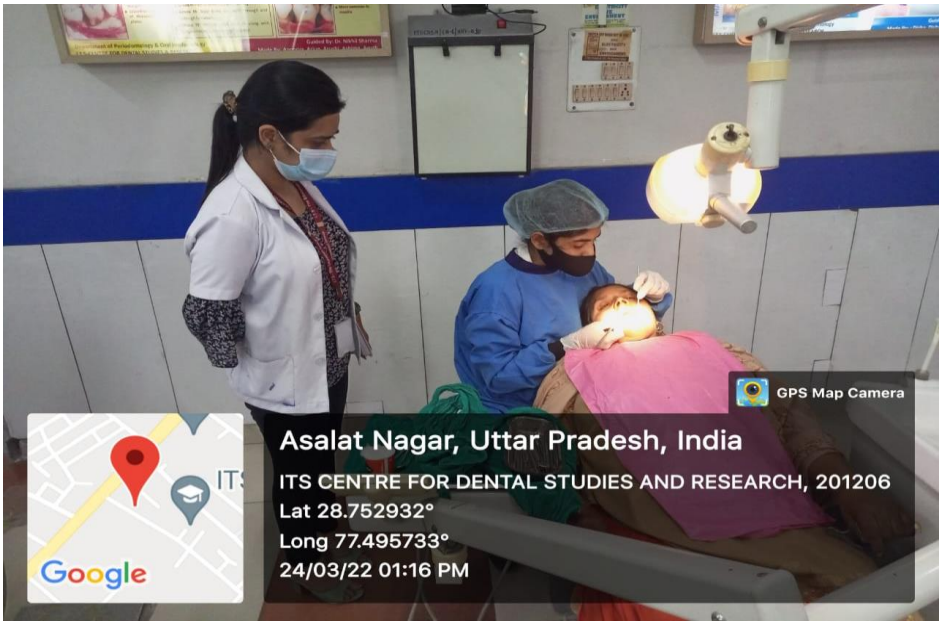
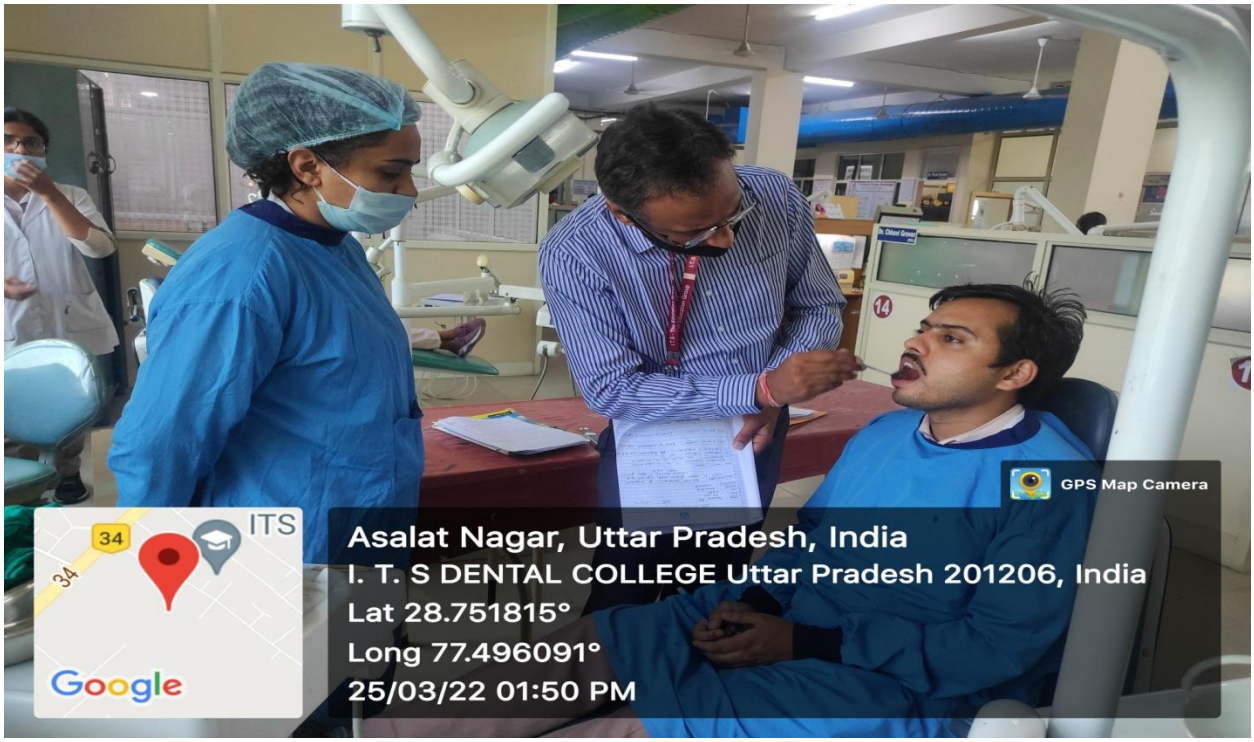
DEPARTMENT OF PERIODONTICS

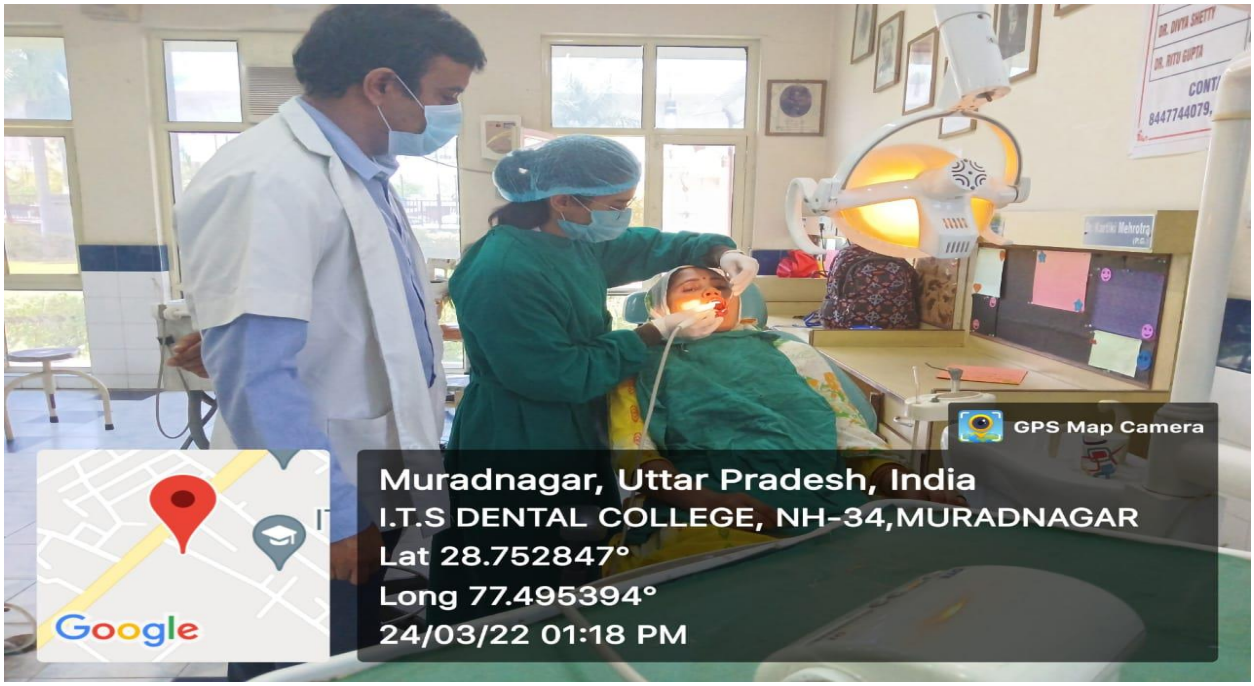


DEPARTMENT OF PROSTHODONTICS

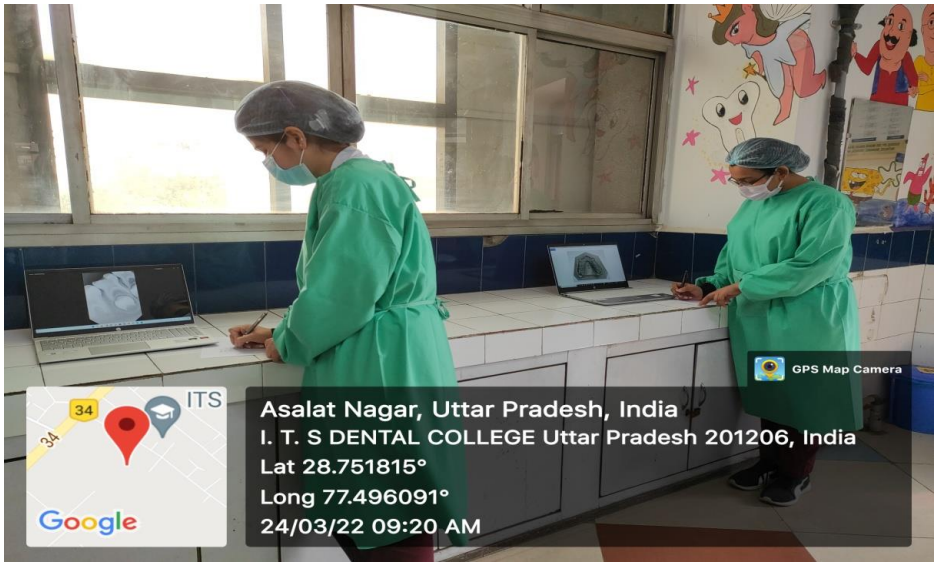
DEPARTMENT OF ORTHODONTICS and DENTOFACIAL ORTHOPAEDICS



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

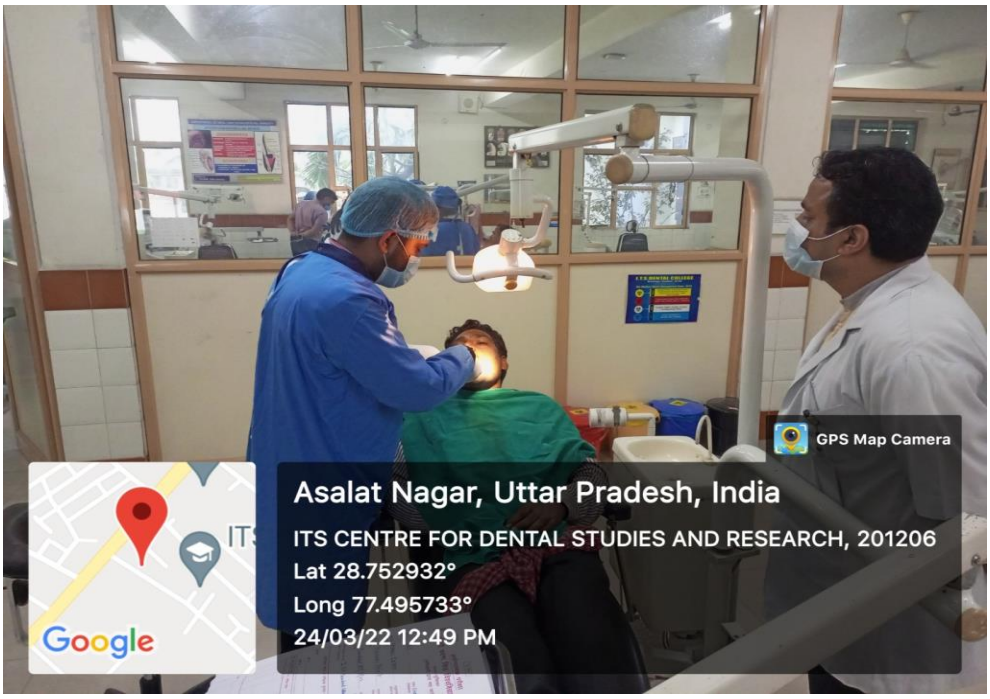


DEPARTMENT OF PAEDIATRIC AND PREVENTIVE DENTISTRY

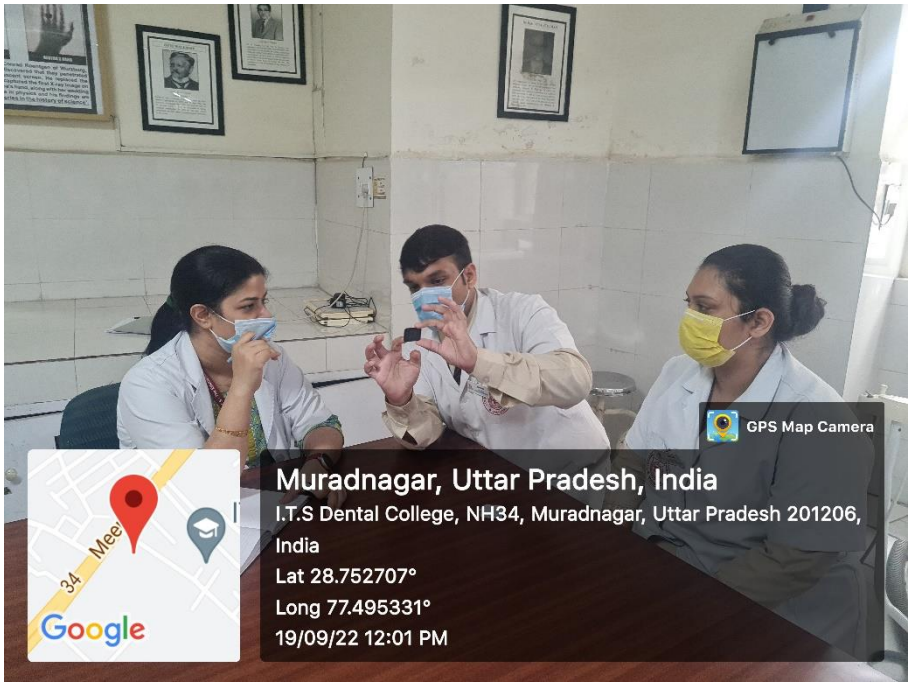


DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY



DEPARTMENT OF PAEDIATRIC AND PREVENTIVE DENTISTRY

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Communication with the patients	
2	Instrument Handling & Chair-side Behaviour (Sterilization/Disinfection, Instrument Organization Patient Behaviour Management, Overall Cleanliness)	
3	Knowledge of application and usage of Instruments	
4	Quality of Procedure/ Treatment	
5	Post-Operative Instructions and patient motivation for further treatment option	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B
<5 : C

DEPARTMENT OF ORAL and MAXILLOFACIAL SURGERY

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Communication with the patients	
2	Instrument Handling & Chair-side Behaviour (Sterilization/Disinfection, Instrument Organization Patient Behaviour Management, Overall Cleanliness)	
3	Knowledge of application and usage of Instruments	
4	Quality of Procedure/ Treatment	
5	Post-Operative Instructions and patient motivation for further treatment option	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B
<5 : C

DEPARTMENT OF ORAL MEDICINE and RADIOLOGY

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Communication with the patients/ Patient positioning	
2	Comprehensiveness of History Taking / Acquisition technique	
3	Detailed Case Analysis/ Image processing	
4	Diagnosis/ Radiographic interpretation	
5	Treatment Planning / Clinico-radiographic diagnosis	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B
<5 : C

DEPARTMENT OF ORTHODONTICS and DENTOFACIAL ORTHOPAEDICS

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Instrument Handling	
2	Working Posture	
3	Cleanliness of the working area	
4	Accuracy and Neatness of Bends	
5	Overall quality of exercise	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B
<5 : C

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Communication with the patients	
2	Instrument Handling & Chair-side Behaviour (Sterilization/Disinfection, Instrument Organization Patient Indices Recording, Overall Cleanliness)	
3	Knowledge of application and usage of Instruments	
4	Quality of Procedure/ Treatment	
5	Post-Operative Instructions and patient motivation for further treatment option	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B
<5 : C

DEPARTMENT OF PERIODONTICS

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Communication with the patients	
2	Instrument Handling & Chair-side Behaviour (Sterilization/Disinfection, Instrument Organization Patient Behaviour Management, Overall Cleanliness)	
3	Knowledge of application and usage of Instruments	
4	Quality of Procedure/ Treatment	
5	Post-Operative Instructions and patient motivation for further treatment option	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B
<5 : C

DEPARTMENT OF PROSTHODONTICS

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Communication with the patients	
2	Instrument Handling & Chair-side Behaviour (Sterilization/Disinfection, Instrument Organization Patient Behaviour Management, Overall Cleanliness)	
3	Knowledge of application and usage of Instruments	
4	Quality of Procedure/ Treatment	
5	Post-Operative Instructions and patient motivation for further treatment option	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B

DEPARTMENT OF CONSERVATIVE DENTISTRY and ENDODONTICS

CRITERIA FOR CLINICAL COMPETENCY

DEPARTMENT----------Roll No.-------

Name of UG:----------Batch----------Date----------

Procedure:----------

S. No	Criteria for Observation during Clinical Procedure	Grading (0-5)
1	Communication with the patients	
2	Instrument Handling & Chair-side Behaviour (Sterilization/Disinfection, Instrument Organization Patient Behaviour Management, Overall Cleanliness)	
3	Knowledge of application and usage of Instruments	
4	Quality of Procedure/ Treatment	
5	Post-Operative Instructions and patient motivation for further treatment option	
Total Score		

Criteria for Grading * Poor- Below Average- Average- Good- Very Good-

Name of Faculty: Dr. Sign of Faculty:

20-25: A+
15-20: A
10-15: B+
5-10 : B