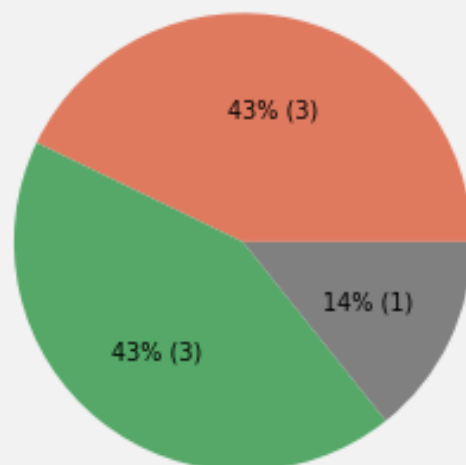


# Grace Wu

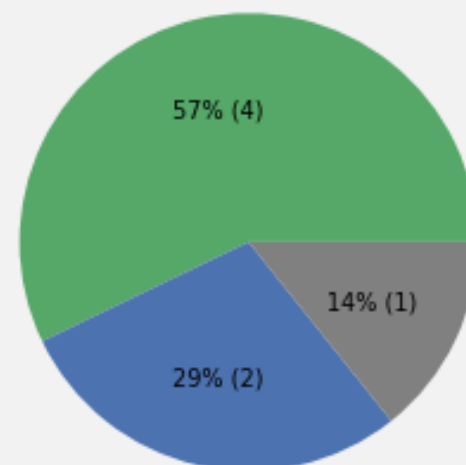
Number of forms: 7

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

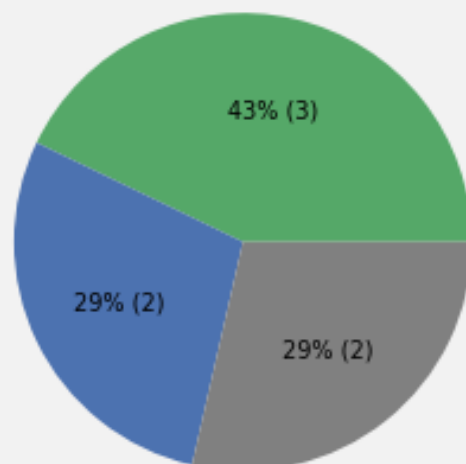
1.1 Obtain and interpret a prenatal, natal and neonatal history, medical history, dental history and social history and identify the chief complaint



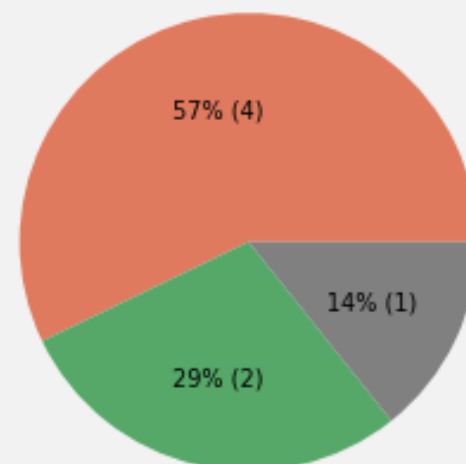
1.2 Conduct a thorough and accurate clinical examination



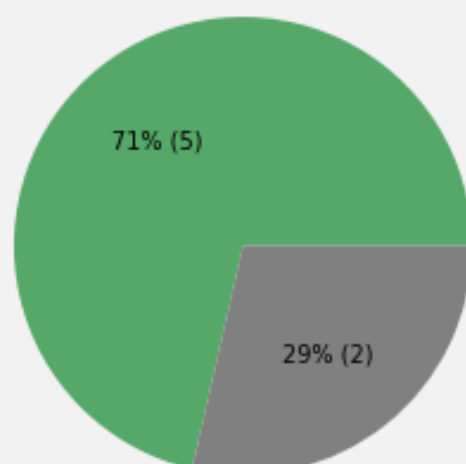
1.3 Determine the appropriate radiographic study and obtain diagnostic radiographs with minimal radiation exposure to patient and personnel



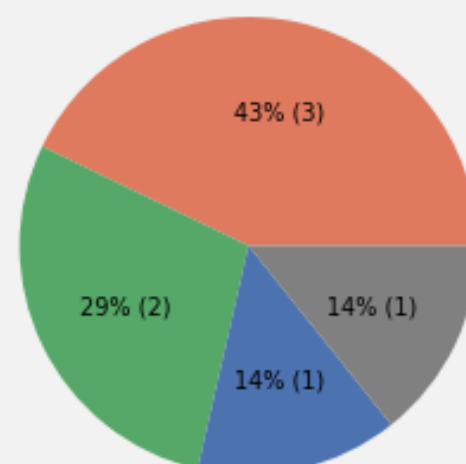
1.4 Interpret findings from history, clinical exam and diagnostic tests, and arrive at a diagnosis



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

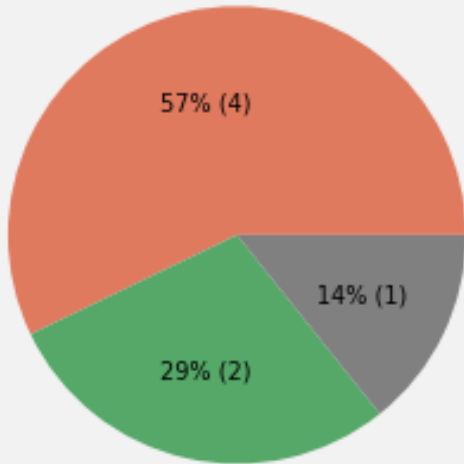


1.6 Recognize when consultation with other clinician(s) is indicated and provide a written referral(s) that includes appropriate diagnostic material

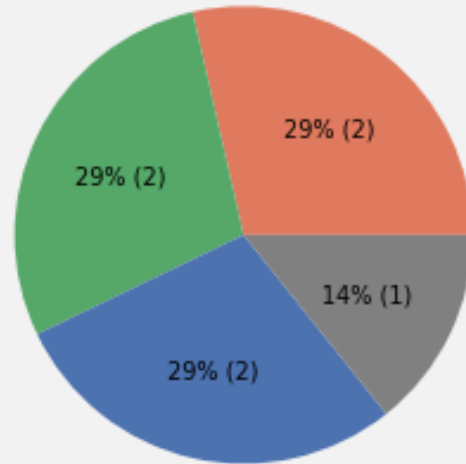


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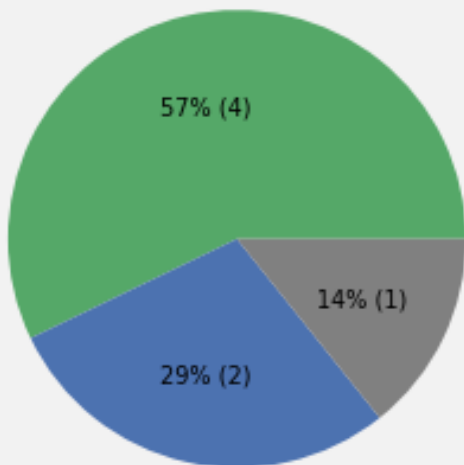
1.7 Recognize the significance of special health care needs in individual patients and formulate a treatment plan that utilizes the alternatives in the delivery of dental care that those conditions may require



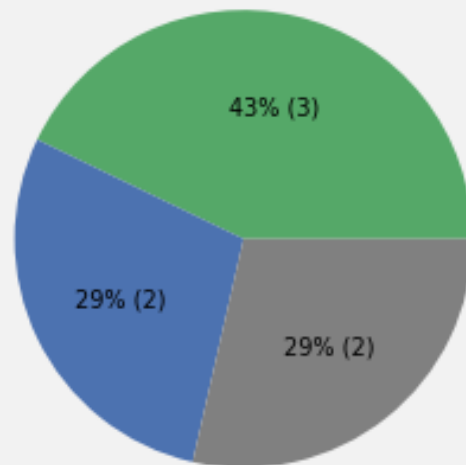
1.8 Explain and discuss the findings, diagnosis and treatment options with the patient, parent and /or guardian including an explanation of a treatment plan that has been modified due to medical or physical limitations, behavioral, financial, or other unexpected factors



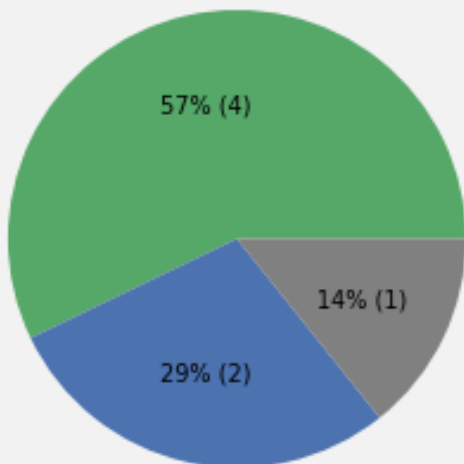
1.9 Discuss financial obligations and obtain informed consent from the legally responsible party



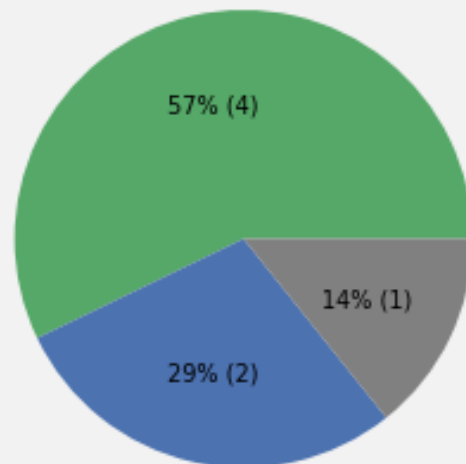
1.10 Establish and maintain accurate patient treatment records



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

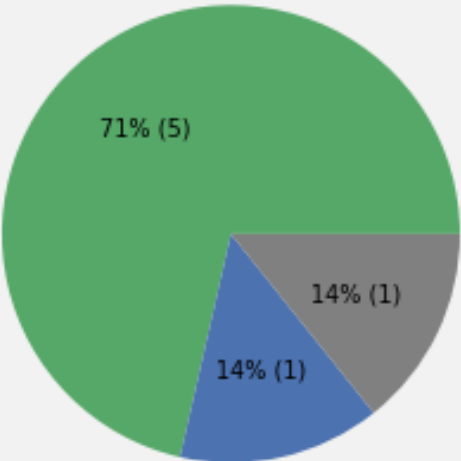


2.2 Implement individualized plans for health promotion and disease prevention by identifying factors that may impede behavioral change and compliance, and implement strategies to motivate patients, parents and caretakers to assume responsibility for their oral health

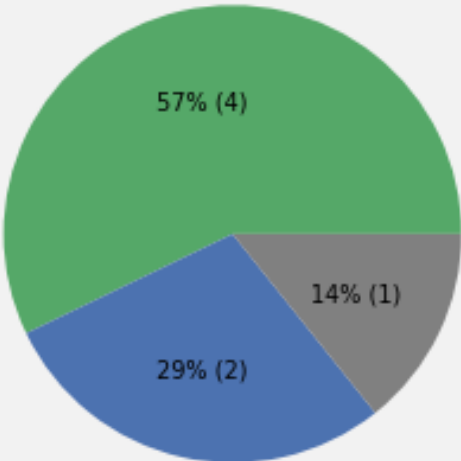


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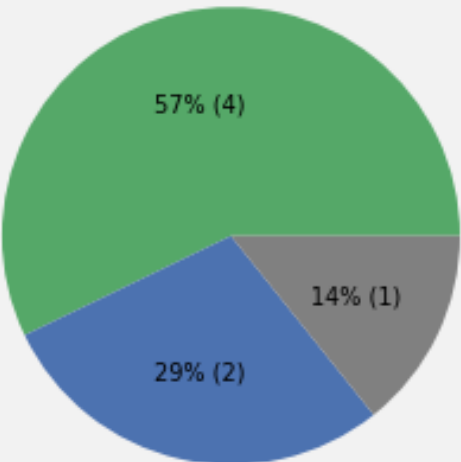
2.3 Evaluate the effectiveness of preventive programs and make adjustments when indicated



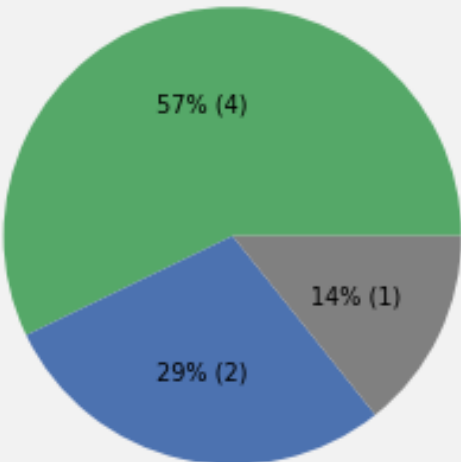
3.1 Perform a differential diagnosis of patient fear and anxiety and select the appropriate behavior guidance technique to alleviate pain and anxiety



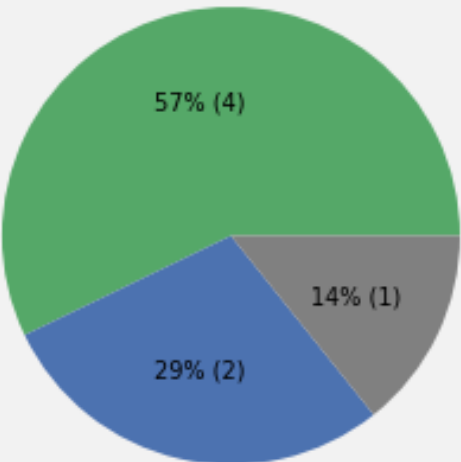
3.2 Describe to parents, in understandable terms, the various behavior guidance techniques and obtain informed consent



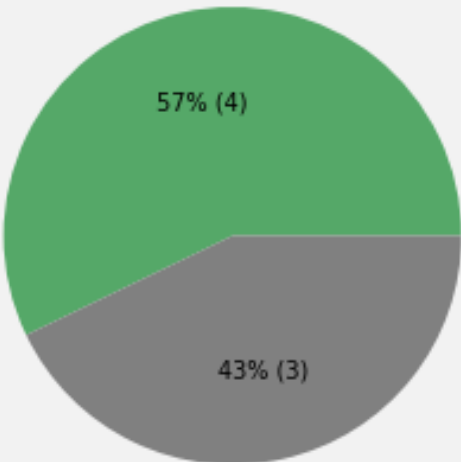
3.3 Apply age-appropriate and culturally sensitive non-pharmacologic behavior guidance techniques effectively in an out-patient setting



3.4 Utilize nitrous oxide inhalation appropriately and effectively

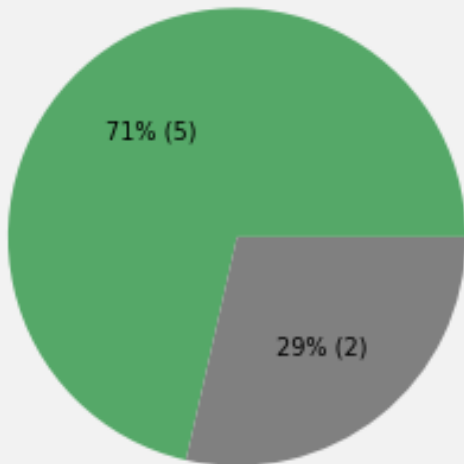


3.5 Perform pre-operative workup and assessment including medical risk assessment prior to sedation and general anesthesia

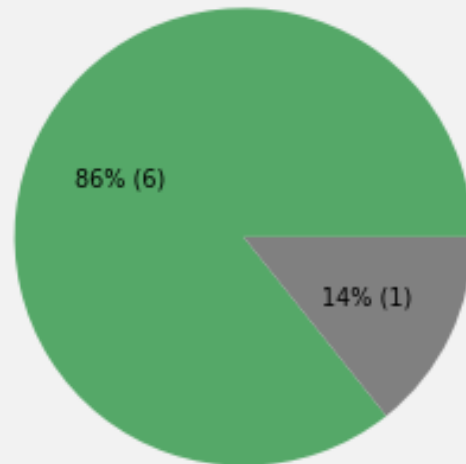


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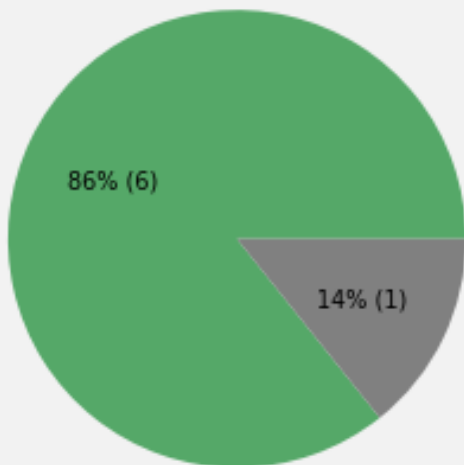
3.6 Continuously monitor and interpret physiologic data during sedation and prior to discharge



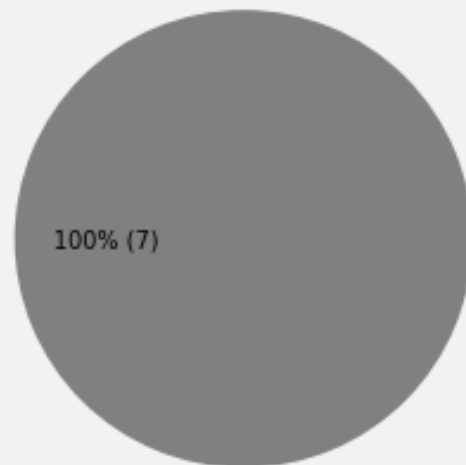
3.7 Prevent, recognize and manage complications related to drugs used for pain and anxiety control



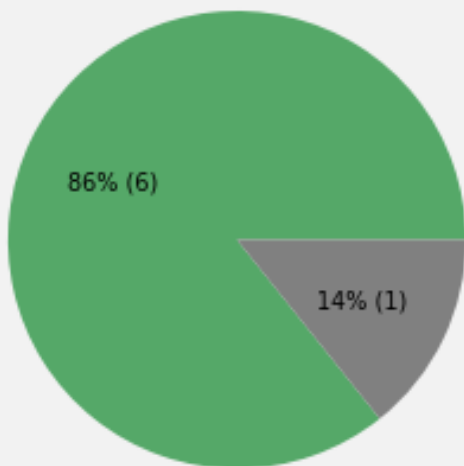
4.1 Diagnose and manage traumatic injuries of the oral and perioral structures including the soft tissues, alveolar bone, as well as the primary and permanent dentition



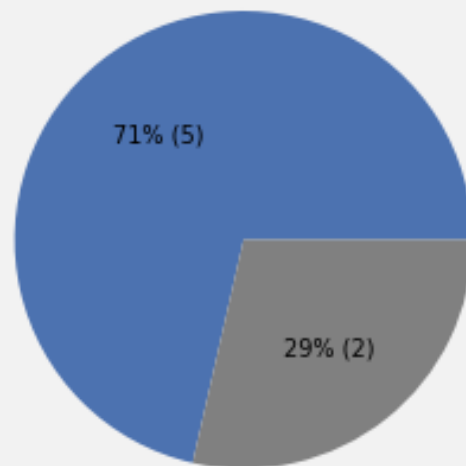
4.2 Assess and manage dental pain and infections while on emergency services



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

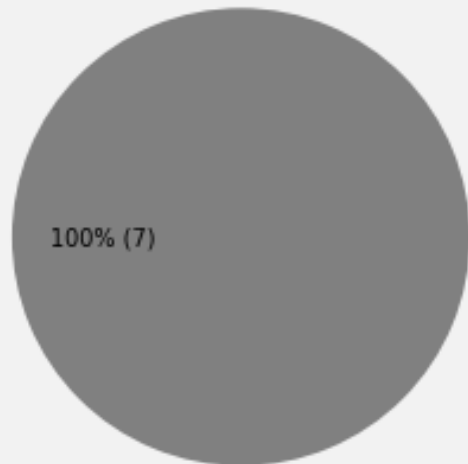


5.2 Perform supra and subgingival cleaning and debridement

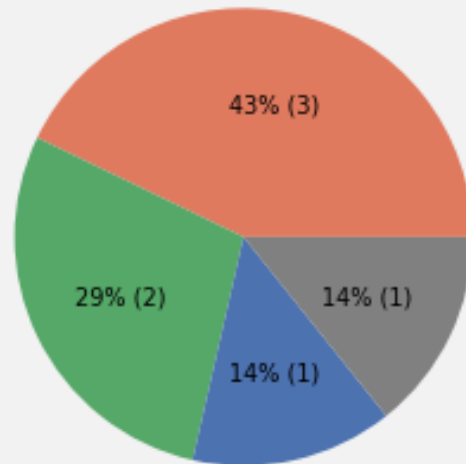


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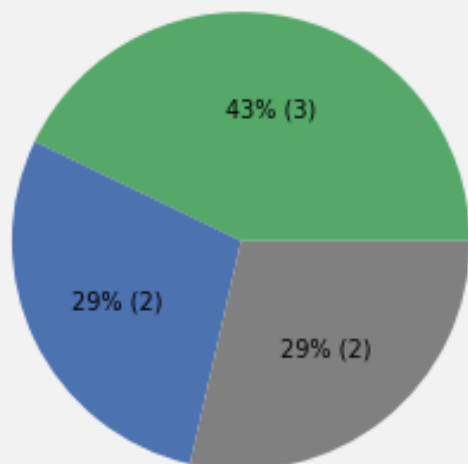
5.3 Recognize when specialist periodontal care is indicated and make an appropriate referral



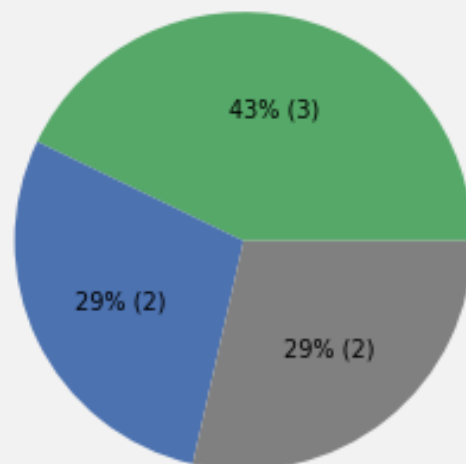
6.1 Understand the properties and indications for contemporary restorative and prosthetic techniques available for the restoration of primary, mixed and permanent dentition



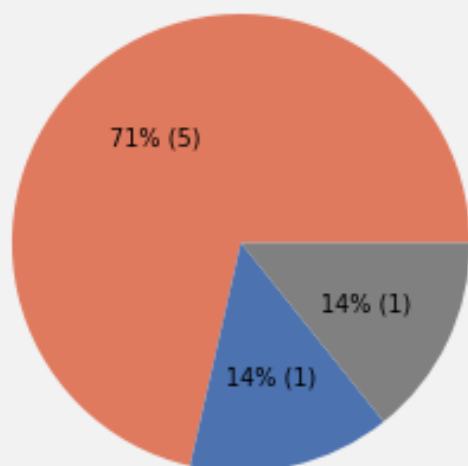
6.2 Administer local anesthesia safely and effectively, and appropriately manage local and general complications



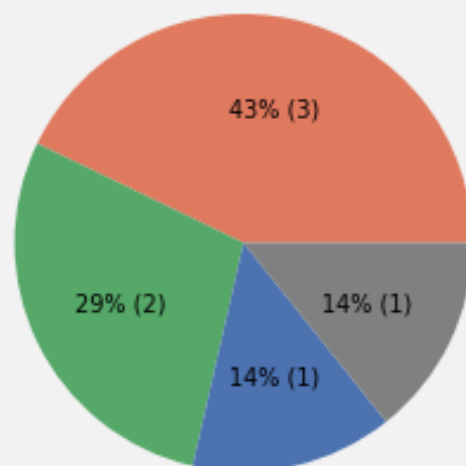
6.3 Utilize the various restorative and prosthetic techniques appropriately and effectively, and be able to analyze failures



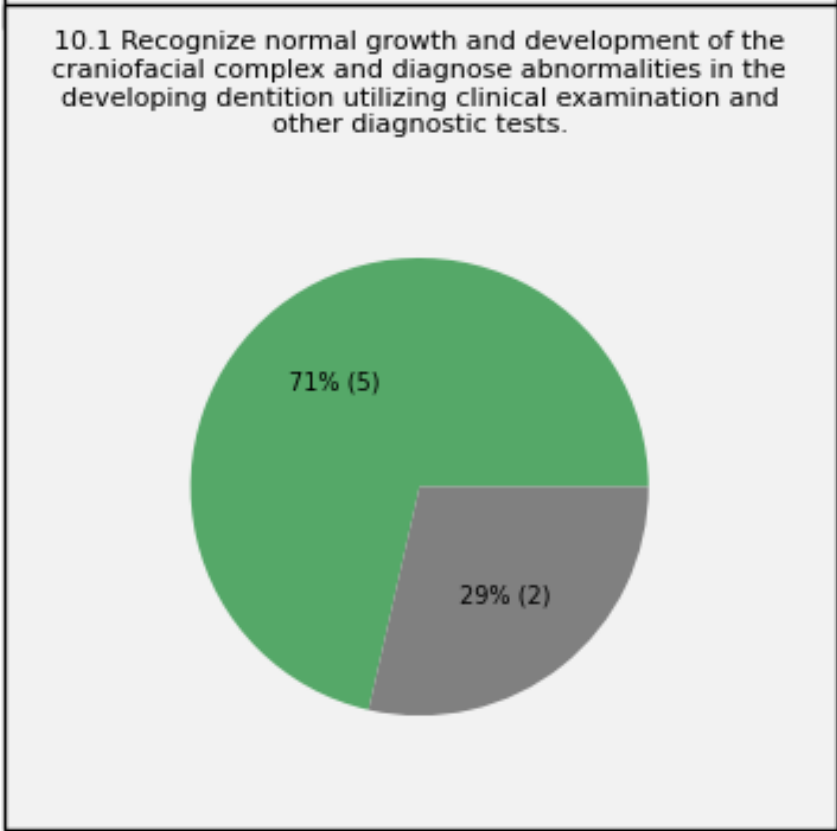
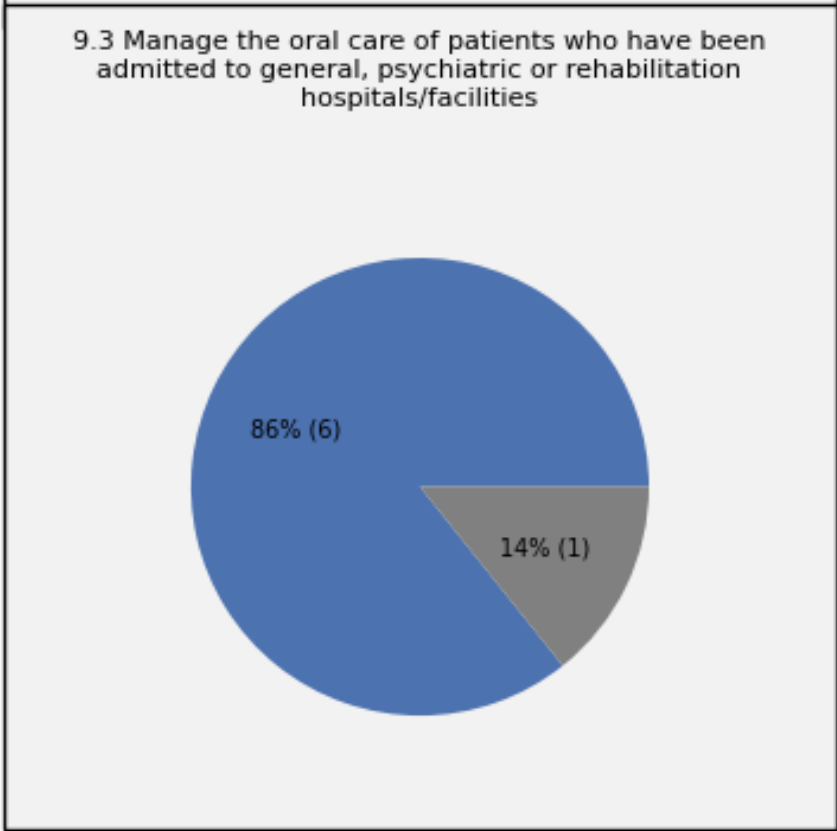
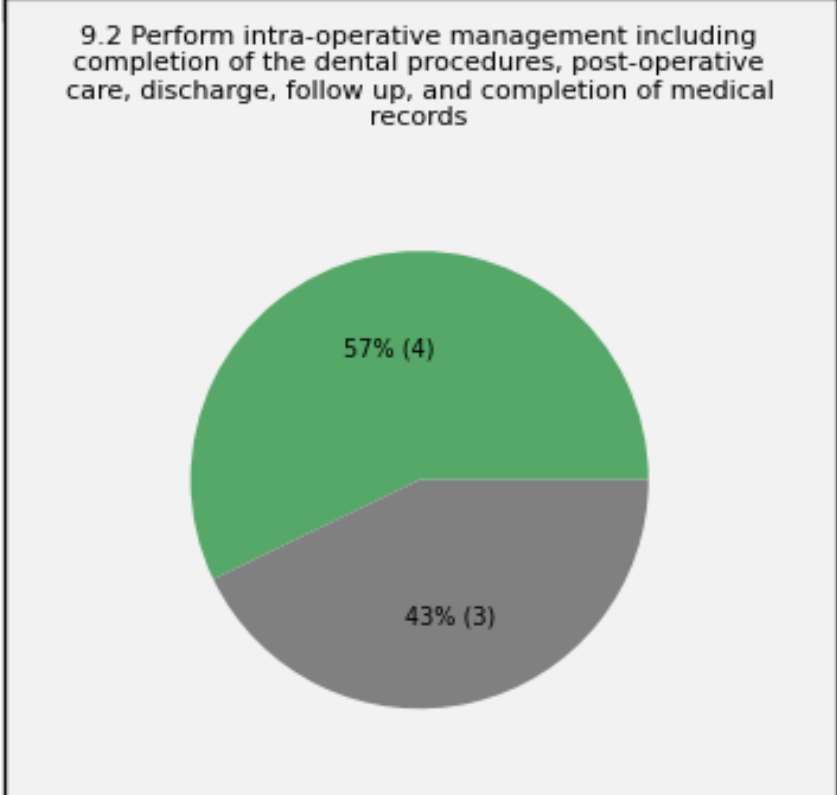
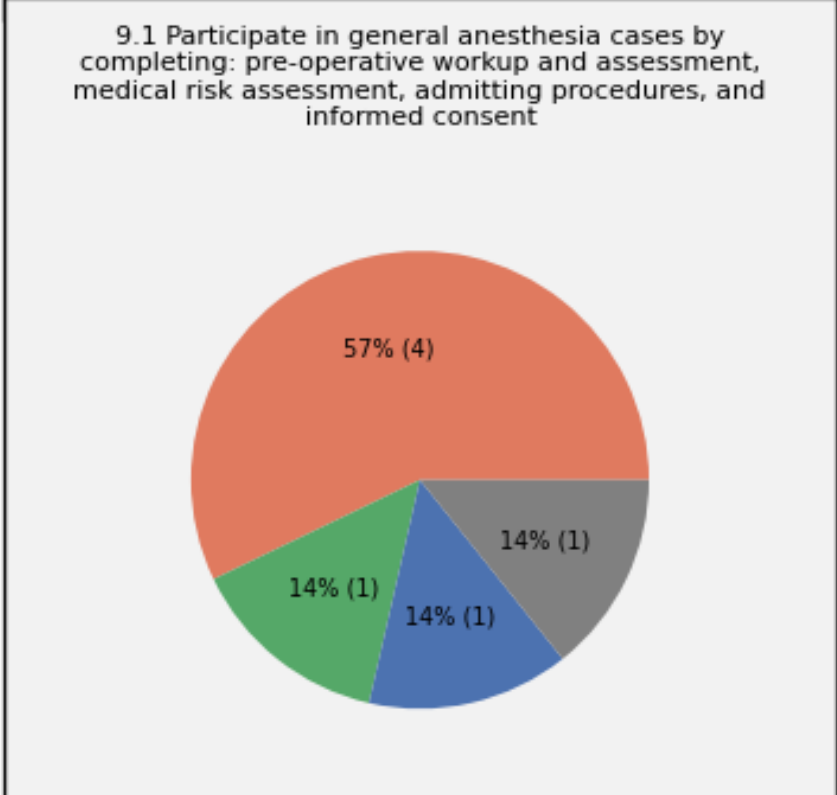
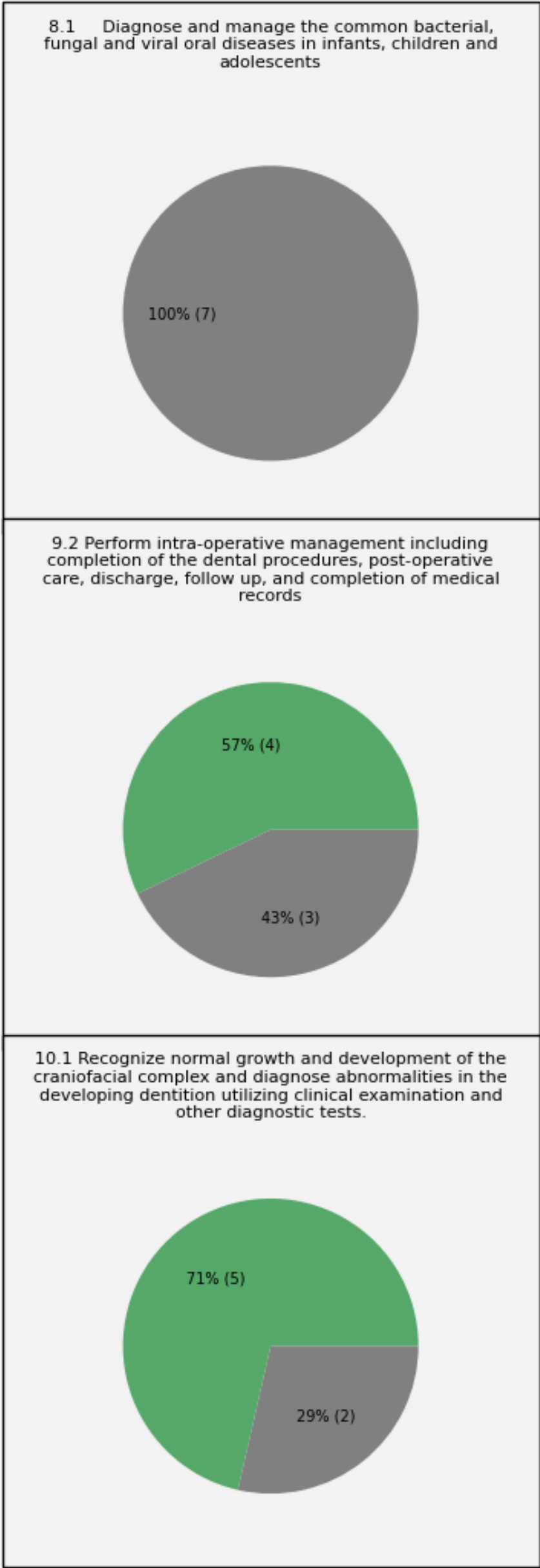
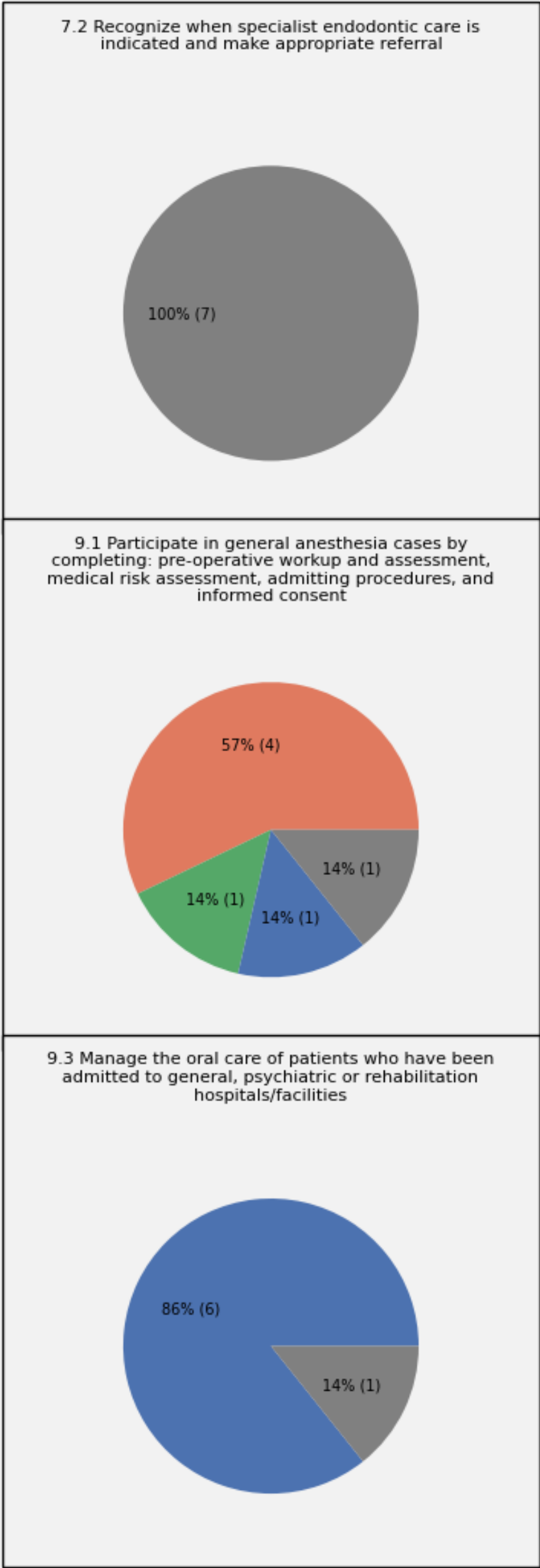
6.4 Lead multi-disciplinary teams in providing comprehensive care for healthy patients as well as those who are medically, physically, mentally or socially compromised



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

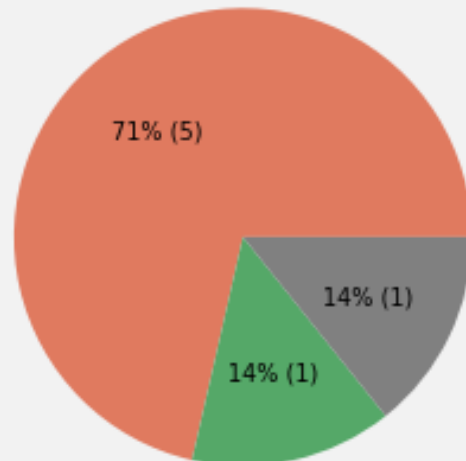


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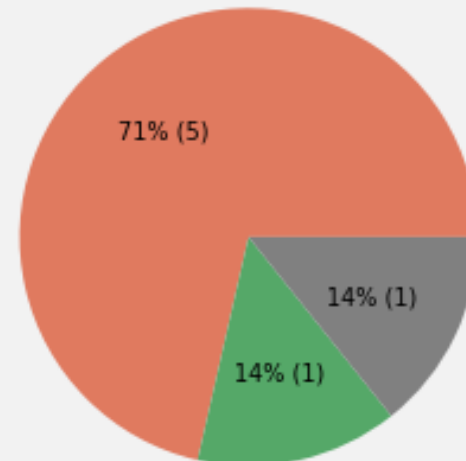


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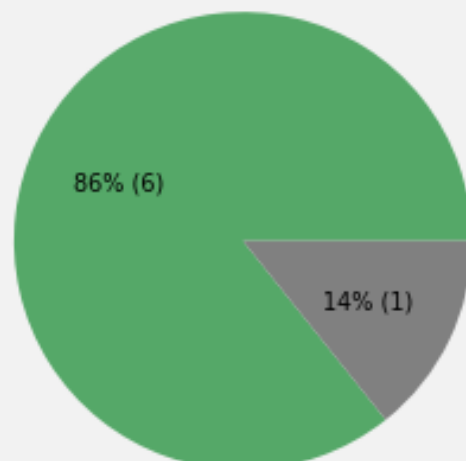
10.2 Recognize the indications, contraindications and fundamental treatment modalities used in guidance of eruption and space supervision of the developing dentition.



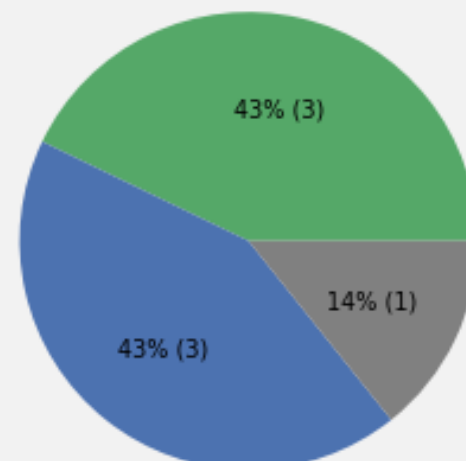
10.3 Recognize when consultation with and/or timely referral to orthodontic or other specialist care is indicated in order to achieve optimal outcomes in the developing occlusion



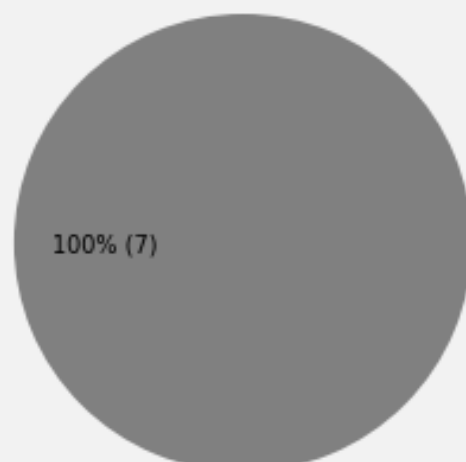
10.4 Perform interceptive removable and/or fixed orthodontic procedures in the primary, mixed, and early permanent dentition to establish a stable, functional and esthetic occlusion



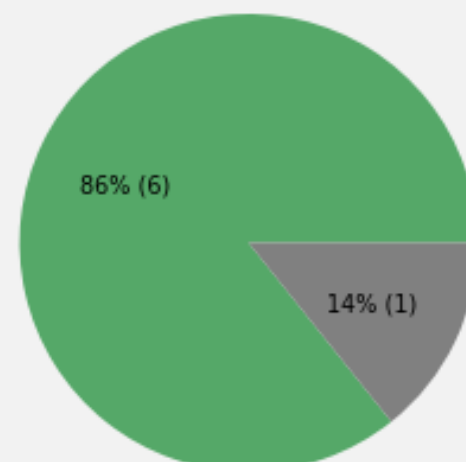
11.1 Perform extraction of uncomplicated primary and permanent teeth including fractured or residual root tips



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

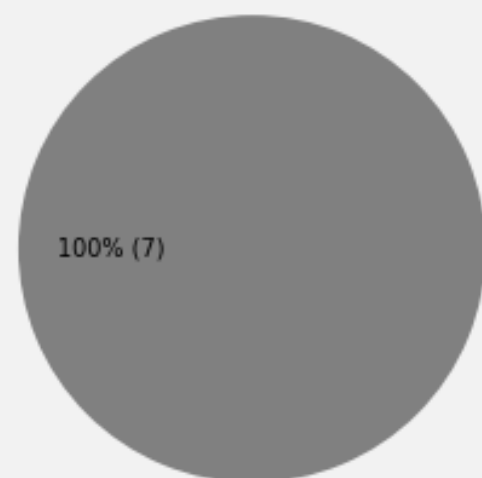


11.3 Recognize and manage common intra-operative and post-operative surgical complications



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



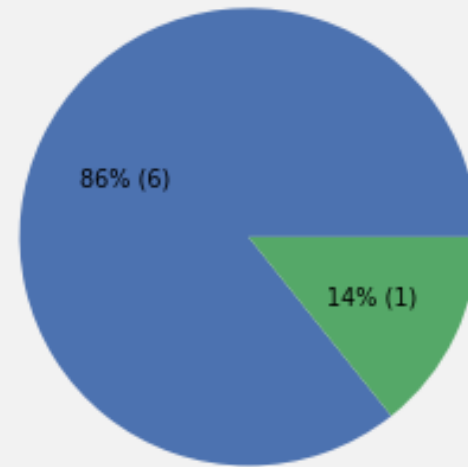




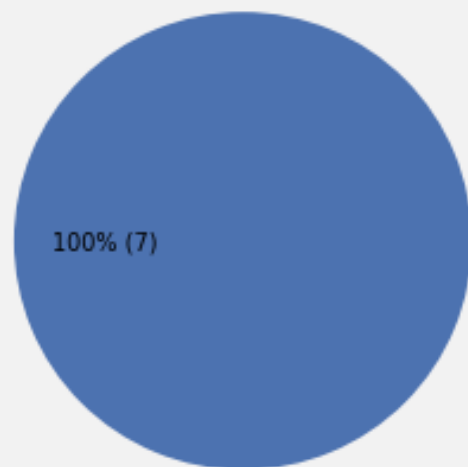
12.1 Appropriate professional attire and appearance



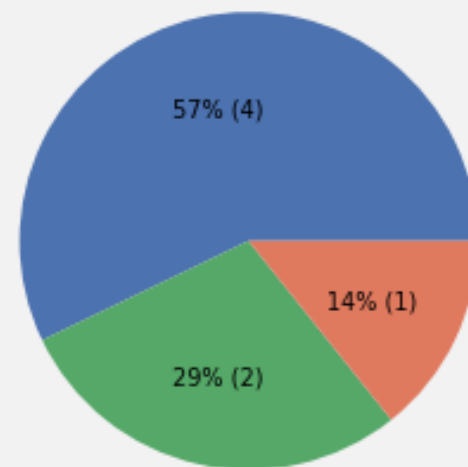
12.2 Punctual and prepared for clinic



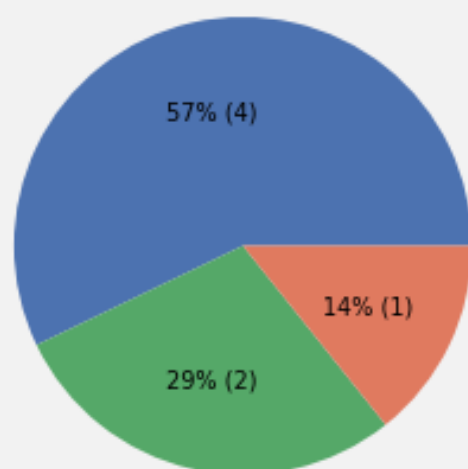
12.3 Speaks respectfully to parents and patients



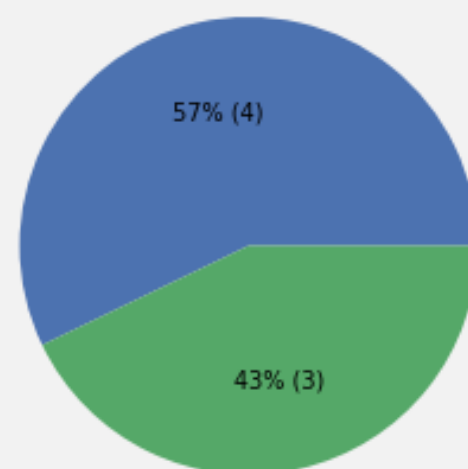
12.4 Self-evaluates clinical performance



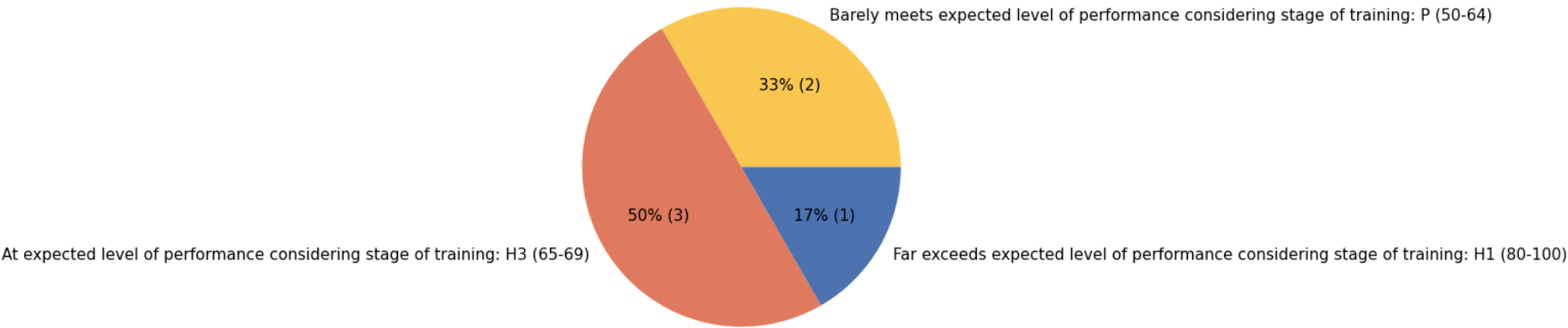
12.5 Seeks appropriate faculty advice



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	Grace's strenght lies in her resilience and openness to feedback. Clinically she is competent and now she has worked very hard in the last 4 months or so and made huge strides in filling the communication gaps that were identified last year. well done Grace.
Daniel Andreasen-Cocker	December 2024 - did well with 8 SSC, did well with first strip crowns
Loch Ramalingam	did well in clinic today presented patients well
Dharini Ravindra	Grace is very eager to learn and should be commended on voicing how she wants her feedback delivered and how it best benefits her learning.
Wenny Kuo	Grace is very receptive to feedback, however it is difficult to tell how the feedback is processed and applied to future scenarios
Wendy Cheney	Through hard-work and determination, Dr. Wu has made improvements in her clinical work. She now makes an effort to engage patients and families beyond the clinical problem at hand. Her case presentations are more problem-focussed rather than a reiteration of every finding, significant or not. The rationale for her treatment decisions are more evidence and patient-specific based.

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	Keep doing what youa re doing Grace and you will go well
Daniel Andreasen-Cocker	This is feedback from December 2024, I do not know if it is still relevant. Missing the detail needed in second and third year of the program. Made a plan based on the child's chronological age, not their dental age which was different by about 2 years. Need to ensure adequate radiograph assessment and interpretation and not skimming over radiographs, missed three roots on molar, did not notice enamel pearls, based assessment on the radiograph of the crown of primary molars when comparing 75 and 85, did not look at the root structure to see one had resorption to indicate different pulp diagnosis.
Loch Ramalingam	always remember to address chief complaints use the concise terminology to describe clinical cases
Dharini Ravindra	Grace has struggled with informed consent with families having general anaesthetic treatment and at time has required assistance with this. This skill will develop with time and using language appropriate to the parents level of health literacy.
Wenny Kuo	Grace needs to obtain more accurate pain history and consider patient's medical history in order to guide her treatment planning in GA - e.g. suitability of pulpotomy treatment in child with level 2 ASD We needed to discuss reading bitewing radiographs during GA session - needed to discuss reading caries depth (reading if there is a clear dentine band) and pulpal involvement
Wendy Cheney	Although Dr. Wu has made improvements in her clinical performance, there are still occasions where she struggles to synthesize complex history and clinical findings and from there, formulate appropriate treatment plans.