

<b>Course #, Course Name</b>		<b>Examiner Name</b>		<b>Exam Date</b>
PCC 149CD: Comprehensive Adult General Dentistry II				
<b>Student Name</b>	<b>Student ID</b>	<b>Examiner Signature</b>		<b>Start Time</b>
<b>Patient EHR # (if applicable)</b>		<b>Final Score</b>	<b>Factors 1-5</b>	<b>Factors A-E</b>
		<b>Total:</b>		
<b>Exam Name</b>		Passing Score:	≥35	≥18
Geriatrics CE		Total Possible:	50	25
				<b>This is an individual, high stakes exam.</b>

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

<b>CODA Competency</b>	<b>SOD Competency</b>
2-10, Critical Thinking and Problem-Solving; 2-16, Behavioral Science and Patient Care; 2-17, Treating Diverse Patients; 2-23, All Stages of Life; 2-24a, Patient Assess, Tx Planning & Prognosis; 2-25, Patients with Special Needs	1- Ethical & professional behavior; 2- Applies course-based knowledge. 3- Critical thinking and problem-solving; 4- Assessment, diagnosis, treatment planning; 10- Communicates respectfully and effectively with patients, staff, faculty & peers
<b>Exam Instructions</b>	<b>Learning Objectives</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> You must have passed the overview quiz in the course associated with this assessment BEFORE you start this assessment.</li> <li><input type="checkbox"/> This exam is taken during a Comprehensive or Periodic Oral Evaluation that is completed by the end of the session.</li> <li><input type="checkbox"/> The patient must be an older adult (≥ 65 years old) with chronic disease(s) and functional status which have an active impact on oral health (low or medium dependency as per Seattle Care Pathway, see next page).</li> <li><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). No extended time given if patient arrives late. Factor 5 must be assessed within 30 minutes of the specified end time.</li> <li><input type="checkbox"/> Cannot be taken until you have passed the Geriatrics Skills Assessment.</li> <li><input type="checkbox"/> If a factor cannot be properly assessed because the integrity of the assessment comes in to question, then the assessment may be disqualified.</li> <li><input type="checkbox"/> <b>This exam has two (2) parts: Factors 1-5 and Factors A-E. You must pass each part to pass this exam.</b></li> </ul>	<ul style="list-style-type: none"> <li><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.</li> <li><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.</li> <li><input type="checkbox"/> Provide ethical care by putting the patients' needs first.</li> <li><input type="checkbox"/> Communicate effectively and respectfully with patients and their families, staff, peers, faculty, and other members of the health care team.</li> </ul>
<b>Outcome if Fail</b>	
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 (GPL).	

FACTOR 1: Assessment of Chronic Disease and Functional Status			
10 – Optimal	7	3	0 – Critical Error
<p>Appropriately identifies all relevant chronic disease(s), functional status*, and accurately describes how they have actively impacted oral health.</p> <p><i>*Functional status includes ability to complete activities of daily living (bathing, dressing, grooming) and instrumental activities of daily living (administering own medication, grocery shopping, preparing meals, driving/transportation, housekeeping).</i></p>	<p>Slight or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Interprets a chronic disease to have impact on patient’s current oral health; explanation is sufficient but not thorough</li> <li>• Assessment of functional status is adequate, but not thorough</li> </ul>	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Knows chronic disease affects oral health, but cannot demonstrate its current effect to negatively impact the patient’s current oral health</li> <li>• Cannot determine if chronic disease is well or poorly managed</li> <li>• Assesses functional status using questioning that lacks compassion</li> </ul>	<ul style="list-style-type: none"> <li>• Misses critical chronic conditions</li> <li>• Grossly misidentifies or fails to assess the patient’s functional status</li> </ul> <p><b><u>Any critical error results in failure of the exam.</u></b></p>
<b>Score Awarded:</b>	<b>Comments:</b> <i>points taken off for reasons not specified above must be written down</i>		

Seattle Care Pathway Definitions				
No Dependency	Predependency	Low Dependency	Medium Dependency	High Dependency
Fit, robust people who exercise regularly and are in the most fit group for their age	People with chronic systemic conditions, which could impact on oral health that, at a point of the presentation, are not currently impacting on oral health. A comorbidity whose symptoms are well-controlled.	People with identified chronic conditions that are affecting oral health, but who currently do not receive or require help to access dental services or maintain oral health. These patients are not frankly dependent, but their disease symptoms are affecting them.	People with an identified chronic condition that currently impacts on oral health and who receive or require help to access dental services or maintain oral health. This category would include patients who demand to be seen at home, or who do not have transport to a dental clinic.	People with complex medical problems preventing them from going to receive dental care at a dental clinic. They differ from patients categorized in medium dependency because they cannot be moved and must be seen at home.

FACTOR 2: Assessment of Ability to Give Informed Consent			
10 – Optimal	7	3	0 – Critical Error
Determines capacity to give informed consent using teach-back or check-back and assesses limitations in vision, hearing, language, and/or health literacy	<p>Slight or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Misses some signs and symptoms of an individual that has decreased ability to give informed consent</li> <li>• Misses minor limitation to vision, hearing, language, and/or health literacy</li> </ul>	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Uses teach-back/check-back ineffectively</li> <li>• Often directs decision-making to an individual(s) who accompanies the patient instead of the patient who demonstrates ability to make decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Does not assess capacity of patient to give informed consent</li> <li>• Fails to verify if patient has understanding of various discussions</li> <li>• Fails to use certified translation devices for conversations where consent is being asked</li> <li>• Facilitates the patient to make decisions when patient demonstrates inability to make informed decisions</li> </ul>
<b>Score Awarded:</b>	<b>Comments:</b> <i>points taken off for reasons not specified above must be written down</i>		

FACTOR 3: Assessment of Elder Abuse and Neglect (EAN)			
10 – Optimal	7	3	0 – Critical Error
<p>Identifies screening steps for EAN (Look, Ask Questions, Listen, and Report).</p> <p>Asks 2 screening questions:</p> <ul style="list-style-type: none"> <li>• Afraid of anyone at home?</li> <li>• Feel medications are not available when you need them?</li> <li>• In need of help with daily activities but unable to find someone to help?</li> <li>• Someone taking your things without your permission?</li> <li>• Someone making you do things you do not want to do?</li> <li>• Someone telling you that you are sick and have to stay in bed when you are not sick?</li> </ul>	<p>Some or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Misses subtle signs and symptoms of elder abuse or neglect</li> <li>• Asks EAN screening questions lacking confidence</li> </ul>	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Misses major signs and symptoms of elder abuse or neglect</li> <li>• Suggests elder abuse or neglect privately when there is weak or no evidence</li> <li>• Ask questions about elder abuse or neglect without compassion</li> <li>• Ignores commentary from the patient that suggests there is elder abuse or neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Was prompted to ask or does not ask any EAN screening questions</li> <li>• Asked explicit EAN screening questions in front of caregiver or other family members</li> <li>• Declares elder abuse or neglect openly when there is weak or no evidence</li> <li>• Fails to report elder abuse</li> </ul>
<b>Score Awarded:</b>	<b>Comments:</b> <i>points taken off for reasons not specified above must be written down</i>		

FACTOR 4: Treatment Modifications					
10 – Optimal		7	3	0 – Critical Error	
<ul style="list-style-type: none"> <li>Treatment plan with feasible approaches* most compatible with patient’s goals, medical conditions, and functional capacity</li> <li>Treatment plan is different when compared to a significantly healthier patient with the same oral health presentation.</li> </ul> <p>* Examples of feasible approaches are shortened dental arch, atraumatic restorative technique (ART), glass ionomer restorations, and silver diamine fluoride (SDF), etc.</p>		<p>Some or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>Suggested treatment puts patient at slight risk for harm, but is still in line with patient’s goals and functional capacity</li> <li>Suggested treatment creates minor incompatibility with the patient’s goals, medical conditions, and functional capacity</li> <li>Recommends treatment that requires multiple appointments when it is difficult for the patient to regularly access care</li> </ul>	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>Suggested treatment that is a viable option, but is incompatible with the patient’s goals, medical conditions, or functional capacity</li> <li>Suggested treatment puts patient at high risk for harm</li> <li>Treatment recommendations lack follow up for caries or periodontal risk</li> </ul>	<ul style="list-style-type: none"> <li>Does not consider patient’s goals, medical conditions, and/or functional capacity when identifying treatment options</li> <li>Treatment recommended as if the patient has no dependence as defined by the Seattle Care Pathway</li> </ul>	
Score Awarded:		Comments: points taken off for reasons not specified above must be written down			
FACTOR 5: Oral Home Care Recommendations					
10 – Optimal		7	3	0 – Critical Error	
<ul style="list-style-type: none"> <li>Identifies risk of caries and periodontal disease</li> <li>Provides evidence-based recommendations for home care that are realistic for the patient’s functional capacity</li> <li>Assesses patient’s and/or caregiver’s ability to comply with recommendations</li> <li>Uses teach-back or check-back to provide daily oral home care instructions, including caregiver if appropriate</li> </ul>		<p>Some or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>Making too many recommendations to reduce caries or periodontal risk</li> </ul>	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> <li>Makes recommendations that are correct, but is infeasible for the patient to execute</li> <li>Recommendations are made generically and not personalized to the patient</li> <li>Suggests increased periodontal recall as part of home care</li> <li>Uses teach-back/check-back ineffectively</li> <li>Only tells what needs to be done, never shows the patient/caregiver or has the patient/caregiver demonstrate what is needed</li> <li>Does not respond to questions about recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Does not take into account the patient’s functional capacity</li> <li>Did not do caries or periodontal risk assessment</li> <li>Does not assess patient’s or caregiver’s understanding of the home care plan</li> </ul>	
Score Awarded:		Comments: points taken off for reasons not specified above must be written down			

Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	TOTAL SCORE
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___/10	___/10	___/10	___/10	___/10	___/50
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FACTOR A: CRITICAL THINKING							Score	Comments
5	4	3	2	1	0			
<p>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.</p> <ul style="list-style-type: none"> <li>• Takes various signs and subjective information from the patient to ask appropriate follow up questions</li> <li>• Comes up with creative solutions to challenging situations</li> </ul>	<p>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.</p>	<p>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.</p>	<p>Identifies clinical problem; gathers basic clinical information and scientific evidence to aid in decision-making.</p>	<p>Identifies problem or question of interest, but is unable to reason further.</p>	<p>ANY of the following will result in a critical error: 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.</p> <ul style="list-style-type: none"> <li>• Explains actions are simply due to being told or "this is what I was taught"</li> </ul>		<p>Points taken off for reasons not specified at left must be written down</p>	
FACTOR B: COMMUNICATION & DIVERSE PATIENT POOL								
5	3	0	Score	Comments				
<p>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.</p> <ul style="list-style-type: none"> <li>• Ask follow up questions thoughtfully</li> <li>• Allows patient and caregivers to demonstrate their vested interest in the care</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>• Unable to control the conversation when it is warranted</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>• Ignores patient comfort during treatment</li> </ul>		<p>Points taken off for reasons not specified at left must be written down</p>				

FACTOR C: INFECTION CONTROL					
5	3	0	Score	Comments	
<p>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.</p> <ul style="list-style-type: none"> <li>• Patient wears protective eyewear when clinical examination is occurring</li> </ul>	<p>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</p> <ul style="list-style-type: none"> <li>• Uses patient as a tray</li> <li>• Instruments are haphazardly organized on the working area or placed in dirty areas</li> <li>• Clean materials are intermixed with contaminated materials</li> </ul>	<p>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.</p>		<p><i>Points taken off for reasons not specified at left must be written down</i></p>	
FACTOR D: PRIDE VALUES AND PROFESSIONALISM					
5	3	1	0	Score	Comments
<p>Treats patient, peers, staff, and faculty with respect &amp; 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"> <li>• Informs patient they are a part of a competency exam</li> </ul>	<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"> <li>• Deflects blame when complications arise</li> </ul>	<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> <ul style="list-style-type: none"> <li>• Does not respect the time of the patient, faculty, and staff.</li> </ul>		<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
Accurately assesses MOST strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.	Accurately assesses SOME strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.	Grossly inaccurate in ability to assess strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.		<i>Points taken off for reasons not specified at left must be written down</i>
<b>FACTORS A-E TOTAL SCORE</b>			___/25	

**SUMMARY OF SCORES/SUM OF SCORES:**

Factors 1-5	Factors A-E
___/50	___/25
Pass ≥35	Pass ≥18

<p>Any critical errors? Yes / No</p> <p>Exam completed on time? Yes / No</p> <p><i>Both parts of this exam must be passed in order to pass the exam.</i></p> <p><i>Any critical error or exam not completed on time will result in automatic failure of the exam.</i></p>
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Outcome (circle one)	
PASS	FAIL