

Emergency Care (Adult) Competency Exam

PCC 149 CD

Course #, Course Name		Examiner Name		Exam 1 Date	Exam 2 Date
PCC 149CD Comprehensive Adult General Dentistry II					
Student Name	Student ID	Examiner Signature		Start Time	Start Time
Patient EHR # (if applicable)		Final Score	Factors 1-4	Factors A-E	End Time
		Total:			
Exam Name		Passing Score:	≥28	≥18	This is an individual, high stakes exam.
Emergency Care (Adult) CE		Total Possible:	40	25	

Examiner name, exam date/start time, student name/ID, patient EHR# above must be completed before the exam can begin.

<p>CODA Competency</p> <p>2-10, Critical Thinking and Problem-Solving; 2-17, Treating Diverse Patients; 2-24a, Patient Assess, Tx Planning & Prognosis; 2-24e, Local Anesthesia; 2-24m, Dental Emergencies</p>	<p>SOD Competency</p> <p>1-Ethical & professional behavior; 2- Applies course-based knowledge. 3- Critical thinking and problem-solving; 4- Assessment, diagnosis, treatment planning; 5- Delivers safe and effective care to a diverse patient pool; 10- Communicates respectfully and effectively with patients, staff, faculty & peers; 11- Safe and effective procedural skills</p>
<p>Exam Instructions</p> <ul style="list-style-type: none"> <input type="checkbox"/> You must have passed the overview quiz for this assessment BEFORE you start this assessment. <input type="checkbox"/> Exam must be completed by 11:30am (if started in the morning session), 4:00pm (if exam started in the first afternoon session), or 5:00pm (if exam started in the second afternoon session). <ul style="list-style-type: none"> o One (1) more clinic session may be used if a dental lab is involved or COVID testing is needed. However, this exam must be completed with or coordinated by the same examiner listed above. o If COVID testing is needed, Factors 1-3 must be graded by the times listed above. <input type="checkbox"/> May be attempted your own patient or a walk-in patient who presents for ER. <input type="checkbox"/> Student must identify intention of taking CE <u>prior</u> to presenting patient to examiner. <input type="checkbox"/> Student must complete workup, assessment, and treatment themselves. If work up and/or diagnosis was done by another student, and/or the patient presents just for completing treatment, situation does NOT qualify for this CE. <input type="checkbox"/> Re-cementing a dislodged provisional or other indirect restoration, fabricating a new provisional restoration for active treatment in UCSF Predoctoral Clinic, or simply adjusting a removable prosthesis does NOT qualify for this CE. Referrals to other clinics also do NOT qualify for this CE. <input type="checkbox"/> If treatment is supervised by a specialist, the specialist must be informed PRIOR to the consultation that this is a CE. The specialist will consult with the primary examiner to grade Factors 3 and 4. <input type="checkbox"/> If a factor cannot be properly assessed because an assessment opportunity was missed, it is considered to be a critical error. Furthermore, if the factor cannot be properly assessed because the integrity of the assessment comes into question, then the assessment may be disqualified. <input type="checkbox"/> This exam has two (2) parts: technical (factors 1-4) and qualitative (factors A-E). You must pass each part to pass this exam. 	<p>Learning Objectives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtains chief complaint, history of present illness, medical, dental, and social history for patients seeking general dental care. <input type="checkbox"/> Assess the medical and psychosocial status of a patient, asking appropriate follow-up questions, in order to determine if any modifications are necessary to dental care or preventive oral home care, including a referral to a more advanced provider. <input type="checkbox"/> Determine need for, order, and interpret appropriate radiographs and apply radiological interventions safely and effectively. <input type="checkbox"/> Present patients to faculty in a systematic, organized fashion and complete chart notes for each encounter, including all necessary information. <input type="checkbox"/> Demonstrate critical thinking and clinical reasoning by formulating evidence-based, patient-centered treatment plans based on diagnoses, risk profiles, and patient's goals. <input type="checkbox"/> Discuss indications, risks, benefits, and alternatives of treatment options and obtain informed consent. <input type="checkbox"/> Provide an appropriate level of pain and anxiety control, including safe and effective administration of local anesthetics and nitrous oxide-oxygen sedation. <input type="checkbox"/> Prescribe appropriate pre-operative and postoperative analgesic and anti-microbial drugs when indicated, according to evidence-based guidelines.
<p>Outcome if Fail</p> <p>The exam is a 'No Pass' if the score is < 70%, or if there are any critical errors, or if the exam is not completed within the allotted time. The student is encouraged to seek guidance from the faculty examiner and/or course director for re-learning, and then must attempt the exam again, when deemed ready, on another patient as advised by the faculty examiner and their group practice leader.</p>	

FACTOR 1: HISTORY & DIFFERENTIAL DIAGNOSIS			
10 – Optimal	7	3	0 – Critical errors
<p>Optimal history taking and differential diagnosis</p> <ul style="list-style-type: none"> • Patient’s Name, Age, Preferred gender • Patient of Record or new Patient? • Chief Complaint (CC) • History of Present Illness (HPI): Location, Onset, Provocation/Palliation/ Progression, Quality, Radiation, Severity, Timing- Frequency & duration, Dental history related to CC • Differential diagnosis offered based on HPI (before clinical exam)- CRITICAL THINKING • Vitals, MedHx, SurgHx, Meds, Allergies reviewed • DentalHx, SocialHx and health related behaviors reviewed • Modifications to care based on medical, dental, social history 	<p>Slight or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Incomplete recording of CC, MedHx, DentalHx, SocialHx, and/or HPI • Provides only one (1) differential diagnosis 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Grossly inaccurate recording of CC, MedHx, DentalHx, SocialHx, and/or HPI • Must be prompted to gather additional information from the patient 	<ul style="list-style-type: none"> • Case not presented in standardized format • Errors in assessing patient’s medical/dental hx that affect tx or patient well-being. • No working differential diagnosis given, or given working differential diagnosis does not have a sound basis from the provided information
<p>Score Awarded:</p>	<p>Comments: <i>points taken off for reasons not specified above must be written down</i></p>		
FACTOR 2: CLINICAL & RADIOGRAPHIC FINDINGS			
10 – Optimal	7	3	0 – Critical errors
<p>Accurately identifies all relevant clinical and radiographic findings related to chief complaint.</p> <p>Clinical</p> <ul style="list-style-type: none"> • <i>Extraoral Exam:</i> Symmetry/swelling, TMJ, ROM, LAD • <i>Intraoral Exam:</i> Focused exam with findings appropriate to complaint, including periodontal and endodontic findings when appropriate. <p>Radiographic</p> <p>Images taken are of diagnostic quality and interpreted accurately.</p> <ul style="list-style-type: none"> • <i>Teeth:</i> Caries (& extent), Resorption, Malformations. • <i>Bone:</i> Periapical & bony pathology, furcation involvements, height of alveolar crest. 	<p>Slight or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Misses one (1) or two (2) clinical or radiographic findings related to chief complaint • Uses radiograph(s) to diagnose that are recent (as of last exam), but do not represent current state 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Misses three (3) clinical or radiographic findings related to chief complaint • Interprets radiograph(s) that do not capture areas of interest • Must be prompted to gather additional necessary information • Proposes or completes a test with weak or no rationale • Unable to perform assessment test (e.g., cold testing) properly • Needs multiple attempts to capture areas of interest radiographically 	<ul style="list-style-type: none"> • Misses four (4) or more clinical and/or radiographic findings related to chief complaint • Rationale to take new radiographs or use existing radiographs is weak and/or unfounded
<p>Score Awarded:</p>	<p>Comments: <i>points taken off for reasons not specified above must be written down</i></p>		

FACTOR 3: WORKING DIAGNOSIS & TREATMENT OPTIONS					
10 – Optimal		7	3	0 – Critical errors	
<p>Correctly refines differential diagnosis based on clinical and radiographic findings to a working diagnosis- CRITICAL THINKING</p> <p>MUST BE REVIEWED WITH ROW FACULTY PRIOR TO REQUESTING SPECIALTY CONSULTS</p> <ul style="list-style-type: none"> Correctly identifies treatment options, including no treatment. Reviews RBACT of immediate treatment options with patient and obtains verbal informed consent. 		<p>Slight or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> Makes a working/definitive diagnosis when other reasonable possibilities remain based on findings Misses some viable treatment options Presents treatment options that mostly takes patient circumstances into account during presentation 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> Working/Definitive Diagnosis is weakly supported by the findings Asks for consults with weak rationale Treatment options remotely address diagnosis Fails to account for prognosis in treatment recommendations 	<ul style="list-style-type: none"> Incorrect working/differential diagnosis Treatment suggested is overly aggressive, does not address differentiation diagnosis, or completely ignores patient circumstances Patient safety is at risk. Receives consult with specialist without checking in with examining faculty 	
Score Awarded:		Comments: <i>points taken off for reasons not specified above must be written down</i>			
FACTOR 4: TREATMENT					
10 – Optimal		7	3	0 – Critical errors	
<ul style="list-style-type: none"> Local anesthesia requested is appropriate. Appropriate anesthesia achieved independently, if anesthesia is needed Performance of treatment completed independently in a safe, effective manner and to the standard of care. Analgesic or antibiotic plan appropriate and justified; if prescribing, Rx is completed correctly and independently. Appropriate post-operative instructions are reviewed with patient for given procedure. 		<p>Slight or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> Treatment is completed, but leaves patient at slight risk for future problems Rx for analgesic(s) or antibiotics(s) is correct, but needs guidance on how to prescribe them in the electronic health record Post-operative instructions are incomplete 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> Treatment is completed, but leaves patient at urgent risk for future problems Unable to triage issues related to failed anesthesia delivery for the patient Needed guidance from faculty to execute minor steps of treatment Rx for analgesic(s) or antibiotics(s) is grossly incorrect 	<ul style="list-style-type: none"> Treatment is completed, but patient is at immediate risk for future problems Required intervention by faculty to complete a major step of treatment Patient comfort/ communication poorly managed 	
Score Awarded:		Comments: <i>points taken off for reasons not specified above must be written down</i>			
Factor 1	Factor 2	Factor 3	Factor 4	TOTAL SCORE	
___/10	___/10	___/10	___/10	___/40	

FACTOR A: CRITICAL THINKING							
5	4	3	2	1	0	Score	Comments
Identifies clinical problem; critically interprets available evidence and understands nuance; coherently analyzes and defends clinical choices; synthesizes clinical findings with evidence to provide a persuasive argument for the best option(s); has insight into his/her own reasoning and decision-making.	Identifies clinical problem; gathers and critiques valid evidence; makes inferences about how evidence will relate to patient outcomes; describes the implications of various choices based on evidence; identifies best options based on the above.	Identifies clinical problem; gathers and discusses valid evidence and rejects inferior evidence; describes his/her reasoning process superficially; elaborates some options based on findings the above.	Identifies clinical problem; gathers basic clinical information and scientific evidence to aid in decision-making.	Identifies problem or question of interest, but is unable to reason further.	Learner cannot identify the problem of interest, is unable to gather information that would aid in decision-making, and bases decisions on opinions OR anecdotes rather than evidence. <ul style="list-style-type: none"> Explains actions are simply due to being told or "this is what I was taught" 		Points taken off for reasons not specified at left must be written down
FACTOR B: COMMUNICATION & DIVERSE PATIENT POOL							
5	3	0	Score	Comments			
Does not turn back to patient. At or below eye level when speaking with patient. Communicates respectfully with patient taking into account health literacy. Recognizes need for and uses interpreter as appropriate. Discusses and incorporates patient's health-related beliefs- as related to culture, religion, etc.- into treatment plan or treatment.	Mostly does not turn back to patient. Mostly is at or below eye level when speaking with patient. Communicates respectfully with patient, taking into account health literacy. Does not recognize need for interpreter OR does not discuss or incorporate patient's health-related beliefs.	ANY of the following will result in a critical error: Overtly disrespectful OR recognizes need for interpreter and does not arrange for interpreter services OR disrespectfully discredits patient's beliefs. <ul style="list-style-type: none"> Ignores patient comfort during treatment 		Points taken off for reasons not specified at left must be written down			
FACTOR C: INFECTION CONTROL							
5	3	0	Score	Comments			
Provider PPE appropriately worn throughout procedure and during cubicle breakdown including mask, gloves, protective eyewear, tied gown, closed shoes. Hair out of working space. Nametag on. Hand hygiene performed. Clean and contaminated areas maintained. No cross- contamination. Sharps are capped when on table. <ul style="list-style-type: none"> Patient wears protective eyewear when clinical examination is occurring 	Provider PPE worn mostly appropriately, but gown untied OR eyewear worn after clean gloves OR eyewear is not fully enclosed OR hair in face but has not touched treatment area <ul style="list-style-type: none"> Uses patient as a tray Instruments are haphazardly organized on the working area or placed in a dirty area Clean materials are intermixed with contaminated materials 	ANY of the following will result in a critical error: Gross cross- contamination including clean items placed in area of trash receptacle. PPE for patient or provider not worn during cubicle breakdown or while instruments are being used. Hair touches treatment area. Nametag not worn. Sharps uncapped on table.		Points taken off for reasons not specified at left must be written down			

FACTOR D: PRIDE VALUES AND PROFESSIONALISM					
5	3	1	0	Score	Comments
<p>Treats patient, peers, staff, and faculty with respect & contributes to a positive work environment. Puts patients' needs before own. Punctual and prepared. Displays honesty, integrity, and accountability.</p> <ul style="list-style-type: none"> • <i>Informs patient they are a part of a competency exam</i> 	<p>Treats patient, peers, staff, and faculty with respect though may not contribute to a positive environment. Puts patients' needs first. Punctual and mostly prepared. Displays honesty, integrity, and accountability.</p>	<p>Prioritizes own needs ahead of patient care (patient safety is not compromised) or best practices, late or unprepared for patient care, disregards clinic safety measures.</p> <ul style="list-style-type: none"> • <i>Deflects blame when complications arise</i> 	<p>ANY of the following will result in a critical error: Academic dishonesty, unethical behavior OR Treats patient, peers, staff, or faculty with gross disrespect OR Breaches clinic safety measures (start checks, unsupervised practice, unauthorized change of treatment plan, etc).</p>		<p><i>Points taken off for reasons not specified at left must be written down</i></p>
FACTOR E: SELF-ASSESSMENT					
5	3	0	Score	Comments	
<p>Accurately assesses MOST strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.</p>	<p>Accurately assesses SOME strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.</p>	<p>Grossly inaccurate in ability to assess strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.</p>		<p><i>Points taken off for reasons not specified at left must be written down</i></p>	
FACTORS A-E TOTAL SCORE				__/25	

SUMMARY OF SCORES/SUM OF SCORES:

Factors 1-4	Factors A-E
__/40	__/25
Pass ≥ 28	Pass ≥ 18

<p>Any critical errors? Yes / No</p> <p>Exam completed on time? Yes / No</p> <p><i>Any critical error or exam not completed in time will result in automatic failure of the exam.</i></p>

Outcome (circle one)	
PASS	FAIL