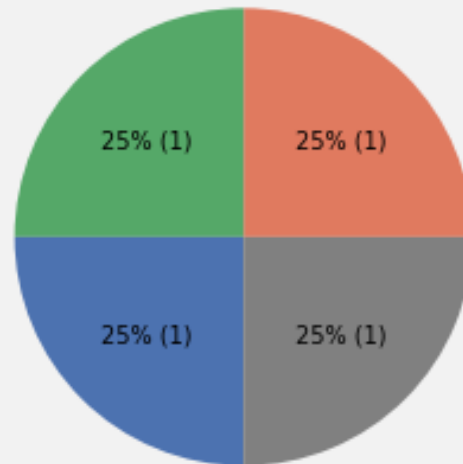


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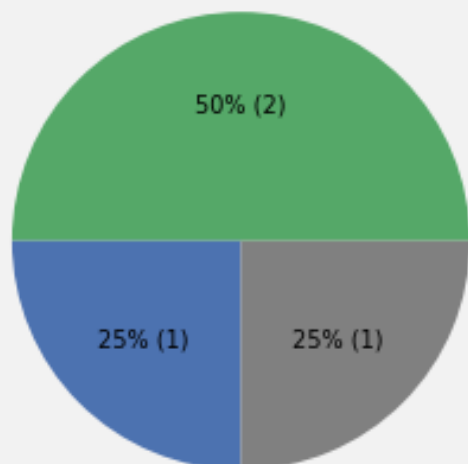
5.3 Recognize when specialist periodontal care is indicated and make an appropriate referral



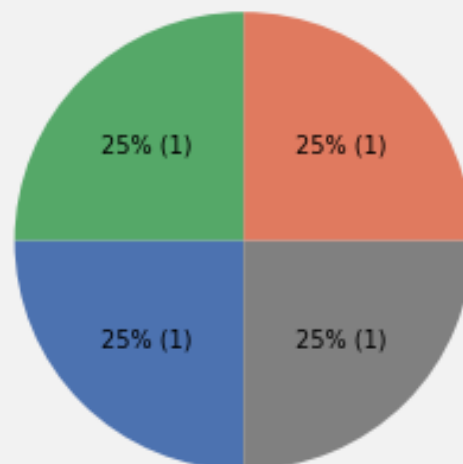
6.1 Understand the properties and indications for contemporary restorative and prosthetic techniques available for the restoration of primary, mixed and permanent dentition



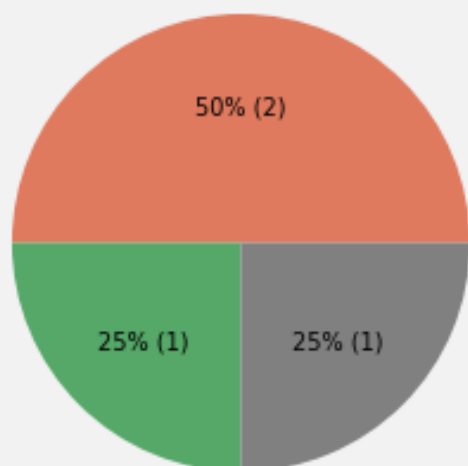
6.2 Administer local anesthesia safely and effectively, and appropriately manage local and general complications



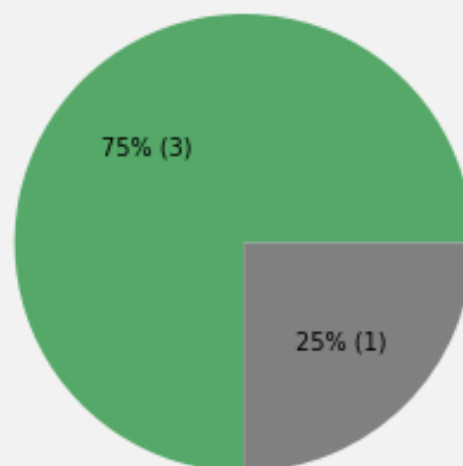
6.3 Utilize the various restorative and prosthetic techniques appropriately and effectively, and be able to analyze failures



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

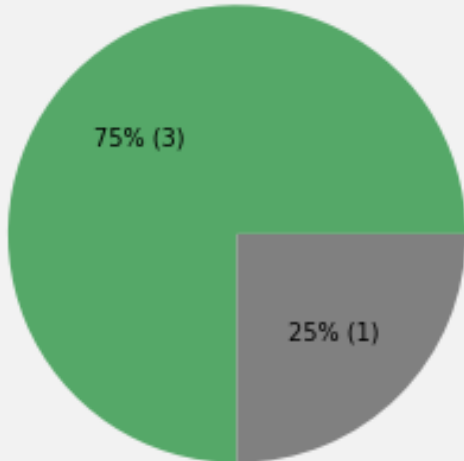


7.1 Diagnose and manage pulpal disease in primary as well as immature and mature permanent teeth

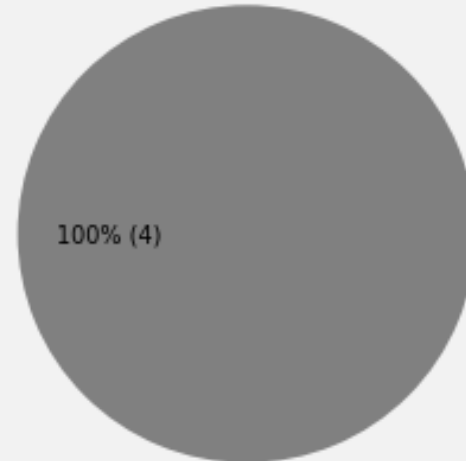


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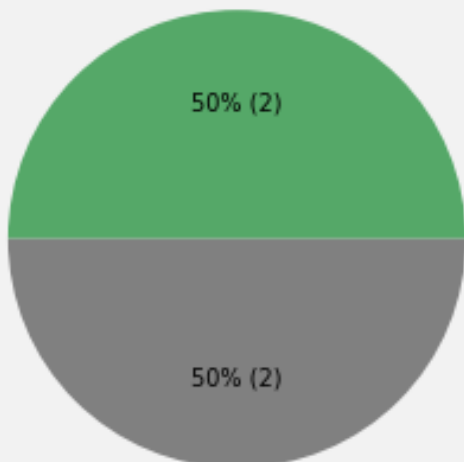
7.2 Recognize when specialist endodontic care is indicated and make appropriate referral



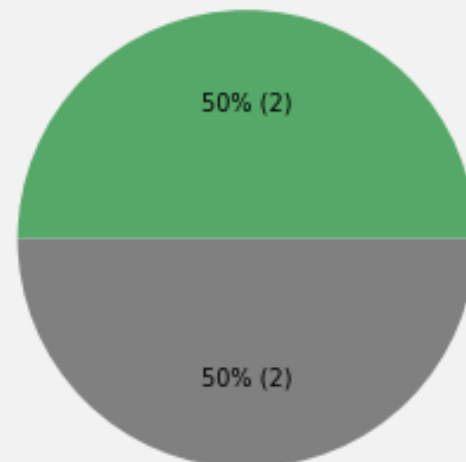
8.1 Diagnose and manage the common bacterial, fungal and viral oral diseases in infants, children and adolescents



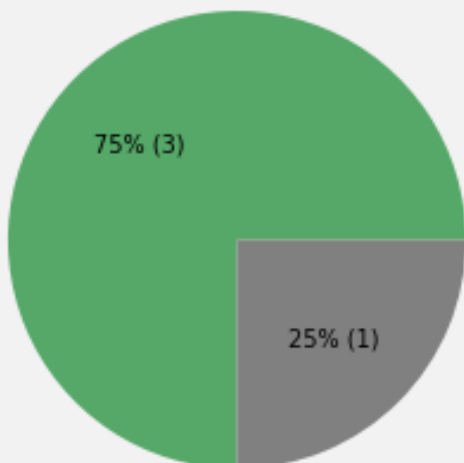
9.1 Participate in general anesthesia cases by completing: pre-operative workup and assessment, medical risk assessment, admitting procedures, and informed consent



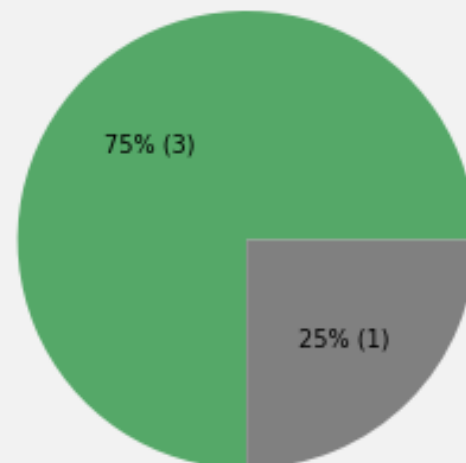
9.2 Perform intra-operative management including completion of the dental procedures, post-operative care, discharge, follow up, and completion of medical records



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

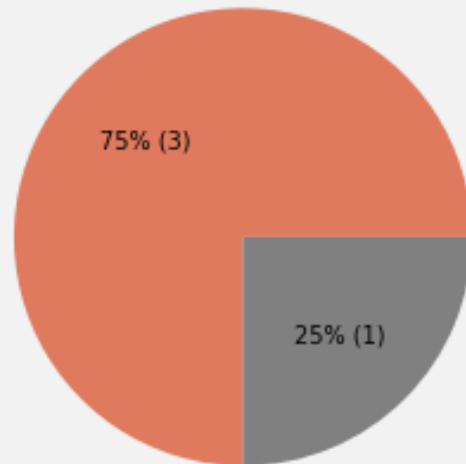


10.1 Recognize normal growth and development of the craniofacial complex and diagnose abnormalities in the developing dentition utilizing clinical examination and other diagnostic tests.

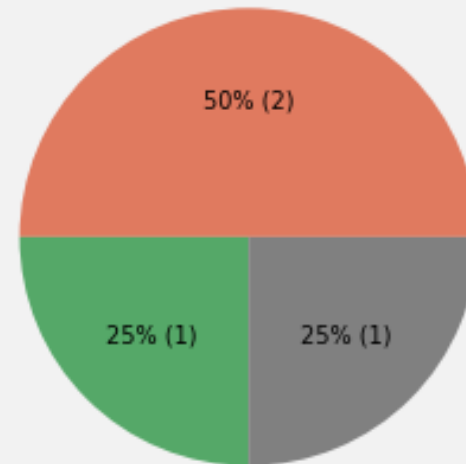


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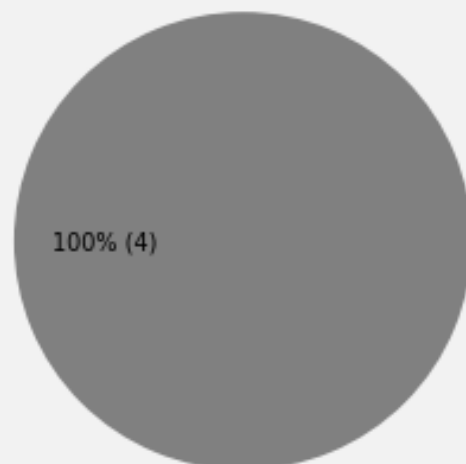
10.2 Recognize the indications, contraindications and fundamental treatment modalities used in guidance of eruption and space supervision of the developing dentition.



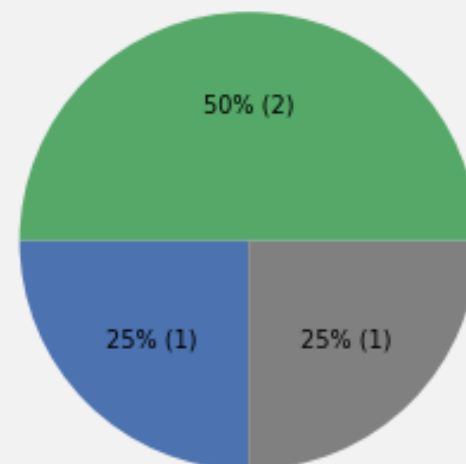
10.3 Recognize when consultation with and/or timely referral to orthodontic or other specialist care is indicated in order to achieve optimal outcomes in the developing occlusion



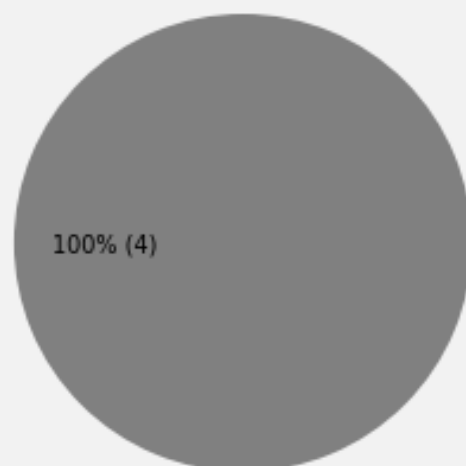
10.4 Perform interceptive removable and/or fixed orthodontic procedures in the primary, mixed, and early permanent dentition to establish a stable, functional and esthetic occlusion



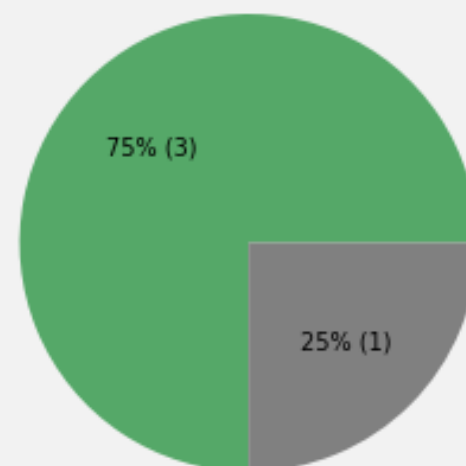
11.1 Perform extraction of uncomplicated primary and permanent teeth including fractured or residual root tips



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



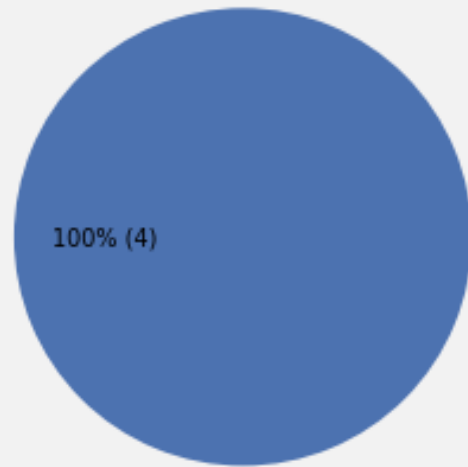
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- Completed independently (competent)
- No basis for evaluation

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

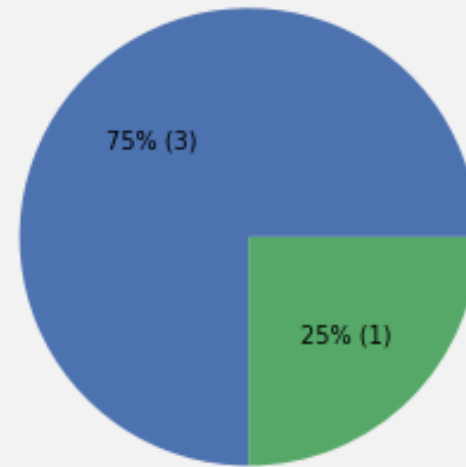
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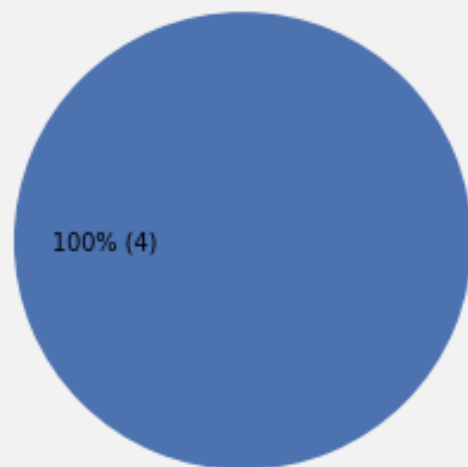
12.1 Appropriate professional attire and appearance



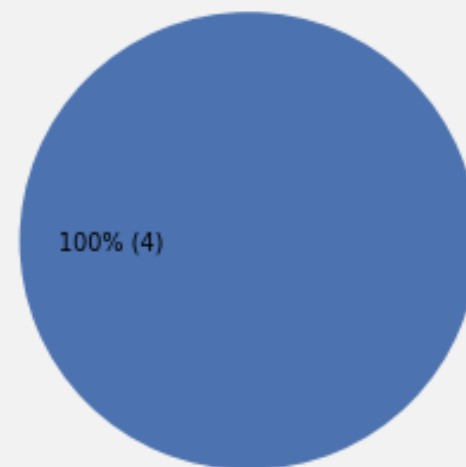
12.2 Punctual and prepared for clinic



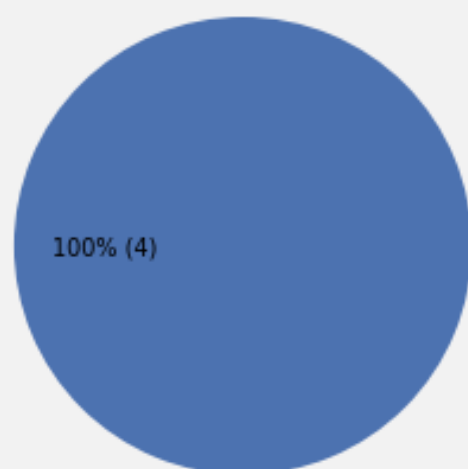
12.3 Speaks respectfully to parents and patients



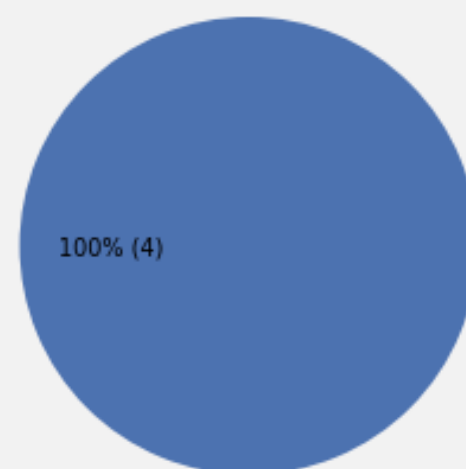
12.4 Self-evaluates clinical performance



12.5 Seeks appropriate faculty advice

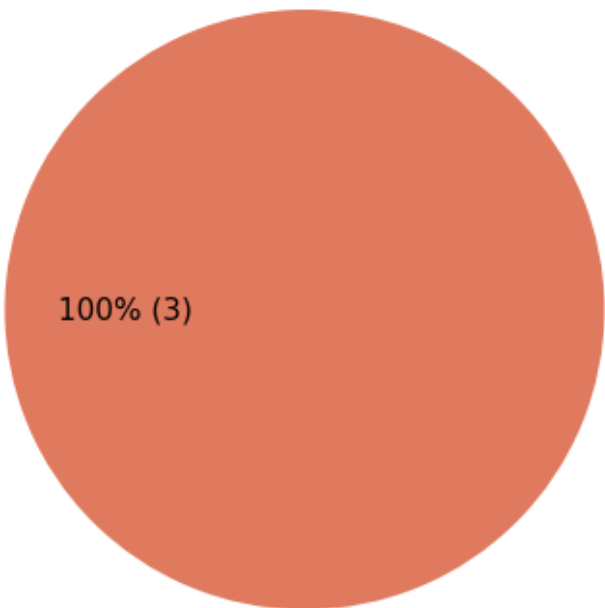


12.6 Alters behaviour based on faculty advice



Final Grades

At expected level of performance considering stage of training: H3 (65-69)



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

Staff	Comments
Dharini Ravindra	Rachelle is well prepared for her general anaesthetic sessions and eager to learn. She demonstrates excellent treatment planning skills already.
Wendy Cheney	During the first 2 months of clinical work, Dr. Welti has demonstrated a sound knowledge of evidence-based general dentistry. Her approach to patient care is warm and compassionate – this is greatly appreciated by patients and their families/caretakers. Her diagnosis and treatment planning is thoughtful and meticulous. Great start!
Wenny Kuo	Rachelle is very motivated and engaged in DSU with regards to treatment planning discussions

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
Dharini Ravindra	With more exposure to general anaesthetic sessions and the familiarity of the operating theatre - the administration aspects of this hospital (the huddle, writing notes, post-operative conversations with parents, discharge letters etc.) will become second nature and will allow Rachelle to hone her clinical dentistry skills.
Wenny Kuo	More consideration towards the overall long term plan for patient when treatment planning - e.g. there was a GA prep where a patient had missing permanent teeth but wasn't flagged in the prep to seek ortho opinion for long term management including potential extraction of worn down primary incisors