



**İSTANBUL MEDİPOL UNIVERSITY**  
**SCHOOL OF DENTISTRY**

**GUIDE FOR ASSESSMENT**  
**and**  
**EVALUATION in PROFESSIONAL PRACTICE**

**İstanbul-2025**

Dental education is a multifaceted and holistic process that aims not only to provide theoretical knowledge but also to develop advanced professional skills. As the Faculty of Dentistry at Istanbul Medipol University, our goal is to maximize our students' pre-graduation professional competencies through a contemporary, ethical, and scientifically grounded educational process.

In the "process-based dental education model" implemented at our faculty, topics related to dentistry are systematically examined throughout the entire lifespan, from birth to death. During preclinical training, students are expected to acquire fundamental professional skills in simulation environments such as phantom and haptic devices. In clinical training, students interact directly with patients, enhancing their clinical knowledge and skills while gaining multidimensional competencies in ethics, communication, and professionalism. The assessment and evaluation systems used at all these stages are structured to monitor student performance and continuously improve the quality of education.

Assessment and evaluation methods in acquiring professional skills are among the key factors that directly affect the quality of the educational process. Therefore, it is of great importance that all evaluation systems applied are transparent, fair, objective, and aligned with universal standards.

To standardize and update the criteria previously used in our departments for assessing professional practices, the Curriculum Committee has worked diligently to prepare this document. I would like to express my gratitude to the committee members and all faculty members who contributed to this effort.

Prof. İbrahim Sina UÇKAN

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## **ORAL AND MAXILLOFACIAL SURGERY**

Oral and Maxillofacial Surgery is a medical specialty that involves the surgical treatment of diseases affecting the mouth, teeth, jaws, and surrounding tissues. Among these surgical procedures, tooth extraction is one of the most commonly performed. The principles of tooth extraction and dental anesthesia are practically taught during the 4th and 5th years of undergraduate dental education. A graduate dentist should be competent in determining the correct indication for extraction, surgical preparation, anesthesia and extraction techniques, management of extraction complications, and post-operative care. As a surgical procedure, tooth extraction requires the highest standards of disinfection and sterilization. Since tooth extraction results in the removal of an organ from the body, it should be recognized that errors in the decision-making process or in performing the procedure may lead to irreversible complications. The fundamental principle of tooth extraction is to perform the procedure without causing pain to the patient. A thorough understanding of the solutions and techniques used in local anesthesia is essential for the success of the procedure.

Procedure: DENTAL ANESTHESIA AND TOOTH EXTRACTION

Department: ORAL AND MAXILLOFACIAL SURGERY

Form: CLINICAL EVALUATION FORM

Number: SURGERY CEF 1



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	To perform dental anesthesia and tooth extraction
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Examination set, dental syringe, anesthetic solution, suitable forceps and elevators, sterile gauze swab, patient gown, protective equipment
<b>Points to Consider During Evaluation</b>	Providing the correct extraction indication and taking a detailed systemic anamnesis
<b>Scoring</b>	There are 15 criteria in dental anesthesia and tooth extraction. The score is calculated out of 100 based on 5 achievement levels. Criteria # 7, 8, 9, 14, and 15 are evaluated as x2 points. Significant observed feedback is written in the "Student Feedback" section.

**ORAL AND MAXILLOFACIAL SURGERY CLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	FAIL 0	BEGINNER LEVEL 1	NEEDS IMPROVEMENT 2	ACCEPTABLE 3	EXEMPLARY 4	GRADE
1. Taking dental and systemic anamnesis	Does not take anamnesis	Takes superficial anamnesis	Takes anamnesis with missing questions	Forgets to ask some questions	Takes a complete systemic and dental anamnesis	
2. Performing extraoral and intraoral examination	Does not examine	Performs superficial examination, no details	Examines but ignores important findings	Examines all areas but misses some details	Performs systematic, detailed, and professional examination	
3. Radiographic evaluation	Does not request or evaluate radiograph	Examines radiograph but cannot interpret	Performs radiographic analysis but ignores details	Makes general evaluation, leaves some details missing	Interprets radiograph comprehensively and systematically	
4. Diagnosis and evaluation of tooth extraction indication	Does not diagnose or determine indication	Determines uncertain or incorrect indication	Determines indication generally correct but without justification	Determines correct diagnosis and indication with sufficient explanations	Explains diagnosis and indication supported by clinical and radiographic data	
5. Selection of anesthetic agent	Does not select or selects incorrect drug	Selects correct group of drug but insufficient in dose or content	Selects suitable anesthesia but does not consider	Selects anesthesia appropriate for the patient	Selects the most suitable anesthesia according to patient's medical status, procedure type, and individual characteristics	
6. Selection and application of anesthesia technique	Does not apply anesthesia or applies incorrectly	Applies technique incompletely, anesthesia effect insufficient	Selects correct technique but applies with deficiencies	Applies anesthesia correctly with minimal error	Applies anesthesia correctly, under aseptic conditions, and according to anatomical knowledge	
<b>7. Patient–doctor positioning</b>	Does not position or positions incorrectly	Position unsuitable, makes procedure difficult	Gives generally correct position but not ergonomic	Gives partially functional and suitable position	Provides ideal, ergonomic position for both doctor and patient	
<b>8. Selection of forceps and elevators</b>	Does not select suitable instrument	Makes basic but unsuitable instrument selection	Generally selects correct instrument but ignores alternatives	Instrument selection acceptable but not ideal	Selects instruments most suitable for the tooth structure	
<b>9. Tooth extraction technique</b>	Uses incorrect technique, causes complications	Performs forceful and faulty maneuvers	Technique generally correct but applies unnecessary force	Extracts with appropriate and safe technique	Extracts with controlled and correct technique without tissue damage	
10. Use of extraction instruments	Holds instrument incorrectly or disregards sterility	Uses instruments unsafely	Uses correct instrument but insufficient control	Uses instruments controlled and appropriately	Uses instruments effectively, ergonomically, and under aseptic conditions	
11. Explaining post-procedure recommendations	Gives no recommendation	Gives limited recommendations	Gives basic recommendations but does not mention personal risks	Provides general and sufficient recommendations	Provides comprehensive, personalized, and clear recommendations	
12. Preparation of patient, environment, and intern for the procedure, and cleaning the environment after the procedure	Does not prepare or clean	Prepares but neglects cleaning	Prepares without asepsis	Prepares and cleans generally adequately	Prepares and cleans in accordance with infection control protocols	
13. Use of protective equipment	Does not use protective equipment	Uses some equipment incompletely	Uses equipment but creates contamination risk	Uses protective equipment completely and appropriately	Uses all personal protective equipment completely and in accordance with rules	
<b>14. Use of sharp–cutting instrument box</b>	Leaves sharp instruments exposed, does not use box	Does not know location of box or uses incorrectly	Uses box but not according to procedure	Places instruments in box appropriately	Disposes instruments safely, timely, and in accordance with regulations	
<b>15. Use of medical, domestic, and textile waste bins</b>	Does not separate wastes	Throws some wastes in wrong bin	Separates wastes but with deficiencies	Separates wastes mostly into correct bins	Separates and disposes all wastes in compliance with regulations	
<b>TOTAL SCORE</b>						

**Criteria numbered 7, 8, 9, 14, and 15 are evaluated with double points.**

<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

## DENTO- MAXILLOFACIAL RADIOLOGY

### Basic skills of the department

Intraoral tissues, extraoral tissues, and lymph nodes in the patient who applies to the clinic, and the diagnosis of existing diseases, conditions, and pathologies by applying necessary radiographic imaging purposes and the creation of the most appropriate treatment plan related to them. It includes starting from the preparation of the unit, communicating with the patient, taking a detailed history, performing a clinical examination using various methods, using the necessary intraoral and extraoral radiographic imaging methods, and even laboratory tests if necessary, and conducting consultations.

1. Implementation of examination preparations, history taking and intraoral examination:

Preparation of the work area, preparation of the physician, communication with the patient, preparation of the patient, recording of patient information, recording of dental complaints, systemic anamnesis , dental recording the anamnesis and family history of the patient, performing intraoral soft tissue and oral hygiene examination, examining the teeth, radiological and vitalometric It consists of the determination of indications , result and evaluation parts.

2. Extraoral examination:

After the necessary preparations are made and the required knowledge level is measured, it covers patient communication, application, results and evaluation sections.

3. Lymph node examination:

After the necessary preparations are made and the required knowledge level is measured, it covers patient communication, application, results and evaluation sections.

4. Preparation for orthopantomography:

It consists of the following sections: obtaining patient information, informing the patient, preparing the patient, and evaluating the physician's performance after the procedure.

5. Preparation for periapical x-ray:

It consists of the following sections: obtaining patient information, informing the patient, positioning the patient, and evaluating the physician's performance after the scan.

6. Vitality test:

It consists of assessment of preparation and knowledge level, patient communication, practical ability and application, and evaluation of selected test results.

7. Blood pressure measurement:

It consists of assessment of preparation and knowledge level, patient communication, practical ability and application, and evaluation of selected test results.

8. Seminar evaluation:

It consists of sub-items related to the evaluation criteria of the seminars held.

Procedure: EXAMINATION PREPARATION/ANAMNESIS/INTRAORAL EXAMINATION

Department: DENTO- MAXILLOFACIAL RADIOLOGY

Form: CLINICAL EVALUATION FORM

Number: RADIOLOGY CEF 1



<b>Student's Name-Surname</b>	
<b>Student's Number</b>	
<b>Class / Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Preparing for a Medical Examination, taking a Medical History and Performing an Intraoral Examination
<b>Duration of Practice</b>	15-30 minutes
<b>Required Tools and Instruments</b>	Patient Gown, Headrest Header, Plastic Glass, Gloves, Mask, Visor, Disinfectant, Tray Cover, Examination Team, Periodontal Probe, anamnesis form, pencil, sponge
<b>Points to Consider During Evaluation</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	The assessment of 'Examination Preparation,' 'Medical History Taking,' and 'Intraoral Examination' is based on 13 main headings and a total of 49 criteria. The scale, which is graded with four performance scores (0, 1, 2, and 3), corresponds to a maximum of 147 points. The student's score out of 100 is determined by dividing the total score by 147 and multiplying the result by 100. Significant observed feedback is recorded in the 'Student Feedback' section.

<b>Preparing for Examination / Taking Medical History / Performing Intraoral Examination</b>		<b>Level of Success</b>
<b>A</b>	<b>Physician's Preparation</b>	
	A.1 Complies with the physician dress code directive	
	A.2 Mask, gloves and visor are worn	
<b>B</b>	<b>Workspace Preparation</b>	
	B.1 Unit cleanliness and operation were checked.	
	B.2 Consumables and inspection materials provided	
	B.3 Study materials were placed in appropriate order	
<b>C</b>	<b>Patient Communication</b>	
	C.1 Calls the patient by name from the waiting room to the clinic	
	C.2 Introduces himself/herself to the patient.	
	C.3 Maintains eye contact during the introduction and acts cheerfully and calmly.	
	C.4 Provides preliminary information about the examination and obtains the patient's permission.	
<b>D</b>	<b>Patient Preparation</b>	
	D.1 The patient is seated in the correct and comfortable position on the unit.	
	D.2 Headrest and light are adjusted according to the patient's head position	
<b>E</b>	<b>Recording Patient Information</b>	
	E.1 The patient's sociodemographic information, occupation and employment status	

	E.2 Habits of the patient that may affect dental diagnosis and treatment planning (teeth clenching, swallowing style, etc.)	
<b>F</b>	<b>Recording a Dental Complaint</b>	
	F.1 The patient's main complaint (sensitivity, pain, bleeding, swelling)	
	F.2 Form, course, duration, region, factors of the complaint	
	F.3 Current/past medication use and treatment practices, if any, related to the complaint	
<b>G</b>	<b>Recording Systemic Anamnesis</b>	
	G.1 Past and ongoing diseases of the patient	
	G.2 Previous surgeries	
	G.3 Medications used (corticosteroids in the last year, past bisphosphonates, analgesics, antibiotics, antidepressants, etc.).	
	G.4 Pregnancy and lactation status	
	G.5 History of chemotherapy, radiotherapy, immunotherapy, and maintenance cancer treatments.	
	G.6 Allergies	
	G.7 Infectious diseases (hepatitis, tuberculosis, HIV, COVID, HPV, etc.)	
	G.8 Habits (smoking, alcohol, substance use, amount and frequency)	
	G.9 Other (genetic conditions, developmental anomalies, autism, etc.)	
<b>H</b>	<b>Dental Recording of Anamnesis</b>	
	H.1 Past dental treatments (periodontal, surgical, orthodontic)	
	H.2 Radiographic images of the patient taken within the last 6 months in the hospital or at an external center were evaluated.	
<b>I</b>	<b>Recording the Patient's Family History</b>	
	I.1 Systemic diseases and infectious diseases present in the patient's family	
	I.2 Genetic dental problems in the family	
<b>J</b>	<b>Intraoral Soft Tissue and Oral Hygiene Examination</b>	
	J.1 Shape of lips, position at rest, lip mucosa, lip and buccal frenulum, cheek, buccal mucosa	
	J.2 Examination of the oropharynx, uvula, tonsillar region, hard and soft palate.	
	J.3 Examination of the tongue, lingual frenulum, and floor of the mouth.	
	J.4 The amount of plaque on the teeth, the presence of pockets in the gums, subgingival presence of dental calculus, recording bleeding on probing	
	J.5 Detection of fistula presence in extraoral and intraoral tissues	
	J.6 Halitosis control	
<b>K</b>	<b>Examination of Teeth</b>	
	K.1 Evaluation of the shape, number, form, and development of teeth.	
	K.2 Hard tissue damage such as caries, fractures, abfraction, erosion, attrition, abrasion, cracks in teeth	
	K.3 Pulpal diseases and pulp vitality conditions	
	K.4 Alveolar bone loss, presence and degree of mobility	
	K.5 Recording the patient's occlusion type and the cause of any malocclusion.	
	K.6 Recording the type and adaptation of existing restorations.	
<b>L</b>	<b>Determining Radiological / Vitality Test Indications</b>	
	L.1 Determination of the areas and teeth that need to be examined radiologically	
	L.2 Determining the appropriate radiographic technique to reach the diagnosis	
	L.3 Determining the appropriate vitalometric technique and identifying the necessary teeth to reach the diagnosis	
<b>M</b>	<b>Conclusion and evaluation</b>	
	M.1 Writes a consultation letter if necessary.	
	M.2 Detects and records abnormal developments in tissues	
	M.3 Correctly interprets the information obtained from the patient's examination.	
	M.4 Creates a complete and comprehensive treatment plan and informs the patient.	
	M.5 Prepares the prescription if necessary	
<b>TOTAL SCORE</b>		
<b>TOTAL SCORE</b>		
<b>Student Feedback</b>		
	<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Criteria	Levels of Success				Success Grade
	0	1	2	3	
A.1 The physician complies with the dress code directive.	The physician does not comply with the dress code.	Partially complies with the physician dress code directive.	The physician complies with the dress code guidelines at an acceptable level.	The physician is fully compliant with the dress code directive.	
A.2 Mask, gloves and visor are worn.	He was not wearing a mask, gloves or face shield.	Partially wearing a mask, gloves and face shield.	Mask, gloves and face shield were worn at an acceptable level.	Fully equipped with mask, gloves and face shield.	
B.1 Unit cleanliness and operation were checked.	Unit cleanliness and operation have not been checked.	The unit has been partially checked for cleanliness and operation.	Unit cleanliness and operation have been checked to an acceptable level.	The unit has been thoroughly checked for cleanliness and operation.	
B.2 Consumables and examination materials were provided.	Consumables and examination materials were not provided.	Consumables and examination materials were partially provided.	Consumables and examination materials were provided at acceptable levels.	Consumables and examination materials were fully provided.	
B.3 Work materials were placed in a suitable arrangement.	Work materials were not placed in a suitable arrangement.	Work materials were partially placed in a suitable arrangement.	Work materials were placed in a suitable arrangement.	Work materials were placed in a suitable arrangement.	
C.1 Takes the patient from the waiting room to the clinic by announcing his/her name.	He did not allow the patient to enter the clinic from the waiting room by announcing his name.	He partially admits the patient from the waiting room to the clinic by announcing his name.	Accompanies the patient from the waiting room to the clinic in an acceptable manner by announcing his/her name.	It announces the patient's name and takes him/her from the waiting room to the clinic at the appropriate level.	
C.2 Introduces himself/herself to the patient.	He did not introduce himself to the patient.	Introduces himself/herself partially to the patient.	Introduces himself to the patient at an acceptable level.	Introduces himself to the patient at a completely appropriate level.	

C.3. Maintains eye contact during the introduction and acts cheerfully and calmly.	Does not make eye contact and acts cheerful and calm during the meeting.	During the meeting, he/she makes eye contact and acts somewhat friendly and calm.	During the meeting, he/she maintains eye contact and acts acceptably friendly and calm.	During the meeting, he/she maintains eye contact and acts completely cheerful and calm.	
C.4 Provides preliminary information about the examination and obtains the patient's permission.	He did not provide prior information about the examination and did not obtain the patient's consent.	Provides partial preliminary information about the examination and partially obtains the patient's consent.	Provides acceptable preliminary information about the examination and obtains the patient's consent.	Provides preliminary information about the examination at an appropriate level and obtains the patient's consent.	
D.1 The patient is seated in the correct and comfortable position.	The patient unit was not seated in the correct and comfortable position.	The patient is partially seated in the correct and comfortable position of the unit.	The patient is seated in the correct and comfortable position at an acceptable level.	The patient unit is seated in the correct and comfortable position.	
D.2 The headrest and light are adjusted according to the patient's head position.	The headrest and light were not adjusted appropriately for the patient's head position.	The headrest and light are adjusted partially to suit the patient's head position.	The headrest and light are adjusted to an acceptable level according to the patient's head position.	The headrest and light are adjusted to a level completely appropriate to the patient's head position.	
E.1 The patient's sociodemographic information, occupation and employment status	The patient's sociodemographic information, occupation, and employment status were not recorded.	The patient's sociodemographic information, occupation and employment status were partially recorded.	The patient's sociodemographic information, occupation and employment status were recorded at an acceptable level.	The patient's sociodemographic information, occupation and employment status were recorded at an appropriate level.	
E.2 Patient's habits that may affect dental diagnosis and treatment planning (teeth clenching, swallowing style, etc.)	The patient's habits that could affect dental diagnosis and treatment planning (teeth clenching, swallowing style, etc.) were not recorded.	The patient's habits that could affect dental diagnosis and treatment planning (teeth clenching, swallowing style, etc.) were partially recorded.	The patient's habits that could affect dental diagnosis and treatment planning (teeth clenching, swallowing style, etc.) were recorded at an acceptable level.	The patient's habits that could affect dental diagnosis and treatment planning (teeth clenching, swallowing style, etc.) were recorded at an appropriate level.	
F.1 The patient's main complaint (sensitivity, pain, bleeding, swelling)	The patient's main complaint (tenderness, pain, bleeding, swelling) was not recorded.	The patient's main complaint (tenderness, pain, bleeding, swelling) was partially recorded.	The patient's main complaint (tenderness, pain, bleeding, swelling) was recorded at an acceptable level.	The patient's main complaint (tenderness, pain, bleeding, swelling) was recorded at a completely appropriate level.	

F.2 Form, course, duration, region, factors of the complaint	The form, course, duration, region and factors of the complaint were not recorded.	The form, course, duration, region and factors of the complaint were partially recorded.	The form, course, duration, region and factors of the complaint were recorded at an acceptable level.	The form, course, duration, region and factors of the complaint were recorded at an appropriate level.	
F.3 Current/past medication use and treatment practices, if any, related to the complaint	Current/past medication use and treatment practices, if any, related to his/her complaint were not recorded.	Current/past medication use and treatment practices, if any, related to the complaint were partially recorded.	Current/past medication use and treatment practices, if any, regarding the complaint were recorded at an acceptable level.	Current/past medication use and treatment practices, if any, regarding the complaint were recorded at an appropriate level.	
G.1 Past and ongoing diseases of the patient	The patient's past and ongoing diseases were not recorded.	The patient's past and ongoing diseases were partially recorded.	The patient's past and ongoing diseases were recorded at an acceptable level.	The patient's past and ongoing diseases were recorded at an appropriate level.	
G.2 Previous surgeries	Previous surgeries were not recorded.	Previous surgeries were partially recorded.	Previous surgeries were recorded at an acceptable level.	Previous surgeries were recorded at an appropriate level.	
G.3 Medications used (corticosteroids in the last year, past bisphosphonate use, analgesics, antibiotics, antidepressants, etc.)	Medications used (corticosteroids in the last year, past bisphosphonate use, analgesics, antibiotics, antidepressants, etc.) were not recorded.	Medications used (corticosteroids in the last year, past bisphosphonate use, analgesics, antibiotics, antidepressants, etc.) were partially recorded.	Medications used (corticosteroids in the last year, past bisphosphonate use, analgesics, antibiotics, antidepressants, etc.) were recorded at acceptable levels.	Medications used (corticosteroids in the last year, past bisphosphonate use, analgesics, antibiotics, antidepressants, etc.) were recorded at fully appropriate levels.	
G.4 Pregnancy and lactation status	Pregnancy and lactation status was not recorded.	Pregnancy and lactation status were partially recorded.	Pregnancy and lactation status were recorded at acceptable levels.	Pregnancy and lactation status were recorded at a fully appropriate level.	
G.5 History of chemotherapy, radiotherapy, immunotherapy, and maintenance cancer treatments	The patient's history of chemotherapy, radiotherapy, immunotherapy, and maintenance cancer treatments were not recorded.	The patient's history of chemotherapy, radiotherapy, immunotherapy, and maintenance cancer treatments were partially recorded.	The patient's history of chemotherapy, radiotherapy, immunotherapy, and maintenance cancer treatments were recorded at acceptable levels.	The patient's history of chemotherapy, radiotherapy, immunotherapy, and maintenance cancer treatments were recorded at all appropriate levels.	
G.6 Allergies	Allergies were not recorded.	Allergies were partially recorded.	Allergies were recorded at acceptable levels.	Allergies were recorded at a completely appropriate level.	

G.7 Infectious diseases (hepatitis, tuberculosis, HIV, COVID, HPV, etc.)	Infectious diseases (hepatitis, tuberculosis, HIV, COVID, HPV, etc.) were not recorded.	Infectious diseases (hepatitis, tuberculosis, HIV, COVID, HPV, etc.) were partially recorded.	Infectious diseases (hepatitis, tuberculosis, HIV, COVID, HPV, etc.) were recorded at acceptable levels.	Infectious diseases (hepatitis, tuberculosis, HIV, COVID, HPV, etc.) were recorded at fully appropriate levels.	
G.8 Habits (smoking, alcohol, substance use, amount and frequency)	Habits (smoking, alcohol, substance use, quantity and frequency) were not recorded.	Habits (smoking, alcohol, substance use, quantity and frequency) were partially recorded.	Habits (smoking, alcohol, substance use, quantity and frequency) were recorded at acceptable levels.	Habits (smoking, alcohol, substance use, quantity and frequency) were recorded at a fully appropriate level.	
G.9 Other (genetic conditions, developmental anomalies, autism, etc.)	Other (genetic conditions, developmental anomalies, autism, etc.) were not recorded.	Others (genetic conditions, developmental anomalies, autism, etc.) were partially recorded.	Other (genetic conditions, developmental anomalies, autism, etc.) were recorded at acceptable levels.	Others (genetic conditions, developmental anomalies, autism, etc.) were recorded at fully appropriate levels.	
H.1 Past dental treatments (periodontal, surgical, orthodontic)	Past dental treatments (periodontal, surgical, orthodontic) were not recorded.	Past dental treatments (periodontal, surgical, orthodontic) were partially recorded.	Past dental treatments (periodontal, surgical, orthodontic) were recorded at an acceptable level.	Past dental treatments (periodontal, surgical, orthodontic) were fully recorded at the appropriate level.	
Radiographic images of the patient taken within the last 6 months in the hospital or at an external center were evaluated.	Radiographic images of the patient taken in the last 6 months in the hospital or at an external center were not evaluated.	Radiographic images of the patient taken within the last 6 months in the hospital or at an external center were partially evaluated.	Radiographic images of the patient taken within the last 6 months in the hospital or at an external center were evaluated as acceptable.	Radiographic images of the patient taken within the last 6 months in the hospital or at an external center were evaluated as completely appropriate.	
I.1 Systemic diseases and infectious diseases present in the patient's family	No systemic diseases or infectious diseases were recorded in the patient's family.	Systemic diseases and infectious diseases present in the patient's family were partially recorded.	Systemic diseases and infectious diseases present in the patient's family were recorded at acceptable levels.	Systemic diseases and infectious diseases present in the patient's family were recorded at an appropriate level.	
I.2 Genetic dental problems in the family	genetically transmitted dental problems were recorded in his family.	Genetic dental problems in the family were partially recorded.	Genetic dental problems in the family were recorded at acceptable levels.	dental problems present in the family were recorded at a completely appropriate level.	
J.1 Shape of lips, position at rest, lip mucosa, lip and buccal frenulum, cheek, buccal mucosa	Shape of lips, position at rest, lip mucosa, lip and buccal frenulums, cheeks and buccal mucosa	Shape of lips, position at rest, lip mucosa, lip and buccal frenulums, cheeks, and buccal mucosa	Shape of lips, position at rest, lip mucosa, lip and buccal Examination of frenulums, cheeks, and	Shape of lips, position at rest, lip mucosa, lip and buccal Examination of frenulums, cheeks and buccal mucosa was	

	examination was not performed.	examination was partially performed.	buccal mucosa was performed acceptable.	performed at a completely appropriate level.	
J.2 Oropharynx, uvula, tonsillar region, hard and soft palate examination	Oropharynx, uvula, tonsillar region, hard and soft palate examination was not performed.	Oropharynx, uvula, tonsillar region, hard and soft palate examination was partially performed.	Oropharynx, uvula, tonsillar region, hard and soft palate examinations were performed at an acceptable level.	Oropharynx, uvula, tonsillar region, hard and soft palate examination was performed at a completely appropriate level.	
J.3 Examination of the tongue, lingual frenulum, and floor of the mouth	Examination of the tongue, lingual frenulum, and floor of the mouth was not performed.	Examination of the tongue, lingual frenulum, and floor of the mouth was partially performed.	Examination of the tongue, lingual frenulum, and floor of the mouth was performed at an acceptable level.	Examination of the tongue, lingual frenulum, and floor of the mouth was performed at a completely appropriate level.	
J.4 The amount of plaque on the teeth, the presence of pockets in the gums, subgingival presence of dental calculus, recording bleeding on probing	The amount of plaque on the teeth, the presence of pockets in the gums, subgingival the presence of dental calculus and bleeding on probing were not recorded.	The amount of plaque on the teeth, the presence of pockets in the gums, subgingival the presence of dental calculus and bleeding on probing were partially recorded.	The amount of plaque on the teeth, the presence of pockets in the gums, subgingival the presence of dental calculus and bleeding on probing were recorded at acceptable levels.	The amount of plaque on the teeth, the presence of pockets in the gums, subgingival the presence of dental calculus and bleeding on probing were recorded at an appropriate level.	
J.5 Detection of fistula presence in extraoral and intraoral tissues	extraoral and intraoral tissues was not detected.	extraoral and intraoral tissues was partially detected.	extraoral and intraoral tissues was found to be at an acceptable level.	the extraoral and intraoral tissues was detected at a completely appropriate level.	
J.6 Halitosis control	Halitosis control was not performed.	Halitosis control was partially performed.	Halitosis control was at an acceptable level.	Halitosis control was performed at a completely appropriate level.	
K.1. Shape, number, form and developmental evaluation of teeth	The shape, form and developmental evaluation of the teeth were not evaluated.	The shape, form and developmental evaluation of the teeth were partially evaluated.	The shape, form and developmental evaluation of the teeth were evaluated at an acceptable level.	The shape, form and developmental evaluation of the teeth were evaluated at a completely appropriate level.	
K.2 Hard tissue damage such as caries, fractures, abfraction, erosion, attrition, abrasion, cracks in teeth	Caries, fractures, abfraction, erosion, attrition, abrasion and cracks in the teeth were not detected.	Caries, fractures, abfraction, erosion, attrition, abrasion and cracks in the teeth were partially detected.	Caries, fractures, abfraction, erosion, attrition, abrasion and cracks in the teeth were detected at acceptable levels.	Caries, fractures, abfraction, erosion, attrition, abrasion and cracks in the teeth were detected at a completely appropriate level.	

K.3 Pulpal diseases and pulp vitality conditions are determined.	Pulpal diseases and pulp vitality status were not determined.	Pulpal diseases and pulp vitality status were partially determined.	Pulpal diseases and pulp vitality levels were determined to be acceptable.	Pulpal diseases and pulp vitality status were determined at completely appropriate levels.	
K.4 Alveolar bone loss, presence and degree of mobility are determined.	The presence and degree of alveolar bone loss and mobility were not determined.	Alveolar bone loss, presence and degree of mobility were partially determined.	Alveolar bone loss, presence and degree of mobility were determined to be at an acceptable level.	Alveolar bone loss, presence and degree of mobility were determined at a completely appropriate level.	
K.5 The patient's occlusion type and causes of malocclusion are recorded.	The patient's occlusion type and causes of malocclusion were not recorded.	The patient's occlusion type and the causes of malocclusion were partially recorded.	The patient's occlusion type and causes of malocclusion were recorded at an acceptable level.	The patient's occlusion type and the causes of malocclusion were recorded at a fully appropriate level.	
K.6 The type and adaptation of existing restorations are recorded.	The type and adaptation of existing restorations were not recorded.	The type and adaptation of existing restorations were partially recorded.	The type and adaptation of existing restorations were recorded as acceptable.	The type and adaptation of existing restorations were fully recorded.	
L.1 The areas and teeth that need to be examined radiologically are determined.	The areas and teeth that needed to be examined radiologically were not determined.	The determination of the areas and teeth that need to be examined radiologically has been partially achieved.	The determination of the areas and teeth that needed to be examined radiologically was achieved at an acceptable level.	The determination of the areas and teeth that needed to be examined radiologically was achieved at a completely appropriate level.	
L.2 The appropriate radiographic technique is determined to reach the diagnosis.	The appropriate radiographic technique for reaching the diagnosis has not been determined.	The appropriate radiographic technique for reaching the diagnosis has been partially determined.	The appropriate radiographic technique for reaching the diagnosis was determined to be acceptable.	The appropriate radiographic technique for reaching the diagnosis was determined to be fully adequate.	
L.3 Vitalometric technique is determined, and the necessary teeth are identified to reach the diagnosis.	Vitalometric technique for reaching a diagnosis was never determined and the necessary teeth were not identified.	Vitalometric technique for reaching the diagnosis is partially determined and the necessary teeth are partially identified.	Vitalometric technique and necessary teeth were determined to be at an acceptable level to reach the diagnosis.	Vitalometric technique for reaching the diagnosis is determined at a completely appropriate level and the necessary teeth are determined at a completely appropriate level.	
M.1 Writes a consultation letter if necessary.	He did not write the consultation letter if necessary.	Partially wrote the consultation letter if necessary.	If necessary, writes the consultation letter at an acceptable level.	If necessary, writes the consultation letter at the appropriate level.	

M.2 Detects and records abnormal developments in tissues	Abnormal developments in the tissues were not detected and recorded.	Abnormal developments in the tissues were partially detected and recorded.	Abnormal developments in the tissues were detected and recorded at appropriate levels.	Abnormal developments in the tissues were detected and recorded at an appropriate level.	
M.3 Correctly interprets the relevant information obtained from the patient's examination.	Did not accurately interpret the findings from the patient's examination.	Partially interpreted the findings from the patient's examination correctly/accurately.	Interpreted the findings from the patient's examination to an acceptable	The interpretation of the examination findings was completely accurate.	
M.4 Creates the necessary treatment plan completely and thoroughly and informs the patient.	He did not create the necessary treatment plan completely and thoroughly and did not inform the patient.	The necessary treatment plan was partially created, and the patient was informed.	The necessary treatment plan was created at an acceptable level, and the patient was informed.	The necessary treatment plan was created completely and thoroughly, and the patient was informed.	
M.5 Prepares the prescription if necessary	He did not prepare the prescription if necessary.	If necessary, he partially prepared the prescription.	If necessary, the prescription was prepared at an acceptable level.	If necessary, he prepared the prescription at exactly the right level.	
<b>Score out of 147</b>					
<b>Score out of 100</b>					

Procedure: EXTRAORAL EXAMINATION

Department: DENTO- MAXILLOFACIAL RADIOLOGY

Form: CLINICAL EVALUATION FORM

Number: RADIOLOGY CEF 2



<b>Student's Name-Surname</b>	
<b>Student's Number</b>	
<b>Class / Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	This Form is intended to ensure that the Standard Extraoral Examination Preparations are completed in order and completely.
<b>Duration of Practice</b>	5 minutes
<b>Required Tools and Instruments</b>	Stethoscope, Gloves, Mask, LED device
<b>Points to Consider During Evaluation</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	The extraoral examination is evaluated using four main headings and a total of 15 criteria. The scale is scored with four success scores (0, 1, 2, and 3), corresponding to a maximum of 45 points. The total score is divided by 45 and multiplied by 100 to determine the student's score out of 100. Important feedback observed is written in the 'Student Feedback' section.

Extraoral examination		Level of Success
<b>A</b>	<b>Assessment of preparation and knowledge level</b>	
	A.1 Identifies the key anatomical structures for an extraoral examination, such as the muscles of mastication, the Temporomandibular Joint (TMJ), sinuses, and salivary glands.	
	A.2 Understands the purpose and the methods used for conducting an extraoral examination.	
<b>B</b>	<b>Patient communication</b>	
	B.1 Informs the patient before the procedure.	
	B.2 Approaches the patient with respect and confidence.	
	B.3 Ensures about the patient's comfort during the extraoral examination.	
<b>C</b>	<b>Practical ability and application</b>	
	C.1 Visually inspects the patient upon entry and utilizes various examination methods based on the chief complaint	
	C.2 Positions and adjusts the patient appropriately for the technique and location of the examination.	
	C.3 Checks facial symmetry and detects deformities	

	C.4 Examines the masticatory muscles correctly.	
	C.5 Examines the salivary glands	
	C.6 Detects swelling and infection in the head and neck region.	
	C.7 Examines the TMJ region by palpation and auscultation.	
	C.8 Examines the frontal and maxillary sinus region with palpation and transillumination .	
<b>D</b>	<b>Recording and evaluating results</b>	
	D.1 Records the necessary information from the patient's examination.	
	D.2 Accurately interprets the relevant findings from the examination, develops an appropriate treatment plan, and informs the patient.	
<b>TOTAL SCORE</b>		
<b>TOTAL SCORE</b>		
<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

Criteria	Levels of Success				Success Grade
	0	1	2	3	
A.1 Identifies the key anatomical structures for an extraoral examination, such as the muscles of mastication, the Temporomandibular Joint (TMJ), sinuses, and salivary glands	Could not identify the anatomical structures of the head and neck region required for an extraoral examination, such as the muscles of mastication, TMJ, sinuses, and salivary glands.	Identified partial knowledge of the anatomical structures of the head and neck region relevant to an extraoral examination, including the muscles of mastication, TMJ, sinuses, salivary glands.	Identified an acceptable level of knowledge of the anatomical structures of the head and neck region relevant to an extraoral examination, including the muscles of mastication, TMJ, sinuses, salivary glands.	Identified a complete and accurate knowledge of the anatomical structures of the head and neck region relevant to an extraoral examination, including the muscles of mastication, TMJ, sinuses, salivary glands.	
A.2 Understands the purpose and the methods used for conducting an extraoral examination.	He did not know the purpose and methods used when performing an extraoral examination.	Partially knew the purpose and methods used when performing extraoral examination.	He had an acceptable knowledge of the purpose and methods used when performing an extraoral examination.	He was fully aware of the purpose and methods used when performing an extraoral examination.	
B.1 Informs the patient before the procedure.	He could not inform the patient before the procedure.	The patient was partially informed before the procedure.	The patient was informed at an acceptable level before the procedure.	The patient was completely treated ideally before the procedure.	
B.2 Approaches the patient with respect and confidence.	He did not approach the patient with any respect or confidence.	He approached the patient with some respect and confidence.	He approached the patient with an acceptable level of respect and confidence.	He approached the patient with complete respect and confidence.	
B.3 Ensures about the patient's comfort during the extraoral examination.	He did not ensure about the patient's comfort during his extraoral examination.	He paid some attention to the patient's comfort during his extraoral examination.	He paid acceptable attention to the patient's comfort during the extraoral examination.	He completely ensures about the patient's comfort during his extraoral examination.	

C.1 Visually inspects the patient upon entry and utilizes various examination methods based on the chief complaint.	Did not visually inspect the patient upon entry and did not utilize various examination methods based on the chief complaint.	Partially performed an initial visual inspection of the patient upon entry and partially utilized various examination methods based on the chief complaint.	The initial visual inspection upon entry and the use of various examination methods based on the chief complaint were performed to an acceptable	Fully and appropriately performed an initial visual inspection of the patient upon entry and effectively utilized various examination methods tailored to the chief complaint.	
C.2 Positions and adjusts the patient appropriately for the technique and location of the examination.	Did not perform patient positioning and adjustments according to the technique and location of the procedure.	Partially performed patient positioning and adjustments according to the technique and location of the procedure.	Performed patient positioning and adjustments to an acceptable standard according to the technique and location of the procedure.	Fully and appropriately performed patient positioning and adjustments according to the technique and location of the procedure.	
C.3 Checks the symmetry of the face and notices deformity.	He did not check the symmetry of the face and did not notice the deformity.	Partially checked the symmetry of the face and partially noticed the deformity.	He checked the facial symmetry to an acceptable level and noticed the deformity.	He checked the facial symmetry at a completely appropriate level and noticed the deformity.	
C.4 Examines the masticatory muscles correctly.	He did not examine the masticatory muscles properly.	He examined the masticatory muscles partially correctly.	Examined the masticatory muscles with acceptably accurate accuracy.	He examined the masticatory muscles completely accurately.	
C.5 Examines the salivary glands.	He never examined the salivary glands.	He partially examined the salivary glands.	Examined the salivary glands at an acceptable level.	He examined the salivary glands completely.	
C.6 Detects swelling and infection in the head and neck region.	No swelling or infection was detected in the head and neck region.	Partial detection of swelling and infection in the head and neck region.	He found the swelling and infection in the head and neck region to be at an acceptable level.	He completely detected the swelling and infection in the head and neck area.	
C. 7 Examines the TMJ region by palpation and auscultation.	He did not examine the TMJ region by palpation or auscultation.	He partially examined the TMJ region by palpation and auscultation.	the TMJ region with palpation and auscultation at an acceptable level.	He examined the TMJ region with palpation and auscultation at a completely appropriate level.	

C.8 Examines the frontal and maxillary sinus region with palpation and transillumination.	He did not examine the frontal and maxillary sinus region by palpation and transillumination.	He partially examined the frontal and maxillary sinus region by palpation and transillumination.	The frontal and maxillary sinus regions were examined acceptable levels by palpation and transillumination.	He examined the frontal and maxillary sinus region with palpation and transillumination at a completely appropriate level.	
D.1 Records the necessary information from the patient's examination.	Did not record the necessary information from the patient's examination.	Partially recorded the necessary information from the patient's examination.	Recorded the necessary information from the patient's examination to an acceptable.	Completely and accurately recorded all necessary information from the patient's examination.	
D.2 Accurately interprets the relevant findings from the examination, develops an appropriate treatment plan, and informs the patient.	Did not accurately interpret the examination findings, failed to develop an appropriate treatment plan, and did not inform the patient.	Partially interpreted the examination findings accurately, developed a treatment plan, but only partially informed the patient.	Interpreted the examination findings to an acceptable standard, developed an appropriate treatment plan, and informed the patient.	Completely and accurately interpreted the examination findings, developed a comprehensive and appropriate treatment plan, and fully informed the patient.	
<b>Score out of 45</b>					
<b>Score out of 100</b>					

Procedure: LYMPH NODE EXAMINATION  
 Department: DENTO- MAXILLOFACIAL RADIOLOGY  
 Form: ORAL DIAGNOSIS AND DENTO-MAXILLOFACIAL RADIOLOGY  
 CLINICAL EVALUATION FORM  
 Number: RADIOLOGY CEF 3



<b>Student's Name-Surname</b>	
<b>Student's Number</b>	
<b>Class / Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	With This Form, The Student Lymph Node Examination Respectively And Complete To be done It is intended
<b>Duration of Practice</b>	10-15 minutes
<b>Required Tools and Instrumans</b>	Gloves, Mask
<b>Point to Consider During Evaluation</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	The Lymph Node Examination is evaluated using four main headings and a total of 14 criteria. The scale is scored with four success scores (0, 1, 2, and 3), corresponding to a maximum of 42 points. The total score is divided by 42 and multiplied by 100 to determine the student's score out of 100. Important feedback observed is written in the 'Student Feedback' section.

Lymph Node Examination		Level of Success
<b>A</b>	<b>Assessment of preparation and knowledge level</b>	
	A.1 Knows the anatomical locations of the lymph nodes in the head and neck region.	
	A.2 Knows the examination methods of lymph nodes.	
	A.3 Knows the location and order of lymph drainage of dental tissues.	
	A.4 Knows the clinical possibilities corresponding to the consistency, surface, temperature and tissue properties of the lymph nodes.	
<b>B</b>	<b>Patient communication</b>	
	B.1 Provides relevant information to the patient before the examination.	
	B.2 Approaches the patient with respect and confidence.	
	B.3 Ensures about the patient's comfort during the lymph node examination.	
<b>C</b>	<b>Practical ability and application</b>	
	C.1 Correctly examines the submandibular, submental, preauricular, postauricular, occipital, cervical and supraclavicular lymph nodes by palpation.	

	C.2 Positions the patient's head and neck according to the lymph node location to be examined.	
	C.3 Location around the patient according to the lymph node location to be examined and dental adjusts the unit accordingly.	
<b>D</b>	<b>Recording and evaluating results</b>	
	D.1 Records the lymph node examination results.	
	D.2 Makes correct interpretation and evaluation of lymph node examination results.	
	D.3. If necessary, directs for consultation and further examination.	
	D.4 Directs the patient for appropriate treatment.	
<b>TOTAL SCORE</b>		
<b>TOTAL SCORE</b>		
<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

Criteria	Levels of Success				Success Grade
	0	1	2	3	
A.1 Knows the anatomical locations of the lymph nodes in the head and neck region.	Does not know the anatomical locations of the lymph nodes in the head and neck region.	Partially knows the anatomical locations of the lymph nodes in the head and neck region.	Knows the anatomical locations of the lymph nodes in the head and neck region at an acceptable level.	Knows the anatomical locations of the lymph nodes in the head and neck region.	
A.2 Knows the examination methods of lymph nodes.	Does not know the methods of examination of lymph nodes.	Partially knows the examination methods of lymph nodes.	Knows the examination methods of lymph nodes at an acceptable level.	Knows the examination methods of lymph nodes completely.	
A.3 Knows the location and order of lymph drainage of dental tissues.	Does not know the location and order of lymph drainage of dental tissues.	Partially knows the location and order of lymph drainage of dental tissues.	Dental tissues at an acceptable level.	dental tissues completely.	
A.4 Knows the clinical possibilities corresponding to the consistency, surface, temperature and tissue properties of the lymph nodes.	The consistency, surface, temperature and tissue properties of the lymph nodes do not give rise to clinical possibilities.	The correspondence of consistency, surface, temperature and tissue properties of the lymph nodes partially predicts their clinical possibilities.	The consistency, surface, temperature and tissue properties of the lymph nodes provide an acceptable level of clinical probability.	The correspondence of consistency, surface, temperature and tissue properties of the lymph nodes fully knows their clinical possibilities.	
B.1 Provides relevant information to the patient before the examination.	Does not provide any information to the patient before the examination.	Provides partial information to the patient before the examination.	Provides acceptable information to the patient before the examination.	Provides complete information to the patient before the examination.	
B.2 Approaches the patient with respect and confidence.	He did not approach the patient with any respect or confidence.	He approached the patient with some respect and confidence.	He approached the patient with an acceptable level of respect and self-confidence.	He approached the patient with complete respect and confidence.	
B.3 Ensures about the patient's comfort during the lymph node examination.	He did not care about the patient's comfort during the lymph node examination.	He paid some attention to the patient's comfort during the lymph node examination.	The patient's comfort was considered at an acceptable level during the lymph node examination.	He took full care of the patient's comfort during the lymph node examination.	
C.1 Correctly examines the submandibular, submental, preauricular, postauricular, occipital, cervical and	He did not correctly examine the submandibular, submental, preauricular, postauricular,	He partially correctly examined the submandibular, submental, preauricular, postauricular,	He examined the submandibular, submental, preauricular, postauricular,	The submandibular, submental, preauricular, postauricular, occipital, cervical and	

supraclavicular lymph nodes by palpation.	occipital, cervical, and supraclavicular lymph nodes by palpation.	occipital, cervical and supraclavicular lymph nodes by palpation.	occipital, cervical, and supraclavicular lymph nodes by palpation with acceptable accuracy.	supraclavicular lymph nodes completely and accurately by palpation.	
C.2 Positions the patient's head and neck according to the lymph node location to be examined.	He did not position the patient's head and neck according to the lymph node location he would examine.	He partially correctly positioned the patient's head and neck according to the lymph node location he would examine.	He positioned the patient's head and neck at an acceptable level according to the lymph node location to be examined.	the patient's head and neck positioning completely appropriately according to the lymph node location to be examined.	
C3. Location around the patient according to the lymph node location to be examined and dental adjusts the unit accordingly.	The location of the lymph node to be examined, it is not located in the right location around the patient and dental did not adjust the unit accordingly.	Location around the patient according to the lymph node location to be examined and dental partially adjusted the unit accordingly.	Location around the patient at an acceptable level according to the lymph node location to be examined and has an acceptable level of dental adjusted the unit accordingly.	The exact location around the patient according to the lymph node location to be examined and dental the unit was completely adjusted accordingly.	
D.1 Records the lymph node examination results.	He did not record the lymph node examination results.	Partially recorded the results of the lymph node examination.	Lymph node examination results were recorded at an acceptable level.	He recorded the lymph node examination results at a completely accurate level.	
D.2 Makes correct interpretation and evaluation of lymph node examination results.	He never made any correct interpretation or evaluation of the lymph node examination results.	He made a partially correct interpretation and evaluation of the lymph node examination results.	The lymph node examination results were interpreted and evaluated with acceptable accuracy.	The lymph node examination result was completely correct, and the evaluation was made at the ideal level.	
D.3. If necessary, directs for consultation and further examination.	If necessary, he did not refer for consultation and further examination.	If necessary, he partially referred for consultation and further examination.	If necessary, he/she was referred for consultation and further examination at an acceptable level.	If necessary, he referred me for consultation and further examination at the appropriate level.	
D.4 Directs the patient for appropriate treatment.	He did not refer the patient for appropriate treatment.	Partially referred the patient for appropriate treatment.	Guided the patient to appropriate treatment at an acceptable level.	He guided the patient to the appropriate level for appropriate treatment.	
Score out of 42					
Score out of 100					

Procedure: ORTHOPANTOMOGRAPHY PREPARATION

Department: DENTO MAXILLOFACIAL RADIOLOGY

Form: ORAL DIAGNOSIS DENTO-MAXILLOFACIAL RADIOLOGY  
CLINICAL EVALUATION FORM



Number: RADIOLOGY CEF 4

<b>Student's Name-Surname</b>	
<b>Student Number</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	This Form is intended to ensure that the Orthopantomography is performed completely and in the appropriate order.
<b>Duration of Practice</b>	5 minutes
<b>Required Tools and Instruments</b>	Orthopantomography device, Lead Apron, Gloves, Mask, Disposable Bite Bar Cover, Digital Imaging System
<b>Points to Consider During Evaluation</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	Orthopantomography Preparation is evaluated using four main headings and a total of 15 criteria. The scale is scored with four success scores (0, 1, 2, and 3), corresponding to a maximum of 45 points. The total score is divided by 45 and multiplied by 100 to determine the student's score out of 100. Important feedback observed is written in the 'Student Feedback' section.

Orthopantomographic Shooting		Level of Success
<b>A</b>	<b>Obtaining Patient Information</b>	
	A.1 Female Patients were asked about their pregnancy status.	
	A.2 The patient's record was created	
<b>B</b>	<b>Patient Information</b>	
	B.1 The patient was informed about the movement of the device and the duration of the scan.	
	B.2 Information was given on how to position the patient on the device	
	B.3 Instructed the patient on how to bite the bite block.	
	B.4 The patient was informed that he should swallow by closing his lips and stick his tongue to the palate.	
	B.5 The patient was informed that he/she should remain motionless during the imaging period.	
<b>C</b>	<b>Patient Preparation</b>	
	C.1 Remove metallic objects (jewelry, prosthesis, glasses, etc.) from the patient's head and neck area from the irradiation area.	
	C.2 The patient was dressed in a lead apron	
	C.3 He placed the patient on the cephalostat and asked him to step forward and take a ski position by placing his hands on the holders on the machine.	
	C.4 The patient was asked to bite the bite bar notch with his upper and lower incisors.	
	C.5 The patient was told to keep his tongue on his hard palate and not move at all during the irradiation period (18 seconds).	
	C.6 Irradiation was performed with appropriate doses and parameters.	
<b>D</b>	<b>Post-Radiography Physician Performance Evaluation</b>	
	D.1 The image is artifact-free.	
	D.2 The resulting image is free of positioning errors.	
<b>TOTAL SCORE</b>		
<b>TOTAL SCORE</b>		
<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

	Levels of Success				
Criteria	0	1	2	3	Success Grade
A.1 Female Patients were asked about their pregnancy status.	Female patients were not asked about their pregnancy status.	Female patients were partially asked about their pregnancy status.	Female patients were asked about their pregnancy status at an acceptable level.	Female patients were asked about their pregnancy status at a completely appropriate level.	
A.2 The patient's record was created.	The patient's record was not created.	The patient's record was partially created.	The patient's record was created at an acceptable level.	The patient's record was created at a completely appropriate level.	
B.1 The patient was informed about the movement of the device and the duration of the scan.	The patient was not informed about the movement of the device and the duration of the imaging.	The patient was partially informed about the movement of the device and the duration of the imaging.	The patient was given an acceptable level of information about the device's movement and the duration of the imaging.	The patient was given fully appropriate information regarding the movement of the device and the duration of the exposure.	
B.2 Information was given on how to position the patient on the device	No information was given on how to position the patient on the device.	Partial information was given on how to position the patient on the device.	Information on how to position the patient on the device was given at an acceptable level.	Information on how to position the patient on the device was provided at a completely appropriate level.	
B.3 The patient was instructed on how to bite the bite block.	The patient was not instructed on how to bite the bite block.	The patient was partially instructed on how to bite the bite block.	The patient was given adequate instruction on how to bite the bite block.	The patient was fully instructed on how to bite the bite block.	
B.4 The patient was informed that he should swallow by closing his lips and stick his tongue to the palate.	The patient was not informed that he should swallow by closing his lips and sticking his tongue to the palate.	The patient was partially informed that he should swallow by closing his lips and sticking his tongue to the palate.	The patient was informed to an acceptable extent that he should swallow by closing his lips and sticking his tongue to the palate.	The patient was fully informed that he should swallow by closing his lips and sticking his tongue to the palate.	
B.5 The patient was informed that he/she should remain motionless throughout the imaging period.	The patient was not informed that he/she had to remain motionless throughout the duration of the scan.	The patient was partially informed that he/she should remain motionless throughout the duration of the scan.	The patient was informed to an acceptable extent that he/she should remain motionless throughout the duration of the imaging.	The patient was fully informed that he/she must remain motionless throughout the duration of the scan.	

C.1 Removed metallic objects (jewelry, prosthesis, glasses, etc.) located in the patient's head and neck area from the irradiation area.	Metallic objects (jewelry, prosthesis, glasses, etc.) located in the patient's head and neck area were not removed from the irradiation area.	Partially removed metallic objects (jewelry, prosthesis, glasses, etc.) located in the patient's head and neck area from the irradiation area.	Metallic objects (jewelry, prosthesis, glasses, etc.) located in the patient's head and neck area were removed from the irradiation area at an acceptable level.	Metallic objects (jewelry, prosthesis, glasses, etc.) located in the patient's head and neck area were removed from the irradiation area at an appropriate level.	
C.2 The patient was dressed in a lead apron.	The patient was not given a lead apron.	The patient was partially dressed in a lead apron.	was dressed in an acceptable lead apron.	The patient was dressed in a lead apron at an appropriate level.	
C.3 The patient was asked to place the cephalostat and step forward, placing his hands on the holders on the machine and assuming ski position.	The patient was not asked to place the cephalostat and step forward, nor was he asked to assume a ski position by placing his hands on the holders on the machine.	The patient was placed on the cephalostat and asked to step forward and partially assume a ski position by placing his hands on the holders on the machine.	The patient was asked to place the patient on the cephalostat, step forward, place his hands on the holders on the machine and assume a ski position at an acceptable level.	The patient was asked to place the patient in the cephalostat, step forward, place his hands on the holders on the machine and assume a ski position at a completely appropriate level.	
C.4 The patient was asked to bite the bite bar notch with his upper and lower incisors.	The patient was not asked to bite the bite bar because his upper and lower incisors were notched.	The patient was asked to partially bite the bite bar notch with his upper and lower incisors.	The patient was asked to bite the bite bar notch with his upper and lower incisors at an acceptable level.	The patient was asked to bite the bite bar notch with his upper and lower incisors at a completely appropriate level.	
C.5 The patient was told to keep his tongue on his hard palate and not move at all during the irradiation period (18 seconds).	The patient was told to keep his tongue on his hard palate and not move at all during the irradiation period (18 seconds).	The patient was partially instructed to keep his tongue on his hard palate and not move at all during the irradiation period (18 seconds).	The patient was told to keep his tongue on his hard palate and not move at all during the irradiation period (18 seconds).	The patient was told to keep his tongue on his hard palate and not move at all during the irradiation period (18 seconds).	
C.6 Irradiation was performed with appropriate doses and parameters.	Irradiation was not performed with appropriate doses and parameters.	Irradiation was partially performed with appropriate doses and parameters.	Irradiation was performed at an acceptable level with appropriate doses and parameters.	Irradiation was performed at the appropriate level with appropriate doses and parameters.	
D.1 The image is artifact-free.	The resulting image is heavily artifacted.	The image is partially artifact-free.	The acquired image is acceptably artifact-free.	The acquired image is completely artifact-free.	
D.2 The resulting image is free of positioning errors.	The resulting image contains positioning errors.	The resulting image contains minor positioning errors.	The resulting image is free of significant positioning errors.	The resulting image is completely free of positioning errors.	
Score out of 45					
Score out of 100					

Procedure: PREPARATION FOR PERIAPICAL RADIOGRAPHY

Department: DENTO- MAXILLOFACIAL RADIOLOGY

Form: ORAL DIAGNOSIS AND DENTO-MAXILLOFACIAL RADIOLOGY  
CLINICAL EVALUATION FORM



Number: RADIOLOGY CEF 5

<b>Student's Name-Surname</b>	
<b>Student Number</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name Surname</b>	
<b>Learning Objective</b>	Intraoral Radiography Tube, Gloves, Mask, Digital Imaging System, Intraoral Image Receptor, Disposable Sensor Cover
<b>Duration of Practice</b>	5 minutes
<b>Required Tools and Instruments</b>	Intraoral Radiography Tube, Gloves, Mask, Digital Imaging System, Intraoral Image Receptor, Disposable Sensor Cover
<b>Points to Consider During Evaluation</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	Periapical Radiography Preparation is evaluated using four main headings and a total of 11 criteria. The scale is scored with four success scores (0, 1, 2, and 3), corresponding to a maximum of 33 points. The total score is divided by 33 and multiplied by 100 to determine the student's score out of 100. Important feedback observed is written in the 'Student Feedback' section.

Periapical Film		Level of Success
<b>A</b>	<b>Obtaining Patient Information</b>	
	A.1 Female patients were asked about their pregnancy status.	
	A.2 The patient's personal information (name-surname, date of birth) was recorded in the system.	
<b>B</b>	<b>Informing the Patient</b>	
	B.1 The patient was informed about the procedure.	
<b>C</b>	<b>Positioning the Patient</b>	
	C.1 The patient positioned his head so that the Frankfort plane was parallel to the floor	
	C.2 The sensor was placed in the mouth with a protective cover, and the patient was allowed to hold it.	
	C.3 The patient was ensured to hold the sensor with the appropriate hand and finger.	
	C.4 Care was taken to direct the central ray perpendicular to the bisector of the angle formed by the long axis of the tooth and the plane of the film	
	C.5 The door was closed and we went out	
	C.6 Irradiation was performed with appropriate doses and parameters	
<b>D</b>	<b>Post-radiography Physician Performance Evaluation</b>	
	D.1 The image is artifact-free.	
	D.2 The resulting image is free of positioning errors.	
<b>TOTAL SCORE</b>		
<b>TOTAL SCORE</b>		
<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

	Levels of Success				
Criteria	0	1	2	3	Success Grade
A.1 Female patients were asked about their pregnancy status.	Female patients were not asked about their pregnancy status.	Female patients were partially asked about their pregnancy status.	Female patients were asked about their pregnancy status at an acceptable level.	Female patients were asked about their pregnancy status at a completely appropriate level.	
A.2 The patient's personal information (name-surname, date of birth) was recorded in the system.	The patient's personal information (name-surname, date of birth) was not recorded in the system.	The patient's personal information (name-surname, date of birth) was partially recorded in the system.	The patient's personal information (name-surname, date of birth) was recorded in the system at an acceptable level.	The patient's personal information (name-surname, date of birth) was recorded in the system at a fully appropriate level.	
B.1 The patient was informed about the procedure.	The patient was not informed about the procedure.	The patient was partially informed about the procedure.	The patient was informed about the procedure at an acceptable level.	The patient was fully informed about the procedure.	
C.1 The patient positioned his head so that the Frankfort plane was parallel to the floor.	The patient did not position his head so that the Frankfurt plane was parallel to the floor.	The patient positioned his head so that the Frankfurt plane was partially parallel to the floor.	The patient positioned his head so that the Frankfurt plane was parallel to the floor at an acceptable level.	The patient positioned his head at the appropriate level, with the Frankfurt plane parallel to the floor.	
C.2 The sensor was placed in the mouth with a protective cover, and the patient was allowed to hold it.	The sensor was never placed in the mouth with the protective cover, and the patient was not allowed to hold it.	The sensor was partially placed in the mouth with a protective cover, and the patient was able to partially hold it.	The sensor was placed in the mouth at an acceptable level with a protective sheath, and the patient was allowed to hold it.	The sensor was placed inside the mouth at the appropriate level with the protective cover, and the patient was allowed to hold it.	

C.3 The patient was ensured to hold the sensor with the appropriate hand and finger.	The patient could not hold the sensor with the appropriate hand and finger.	The patient was partially enabled to hold the sensor with the appropriate hand and finger.	The patient was ensured to hold the sensor with an acceptable hand and finger.	The patient was ensured to hold the sensor at the appropriate level with the appropriate hand and finger.	
C.4 Care was taken to direct the central ray perpendicular to the bisector of the angle formed by the long axis of the tooth and the plane of the film	Care was not taken to direct the central ray perpendicular to the bisector of the angle formed by the long axis of the tooth and the plane of the film	The central ray was only partially directed perpendicular to the bisector of the angle formed by the long axis of the tooth and the plane of the film.	The central ray was directed perpendicular to the bisector of the angle to an acceptable standard.	The central ray was fully and correctly directed perpendicular to the bisector of the angle formed by the long axis of the tooth and the plane of the film.	
C.5 The door was closed and they went out.	The door was closed and there was no going out.	The door was closed, and part of the way out was achieved.	The door was closed and exited at an acceptable level.	The door was closed and exited at a completely appropriate level.	
C.6 Irradiation was performed with appropriate doses and parameters.	Irradiation was not performed with appropriate doses and parameters.	Partial irradiation was performed with appropriate doses and parameters.	Acceptable levels of irradiation were achieved with appropriate doses and parameters.	Irradiation was performed at a completely appropriate level with appropriate doses and parameters.	
D.1 The image formed after shooting is artifact-free.	The resulting image is heavily artifacted.	The image is partially artifact-free.	The acquired image is acceptably artifact-free.	The acquired image is completely artifact-free.	
D.2 There is no positioning error in the image created after shooting.	The resulting image contains positioning errors.	The resulting image contains minor positioning errors.	The resulting image is free of significant positioning errors.	The resulting image is completely free of positioning errors.	
Score out of 42					
Score out of 100					

Procedure: APPLYING VITALITY TEST

Department: DENTO- MAXILLOFACIAL RADIOLOGY

Form: ORAL DIAGNOSIS AND DENTO- MAXILLOFACIAL RADIOLOGY  
CLINICAL EVALUATION FORM

Number: RADIOLOGY CEF 6



<b>Student's Name-Surname</b>	
<b>Student Number</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	This Form aims to perform the EPT (Electric Pulp Test) and cold test completely.
<b>Duration of Practice</b>	5 minutes
<b>Necessary Tools and Equipment</b>	Cotton Roll, Mouth Mirror, Probe, Press, Ethyl Chloride Spray, Ice Piece (Dry Ice), Gel Toothpaste, Electric Pulp Test (EPT)
<b>Required Tools and Instruments</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	The Vitality Test Application is divided into two categories: EPT and Cold Test. It is evaluated using four main headings and a total of 11 criteria. The scale is scored with four success scores (0, 1, 2, and 3), corresponding to a maximum of 33 points. The total score is divided by 33 and multiplied by 100 to determine the student's score out of 100. Important feedback observed is written in the 'Student Feedback' section.

VITALITY TEST APPLICATION		SCORE		
	<b>A</b>	<b>Assessment of preparation and knowledge level</b>		
		A.1 Has general knowledge about EPT/cold test and knows the purpose of its application.		
		Knows the steps of applying EPT/cold test.		
	<b>B</b>	<b>Patient communication</b>		
		B.1 Provides the necessary information to the patient about the EPT / cold test.		
		B.2 Approaches the patient with respect and confidence.		
		B.3 Ensures about the patient's comfort during the EPT/cold test.		
	<b>EPT</b>	<b>C</b>	<b>Practical ability and application</b>	
			C.1 Prepares the vitalometer correctly, places the conductive electrode in the mouth, and ensures saliva isolation. Dries the tooth to be EPT and the symmetrical tooth with air and water spray.	
			C.2 Prepares toothpaste or gel to wet the tip of the vitalometer to ensure conductivity and applies it to the tooth.	
		C.3 Vitalometry is applied to the cervical part of the tooth in question, avoiding the area with restoration, if any.		
		C.4 Apply the vitalometer correctly and test the symmetrical tooth for comparison		
<b>D</b>		<b>Evaluation of EPT results</b>		
		D.1 Record and compare the results obtained from the tooth to which EPT was applied and the symmetrical tooth.		
		D.2 Determines the appropriate treatment plan.		
<b>COLD TEST</b>	<b>C</b>	<b>Practical ability and application</b>		
		C.1 Isolate the tooth to be tested from saliva. Spray a cotton pellet with ethyl chloride or prepare a pellet with CO <sub>2</sub> ice.		
		C.2 Cotton pellet the pressel contacts the tooth.		
		C.3 Applies to the buccal surface of the relevant tooth for 1-3 seconds.		
		C.4 Performs the cold test correctly and tests the symmetrical tooth for comparison.		
	<b>D</b>	<b>Evaluation of cold test results</b>		
		D.1 Record and compare the results obtained from the tooth on which the cold test was applied and the symmetrical tooth.		
		D.2 Determines the appropriate treatment plan.		
	<b>TOTAL SCORE</b>			
	<b>TOTAL SCORE</b>			
<b>Student Feedback</b>				
<b>Student's Signature</b>		<b>Supervisor's Signature</b>		

	Levels of Success				
Criteria	0	1	2	3	Success Grade
A.1 Has general knowledge about EPT/Cold Test and knows the purpose of its application.	He/she has no general knowledge about EPT/Cold Test and does not know the purpose of its application.	He/she has partial general knowledge about EPT/Cold Test and partially knows the purpose of its application.	He/she has an acceptable level of general knowledge about EPT/Cold Test and knows the purpose of its application at an acceptable level.	He/she has complete general knowledge about EPT/Cold Test and fully understands the purpose of its application.	
A.2 Knows the application steps of EPT/ Cold Test.	Does not know the application steps of EPT/Cold Test.	Partially knows the steps of applying EPT/Cold Test.	EPT/Cold Test at an acceptable level.	Knows the steps of applying EPT/Cold Test completely.	
B.1 Provides the necessary information to the patient about the EPT / Cold Test.	Does not provide the necessary information to the patient about the EPT/Cold Test.	Provides the necessary information to the patient about EPT/Cold Test.	Provides the necessary information to the patient about the EPT/Cold Test at an acceptable level.	Provides the patient with all necessary information about the EPT/Cold Test.	
B.2 Approaches the patient with respect and confidence.	Does not approach the patient with respect and confidence.	Approaches the patient with some respect and self-confidence.	Approaches the patient with an acceptable level of respect and self-confidence.	Approaches the patient with a completely appropriate level of respect and self-confidence.	
B.3 Ensures about the patient's comfort during the EPT/Cold Test.	Does not consider patient comfort during EPT/Cold Test.	Partially ensures about patient comfort during EPT/Cold Test.	Ensures patient comfort is at an acceptable level during the EPT/Cold Test.	The patient's comfort is fully considered at the appropriate level during the EPT/Cold test.	
C.1 Prepares the vitalometer correctly and ensures saliva	The vitalometer correctly and did not ensure saliva	It partially prepares the vitalometer and partially	The vitalometer to an acceptable level and ensures	The vitalometer to the correct level and ensures	

isolation. Dries the tooth to be EPT and the symmetrical tooth with air-water spray.	isolation at all. He did not dry the tooth to be EPT and the symmetrical tooth with air and water spray.	ensures saliva isolation. It partially dries the tooth to be EPT and the symmetrical tooth with air-water spray.	acceptable saliva isolation. Dries the tooth to be EPT and the symmetrical tooth to an acceptable level with air-water spray.	complete saliva isolation. It also dries the tooth to be EPT and the symmetrical tooth to the correct level with air-water spray.	
C.2 Prepares toothpaste or gel to wet the tip of the vitalometer to ensure conductivity and applies it to the tooth.	To ensure conductivity, the toothpaste or gel that will wet the tip of the vitalometer is not prepared and applied to the tooth.	To ensure conductivity, he partially prepares the toothpaste or gel that will wet the tip of the vitalometer and partially applies it to the tooth.	He/She prepared an acceptable level of toothpaste or gel to wet the tip of the vitalometer and applied it to the tooth at an acceptable level.	To ensure conductivity, he prepared exactly the right amount of toothpaste or gel to wet the tip of the vitalometer and applied it to the tooth at exactly the right level.	
C.3 Vitalometry is applied to the cervical part of the tooth in question, avoiding the area with restoration, if any.	The vitalometer is not applied to the cervical part of the tooth in question, and does not avoid the part with restoration, if any.	The vitalometer is applied partially to the cervical part of the tooth in question, partially avoiding the restored part, if any.	The vitalometer applied an acceptable level from the cervical part of the relevant tooth and avoided an acceptable level from the restored part, if any.	The vitalometer was applied to the cervical part of the relevant tooth at the correct level, avoiding the part with restorations, if any.	
C.4 Apply the vitalometer correctly and test the symmetrical tooth for comparison.	The vitalometer correctly and did not test the symmetrical tooth for comparison.	The vitalometer partially correctly and applies the test partially correctly to the symmetrical tooth for comparison.	Vitalometry with acceptability and accuracy and performs the test on the symmetrical tooth with acceptability and accuracy for comparison.	The vitalometer completely accurately and tests the symmetrical tooth completely appropriately for comparison.	
D.1 Records and compares the results obtained from the tooth to which EPT was applied and the symmetrical tooth.	It does not record and compare the results obtained from the tooth applied by EPT and the symmetrical tooth.	EPT and the symmetrical tooth partially accurately.	EPT and the symmetrical tooth at an acceptable level of accuracy.	It records and compares the results obtained from the tooth applied by EPT and the symmetrical tooth at a completely appropriate level.	
D.2 Determine appropriate treatment.	It does not determine appropriate treatment at all.	It partially determines appropriate treatment.	Determines appropriate treatment at an acceptable level.	Determines the appropriate treatment at the appropriate level.	

C.1 Isolate the tooth to be tested from saliva. Spray a cotton pellet with ethyl chloride or prepare a pellet with CO <sub>2</sub> ice.	He never isolated the tooth to be cold tested from saliva. He never sprayed ethyl chloride on a cotton pellet or prepared a pellet with CO <sub>2</sub> ice.	The cold test involves partially isolating the tooth from saliva, partially spraying ethyl chloride onto a cotton pellet, or preparing a pellet with CO <sub>2</sub> ice.	The cold test isolates the tooth to be tested from saliva at an acceptable level. Sprays a cotton pellet with ethyl chloride at an acceptable level or prepares a pellet with CO <sub>2</sub> ice.	The cold test isolates the tooth to be applied from saliva at a completely appropriate level and sprays a cotton pellet with a completely appropriate level of ethyl chloride or prepares a pellet with CO <sub>2</sub> ice.	
C.2 Cotton pellet the pressel contacts the tooth.	Does not apply the cotton pellet to the tooth.	Cotton pellets the pressel partially contacts the tooth.	Cotton pellets the presselle provides acceptable contact with the tooth.	Cotton pellets the presselle contacts the tooth at the appropriate level.	
C.3 Applies to the buccal surface of the relevant tooth for 1-3 seconds.	the buccal surface of the relevant tooth for 1-3 seconds.	Partially apply to the buccal surface of the relevant tooth for 1-3 seconds.	Buccal surface of the relevant tooth at an acceptable level for 1-3 seconds.	Buccal surface of the relevant tooth at a completely appropriate level for 1-3 seconds.	
C.4 Performs the cold test correctly and tests the symmetrical tooth for comparison.	He did not apply the cold test correctly and did not test the symmetrical tooth for comparison.	It applies the cold test partially correctly and applies the test to the partially symmetrical tooth for comparison.	It performs the cold test acceptably accurately and performed an acceptable level of testing on the symmetrical tooth for comparison.	It performs the cold test at a completely appropriate level and performs the test at a completely appropriate level on the symmetrical tooth for comparison.	
D.1 Record and compare the results obtained from the tooth on which the cold test was applied and the symmetrical tooth.	It does not record and compare the results obtained from the tooth on which the cold test was applied and the symmetrical tooth.	It records and compares the results obtained from the tooth on which the cold test was applied and the symmetrical tooth, partially accurately.	It records and compares the results obtained from the tooth on which the cold test was applied and the symmetrical tooth at an acceptable level.	It records and compares the results obtained from the tooth on which the cold test was applied and the symmetrical tooth at a completely appropriate level.	
D.2 Determine appropriate treatment.	It does not determine appropriate treatment.	It determines the appropriate treatment at the correct rate.	Determines appropriate treatment with acceptable accuracy.	Determines the appropriate treatment in an ideal and accurate manner.	
Score out of 33					
Score out of 100					

Procedure: BLOOD PRESSURE MEASUREMENT

Department: DENTO- MAXILLOFACIAL RADIOLOGY

Form: ORAL DIAGNOSIS AND DENTO-MAXILLOFACIAL RADIOLOGY  
CLINICAL EVALUATION FORM



Number: RADIOLOGY CEF 7

<b>Student's Name-Surname</b>	
<b>Student Number</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name Surname</b>	
<b>Learning Objective</b>	This form aims to ensure that the student's blood pressure is measured sequentially and completely.
<b>Duration of Practice</b>	5 minutes
<b>Required Tools and Instruments</b>	Blood pressure monitor, Stethoscope
<b>Points to Consider During Evaluation</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	Blood pressure measurement is assessed using four main headings and a total of 12 criteria. The scale is scored with four success scores (0, 1, 2, and 3), corresponding to a maximum of 36 points. The total score is divided by 36 and multiplied by 100 to determine the student's score out of 100. Important feedback observed is written in the 'Student Feedback' section.

Blood Pressure Measurement		Level of Success
<b>A</b>	<b>Assessment of preparation and knowledge level</b>	
	A.1 Has general knowledge about blood pressure measurement.	
	A.2 Has knowledge about the blood pressure monitor and uses it correctly.	
	A.3 Knows the physiological/pathological changes of blood pressure.	
<b>B</b>	<b>Patient communication</b>	
	B.1 Informs the patient accurately before the procedure.	
	B.2 After the procedure, informs the patient about blood pressure and pulse rate.	
<b>C</b>	<b>Practical ability and application</b>	
	C.1 Before the measurement, make sure that the patient has not done any physical activity and is in a calm position.	
	C.2 Checks that the blood pressure monitor is functioning correctly, wraps the cuff on the patient's right/left arm approximately 2.5-3 cm above the antecubital fossa, ensures the cuff is level with the heart, and supports the patient's arm.	
	C.3 Palpates the brachial artery and places the stethoscope diaphragm over it. Inflates the cuff to 180 mm Hg and reduces the air pressure by 2 mm Hg per second. Determines the values at which the first sound is heard (systolic pressure) and the last (diastolic pressure).	
	C.4 Obtains and evaluates measurement results correctly.	
	C.5 Records pulse rate and pulse shape.	
<b>D</b>	<b>Recording and evaluating results</b>	
	D.1 Records blood pressure results accurately.	
	D.2 Evaluates the results and, if necessary, directs the patient to the relevant branch.	
<b>TOTAL SCORE</b>		
<b>TOTAL SCORE</b>		
<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

Criteria	Levels of Success				Success Grade
	0	1	2	3	
A.1 Has general knowledge about blood pressure measurement.	There is no general knowledge about blood pressure measurement.	He/she has partial general knowledge about blood pressure measurement.	General knowledge about blood pressure measurement is at an acceptable level.	His/her general knowledge about blood pressure measurement is at an ideal level.	
A.2 Has knowledge about the blood pressure monitor and uses it correctly.	He/she has no knowledge about the blood pressure monitor and does not use it correctly.	He/she has partial knowledge about the blood pressure monitor and uses it partially correctly.	Has an acceptable level of knowledge about the blood pressure monitor and uses it correctly to an acceptable level.	He/she has an ideal level of knowledge about the blood pressure monitor and uses it ideally and correctly.	
A.3 Knows the physiological/pathological changes of blood pressure.	Does not know the physiological/pathological changes in blood pressure.	Partially knows the physiological/pathological changes in blood pressure.	Knows the physiological/pathological changes of blood pressure at an acceptable level.	Knows completely the physiological/pathological changes of blood pressure.	
B.1 Informs the patient accurately before the procedure.	Does not inform the patient correctly before the procedure.	Provides partially accurate information to the patient before the procedure.	Provides the patient with acceptable and accurate information before the procedure.	Provides the patient with complete and accurate information before the procedure.	
B.2 After the procedure, informs the patient about blood pressure and pulse rate.	The patient is not informed about blood pressure and pulse rate after the procedure.	After the procedure, the patient is partially informed about blood pressure and pulse rate.	Provides acceptable levels of information to the patient regarding blood pressure and pulse rate after the procedure.	After the procedure, the patient is informed about blood pressure and pulse rate at an ideal level.	
C.1 Before the measurement, make sure that the patient has not done any physical activity and is in a calm position.	It is not taken into account that the patient has not done any physical activity and is in a calm position before the measurement.	Particular attention is paid to the fact that the patient has not done any physical activity and is in a calm position before the measurement.	Before the measurement, the patient is taken care to ensure that he/she has not done any physical activity and is in a calm position.	Before the measurement, the patient is ideally careful to ensure that he/she has not done any physical activity and is in a calm position.	
C.2 Checks that the blood pressure monitor is functioning correctly, wraps the cuff on the patient's right/left arm approximately 2.5-3 cm above the antecubital fossa, ensures the	Does not check that the blood pressure monitor is functioning correctly, wraps the cuff on the patient's right/left arm approximately 2.5-3 cm above the	It partially checks that the blood pressure monitor is functioning correctly, wraps the cuff on the patient's right/left arm approximately 2.5-3 cm above the	Checks that the blood pressure monitor is functioning correctly, wraps the cuff on the patient's right/left arm approximately 2.5-3 cm above the antecubital fossa, ensures the cuff is level	Checks that the blood pressure monitor is functioning correctly, wraps the cuff on the patient's right/left arm approximately 2.5-3 cm above the antecubital fossa, ensures the cuff is level	

cuff is level with the heart, and supports the patient's arm.	antecubital fossa, ensures the cuff is level with the heart, and supports the patient's arm.	antecubital fossa, ensures the cuff is level with the heart, and supports the patient's arm.	with the heart, and supports the patient's arm was performed to an acceptable standard.	with the heart, and supports the patient's arm was performed perfectly.	
C.3 Palpates the brachial artery and places the stethoscope diaphragm over it. Inflates the cuff to 180 mm Hg and reduces the air pressure by 2 mm Hg per second. Determines the values at which the first sound is heard (systolic pressure) and the last (diastolic pressure).	Palpate the brachial artery and place the stethoscope diaphragm over it. It does not inflate the cuff to 180 mm Hg and reduce the air pressure by 2 mm Hg per second. It does not determine the values at which the first sound is heard (systolic pressure) and the last (diastolic pressure).	The stethoscope diaphragm is partially palpated and placed over the brachial artery. The cuff is inflated to 180 mm Hg and the air pressure is partially reduced by 2 mm Hg per second. The values at which the first sound is heard (systolic pressure) and the last (diastolic pressure) are partially determined.	The stethoscope diaphragm is palpated and placed over the brachial artery at an acceptable level. The cuff is inflated to 180 mm Hg and the air pressure is reduced to an acceptable level by 2 mm Hg per second. It accurately determines the first (systolic) and last (diastolic) pressures.	The stethoscope diaphragm is placed over the brachial artery, palpating it in an ideal manner. The cuff is inflated to 180 mm Hg and the air pressure is reduced by an ideal 2 mm Hg per second. The values at which the first sound is heard (systolic pressure) and the last (diastolic pressure) are determined in an ideal manner.	
C.4 Obtains and evaluates measurement results correctly.	Does not receive and evaluate measurement results correctly.	It receives and evaluates the measurement results correctly and partially correctly.	It takes and evaluates measurement results accurately at an acceptable level.	It receives and evaluates the measurement results in a completely ideal and accurate manner.	
C.5 Records pulse rate and pulse shape.	It does not record pulse rate and pulse shape.	It records pulse rate and pulse shape partially accurately.	It records pulse rate and pulse shape with acceptably high accuracy.	It records the pulse rate and pulse shape ideally and accurately.	
D.1 Records blood pressure results accurately.	Does not record blood pressure results accurately.	Records blood pressure results partially accurately.	Records blood pressure results with acceptable accuracy.	It records blood pressure results completely ideally and accurately.	
D.2 Evaluates the results and, if necessary, directs the patient to the relevant branch.	It does not evaluate the results and, if necessary, does not refer the patient to the relevant branch.	Partially evaluates the results and, if necessary, partially directs the patient to the relevant branch.	Evaluates the results and, if necessary, directs the patient to the relevant branch at an acceptable level.	Evaluates the results and, if necessary, directs the patient to the relevant branch in a fully appropriate manner.	
Score out of 36					
Score out of 100					

Procedure: SEMINAR EVALUATION

Department: DENTO- MAXILLOFACIAL RADIOLOGY

Form: ORAL DIAGNOSIS AND DENTO-MAXILLOFACIAL RADIOLOGY  
SEMINAR EVALUATION FORM

Number: RADIOLOGY SEF 1



<b>Student's Name-Surname</b>	
<b>Student Number</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name Surname</b>	
<b>Learning Objective</b>	This form aims to fully evaluate the seminar presentations of 5th grade students.
<b>Duration of Practice</b>	5-8 minutes
<b>Required Tools And Instruments</b>	Computer, internet connection, research databases, applications suitable for preparing presentations.
<b>Points to Consider During Evaluation</b>	Applying the procedures sequentially Ensuring the complete finalization of the process Proper creation of the product
<b>Scoring</b>	Seminar Conducting is evaluated using 10 criteria. The scale is scored with a total of four success scores (0, 1, 2, and 3), corresponding to a maximum of 30 points. The total score is divided by 30 and multiplied by 100 to determine the student's score out of 100. Important feedback observed is written in the 'Student Feedback' section.

<b>Conducting a Seminar</b>		<b>Level of Success</b>
<b>1</b>	The presentation includes the student's name, surname, number and group information.	
<b>2</b>	The student has verbally stated that the presentation was originally prepared and is free from plagiarism.	
<b>3</b>	Was added to the address created on Microsoft Teams within the specified time.	
<b>4</b>	Presentation duration is between 5-8 minutes.	
<b>5</b>	The student who prepared it appears small in the video and his voice is clearly audible.	
<b>6</b>	The seminar was prepared and presented in the student's language of instruction.	
<b>7</b>	The narrative is fluent, engaging and enjoyable to follow.	
<b>8</b>	The text and graphics of the prepared presentation are clearly visible on the screen.	
<b>9</b>	References are included in the presentation.	
<b>10</b>	The prepared presentation is not the same as the previous semester lecture notes, it is original.	
<b>TOTAL SCORE</b>		
<b>TOTAL SCORE</b>		
<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

	Levels of Success				
Criteria	0	1	2	3	Success Grade
The presentation includes the student's name, surname, number and group information.	The presentation does not include the student's name, surname, number, or group information.	The presentation partially includes the student's name, surname, number and group information.	The presentation includes the student's name, surname, number and group information at an acceptable level.	The presentation contains the student's name, surname, number and group information at the correct level.	
The student has verbally stated that the presentation was originally prepared and is free from plagiarism.	The presentation was not originally prepared, and the student failed to verbally declare that the work was original and not plagiarized.	The presentation was partially original, and the student's verbal declaration regarding its originality and non-plagiarized nature was incomplete or unclear.	The presentation was prepared to an acceptably original standard, and the student made an acceptable verbal declaration that the work was original and not plagiarized.	The presentation was entirely original, and the student clearly and correctly made the verbal declaration that it was their own work and free from plagiarism.	
was added to the address created on Microsoft Teams within the specified time.	has not been added to the address created on Microsoft Teams within the specified time.	was partially added to the address created on Microsoft Teams within the specified time.	Teams in an acceptable manner within the specified time.	was added to the address created on Microsoft Teams at an ideal level within the specified time.	
Presentation duration is between 5-8 minutes.	is not between 5-8 minutes.	The presentation duration is partly between 5-8 minutes.	The presentation time is acceptable between 5-8 minutes.	The ideal presentation time is between 5-8 minutes.	
The student who prepared it appears small in the video and his voice is clearly audible.	The student who prepared it does not appear as a minor in the video and his voice is not clearly audible.	The student who prepared the video appears partially small and his voice is partially heard clearly.	The student who prepared the video appears acceptably small and his voice is acceptably clear.	The student who prepared the video appears perfectly small and his voice is clearly heard at the ideal level.	

The seminar was prepared and presented in the student's language of instruction.	The seminar was not prepared or presented in the student's language of instruction.	The seminar is partially prepared and presented in the student's language of instruction.	The seminar was prepared and presented in the student's language of instruction at an acceptable level.	The seminar is prepared and presented in the student's ideal language of instruction.	
The narrative is fluent, engaging and enjoyable to follow.	The narrative is not fluent, interesting or enjoyable to follow.	The narrative is fluent, interesting and somewhat enjoyable to follow.	The narrative is fluent, engaging and acceptably enjoyable to follow.	The narrative is fluent, engaging and enjoyable to follow.	
The text and graphics of the prepared presentation are clearly visible on the screen.	The text and graphics of the prepared presentation are not clearly visible on the screen.	The text and graphics of the prepared presentation are partially visible clearly on the screen.	The text and graphics of the prepared presentation appear on the screen with acceptable clarity.	The text and graphics of the prepared presentation appear clearly and appropriately on the screen.	
The prepared presentation is not the same as the lecture notes of the instructors who taught this course.	The prepared presentation is the same as the lecture notes of the instructors who taught this course.	The prepared presentation is partially identical to the lecture notes of the instructors who taught this course.	The prepared presentation is acceptable and the same as the lecture notes of the instructors who taught this course.	The prepared presentation is not the same as the lecture notes of the instructors who taught this course.	
References are included in the presentation.	References are not included in the presentation.	References are partially included in the presentation.	References have been included in the presentation at an acceptable level.	References have been added to the presentation in full accordance with the instructions.	
The prepared presentation is not the same as the previous semester lecture notes, it is original.	The prepared presentation is the same as the previous semester lecture notes and is not original.	The prepared presentation is not the same as the previous semester lecture notes but is partially original.	The prepared presentation is not identical to the previous semester's lecture notes at an acceptable level, but it is original at an acceptable level.	The prepared presentation is not the same as the previous semester lecture notes, it is completely original.	
<b>Score out of 30</b>					
<b>Score out of 100</b>					

## PEDIATRIC DENTISTRY

Undergraduate education in Pediatric Dentistry encompasses both theoretical coursework and clinical practical training. Within the Department of Pediatric Dentistry, clinical training is delivered during the 4th and 5th years of study through chairside teaching in a clinical environment.

The program aims to ensure that, upon graduation, students possess both the theoretical knowledge and the clinical competence required to diagnose and manage pediatric patients. Graduates are expected to demonstrate proficiency in preventive, restorative, and endodontic treatments, thereby achieving a broad spectrum of clinical skills.

Practical training in pediatric dentistry addresses the oral and dental health of children aged 0–12 years. It includes the diagnosis and management of caries and trauma affecting primary and permanent teeth through restorative, endodontic, or surgical interventions. Preventive measures against dental caries and the use of interceptive orthodontic appliances are also integral components.

Key competencies include:

1. **Diagnosis and treatment planning:** Conducting clinical and radiographic examinations, establishing diagnoses, and determining treatment needs.
2. **Topical fluoride application:** Applying gels, varnishes, or solutions to strengthen enamel and prevent dental caries.
3. **Fissure sealants:** Placing protective materials in pits and fissures of molars, particularly in children at elevated caries risk.
4. **Composite restorations:** Restoring function and esthetics of carious or traumatized primary and permanent teeth with tooth-colored materials.
5. **Pulpotomy:** Performing vital pulp therapy in primary teeth with deep caries, where inflammation is confined to the coronal pulp, preserving the radicular pulp.
6. **Primary tooth extractions:** Removing primary teeth indicated for extraction under local anesthesia.
7. **Space maintainers:** Fabricating and placing appliances to preserve arch integrity in cases of premature primary tooth loss.

Certain skills acquired in Pediatric Dentistry, such as composite restorations, overlap with practices in other dental disciplines. For this reason, this guide presents examples of assessment and grading criteria for selected clinical skills only.

Procedure: PULPOTOMY IN PRIMARY TEETH

Department: PEDIATRIC DENTISTRY

Form: CLINICAL EVALUATION FORM

Number: PEDODONTICS CEF 1



<b>Student Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to perform pulpotomy treatment on primary teeth
<b>Duration of Practice</b>	60 minutes
<b>Required Tools and Equipment</b>	Mirror, probe, tweezers, airtor, micromotor and burs, topical anesthetic solution, syringe, local anesthetic solution, saline, excavator, spatula, mouth spatula, cotton pellets, saliva ejector, ferric sulfate, zinc oxide eugenol cement, glass ionomer cement, acid, bonding agent and brush, automatrix and band, composite resin, polymerization device, articulating paper, composite resin, polymerization device, articulation paper
<b>Points to Consider During Evaluation</b>	Compliance with clinical rules Completion of steps in correct order and within appropriate time Completion of treatment process without deficiency
<b>Scoring</b>	20 evaluation criteria, scored on 4 achievement levels. Score calculated out of 60, converted to 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Complies with clinical dress code		
	A2. Uses personal protective equipment		
	A3. Prepares the dental unit clean and orderly with instruments ready		
<b>B</b>	<b>Indications and Obtaining Consent</b>		
	B1. Greets patient and parent, takes medical history		
	B2. Performs clinical exam and evaluates radiograph.		
	B3. Provides information, obtains written consent after indication		
<b>C</b>	<b>Implementation of Treatment</b>		
	C1. Applies behavior guidance appropriate to child's age		
	C2. Correct topical anesthesia application		
	C3. Correct local anesthesia technique with behavior guidance.		
	C4. Caries removal with appropriate bur size and shape.		
	C5. Access cavity and pulpotomy preparation with suitable bur.		
	C6. Maintains proper isolation throughout procedure		
	C7. Achieves hemostasis with ferric sulfate-soaked pellet.		
	C8. Removes residual ferric sulfate with saline pellet.		
	C9. Covers canal orifices with zinc oxide eugenol cement.		
	C10. Applies glass ionomer cement over bas.		
	C11. Applies matrix band appropriately for multi-surface cavities.		
	C12. Restores tooth with composite resin.		
	C13. Checks occlusion.		
	C14. Takes postoperative radiograph.		

Criteria	Success Levels				Success Score
	0	1	2	3	
A1. Complies with clinical dress code rules.	Did not comply with any dress code rules.	Failed to comply with more than one dress code rule.	Almost all dress code rules have been followed.	All dress code rules have been followed.	
A2. Uses personal protective equipment.	Personal protective equipment has not been used at all.	Most personal protective equipment has not been used.	Most of the personal protective equipment has been used.	Personal protective equipment has been used completely.	
A3. Prepares the clinical unit in a clean and orderly manner. Tools and equipment are ready for use on the unit.	The cleanliness and order of the clinical unit are not at all appropriate. The tools and equipment on the unit are not ready for use.	Very few of the clinical unit and tools are clean, organized, and ready for use.	The cleanliness and order of the clinical unit are acceptable. The order of the tools and equipment is acceptable.	The clinical unit is clean and organized. The equipment is ready for use on the unit.	
B1. In the patient reception area, greets the patient and their guardian and takes their medical history.	Has not properly introduced themselves to the patient and their guardian, has not taken the medical history.	The patient and guardian were not properly greeted, and the medical history was incompletely taken.	The patient and guardian were partially introduced appropriately, and the medical history was taken almost completely.	In the patient reception area, the patient and their guardian are greeted appropriately, and a complete medical history is taken.	
B2. The unit admits the patient, performs a clinical examination, and reviews the X-ray.	The clinical examination is inadequate, and the X-ray review has been omitted.	The clinical examination and X-ray review are inadequate.	The clinical examination and X-ray review are partially adequate.	The clinical examination and X-ray review are ideally adequate.	
B3. After obtaining an indication from the responsible Supervisor's/research assistant, the patient's parent is verbally informed about the procedure and written consent is obtained.	The parent has not been informed about the procedure or the consent form has not been obtained.	The parent has been inadequately informed about the procedure or the consent form has been incompletely filled out.	The consent form has been completed in full. The parent has been informed about the procedure to an acceptable degree.	The consent form has been completed in full. The parent has been informed about the procedure.	
C1. Provides information about the procedure to be performed using age-appropriate behavior management techniques and introduces the unit and equipment.	The unit and equipment were not introduced to the child at all.	When introducing the unit and equipment to the child, an age-appropriate behavior management technique was not selected.	A behavior management technique partially appropriate for the child's age was selected, and the unit and equipment were introduced to an acceptable degree.	The ideal behavior management technique appropriate for the child's age was used when introducing the unit and instruments.	
C2. Applies topical anesthesia correctly.	The topical anesthesia technique is not appropriate at all.	The topical anesthesia technique is only minimally appropriate.	The topical anesthesia technique is acceptable.	The topical anesthesia technique is ideal.	
C3. Selects the local anesthesia technique to be used and applies it using behavior management techniques.	Local anesthesia technique is not appropriate at all.	The local anesthesia technique is minimally appropriate.	The local anesthesia technique is acceptable.	The local anesthesia technique is ideal.	
C4. Cleans the cavity with a drill of appropriate size and shape.	Cavity cleaning is not appropriate at all.	The cavity cleaning is not sufficient.	The cavity cleaning is acceptable.	The cavity cleaning is ideal.	
C5. The pulp chamber roof is removed and the amputation cavity is prepared using a bur of appropriate size and shape.	The amputation cavity has not been adequately prepared.	The preparation of the amputation cavity is not adequate.	The amputation cavity has been prepared to an acceptable level.	The amputation cavity has been prepared ideally.	

C6. Isolate the tooth and ensure that the isolation remains intact throughout the procedure.	Isolation was not maintained throughout the procedure.	Isolation was disrupted during the procedure.	Acceptable isolation was maintained throughout the procedure.	Ideal isolation was achieved.	
C7. Holds sterile cotton pellets impregnated with ferric sulfate at the canal openings. Bleeding control is ensured.	Bleeding control was not achieved.	Bleeding control has been achieved, but there are errors in the technique.	The bleeding control technique is acceptable.	Bleeding control is achieved in an ideal manner.	
C8. Removes ferric sulfate residues from the cavity using a sterile cotton pellet soaked in physiological saline.	Residues have not been removed from the cavity.	Only a small amount of the residues could be removed from the cavity.	Nearly all residues have been removed from the cavity.	The residues have been completely removed from the cavity.	
C9. Covers the canal openings with zinc oxide eugenol cement.	The application of zinc oxide eugenol cement is not suitable at all.	The application of zinc oxide eugenol cement is only minimally suitable.	The application of zinc oxide eugenol cement is acceptable.	The application of zinc oxide eugenol cement is ideal.	
C10. Applies glass ionomer cement over zinc oxide eugenol cement.	The application of glass ionomer cement is not suitable.	The application of glass ionomer cement is very rarely suitable.	The application of glass ionomer cement is acceptable.	The application of glass ionomer cement is ideal.	
C11. In multi-faceted cavities, the matrix band is applied appropriately to the tooth.	The appropriate matrix band has not been applied to the tooth.	The matrix band application is inadequate.	The application of the matrix band is acceptable.	The application of the matrix band is ideal.	
C12. Restores the tooth with composite.	The composite restoration is not suitable at all. The hermetic seal does not provide function or aesthetics.	The composite restoration is inadequate. The hermetic seal has failed to provide function or aesthetics.	The composite restoration is acceptable.	A composite restoration has been performed that is ideal, with proper contact with the adjacent tooth in accordance with the anatomical form.	
C13. Occlusion is controlled.	Occlusion control has not been achieved.	Occlusion control is partially achieved, but it is only minimally adequate.	Occlusion is acceptable.	Occlusion is ideal.	
C14. Takes a control radiograph.	Radiographic control has not been performed.	The radiograph is not at an acceptable level.	The treatment is confirmed to be acceptable by radiography.	The treatment is confirmed to be ideal by radiography.	
Score out of 60					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: FLUORIDE GEL APPLICATION  
 Department: PEDIATRIC DENTISTRY  
 Form: CLINICAL EVALUATION FORM  
 Number: PEDODONTICS CEF 2



<b>Student Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to apply Fluoride gel
<b>Application Duration</b>	10 minutes
<b>Required Tools and Materials</b>	Mirror, probe, presel, saliva ejector, cotton swab, fluoride application spoon, fluoride gel, plastic cup
<b>Points to Consider During Evaluation</b>	Adherence to clinical guidelines Completion of procedures in the correct order and within the appropriate time frame Ensuring the treatment process is completed in full
<b>Scoring</b>	There are 15 evaluation criteria. The score is calculated out of 45 based on 4 levels of achievement. The result obtained is divided by 45 and multiplied by 100 to find the student's score out of 100. Important feedback observed is written in the "Student Feedback" section.

<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Complies with clinical dress code rules.		
	A2. Uses personal protective equipment.		
	A3. Prepares the clinical unit in a clean and organized manner. Tools and equipment are ready for use on the unit.		
<b>B</b>	<b>Indications and Obtaining Consent</b>		
	B1. Greets the patient and their guardian in the reception area and takes their medical history.		
	B2. Admits the patient to the unit, performs a clinical examination, and reviews the X-ray.		
	B3. After obtaining the indication from the responsible Supervisor's/research assistant, provides verbal information to the patient's parent about the procedure to be performed and obtains written consent.		
<b>C</b>	<b>Implementation of Treatment</b>		
	C1. Using behavior management techniques appropriate for the child's age, provides information about the procedure to be performed and introduces the unit and its equipment.		
	C2. Removes plaque and food debris from the tooth surfaces before the procedure.		
	C3. Performs isolation and ensures that the isolation remains intact during the procedure.		
	C4. Selects an appropriate fluoride tray for the patient.		
	C5. Adjusts the patient's position in the unit to a sitting position.		
	C6. Fills the fluoride spoon with approximately one-third (1/3) of fluoride gel and applies it to the patient.		
	C7. Waits for 1-4 minutes under saliva isolation.		
	C8. Removes excess gel from the patient's mouth with a saliva ejector and provides the patient with a plastic cup to spit into.		
	C9. Provides the patient's parent with necessary recommendations and schedules a follow-up appointment.		

Criteria	Success Levels				Success Score
	0	1	2	3	
A1. Complies with clinical dress code rules.	Did not comply with any dress code rules.	Failed to comply with more than one dress code rule.	Almost all dress code rules have been followed.	Complies with all dress code rules.	
A2. Uses personal protective equipment.	Personal protective equipment has not been used at all.	Most of the personal protective equipment has not been used.	Most of the personal protective equipment has been used.	Personal protective equipment has been used completely.	
A3. Prepares the clinical unit in a clean and orderly manner. Tools and equipment are ready for use on the unit.	The clinical unit is not prepared in a clean and orderly manner. The tools and equipment on the unit are not ready for use.	Very few of the clinical unit and tools are clean, organized, and ready for use.	The cleanliness and order of the clinical unit is acceptable. The order of the equipment is acceptable.	The clinical unit is clean and tidy. The instruments are ready for use on the unit.	
B1. In the patient reception area, greets the patient and their guardian and takes their medical history.	Has not properly introduced themselves to the patient and their guardian, has not taken the medical history.	The patient and guardian were not properly introduced, and the medical history was incompletely taken.	The patient and guardian were partially introduced appropriately, and the medical history was taken almost completely.	In the patient reception area, the patient and their guardian are greeted appropriately, and a complete medical history is taken.	
B2. The unit admits the patient, performs a clinical examination, and reviews the X-ray.	The clinical examination and X-ray review are insufficient.	Clinical examination and X-ray examination are insufficient.	Clinical examination and X-ray examination are partially adequate.	Clinical examination and X-ray examination are ideally adequate.	
B3. After receiving an indication from the responsible Supervisor's/research assistant, the patient's parent is given verbal information about the procedure and written consent is obtained.	The parent has not been informed about the procedure, and consent form has not been obtained.	The parent has been inadequately informed about the procedure or the consent form has been incompletely filled out.	The consent form has been completed in full. The parent has been informed about the procedure to an acceptable degree.		
C1. Using behavior management techniques appropriate for the child's age, provides information about the procedure to be performed and introduces the unit and equipment.	The unit and equipment were not introduced to the child.	When introducing the unit and equipment to the child, an age-appropriate behavior management technique was not selected.	A behavior management technique partially appropriate for the child's age was selected, and the unit and equipment were introduced to an acceptable degree.	The ideal behavior management technique appropriate for the child's age was used when introducing the unit and instruments.	
C2. Removes plaque and food debris from tooth surfaces.	Plaque and food debris were not removed from the tooth surfaces.	Removal of plaque and food debris from tooth surfaces is inadequate.	Removal of plaque and food debris from tooth surfaces is at an acceptable level.	Removal of plaque and food debris from tooth surfaces is ideal.	

C3. Provides isolation.	Isolation has not been achieved at all.	Isolation has been partially achieved.	Isolation has been achieved to an acceptable level.	Ideal isolation has been achieved.	
C4. Selects a fluoride spoon suitable for the patient.	A suitable fluoride spoon has not been selected for the patient.	The selected fluoride spoon is only minimally suitable.	The selection of a fluoride tray suitable for the patient is acceptable.	The selection of a fluoride tray suitable for the patient is ideal.	
C5. Adjusts the patient's position in the unit to a sitting position.	The patient's position in the unit is not suitable at all.	The patient's position in the unit is very slightly appropriate.	The patient's position in the unit is acceptable.	The patient's position in the unit is ideal.	
C6. Places approximately one-third (1/3) of the fluoride spoon with fluoride gel and applies it to the patient.	The amount of gel in the fluoride spoon is not at all suitable.	The amount of gel in the fluoride spoon is very slightly appropriate.	The amount of gel in the fluoride spoon is acceptable.	The amount of gel in the fluoride spoon is ideal.	
C7. Wait for 1-4 minutes under saliva isolation.	The fluoride gel application time has not been adhered to.	The fluoride gel application time is too short.	The fluoride gel application time is acceptable.	The fluoride gel application time is ideal.	
C8. The excess gel in the patient's mouth is removed with a saliva ejector, and a plastic cup is provided for the patient to spit into.	The excess gel in the patient's mouth has not been removed.	The excess gel in the patient's mouth has been partially removed, and the application is insufficient.	The excess gel in the patient's mouth has been removed to an acceptable level.	The excess gel in the patient's mouth has been completely removed.	
C9. The patient provides the necessary advice to the parent and schedules a follow-up appointment.	The doctor did not give the patient's parent the necessary advice.	The advice given to the patient's parent is incomplete.	The patient's parent was given partially necessary advice.	The patient's parent was given ideal advice.	
<b>Score out of 45</b>					
<b>Score out of 100</b>					
<b>Student Feedback</b>					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: FISSURE SEALANT (INVASIVE)  
APPLICATION

Department: PEDIATRIC DENTISTRY

Form: CLINICAL EVALUATION FORM

Number: PEDODONTICS CEF 3



<b>Student Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to apply fissure sealant (invasive)
<b>Application Duration</b>	30 minutes
<b>Required Tools and Materials</b>	Mirror, probe, presel, aerator, burs, cotton swabs, saliva ejector, orthophosphoric acid, fissure sealant, polymerization device, articulation paper
<b>Points to Consider During Evaluation</b>	Adherence to clinical guidelines Completion of procedures in the correct order and within the appropriate timeframe Ensuring the treatment process is fully completed
<b>Scoring</b>	There are 15 evaluation criteria. The score is calculated out of 45 based on 4 levels of achievement. The result obtained is divided by 45 and multiplied by 100 to find the student's score out of 100. Important feedback observed is written in the "Student Feedback" section.

<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Complies with clinical dress code rules.		
	A2. Uses personal protective equipment.		
	A3. Prepares the clinical unit in a clean and orderly manner. Tools and equipment are ready for use on the unit.		
<b>B</b>	<b>Indications and Obtaining Consent</b>		
	B1. Greets the patient and their guardian in the reception area and takes their medical history.		
	B2. Admits the patient to the unit, performs a clinical examination, and reviews the X-ray.		
	B3. After obtaining the indication from the responsible Supervisor's/research assistant, provides verbal information to the patient's parent about the procedure to be performed and obtains written consent.		
<b>C</b>	<b>Implementation of Treatment</b>		
	C1. Using age-appropriate behavior management techniques, provides information about the procedure to be performed and introduces the unit and its equipment.		
	C2. Performs preparation on fissures using a bur of appropriate size and shape.		
	C3. Isolates the tooth and ensures that the isolation remains intact during the procedure.		
	C4. Applies orthophosphoric acid to pits and fissures (15 seconds for permanent teeth, 30 seconds for primary teeth).		
	C5. Rinses away the acid, dries the tooth, and achieves a chalky opaque appearance.		
	C6. After applying the fissure sealant to all fissures, polymerize for 20 seconds, ensuring no air bubbles remain.		
	C7. When checked with a probe, the fissure sealant has adequate adaptation and retention.		
	C8. All pits and fissures are covered with the sealant.		
	C9. Perform occlusion control; if necessary, perform finishing and polishing.		

Criteria	Success Levels				Success Score
	0	1	2	3	
A1. Complies with clinical dress code rules.	Did not comply with dress code rules at all.	Most of the dress code rules have been followed.	Almost all dress code rules have been followed.	All dress code rules have been followed.	
A2. Uses personal protective equipment.	Personal protective equipment has not been used at all.	Most of the personal protective equipment has not been used.	Most of the personal protective equipment has been used.	Personal protective equipment has been used completely.	
A3. Prepares the clinical unit in a clean and orderly manner. Tools and equipment are ready for use on the unit.	The clinical unit is not prepared in a clean and orderly manner. The tools and equipment on the unit are not ready for use.	Very few of the clinical unit and tools are clean, organized, and ready for use.	The cleanliness and order of the clinical unit is acceptable. The order of the equipment is acceptable.	The clinical unit is clean and tidy. The instruments are ready for use on the unit.	
B1. In the patient reception area, greets the patient and their guardian and takes their medical history.	Has not properly introduced themselves to the patient and their guardian, has not taken the medical history.	The patient and guardian were not properly greeted, and the medical history was incompletely taken.	The patient and guardian were partially introduced appropriately, and the medical history was taken almost completely.	In the patient reception area, the patient and their guardian are greeted appropriately, and a complete medical history is taken.	
B2. The patient is admitted to the unit, undergoes a clinical examination, and has their X-ray reviewed.	The clinical examination and X-ray review are insufficient.	The clinical examination and X-ray review are inadequate.	The clinical examination and X-ray review are partially adequate.	The clinical examination and X-ray review are ideally adequate.	
B3. After receiving an indication from the responsible Supervisor's/research assistant, the patient's parent is verbally informed about the procedure and written consent is obtained.	The parent has not been informed about the procedure or the consent form has not been obtained.	The parent has been inadequately informed about the procedure or the consent form has been incompletely filled out.	The consent form has been completed in full. The parent has been informed about the procedure to an acceptable degree.	The consent form has been completed in full. The parent has been informed about the procedure.	
C1. Provides information about the procedure to be performed using age-appropriate behavior management techniques and introduces the unit and equipment.	The unit and equipment were not introduced to the child.	When introducing the unit and equipment to the child, an age-appropriate behavior management technique was not selected.	A behavior management technique partially appropriate for the child's age was selected, and the unit and equipment were introduced to an acceptable degree.	The ideal behavior management technique appropriate for the child's age was used when introducing the unit and instruments.	

C2. Fissures are prepared with a bur of appropriate size and shape.	The fissure preparation is completely inappropriate.	The fissure preparation is inadequate.	The fissure preparation is at an acceptable level.	Fissure preparation is ideal.	
C3. Isolates the tooth and ensures that the isolation remains intact during the procedure.	Isolation has not been achieved at all.	Isolation has been partially achieved.	Isolation is acceptable.	Ideal isolation has been achieved.	
C4. Applies orthophosphoric acid to pits and fissures (15 seconds for permanent teeth, 30 seconds for primary teeth).	The acid application technique is not appropriate.	The acid application has not been performed for the appropriate duration.	The acid application is at an acceptable level.	The acid application is ideal.	
C5. Rinses off the acid, dries the tooth. Achieves a chalky opaque appearance.	It has not achieved a chalky opaque appearance.	It partially achieves a chalky opaque appearance.	It has achieved an acceptable level of chalky opaque appearance.	It has achieved a chalky opaque appearance in an ideal manner.	
C6. After applying the fissure sealant to all fissures, polymerize for 20 seconds, ensuring no air bubbles remain.	Air bubbles have been left on the surface, and polymerization is completely unsuitable.	Air bubbles were left on the surface, and polymerization was not appropriate.	Almost no air bubbles remain on the surface. The polymerization technique is acceptable.	There are no air bubbles left on the surface. Ideal polymerization has been achieved.	
C7. When the fissure sealant is checked with a probe, its adaptation and retention are sufficient.	The adaptation and retention of the fissure sealant cannot be achieved.	The adaptation and retention of the fissure sealant are inadequate.	The adaptation and retention of the fissure sealant are close to ideal.	The adaptation and retention of the fissure sealant are ideal.	
C8. All pits and fissures are covered with sealant.	All pits and fissures are not covered with sealant.	All pits and fissures are partially covered with sealant.	All pits and fissures are covered with the sealant in an ideal manner.	All pits and fissures are covered with the sealant in an ideal manner.	
C9. Performs occlusion control.	Occlusion control has not been performed.	Occlusion control has not been performed appropriately.	Occlusion is acceptable.	Occlusion is ideal.	
Score out of 45					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: FISSURE SEAALENT (NON-INVASIVE) APPLICATION

Department: PEDIATRIC DENTISTRY

Form: CLINICAL EVALUATION FORM

Number: PEDODONTICS KDF 4



<b>Student Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to apply fissure sealant (non-invasive)
<b>Application Duration</b>	20 minutes
<b>Required Tools and Equipment</b>	Mirror, probe, presel, aerator, burs, cotton swabs, saliva ejector, orthophosphoric acid, fissure sealant, polymerization device, articulation paper
<b>Points to Consider During Evaluation</b>	Adherence to clinical guidelines Completion of procedures in the correct order and within the appropriate timeframe Ensuring the treatment process is fully completed
<b>Scoring</b>	There are 15 evaluation criteria. The score is calculated out of 45 based on 4 levels of achievement. The result obtained is divided by 45 and multiplied by 100 to find the student's score out of 100. Important feedback observed is written in the "Student Feedback" section.

<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Complies with clinical dress code rules.		
	A2. Uses personal protective equipment.		
	A3. Prepares the clinical unit in a clean and organized manner. Tools and equipment are ready for use on the unit.		
<b>B</b>	<b>Indications and Obtaining Consent</b>		
	B1. Greets the patient and their guardian in the patient reception area and takes their medical history.		
	B2. Admits the patient to the unit, performs a clinical examination, and reviews the X-ray.		
	B3. After obtaining the indication from the responsible Supervisor's/research assistant, provides verbal information to the patient's parent about the procedure to be performed and obtains written consent.		
<b>C</b>	<b>Implementation of Treatment</b>		
	C1. Using behavior management techniques appropriate for the child's age, provides information about the procedure to be performed and introduces the unit and its equipment.		
	C2. Removes plaque and food debris from the tooth surfaces before the procedure.		
	C3. Isolates the tooth and ensures that the isolation remains intact during the procedure.		
	C4. Applies orthophosphoric acid to pits and fissures (15 seconds for permanent teeth, 30 seconds for primary teeth).		
	C5. Rinses away the acid, dries the tooth. Achieves a chalky opaque appearance.		
	C6. After applying the fissure sealant to all fissures, polymerize for 20 seconds, ensuring no air bubbles remain.		
	C7. When checked with a probe, the fissure sealant has adequate adaptation and retention.		
	C8. All pits and fissures are covered with the sealant.		
	C9. Perform occlusion control; if necessary, perform finishing and polishing.		

	Success Levels				
Criteria	0	1	2	3	Success Score
A1. Complies with clinical dress code rules.	Did not comply with any dress code rules.	Failed to comply with more than one dress code rule.	Almost all dress code rules have been followed.	Complies with all dress code rules.	
A2. Uses personal protective equipment.	Personal protective equipment has not been used at all.	Most of the personal protective equipment has not been used.	Most of the personal protective equipment has been used.	Personal protective equipment has been used completely.	
A3. Prepares the clinical unit in a clean and orderly manner. Tools and equipment are ready for use on the unit.	The cleanliness and order of the clinical unit are not at all appropriate. The tools and equipment on the unit are not ready for use.	Very few of the clinical unit and tools are clean, organized, and ready for use.	The cleanliness and order of the clinical unit are acceptable. The order of the equipment is acceptable.	The clinical unit is clean and organized. The instruments are ready for use on the unit.	
B1. In the patient reception area, greets the patient and their guardian and takes their medical history.	Has not properly introduced themselves to the patient and their guardian, has not taken the medical history.	The patient and guardian were not properly greeted, and the medical history was incompletely taken.	The patient and guardian were partially introduced appropriately, and the medical history was taken almost completely.	In the patient reception area, the patient and their guardian are greeted appropriately, and a complete medical history is taken.	
B2. The unit admits the patient, performs a clinical examination, and reviews the X-ray.	The clinical examination is inadequate, and the X-ray review has been omitted.	The clinical examination and X-ray review are inadequate.	The clinical examination and X-ray review are partially adequate.	The clinical examination and X-ray review are ideally adequate.	
B3. After obtaining an indication from the responsible Supervisor's/research assistant, the patient's parent is verbally informed about the procedure and written consent is obtained.	The parent has not been informed about the procedure or the consent form has not been obtained.	The parent has been inadequately informed about the procedure or the consent form has been incompletely filled out.	The consent form has been completed in full. The parent has been informed about the procedure to an acceptable degree.	The consent form has been completed in full. The parent has been informed about the procedure.	
C1. Provides information about the procedure to be performed using age-appropriate	The unit and equipment have not been introduced to the child at all.	When introducing the unit and equipment to the child, an age-appropriate behavior management technique was not selected.	A behavior management technique partially appropriate for the child's age was	An ideal behavior management technique appropriate for the child's age was used when	

behavior management techniques and introduces the unit and equipment.			selected, and the unit and equipment were introduced to an acceptable degree.	introducing the unit and instruments.	
C2. Removes plaque and food debris from tooth surfaces.	Plaque and food debris were not removed from the tooth surfaces at all.	Plaque and food debris have not been adequately removed from the tooth surfaces	The removal of plaque and food debris from tooth surfaces is acceptable.	The removal of plaque and food debris from tooth surfaces is ideal.	
C3. Isolates the tooth and ensures that the isolation remains intact during the procedure.	Isolation has not been achieved at all.	Isolation has been compromised during the procedure.	Isolation has been achieved to an acceptable level.	Ideal isolation has been achieved.	
C4. Applies orthophosphoric acid to pits and fissures (15 seconds for permanent teeth, 30 seconds for primary teeth).	The technique and duration of acid application are not appropriate.	The technique or duration of acid application is not appropriate.	The acid application time is acceptable.	The acid application time is ideal.	
C5. Rinses off the acid, dries the tooth. Achieves a chalky opaque appearance.	It has not achieved a chalky opaque appearance.	It has partially achieved a chalky opaque appearance.	It has achieved a chalky opaque appearance at an acceptable level.	Achieves the chalky opaque appearance ideally.	
C6. After applying the fissure sealant to all fissures, polymerize for 20 seconds, ensuring no air bubbles remain.	Air bubbles were left on the surface, and polymerization was not appropriate.	Air bubbles were left on the surface, and polymerization was not adequate.	Almost no air bubbles remain on the surface. The polymerization technique is acceptable.	There are no air bubbles left on the surface. Ideal polymerization has been achieved.	
C7. When the fissure sealant is checked with a probe, its adaptation and retention are sufficient.	The adaptation and retention of the fissure sealant cannot be achieved.	The adaptation and retention of the fissure sealant are inadequate.	The adaptation and retention of the fissure sealant are close to ideal.	The adaptation and retention of the fissure sealant are ideal.	
C8. All pits and fissures are covered with sealant.	All pits and fissures are not covered with sealant.	All pits and fissures are partially covered with sealant.	All pits and fissures are covered with the sealant in an ideal manner.	All pits and fissures are covered with the sealant in an ideal manner.	
C9. Performs occlusion control.	Occlusion control has not been performed.	Occlusion control has not been performed appropriately.	Occlusion is acceptable.	Occlusion is ideal.	
Score out of 45					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		



## **DEPARTMENT OF ENDODONTICS**

In the Department of Endodontics, root canal treatment training begins in the second year. In the second and third years, our students receive both theoretical instruction and practical applications on extracted natural or artificial teeth and manikins in the preclinical setting. In the fourth and fifth years, our students prepare to become endodontically competent dentists by practicing on patients in the clinic. Furthermore, during these final two years of clinical training, we also offer endodontic theoretical courses on sub-topic topics (traumatic dental injuries, geriatric endodontics, and restoration of endodontically treated teeth). We aim to guide students' practice in both preclinical and clinical training and to provide a more objective basis for the evaluation of their practical work through specially prepared forms.

Procedure: ROOT CANAL TREATMENT IN PRECLINIC  
 Department: ENDODONTICS  
 Form: PRECLINICAL EVALUATION FORM  
 Issue: ENDODONTICS PEF 1



<b>Student's Number</b>	
<b>Student's Name and Surname</b>	
<b>Class-Group</b>	
<b>Teeth Numbers</b>	
<b>Assessing Instructor</b>	
<b>Working Material (Artificial vs. Real Teeth)</b>	
<b>Equipment and Materials to be Used in the Application</b>	Phantom heads, phantom jaws, extracted human teeth or phantom teeth, examination kit, suction, PPE (personal protective equipment) for the dentist, mirror, probe, press, fast and slow speed instruments, diamond and stainless-steel burs, H type and K type root canal files, barbed brach, Gates-Glidden burs, endomotor, rotary file systems, spreader, plugger, sterile cotton pad, rubber dam, gutta-percha, root canal sealer, paper points, irrigation solutions, irrigation needle and syringe, temporary filling material, gutta-percha cutting instrument, plugger, periapical radiographic images
<b>Scoring</b>	<p>In preclinical root canal treatment training, second- and third-year students work on artificial or natural teeth mounted on artificial jaws. These studies are evaluated based on a maximum of 27 criteria across eight main categories. While working on natural teeth is generally preferred, due to difficulties in obtaining them, students who wish can also work on artificial teeth. Therefore, criterion C1 is used only in the scoring of students working on natural teeth. This criterion is not used for students working on artificial teeth, but since the total score is determined out of 100 using a proportional method, they do not experience a scoring disadvantage.</p> <p>Furthermore, second-year students perform artificial or natural teeth manually, not on manikins (phantom units). Third-year students perform procedures on manikins and with rubber dams. Therefore, criteria C7 and G4 are used only in the evaluation of third-year students' preclinical root canal treatment practices, not second-year students. Total scores and the resulting score out of 100 are also determined accordingly.</p> <p>In addition, the criterion for pulp horn removal (C2) in anterior and premolar teeth is included in the scoring, while new approaches do not require pulp horn removal in molars and do not affect the scoring. Accordingly:</p> <p>Class 2, Anterior, premolar work on real teeth: 18 criteria: Total score: 54      Anterior, premolar work on real teeth: 17 criteria. Total score: 51      Anterior, premolar work on artificial teeth: 17 criteria. Total score: 51      Molar work on artificial teeth: 16 criteria. Total score: 48</p> <p>Class 3, Anterior, premolar work on real teeth: 20 criteria. Total score: 60      Molar work on real teeth: 19 criteria. Total score: 57      Anterior, premolar work on artificial teeth: 19 criteria. Total score: 57      Working on artificial molar teeth: 18 criteria. Total score: 54.</p> <p>Important feedback observed is recorded in the "Student Feedback" section.</p>

<b>A</b>	<b>Preliminary Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Checks the unit's operation.		
	A2. The work environment is tidy, and standard hand tools and necessary equipment are ready for use.		
	A3. The teeth to be used are prepared on the model.		
<b>B</b>	<b>Makes His/Her Own Preparations</b>	<b>Successful</b>	<b>Failed</b>
	B1. Wears a protective apron.		
	B2. Washes hands before the procedure.		
	B3. Wears gloves, mask, cap, goggles, and face shield.		
<b>C</b>	<b>Prepares the endodontic access cavity</b>	<b>Successful</b>	<b>Failed</b>
	*C1. If working on natural teeth, removes any caries, unsupported tooth tissue, and defective restorations.		
	C2. Removes the pulp horns on anterior and premolar teeth.		
	C3. Removes the lingual shoulder on anterior teeth.		
	C4. Cavity size is correct.		
	C5. The mesio-distal and bucco-lingual positioning of the cavity is correct.		
	C6. The pulp floor is protected.		
	C7. This phase was performed in the preclinic, mounted on a phantom model and using a rubber dam.		
<b>D</b>	<b>Determines the root canal orifices and measures working length</b>	<b>Successful</b>	<b>Failed</b>
	D1. Localizes the canal orifices.		
	D2. Determines the canal length using radiographs		
<b>E</b>	<b>Performs root canal preparation</b>	<b>Successful</b>	<b>Failed</b>
	E1. Prepares according to the root canal anatomy (not under- or over-widening).		
	E2. Appropriate apical and coronal flaring forms were used during the canal preparation.		
	E3. Apical anatomy (constriction) was preserved.		
<b>F</b>	<b>Controls the main cone for tugback, checks it radiographically</b>	<b>Successful</b>	<b>Failed</b>
	F1. Tugback compatibility of the main cone is present.		
	F2. Take radiograph with main cone.		
	F3. Performs final irrigation and gutta-percha disinfection, drying the canals with paper points.		
<b>G</b>	<b>Obturates the root canals with sealer and gutta percha</b>	<b>Successful</b>	<b>Failed</b>
	G1. Obturation radiographs were taken.		
	G2. No voids were formed in the sealer, and the filling was hermetic when checked with a spreader at the canal orifice.		
	G3. The apical end of the root canal filling is at working length and correct.		
	G4. The root canal preparation and filling procedures were performed in the pre-clinic, mounted on a phantom model and using a rubber dam.		
<b>H</b>	<b>DELIVERY</b>	<b>Successful</b>	<b>Failed</b>
	H1. Delivery was made on time, in appropriate packaging, and in its original form.		
	H2. After the procedure, the work area was tidied up and clean, leaving the unit and monitor turned off.		

		Achievement Levels			
		<b>0: Not at all</b> <b>1: Unacceptably low, inadequate</b> <b>2: Partially adequate, acceptable</b> <b>3: Ideal, fully acceptable, completely adequate</b>			
Criteria		0 Inadequate	1 Improved	2 Fair	3 Good
<b>A</b>	<b>Preliminary Preparation</b> A1. Checks the unit's operation A2. The work environment is tidy, and standard hand tools and necessary equipment are ready for use. A3. The teeth to be used are prepared on the model.				
<b>B</b>	<b>Makes His/Her Own Preparations</b> B1. Wears a protective apron B2. Washes hands before the procedure B3. Wears gloves, mask, cap, goggles, and face shield				
<b>C</b>	<b>Prepares the endodontic access cavity</b>				
	*C1. If working on natural teeth, removes any caries, unsupported tooth tissue, and defective restorations.				
	*C2. Removes the pulp horns on anterior and premolar teeth				
	C3. The cavity size is correct				
	C4. The mesio-distal and bucco-lingual positioning of the cavity is correct				
	C5. The pulp floor is protected				
<b>D</b>	<b>Determines the canal orifices and working length</b>				
	D1. Localizes the canal orifices. D2. Determines the root canal length using radiographs.				
<b>E</b>	<b>Performs root canal preparation in accordance with shaping procedures</b>				
	E1. Prepares root canal anatomy appropriately (not too wide or too wide).				
	E2. Appropriate apical and coronal flaring forms are provided during the canal preparation. E3. Apical anatomy (constriction) is preserved.				
<b>F</b>	<b>Performs tugback control and radiographic control of the main cone</b>				
	F1. Tugback compatibility of the main cone is present.				
	F2. Master cone radiograph is taken. F3. Performs final irrigation and gutta-percha disinfection, and dries the canals with a paper point.				
<b>G</b>	<b>Performs root canal obturation with sealer and gutta percha</b>				
	G1. Obturation radiograph is taken.				
	G2. No voids were formed in the sealer, and the obturation was hermetic when checked with a spreader from the canal orifice.				
	G3. The apical end of the root canal obturation is at working length and correct. G4. Performed root canal preparation and obturation in the preclinic, using a phantom model and a rubber dam.				
<b>H</b>	<b>DELIVERY</b>				
	H1. It was delivered on time, in appropriate packaging, and in its original packaging. H2. After the application, the work area was tidied up and clean, leaving the unit and monitor turned off.				
Score out of <b>60 (3<sup>rd</sup> year)</b>					
Score out of <b>57 (3<sup>rd</sup> year with absence of C1 or C2)</b>					
Score out of <b>54 (3<sup>rd</sup> year with absence of C1 or C2)</b>					
2nd years will not practice on a mannequin. Score out of <b>54</b> üzerinden alınan puan					
Score out of <b>51 (2<sup>nd</sup> year with absence of C1 or C2)</b>					
Score out of <b>48 (2<sup>nd</sup> year with absence of C1 or C2)</b>					
Score out of <b>100</b>					
<b>Student Feedback:</b>					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

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Procedure: ROOT CANAL TREATMENT  
 Department: ENDODONTICS  
 Form: CLINICAL OBSERVATION FORM  
 Number: CEF 1



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class-Clinic group</b>	
<b>Tooth number</b>	
<b>Date</b>	
<b>Assessing Instructor</b>	
<b>Preoperative symptoms</b>	
<b>Indication</b>	
<b>Scoring</b>	<p>There are nine main criteria for evaluating single-session root canal treatment. Additionally, for treatments with two or more sessions, one additional criteria is included in the evaluation, and since the total score will vary, the score is calculated out of 100 using a ratio method in both cases. Because some main criteria are more important, they are also included in the scoring with sub-criteria. In summary, a single-session treatment will be scored based on 18 criteria, and a multi-session treatment will be scored based on 19 criteria. In both cases, the ratio method will be used to determine the score out of 100.</p> <p>*Students who perforate a crown or root, fracture a root canal instrument, or experience complications such as irrigation solution extrusion will be considered "FAILED."</p> <p>Any significant feedback observed will be recorded in the "Student Feedback" section.</p>

A	Preliminary Preparation	Successful	Failed
	A1. Checks the cleanliness of the unit.		
	A2. Checks the operation of the unit.		
	A3. The work environment is tidy and the tools and equipment are ready for use. (Root files, memory disk, and pre-packaged sterile materials must be ready.)		
B	Communicates with the Patient	Successful	Failed
	B1. Accompanies the patient from the waiting area to the clinic on time		
	B2. Introduces himself/herself (name, surname, grade, etc.)		
	B3. Adjusts the headrest to the patient's size.		
	B4. Checks the patient's information, whether the patient's file is open, and whether the documents are appropriate for processing.		
	B5. Puts on the patient's gown.		
C	Makes Own Preparations	Successful	Failed
	C1. Wears protective apron		
	C2. Washes hands before procedure		
	C3. Wears gloves, mask, goggles, and face shield		
D	Takes History and Makes Diagnosis	Successful	Failed
	D1. Records complaint (pain presence, location, time and duration of pain on tenderness, bleeding, etc., current presence, etc.)		

	D2. Medical history		
	D3. Dental history		
	D4. Clinical examination and clinical tests		
	D5. Radiographic examination		
	D6. Puts diagnosis		
	D7. Conduct treatment planning		
	D8. Obtains informed consent		
<b>E</b>	<b>Preparations before treatment</b>	<b>Successful</b>	<b>Failed</b>
	E1. Determines the need for topical anesthesia		
	E2. Prepares an anesthetic solution appropriate for the patient's systemic condition		
	E3. Applies the correct anesthesia technique		
	E4. Checks the anesthetic process and its effectiveness		
	E5. Places a rubber dam on the tooth to be treated		
	E6. Appropriately inserts the suction into the mouth		
<b>F</b>	<b>Endodontic Access Cavity Preparation</b>	<b>Successful</b>	<b>Failed</b>
	F1. Uses a bur of the appropriate type and size for the treatment.		
	F2. Completely removes any carious tissue.		
	F3. Opens the endodontic access cavity according to the anatomical structure of the tooth.		
	F4. Locates the root canal orifices using a probe.		
	F5. Enlarges the cavity to directly access all root canal orifices with a file.		
	F6. Removes the pulp horns in anterior teeth.		
	F7. Completes the access cavity without causing excessive material loss and preserving the pulp floor.		
<b>G</b>	<b>Measures Working Length</b>	<b>Successful</b>	<b>Failed</b>
	G1. In wide canals, removes pulp tissue anteriorly with a barbed broach		
	G2. Determines the working length using an electronic apex locator using appropriately sized root canal files.		
	G3. Determines the working length using radiography when necessary.		
<b>H</b>	<b>Makes Chemomechanic Preparation</b>	<b>Successful</b>	<b>Failed</b>
	H1. Uses root canal files in the correct order and technique along the canal length.		
	H2. Prepares according to the root canal anatomy.		
	H3. Performs adequate coronal flaring.		
	H4. Makes preparation without desructing apical anatomy (constriction and position).		
	H5. Irrigates with the appropriate solution and sufficient amount between each file change.		
	H6. Apply the final irrigation prescription in the correct sequence and amount.		
	H7. Dries the root canals with paper points.		
<b>I</b>	<b>Antimikrobal Medicament Application</b>	<b>Successful</b>	<b>Failed</b>
	I1. Selects the appropriate medicament.		
	I2. Places the medicament in the root canals using lentulo or other instruments.		
	I3. Places sterile cotton pellets or Teflon in the pulp chamber.		
	I4. Cleans the medicament from the pulp chamber walls.		
	I5. Seals the cavity with a temporary filling of the correct material, thickness, and technique.		
	I6. Informs the patient about possible flare-ups and important points to consider..		
	I7. Schedules a follow-up appointment for the patient.		
	I8. Repeats the procedure as needed at the follow-up appointment.		
<b>J</b>	<b>Obturator the root canals</b>	<b>Successful</b>	<b>Failed</b>
	J1. Appropriately disinfects the cones to be tested previously.		
	J2. Takes control radiographs with gutta-percha cones of the final master's apical file size and working length.		
	J3. Introduces the sealer anteriorly into the canals with a file, lentulo, or gutta-percha.		
	J4. Obturates the canals with gutta-percha and sealer using appropriate technique and takes control radiographs before obturating the cavity to ensure there are no overextension or voids.		
	J5. Cuts and condenses the gutta-percha cones at the level of the canal orifice.		
	J6. Wipes the cavity surface with an alcohol-soaked cotton pellet.		
	J7. Seals the canal orifices with an appropriate barrier.		
	J8. Properly seals the patient with a temporary filling.		
	J9. Refer the patient to a permanent filling or crown.		
	PRESENCE AND TYPE OF COMPLICATION???		



		Achievement Levels			
		<b>0: Not at all</b> <b>1: Unacceptably low, inadequate</b> <b>2: Partially adequate, acceptable</b> <b>3: Ideal, fully acceptable, completely adequate</b>			
Criteria		0 Inadequate	1 Improved	2 Fair	3 Good
<b>A</b>	<b>Preliminary Preparation</b> A1. Checks the cleanliness of the unit A2. Checks the operation of the unit A3. The work environment is tidy and the tools and equipment are ready for use. (Root files, memory disks, and sterile packaging should be ready beforehand.)				
<b>B</b>	<b>Communicates with the Patient</b> B1. Takes the patient from the waiting area to the clinic (timing is important) B2. Introduces himself/herself (name, surname, grade, etc.) B3. Adjusts the headrest to the patient's specifications B4. Checks that the patient's file is open and that the documents are appropriate for the procedure. B5. Dons the patient's gown				
<b>C</b>	<b>Makes his/her own preparations</b> C1. Puts on a protective gown C2. Washes hands before the procedure C3. Puts on gloves, mask, goggles, and face shield				
<b>D</b> <b>1-3</b>	<b>Takes medical history and makes a diagnosis</b> D1. Records the complaint (tenderness, pain, presence of bleeding, location, time and duration, current occurrence, etc.) D2. Medical history D3. Dental history				
<b>D</b> <b>4-5</b>	<b>Obtains history and makes a diagnosis</b> D4. Clinical examination and clinical tests D5. Radiographic examination				
<b>D</b> <b>6-8</b>	<b>Obtains history and makes a diagnosis</b> D6. Makes a diagnosis D7. Makes a treatment plan D8. Obtains consent				
<b>E</b> <b>1-4</b>	<b>Prepares for treatment</b> E1. Determines the need for topical anesthesia E2. Prepares an anesthetic solution appropriate for the patient's systemic condition E3. Applies the correct anesthesia technique E4. Checks the anesthetic process and its effectiveness				
<b>E</b> <b>5-6</b>	<b>Prepares for treatment</b> E5. Places a rubber dam on the tooth to be treated E6. Appropriately places the suction cup in the mouth				
<b>F</b> <b>1-3</b>	<b>Prepares the endodontic access cavity</b> F1. Uses the appropriate type and size bur for treatment F2. Completely removes any carious tissue F3. Opens the endodontic access cavity according to the anatomical structure of the tooth				
<b>F</b> <b>4-5</b>	<b>Prepares the endodontic access cavity</b> F4. Locates root canal orifices using a probe. F5. Enlarges the cavity to directly access all root canal orifices with a file.				
<b>F</b> <b>6-7</b>	<b>Prepares Endodontic Access Cavity.</b> F6. Removes pulp horns in anterior teeth. F7. Completes the access cavity without causing excessive material loss and preserving the pulp floor.				
<b>G</b>	<b>Determines Root Canal Working Length.</b> G1. Removes pulp tissue previously with a bur in large canals. G2. Determines working length with an electronic apex locator using appropriately sized root canal files. G3. Determines working length with radiographs when necessary.				
<b>H</b> <b>1-2</b>	<b>Performs Chemomechanical Root Canal Preparation.</b> H1. Uses root canal files in the correct order and technique on the canal length.				

	H2. Prepares according to root canal anatomy.				
<b>H</b> <b>3-4</b>	<b>Performs Chemomechanical Root Canal Preparation</b> H3. Performs adequate coronal flaring H4. Prepares by preserving the apical anatomy (constriction and position).				
<b>H</b> <b>5-7</b>	<b>Performs Chemomechanical Root Canal Preparation</b> H5. Irrigates with the appropriate solution and sufficient amount between each file change. H6. Apply the final irrigation prescription in the correct sequence and amount. H7. Dries the root canals with a paper point.				
<b>I</b>	<b>Application of Antimicrobial Medicament in Infected Root Canals</b> I1. Selects the appropriate medicament. I2. Places the medicament in the root canals using lentulo or other instruments. I3. Places sterile cotton pellets or Teflon into the pulp chamber. I4. Cleans the medicament from the pulp walls. I5. Seals the cavity with a temporary filling of the correct material, thickness, and technique. I6. Informs the patient about possible flare-ups and important points to consider. I7. Schedules the patient's follow-up appointment.				
<b>J</b> <b>1-2</b>	<b>Obturates Root Canals</b> J1. Appropriately disinfects the cones to be used. J2. Takes control radiographs with gutta-percha cones of the final master's apical file size and working length.				
<b>J</b> <b>3-4</b>	<b>Obturates Root Canals</b> J3. Places the sealer previously into the canals with a file, lentulo, or gutta-percha. J4. Obturates the canals with gutta-percha and sealer using the appropriate technique and, before obturating the cavity, takes control radiographs to check for overextrusion or voids.				
<b>J</b> <b>5-9</b>	<b>Obturates Root Canals</b> J5. Cuts and condenses gutta-percha cones at the level of the canal orifice. J6. Wipes the cavity surface with an alcohol-based cotton pellet. J7. Obturates the canal orifices with an appropriate barrier. J8. Correctly obturates the patient with a temporary filling. J9. Directs the patient to a permanent filling or crown restoration.				
	<b>COMPLICATION PRESENCE and TYPE ???</b>				
		Score out of 54			
		Score out of 57 for 2-session treatments			
		Score out of 100			
	<b>Student Feedback:</b>				
	<b>Student's Signature</b>	<b>Supervisor's Signature</b>			

Procedure: ROOT CANAL RETREATMENT  
 Department: ENDODONTICS  
 Form: CLINICAL OBSERVATION FORM  
 Number: CEF 2



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class-Clinic group</b>	
<b>Tooth number</b>	
<b>Date</b>	
<b>Assessing Instructor</b>	
<b>Preoperative symptoms</b>	
<b>Indication</b>	
<b>Scoring</b>	<p>There are nine main criteria for evaluating single-session root canal treatment. Additionally, for treatments with two or more sessions, one additional criteria is included in the evaluation, and since the total score will vary, the score is calculated out of 100 using a ratio method in both cases. Because some main criteria are more important, they are also included in the scoring with sub-criteria. In summary, a single-session treatment will be scored based on 18 criteria, and a multi-session treatment will be scored based on 19 criteria. In both cases, the ratio method will be used to determine the score out of 100.</p> <p>*Students who perforate a crown or root, fracture a root canal instrument, or experience complications such as irrigation solution extrusion will be considered "FAILED."        Any significant feedback observed will be recorded in the "Student Feedback" section.</p>

<b>A</b>	<b>Preliminary Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Checks the cleanliness of the unit.		
	A2. Checks the operation of the unit.		
	A3. The work environment is tidy and the tools and equipment are ready for use. (Root files, memory disk, and pre-packaged sterile materials must be ready.)		
<b>B</b>	<b>Communicates with the Patient</b>	<b>Successful</b>	<b>Failed</b>
	B1. Accompanies the patient from the waiting area to the clinic on time		
	B2. Introduces himself/herself (name, surname, grade, etc.)		
	B3. Adjusts the headrest to the patient's size.		
	B4. Checks the patient's information, whether the patient's file is open, and whether the documents are appropriate for processing.		
	B5. Puts on the patient's gown.		
<b>C</b>	<b>Makes Own Preparations</b>	<b>Successful</b>	<b>Failed</b>
	C1. Wears protective apron		
	C2. Washes hands before procedure		
	C3. Wears gloves, mask, goggles, and face shield		
<b>D</b>	<b>Takes History and Makes Diagnosis</b>	<b>Successful</b>	<b>Failed</b>

	D1. Records complaint (pain presence, location, time and duration of pain on tenderness, bleeding, etc., current presence, etc.)		
	D2. Medical history		
	D3. Dental history		
	D4. Clinical examination and clinical tests		
	D5. Radiographic examination		
	D6. Puts diagnosis		
	D7. Conduct treatment planning		
	D8. Obtains informed consent		
<b>E</b>	<b>Preparations before treatment</b>	<b>Successful</b>	<b>Failed</b>
	E1. Determines the need for topical anesthesia		
	E2. Prepares an anesthetic solution appropriate for the patient's systemic condition		
	E3. Applies the correct anesthesia technique		
	E4. Checks the anesthetic process and its effectiveness		
	E5. Places a rubber dam on the tooth to be treated		
	E6. Appropriately inserts the suction into the mouth		
<b>F</b>	<b>Endodontic Access Cavity Preparation</b>	<b>Successful</b>	<b>Failed</b>
	F1. Uses a bur of the appropriate type and size for the treatment.		
	F2. Completely removes any carious tissue.		
	F3. Opens the endodontic access cavity according to the anatomical structure of the tooth.		
	F4. Enlarges the cavity to directly access all root canal orifices with a file.		
	F5. Removes the pulp horns in anterior teeth.		
	F6. Completes the access cavity without causing excessive material loss and preserving the pulp floor.		
<b>G</b>	<b>Removes Previous Root Canal Filling</b>	<b>Successful</b>	<b>Failed</b>
	G1. Localizes the canal orifices.		
	G2. Removes the filling material in the coronal third using gates glidden or special retreatment rotary NiTi files.		
	G3. Uses gutta-percha solvent if necessary.		
	G4. Removes the entire canal filling material and reaches the apical foramen.		
<b>H</b>	<b>Determines the Working Length of the Canal</b>	<b>Successful</b>	<b>Failed</b>
	H1. Determines the working length using appropriately sized root canal files with an electronic apex locator.		
	H2. Additionally, verifies the working length with radiography and confirms that the root canal filling has been removed.		
<b>I</b>	<b>Makes Chemomechanic Preparation</b>	<b>Successful</b>	<b>Failed</b>
	I1. Uses root canal files in the correct order and technique along the canal length.		
	I2. Prepares according to the root canal anatomy.		
	I3. Performs adequate coronal flaring.		
	I4. Makes preparation without desructing apical anatomy (constriction and position).		
	I5. Irrigates with the appropriate solution and sufficient amount between each file change.		
	I6. Apply the final irrigation prescription in the correct sequence and amount.		
	I7. Dries the root canals with paper points.		
<b>J</b>	<b>Antimicrobial Medicament Application to Infected Root Canals</b>	<b>Successful</b>	<b>Failed</b>
	J1. Selects the appropriate medicament.		
	J2. Places the medicament in the root canals using lentulo or other instruments.		
	J3. Places sterile cotton pellets or Teflon in the pulp chamber.		
	J4. Cleans the medicament from the pulp chamber walls.		
	J5. Seals the cavity with a temporary filling of the correct material, thickness, and technique.		
	J6. Informs the patient about possible flare-ups and important points to consider..		
	J7. Schedules a follow-up appointment for the patient.		
	J8. Repeats the procedure as needed at the follow-up appointment.		
<b>K</b>	<b>Obturate the root canals</b>	<b>Successful</b>	<b>Failed</b>
	K1. Appropriately disinfects the cones to be tested previously.		
	K2. Takes control radiographs with gutta-percha cones of the final master's apical file size and working length.		
	K3. Introduces the sealer anteriorly into the canals with a file, lentulo, or gutta-percha.		
	K4. Obturates the canals with gutta-percha and sealer using appropriate technique and takes control radiographs before obturating the cavity to ensure there are no overextension or voids.		
	K5. Cuts and condenses the gutta-percha cones at the level of the canal orifice.		
	K6. Wipes the cavity surface with an alcohol-soaked cotton pellet.		

	K7. Seals the canal orifices with an appropriate barrier.		
	K8. Properly seals the patient with a temporary filling.		
	K9. Refer the patient to a permanent filling or crown.		
	PRESENCE AND TYPE OF COMPLICATION???		

		Achievement Levels			
		0: Not at all 1: Unacceptably low, inadequate 2: Partially adequate, acceptable 3: Adequate, fully acceptable, completely adequate			
Criteria		0 Inadequate	1 Improved	2 Fair	3 Good
<b>A</b>	<b>Preliminary Preparation</b> A1. Checks the cleanliness of the unit A2. Checks the operation of the unit A3. The work environment is tidy and the tools and equipment are ready for use. (Root files, memory disks, and sterile packaging should be ready beforehand.)				
<b>B</b>	<b>Communicates with the Patient</b> B1. Takes the patient from the waiting area to the clinic (timing is important) B2. Introduces himself/herself (name, surname, grade, etc.) B3. Adjusts the headrest to the patient's specifications B4. Checks that the patient's file is open and that the documents are appropriate for the procedure. B5. Dons the patient's gown				
<b>C</b>	<b>Makes his/her own preparations</b> C1. Puts on a protective gown C2. Washes hands before the procedure C3. Puts on gloves, mask, goggles, and face shield				
<b>D</b> <b>1-3</b>	<b>Takes medical history and makes a diagnosis</b> D1. Records the complaint (tenderness, pain, presence of bleeding, location, time and duration, current occurrence, etc.) D2. Medical history D3. Dental history				
<b>D</b> <b>4-5</b>	<b>Obtains history and makes a diagnosis</b> D4. Clinical examination and clinical tests D5. Radiographic examination				
<b>D</b> <b>6-8</b>	<b>Obtains history and makes a diagnosis</b> D6. Makes a diagnosis D7. Makes a treatment plan D8. Obtains consent				
<b>E</b> <b>1-4</b>	<b>Prepares for treatment</b> E1. Determines the need for topical anesthesia E2. Prepares an anesthetic solution appropriate for the patient's systemic condition E3. Applies the correct anesthesia technique E4. Checks the anesthetic process and its effectiveness				
<b>E</b> <b>5-6</b>	<b>Prepares for treatment</b> E5. Places a rubber dam on the tooth to be treated E6. Appropriately places the suction cup in the mouth				
<b>F</b> <b>1-3</b>	<b>Prepares the endodontic access cavity</b> F1. Uses the appropriate type and size bur for treatment F2. Completely removes any carious tissue F3. Opens the endodontic access cavity according to the anatomical structure of the tooth				
<b>F</b> <b>4-6</b>	<b>Prepares the endodontic access cavity</b> F4. Enlarges the cavity to directly access all root canal orifices with a file. F5. Removes pulp horns in anterior teeth. F6. Completes the access cavity without causing excessive material loss and preserving the pulp floor.				
<b>G</b>	<b>Removes Previous Root Canal Filling</b> G1. Localizes root canal orifices. G2. Removes coronal root canal filling with Gates Glidden or special retreatment rotary files. G3. Uses gutta percha solvent if necessary. G4. Removes all old root canal filling and reaches apical foramen.				
<b>H</b>	<b>Determines Root Canal Working Length.</b> H1. Determines the working length with an electronic apex locator using root canal files of appropriate sizes.				

	H2. Additionally, confirms the working length with radiography and confirms the removal of the root canal filling.				
<b>I 1-2</b>	<b>Performs Chemomechanical Root Canal Preparation</b> I1. Uses root canal files in the correct order, in accordance with the technique. I2. Prepares by preserving the apical anatomy (constriction and position).				
<b>I 3-4</b>	<b>Performs Chemomechanical Root Canal Preparation</b> I1. Uses root canal files in the correct order, in accordance with the technique. I2. Prepares by preserving the apical anatomy (constriction and position).				
<b>I 5-7</b>	<b>Performs Chemomechanical Root Canal Preparation</b> I5. Irrigates with the appropriate solution and sufficient amount between each file change. I6. Apply the final irrigation prescription in the correct sequence and amount. I7. Dries the root canals with a paper point.				
<b>J</b>	<b>Application of Antimicrobial Medicament in Infected Root Canals</b> J1. Selects the appropriate medicament. J2. Places the medicament in the root canals using lentulo or other instruments. J3. Places sterile cotton pellets or Teflon into the pulp chamber. J4. Cleans the medicament from the pulp walls. J5. Seals the cavity with a temporary filling of the correct material, thickness, and technique. J6. Informs the patient about possible flare-ups and important points to consider. J7. Schedules the patient's follow-up appointment.				
<b>K 1-2</b>	<b>Obturates Root Canals</b> K1. Appropriately disinfects the cones to be used. K2. Takes control radiographs with gutta-percha cones of the final master's apical file size and working length.				
<b>K 3-4</b>	<b>Obturates Root Canals</b> K3. Places the sealer previouslyly into the canals with a file, lentulo, or gutta-percha. K4. Obturates the canals with gutta-percha and sealer using the appropriate technique and, before obturating the cavity, takes control radiographs to check for overextrusion or voids.				
<b>K 5-9</b>	<b>Obturates Root Canals</b> K5. Cuts and condenses gutta-percha cones at the level of the canal orifice. K6. Wipes the cavity surface with an alcohol-based cotton pellet. K7. Obturates the canal orifices with an appropriate barrier. K8. Correctly obturates the patient with a temporary filling. K9. Directs the patient to a permanent filling or crown restoration.				
	<b>COMPLICATION PRESENCE and TYPE ???</b>				
	Score out of 54 (For two-session treatments) Score out of 57				
	Score out of 100				
	<b>Student Feedback:</b>				

<b>Student's Signature</b>	<b>Supervisor's Signature</b>

## ORTHODONTICS

In orthodontic treatments, tooth movements can be achieved by fixed or removable appliances. The main materials used in the fixed orthodontic treatments are various brackets, arch wires, and composites used to bond the brackets to the teeth. In fixed treatment techniques, brackets are bonded to tooth surfaces with adhesive materials and cannot be removed by patients. Methyl methacrylate-based appliances, on the other hand, have removable nature and can be placed and removed by patients. Active removable appliances are generally used to correct misalignments in one tooth or a group of teeth. The fabrication of these appliances involves various clinical and laboratory processes. Such an appliance consists of an acrylic body and retentive and active clasps. During these practical sessions, we will focus on these clasps and teach some basic principles on clasp bends.

Initially, the students have done preliminary bending studies on a series of shapes, ranging from simple to complex, to improve their abilities on orthodontic clasp bending. In these practical sessions, students learn how to use orthodontic pliers and to shape orthodontic steel wires. After these practice studies, they learn to bend and prepare the Adams clasp, Knob-Drop clasp, Vestibule arch, and active spring on plaster dental molds. In addition, the students are informed about the anatomical and anthropological reference points used in cephalometric analyses which are the most important tool among the diagnostic procedures. In this context, the students are taught how to draw and measure some cephalometric parameters.

Procedure: WIRE BENDING EXERCISES ON PAPER  
 Department: ORTHODONTICS  
 Form: CLINICAL EVALUATION FORM  
 Number: ORTHODONTICS CEF 1



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Wire bending in different shapes on paper
<b>Duration of Practice</b>	
<b>Required Tools and Instruments</b>	Linoleum cover, homework sheet containing bending templates, pliers required for bending, orthodontic wire, marking pen, sellotape, ballpoint pen
<b>Points to Consider During Evaluation</b>	Compliance of the schoolwork bending to the given shape Compliance of the schoolwork bending to the dimensions of the given shape Compliance of the schoolwork bending to the ground plane No damage to the wire during bending procedure
<b>Scoring</b>	Preparation phase of this practice session: 20 points Appropriateness and aesthetics of the schoolwork: 80 points Each stage will be scored equally.

<b>A</b>	<b>Preparation phase</b>	<b>Successful</b>	<b>Unsuccessful</b>
	A1. The student obeys the established dress code.		
	A2. The student comes on time for the sessions and obeys established rules.		
	A3. Necessary tools and equipment are ready for use.		
<b>B</b>	<b>Bending Phase</b>		
	B1. The student cuts the wire to a sufficient length and prepares it for bending procedure.		
	B2. The student marks the bending areas on the wire as needed to ensure compliance with wire bending by the given shape.		
	B3. The student makes all the bending without changing the wire's axis (on the same axis).		
	B4. The student checks the wire bending to the ground's adaptation at every stage of the process.		
	B5. The student avoids any action that could damage the wire.		

Criteria	Grading Scales				
	0 (Fail)	1 (Beginner Level)	2 (Needs Improvement)	3 (Acceptable)	Grade
A1. The student obeys the established dress code.	Dress code is completely ignored.	Very few of the dress codes are adhered to.	Most of the dress codes are adhered to.	The dress code is fully adhered to.	
A2. The student comes on time for the sessions and obeys established rules.	Lecture hours and regularities are not adhered to.	Lecture hours and regularities are not generally adhered to.	Lecture hours and regularities are generally adhered to.	Lecture hours and regularities are adhered to.	
A3. Necessary tools and equipment are ready for use.	The working medium is disorganized, and the tools and equipment are not ready for use.	The working medium and tools are rarely organized and ready for use.	The working medium and most of tools are well organized and ready for use.	The working medium and all tools are well organized and ready for use.	
B1. The student cuts the wire to a sufficient length and prepares it for bending procedure.	The student cannot adjust the length of the wire or prepare it for bending.	The student has some difficulty adjusting the wire length or preparing it for bending.	The student's success in adjusting the wire length or making it ready for use is at an acceptable level.	The student properly adjusts the wire length or prepares it for bending.	
B2. The student marks the bending areas on the wire as needed to ensure compliance with wire bending by the given shape.	The student does not make any markings on the wire.	The student makes numerous errors while marking the wire.	The student mostly makes the markings on the wire correctly.	The student makes the markings on the wire correctly.	
B3. The student makes all the bending without changing the wire's axis (on the same axis).	The student cannot bend the wire in the same axis.	Most of the bending are made on different axes.	Most of the bending are made on the same axis.	The bending is made on the same axis.	
B4. The student checks the wire bending to the ground's adaptation at every stage of the process.	The student does not pay attention to ground adaptation during bending.	Numerous errors are made in ground adaptation of the bending.	Ground adaptation of the bending is acceptable level.	Ground adaptation of the bending is made correctly.	
B5. The student avoids any action that could damage the wire.	This issue is not considered.	Numerous damages are caused to the wire.	There is minimal damage to the wire.	The wire is bent without causing any damage.	
Total Score					
Student Feedback					
Student's Signature			Supervisor's Signature		

Procedure: ADAMS CLASP BENDING  
 Department: ORTHODONTICS  
 Form: CLINICAL EVALUATION FORM  
 Number: ORTHODONTICS CEF 2



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Adams clasp bending on a plaster model
<b>Duration of Practice</b>	
<b>Required Tools and Instruments</b>	Linoleum, plaster cast, forceps required for bending, orthodontic wire, marking pen
<b>Points to Consider During Evaluation</b>	Location, size, and angulation of the loop bends Size, placement, and bending of the connecting part between the loops Adaptations of the retention arms with the occlusal surfaces of the plaster teeth Bending of the retention arms and their adaptations with the plaster surface
<b>Scoring</b>	Preparation phase of this practice session: 20 points Appropriateness and aesthetics of the schoolwork: 80 points Each stage will be scored equally.

<b>A</b>	<b>Preparation phase</b>	<b>Successful</b>	<b>Unsuccessful</b>
	A1. The student obeys the established dress code.		
	A2. The student comes on time for the sessions and obeys established rules.		
	A3. Necessary tools and equipment are ready for use.		
<b>B</b>	<b>Bending Phase</b>		
	B1. The student cuts the wire to a sufficient length and shapes it into a straight form.		
	B2. The student determines length of the connecting part of the loops and marks it on the wire.		
	B3. The student makes the right and left loop bends to the appropriate size and performs their angulations correctly.		
	B4. The student adjusts the height of the retention arms and aligns them with the occlusal surface.		
	B5. The student makes the retention bends on the retention arms and adapts them with the plaster surface.		

Criteria	Grading Scales				Grade
	0 (Fail)	1 (Beginner Level)	2 (Needs Improvement)	3 (Acceptable)	
A1. The student obeys the established dress code.	Dress code is completely ignored.	Very few of the dress codes are adhered to.	Most of the dress codes are adhered to.	The dress code is fully adhered to.	
A2. The student comes on time for the sessions and obeys established rules.	Lecture hours and regularities are not adhered to.	Lecture hours and regularities are not generally adhered to.	Lecture hours and regularities are generally adhered to.	Lecture hours and regularities are adhered to.	
A3. Necessary tools and equipment are ready for use.	The working medium is disorganized, and the tools and equipment are not ready for use.	The working medium and tools are rarely organized and ready for use.	The working medium and most of tools are well organized and ready for use.	The working medium and all tools are well organized and ready for use.	
B1. The student cuts the wire to a sufficient length and shapes it into a straight form.	The student cannot adjust the length of the wire or prepare it for bending.	The student has some difficulty adjusting the wire length or preparing it for bending.	The student's success in adjusting the wire length or making it ready for use is at an acceptable level.	The student properly adjusts the wire length or prepares it for bending.	
B2. The student determines length of the connecting part of the loops and marks it on the wire.	Length of the connecting part of the loops was not determined and not marked on the wire.	Length of the connecting part of the loops was marked as either too short or too long.	Length of the connecting part of the loops is marked as close to normal size.	Length of the connecting part of the loops is accurately determined and marked.	
B3. The student makes the right and left loop bends to the appropriate size and performs their angulations correctly.	The loop bends were not the appropriate size, and their angles were not suitable.	Many mistakes were made in the size and angulation of the loop bends.	The sizes and angulations of the loop bends are acceptable level.	The loop bends were properly bent and angled.	
B4. The student adjusts the height of the retention arms and aligns them with the occlusal surface.	The height of the retention arms and their adaptations with the occlusal surface were not adjusted.	Many mistakes were made in the height the retention arms and their alignments with the occlusal surface	The height of the retention arms and their adaptations to the occlusal surface are acceptable.	The height of the retention arms and their alignment with the occlusal surface were properly determined.	
B5. The student makes the retention bends on the retention arms and adapts them with the plaster surface.	The retention bends on the retention arms were not properly bent and adjusted.	Many mistakes were made in the retention bends and their alignments.	The retention bends and their adjustments with plaster surface are acceptable.	Retention bends and adjustments were properly made.	
Total Score					
Student Feedback					
Student's Signature			Supervisor's Signature		

Procedure: VESTIBULAR ARCH BENDING  
 Department: ORTHODONTICS  
 Form: CLINICAL EVALUATION FORM  
 Number: ORTHODONTICS CEF 3



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Vestibular arch bending on a plaster model
<b>Duration of Practice</b>	
<b>Required Tools and Instruments</b>	Linoleum, plaster cast, forceps required for bending, orthodontic wire, marking pen
<b>Points to Consider During Evaluation</b>	Position, width, and symmetry of the U-loops Position and level of the connecting part of the U-bends Adaptations of the retention arms with the occlusal surfaces of plaster teeth Bending style and symmetries of the retention arms
<b>Scoring</b>	Preparation phase of this practice session: 20 points Appropriateness and aesthetics of the schoolwork: 80 points Each stage will be scored equally.

<b>A</b>	<b>Preparation phase</b>	<b>Successful</b>	<b>Unsuccessful</b>
	A1. The student obeys the established dress code.		
	A2. The student comes on time for the sessions and obeys established rules.		
	A3. Necessary tools and equipment are ready for use.		
<b>B</b>	<b>Bending Phase</b>		
	B1. The student cuts the wire to a sufficient length and shapes it into a straight form.		
	B2. The student determines length of the connecting part between U-bends and marks it on the wire.		
	B3. The student bends the right and left U-loops so that they are parallel to each other and on the same axis.		
	B4. The student bends the U-loops to the appropriate width and height.		
	B5. The student aligns the connecting part between U-loops to dental arch.		
	B6. The student adjusts the height of the retention arms and adapts them with the occlusal surface.		
	B7. The student makes the retention bends on the retention arms and adapts them with the plaster surface.		

Criteria	Grading Scales				
	0 (Fail)	1 (Beginner Level)	2 (Needs Improvement)	3 (Acceptable)	Grade
A1. The student obeys the established dress code.	Dress code is completely ignored.	Very few of the dress codes are adhered to.	Most of the dress codes are adhered to.	The dress code is fully adhered to.	
A2. The student comes on time for the sessions and obeys established rules.	Lecture hours and regularities are not adhered to.	Lecture hours and regularities are not generally adhered to.	Lecture hours and regularities are generally adhered to.	Lecture hours and regularities are adhered to.	
A3. Necessary tools and equipment are ready for use.	The working medium is disorganized, and the tools and equipment are not ready for use.	The working medium and tools are rarely organized and ready for use.	The working medium and most of tools are well organized and ready for use.	The working medium and all tools are well organized and ready for use.	
B1. The student cuts the wire to a sufficient length and shapes it into a straight form.	The student cannot adjust the length of the wire or prepare it for bending.	The student has some difficulty adjusting the wire length or preparing it for bending.	The student's success in adjusting the wire length or making it ready for use is at an acceptable level.	The student properly adjusts the wire length or prepares it for bending.	
B2. The student determines length of the connecting part between U-bends and marks it on the wire.	Length of the connecting part of the U-loops was not determined and not marked on the wire.	Length of the connecting part of the U-loops was marked as either too short or too long.	Length of the connecting part of the U-loops is marked as close to normal size.	Length of the connecting part of the U-loops is accurately determined and marked.	
B3. The student bends the right and left U-loops so that they are parallel to each other and on the same axis.	U-loop bends were not made parallel to each other and in the same axis	Many mistakes were made in the parallelism of the U-loops, and the loops were not in the same axis.	Parallelism and axiality of the U-loops are acceptable level.	Parallelism and axiality of the U-loops are properly bent.	
B4. The student bends the U-loops to the appropriate width and height.	The U-bends were made carelessly and irregularly.	Many mistakes were made in the width, height, and symmetries of the u-Loops	Width, height, and symmetry of the U-loops are acceptable level.	U-loop bends were properly made.	
B5. The student aligns the connecting part between U-loops to dental arch.	connecting part of the U-loops was not sufficiently adapted to dental arch.	Connecting part of the U-loops was significantly misaligned with the dental arch.	Adaptation of the Connecting part between the U-loops to the dental arch is acceptable.	Connecting part between the U-loops was properly aligned with the dental arch.	
B6. The student adjusts the height of the retention arms and adapts them with the occlusal surface.	Height of the retention arms and their adaptations with the occlusal surface were not adjusted.	Many mistakes were made in the height the retention arms and their alignments with the occlusal surface	The height of the retention arms and their adaptations to the occlusal surface are acceptable.	The height of the retention arms and their alignment with the occlusal surface were properly determined.	
B7. The student makes the retention bends on the retention arms and adapts them with the plaster surface.	The retention bends on the retention arms were not properly bent and adjusted.	Many mistakes were made in the retention bends and their alignments.	The retention bends and their adjustments with plaster surface are acceptable.	Retention bends and adjustments were properly made.	
Total Score					
Student Feedback					
Student's Signature			Supervisor's Signature		

Procedure: SPRING BENDING  
 Department: ORTHODONTICS  
 Form: CLINICAL EVALUATION FORM  
 Number: ORTHODONTICS CEF 4



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Spring bending on a plaster model
<b>Duration of Practice</b>	
<b>Required Tools and Instruments</b>	Linoleum, plaster cast, forceps required for bending, orthodontic wire, marking pen
<b>Points to Consider During Evaluation</b>	Size and positioning of helix bends. Adjusting width of the active arm. Bending of the retention arms and their adaptations with the plaster surface
<b>Scoring</b>	Preparation phase of this practice session: 20 points Appropriateness and aesthetics of the schoolwork: 80 points Each stage will be scored equally.

<b>A</b>	<b>Preparation phase</b>	<b>Successful</b>	<b>Unsuccessful</b>
	A1. The student obeys the established dress code.		
	A2. The student comes on time for the sessions and obeys established rules.		
	A3. Necessary tools and equipment are ready for use.		
<b>B</b>	<b>Bending Phase</b>		
	B1. The student cuts the wire to a sufficient length and shapes it into a straight form.		
	B2. The student determines length of the active arm.		
	B3. The student bends the helices to appropriate size and places them in correct position.		
	B4. The student makes the retention bends on the retention arms and adapts them with the plaster surface.		

Criteria	Grading Scales				
	0 (Fail)	1 (Beginner Level)	2 (Needs Improvement)	3 (Acceptable)	Grade
A1. The student obeys the established dress code.	Dress code is completely ignored.	Very few of the dress codes are adhered to.	Most of the dress codes are adhered to.	The dress code is fully adhered to.	
A2. The student comes on time for the sessions and obeys established rules.	Lecture hours and regularities are not adhered to.	Lecture hours and regularities are not generally adhered to.	Lecture hours and regularities are generally adhered to.	Lecture hours and regularities are adhered to.	
A3. Necessary tools and equipment are ready for use.	The working medium is disorganized, and the tools and equipment are not ready for use.	The working medium and tools are rarely organized and ready for use.	The working medium and most of tools are well organized and ready for use.	The working medium and all tools are well organized and ready for use.	
B1. The student cuts the wire to a sufficient length and shapes it into a straight form.	The student cannot adjust the length of the wire or prepare it for bending.	The student has some difficulty adjusting the wire length or preparing it for bending.	The student's success in adjusting the wire length or making it ready for use is at an acceptable level.	The student properly adjusts the wire length or prepares it for bending.	
B2. The student determines length of the active arm.	Length of the active arm was never determined	Many mistakes were made in determining length of the active arm.	The length of the active arm is acceptable level.	The length of the active arm is properly bent.	
B3. The student bends the helices to appropriate size and places them in correct position.	The helices are irregular in size and arrangement.	Many mistakes were made in determining length of the active arm.	The mistakes in size and placement of the helices are acceptable.	The helices are of appropriate size and placement.	
B4. The student makes the retention bends on the retention arms and adapts them with the plaster surface.	The retention bends on the retention arms were not properly bent and adjusted.	Many mistakes were made in the retention bends and their alignments.	The retention bends and their adjustments with plaster surface are acceptable.	Retention bends and adjustments were properly made.	
Total Score					
Student Feedback					
Student's Signature			Supervisor's Signature		

Procedure: BALL – ARROW CLASPS BENDING  
 Department: ORTHODONTICS  
 Form: CLINICAL EVALUATION FORM  
 Number: ORTHODONTICS CEF 5



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ball-Arrow clasps bending on a plaster model
<b>Duration of Practice</b>	
<b>Required Tools and Instruments</b>	Linoleum, plaster cast, forceps required for bending, orthodontic wire, marking pen
<b>Points to Consider During Evaluation</b>	Location, size, and angulation of the ball or arrow bends Adaptation of the retention arm with the occlusal surfaces of the plaster teeth Bending of the retention arm and its adaptation with the plaster surface
<b>Scoring</b>	Preparation phase of this practice session: 20 points Appropriateness and aesthetics of the schoolwork: 80 points Each stage will be scored equally.

<b>A</b>	<b>Preparation phase</b>	<b>Successful</b>	<b>Unsuccessful</b>
	A1. The student obeys the established dress code.		
	A2. The student comes on time for the sessions and obeys established rules.		
	A3. Necessary tools and equipment are ready for use.		
<b>B</b>	<b>Bending Phase</b>		
	B1. The student cuts the wire to a sufficient length and shapes it into a straight form.		
	B2. The student creates ball or arrow bends to the appropriate size and performs their angulations.		
	B3. The student adjusts the height of the retention arms and aligns them with the occlusal surface.		
	B4. The student makes the retention bends on the retention arms and adapts them with the plaster surface.		

Criteria	Grading Scales				
	0 (Fail)	1 (Beginner Level)	2 (Needs Improvement)	3 (Acceptable)	Grade
A1. The student obeys the established dress code.	Dress code is completely ignored.	Very few of the dress codes are adhered to.	Most of the dress codes are adhered to.	The dress code is fully adhered to.	
A2. The student comes on time for the sessions and obeys established rules.	Lecture hours and regularities are not adhered to.	Lecture hours and regularities are not generally adhered to.	Lecture hours and regularities are generally adhered to.	Lecture hours and regularities are adhered to.	
A3. Necessary tools and equipment are ready for use.	The working medium is disorganized, and the tools and equipment are not ready for use.	The working medium and tools are rarely organized and ready for use.	The working medium and most of tools are well organized and ready for use.	The working medium and all tools are well organized and ready for use.	
B1. The student cuts the wire to a sufficient length and shapes it into a straight form.	The student cannot adjust the length of the wire or prepare it for bending.	The student has some difficulty adjusting the wire length or preparing it for bending.	The student's success in adjusting the wire length or making it ready for use is at an acceptable level.	The student properly adjusts the wire length or prepares it for bending.	
B2. The student creates ball or arrow bends to the appropriate size and performs their angulations.	Ball or arrow bends were not the appropriate size, and their angles were not suitable.	Many mistakes were made in the size and angulation of the ball or arrow bends.	The sizes and angulations of the ball or arrow bends are acceptable level.	The ball or arrow bends were properly bent and angled.	
B3. The student adjusts the height of the retention arms and aligns them with the occlusal surface.	The height of the retention arms and their adaptations with the occlusal surface were not adjusted.	Many mistakes were made in the height the retention arms and their alignments with the occlusal surface	The height of the retention arms and their adaptations to the occlusal surface are acceptable.	The height of the retention arms and their alignment with the occlusal surface were properly determined.	
B4. The student makes the retention bends on the retention arms and adapts them with the plaster surface.	The retention bends on the retention arms were not properly bent and adjusted.	Many mistakes were made in the retention bends and their alignments.	The retention bends and their adjustments with plaster surface are acceptable.	Retention bends and adjustments were properly made.	
Total Score					
Student Feedback					
Student's Signature			Supervisor's Signature		

Procedure: CEPHALOMETRY STUDIES  
 Department: ORTHODONTICS  
 Form: CLINICAL EVALUATION FORM  
 Number: ORTHODONTICS CEF 6



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Cephalometric film drawing and measurement
<b>Duration of Practice</b>	
<b>Required Tools and Instruments</b>	Cephalometric film drawing template, fine-tipped pencil, eraser, ruler, protractor
<b>Points to Consider During Evaluation</b>	Locating the cephalometric reference points on the template Drawing the specified 6 angles and 3 dimensions Measuring the lengths and angles accurately
<b>Scoring</b>	Preparation phase of this practice session: 20 points Appropriateness and aesthetics of the schoolwork: 80 points Each stage will be scored equally.

<b>A</b>	<b>Preparation phase</b>	<b>Successful</b>	<b>Unsuccessful</b>
	A1. The student obeys the established dress code.		
	A2. The student comes on time for the sessions and obeys established rules.		
	A3. Necessary tools and equipment are ready for use.		
<b>B</b>	<b>Bending Phase</b>		
	B1. The drawing paper used for this session is clean, organized, and usable.		
	B2. Cephalometric reference points are correctly marked.		
	B3. Determined angles are correctly drawn.		
	B4. Determined lines are correctly drawn.		
	B5. The angles and lengths are measured accurately.		

Criteria	Grading Scales				
	0 (Fail)	1 (Beginner Level)	2 (Needs Improvement)	3 (Acceptable)	Grade
A1. The student obeys the established dress code.	Dress code is completely ignored.	Very few of the dress codes are adhered to.	Most of the dress codes are adhered to.	The dress code is fully adhered to.	
A2. The student comes on time for the sessions and obeys established rules.	Lecture hours and regularities are not adhered to.	Lecture hours and regularities are not generally adhered to.	Lecture hours and regularities are generally adhered to.	Lecture hours and regularities are adhered to.	
A3. Necessary tools and equipment are ready for use.	The working medium is disorganized, and the tools and equipment are not ready for use.	The working medium and tools are rarely organized and ready for use.	The working medium and most of tools are well organized and ready for use.	The working medium and all tools are well organized and ready for use.	
B1. The drawing paper used for this session is clean, organized, and usable.	The drawing paper is not clean, organized, or used properly.	The cleanliness, order, and use of the drawing paper are irregular.	The cleanliness, order, and usability of the drawing paper are acceptable level.	The drawing paper is clean, organized, and usable.	
B2. Cephalometric reference points are correctly marked.	The cephalometric reference points are not marked correctly.	A small number of cephalometric reference points were marked correctly.	Most of the cephalometric reference points are correctly marked.	Cephalometric reference points are accurately marked.	
B3. Determined angles are correctly drawn.	The angles are not drawn correctly.	Some of the angles were drawn correctly.	Most angles are correctly drawn.	The angles are accurately drawn.	
B4. Determined lines are correctly drawn.	The lines are not drawn correctly.	Some of the lines were drawn correctly.	Most lines are correctly drawn.	The lines are accurately drawn.	
B5. The angles and lengths are measured accurately.	The angles and lengths are not accurately measured.	Some angle and length measurements were made correctly.	Most angle and length measurements are correctly made.	The angle and length measurements are accurate.	
Total Score					
Student Feedback					
Student's Signature			Supervisor's Signature		

## PERIODONTOLOGY

Periodontics education encompasses didactic, preclinical, and clinical practice.

**Theoretical Training (Didactic):** The knowledge gained during theoretical training offers the essential foundation and guidelines for preclinical and clinical training.

**Pre-Clinical Education:**

Preclinical training covers knowledge of periodontal instruments, their proper use, cross-infection control, and ergonomics. Before beginning patient treatment, proficiency in procedures involving hand instruments and ultrasonic devices must be demonstrated.

**Clinical Education:**

Clinical education involves working with diverse patient groups and includes thorough examination, diagnosis, and treatment planning. Instruction in diagnostics and treatment strategies aims to ensure accurate diagnosis and suitable treatment approaches. Patient care encompasses the following areas:

Gingivitis

Periodontitis Stage I and II (including Stage III A&B when necessary)

Periodontal care (maintenance)

Acute conditions

Interdisciplinary management

Treatment is primarily nonsurgical and includes education on proper oral hygiene, controlling risk factors, and making referrals when necessary.

Scaling involves mechanically removing dental plaque and calculus from the supragingival area and extending into the subgingival area using appropriate periodontal instruments. Treatment begins once the clinical observer obtains and approves the patient's informed consent. If necessary, the patient is scheduled for subgingival curettage, which includes scraping and root planing in the subgingival space.

Periodontal treatment aims to remove dysbiotic plaque biofilm from the tooth surface and create an environment that promotes health. Managing periodontal disease can involve nonsurgical or surgical methods; the best approach depends on the patient, the lesion site, and systemic factors.

**Observation and Advanced Applications:**

Through observation, periodontists or specialized periodontics instructors demonstrate advanced periodontal procedures (e.g., open flap debridement, implant surgery) to students.

**Evaluation and Monitoring:** Clinical consultants' feedback and both theoretical and clinical formative and summative assessments evaluate competence in managing periodontal diseases.

Procedure: APPLICATION IN PRECLINICAL PHANTOM MODEL  
 Department: PERIODONTOLOGY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: PERIODONTOLOGY PEF 1



<b>Student's Number</b>	
<b>Student's Name- Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to perform periodontal treatments on a phantom model before the clinic
<b>Duration of Practice</b>	2 minutes for each tooth
<b>Required Tools and Instruments</b>	Preparation of the phantom jaw for periodontal examination and scraping, recognition of tissues and instruments, recording of indices, practice with hand instruments and use of hygiene education tools.
<b>Points to Consider During Evaluation</b>	Compliance with the order of operations Complete and accurate implementation of the application
<b>Scoring</b>	The preclinical phantom application includes a total of six criteria and 26 performance indicators. The score is calculated out of 18 on four success levels. Dividing the result by 18 and multiplying by 100 yields the student's score out of 100. Important feedback observed is recorded in the "Student Feedback" section. The expectation is to achieve a score above 80%.

<b>A</b>	<b>Preparing the Phantom Jaw for Examination and Scraping</b>	<b>Successful</b>	<b>Failed</b>
	A1. Places the dental stone model into the phantom.		
	A2. Uses personal protective equipment.		
	A3. Arranges the tools to be used in an orderly manner.		
	A4. Assumes a proper working position.		
	A5. Position the reflector in the appropriate position.		
<b>B</b>	<b>Recognition of Periodontal Tissues</b>		
	B1. Identifies the relationship between teeth and supporting tissues on a phantom.		
	B2. Identifies periodontal tissues.		
	B3. Performs a periodontal examination with a mirror and probe.		
<b>C</b>	<b>Identification of Periodontal Instruments</b>		
	C1. Identifies the types and functions of periodontal instruments.		
	C2. Uses instruments in the appropriate position.		
	C3. Holds instruments correctly, using support from the teeth.		
<b>D</b>	<b>Clinical Measurements and Indexing</b>		
	D1. Measures the plaque index.		
	D2. Measures the gingival index.		
	D3. Measures the bleeding index on probing.		
	D4. Determines pocket depth.		
	D5. Calculates the clinical attachment level.		
<b>E</b>	<b>Dental Surface Cleaning and Polishing Practices</b>		
	E1. Places the instrument on the correct tooth.		
	E2. Works with direct vision.		
	E3. Uses indirect vision techniques.		
	E4. Scales the tooth surface.		
	E5. Scrapes and smooths the root surface.		
	E6. Avoids damaging the gum tissue.		
	E7. Polishes with a micromotor and paste.		
<b>F</b>	<b>Oral Care and Hygiene Education</b>		
	F1. Prepares oral hygiene materials (toothbrush, dental floss, interdental brush).		
	F2. Knows how to use oral hygiene education materials.		
	F3. Performs brushing and interdental cleaning on the phantom.		

	Levels of Success				
Criteria	0	1	2	3	Success Grade
<b>Preparing the Phantom Jaw for Examination and Scraping</b>	He/she only placed the teeth on the model.	He/she prepared an instrument, but its position was inappropriate.	The instrument is prepared and positioned appropriately.	All preparations were complete, and the position was ideal. The lighting was also adjusted.	
<b>Recognition of Periodontal Tissues</b>	He/she only observed the tooth-tissue relationship.	He/she demonstrated the tooth-tissue relationship and identified some tissues.	He/she performed a tissue examination, but his instrument use was inadequate.	He/she correctly identified and examined all tissues with the correct instruments.	
<b>Identification of Periodontal Instruments</b>	He/she has difficulty recognizing instruments.	He/she recognized basic instruments but was confused about their functions..	He/she is familiar with most instruments and associates them with their correct function.	He/she correctly identified all instruments and was able to explain their functions.	
<b>Clinical Measurements and Indexing</b>	He/she couldn't apply any indices.	He/she applied only one correctly.	He/she applied most indices correctly.	He/she applied all indices completely and accurately.	
<b>Dental Surface Cleaning and Polishing Practices</b>	His/her instrument grip and orientation are faulty.	He/she applied correctly in some areas.	He/she generally applies them correctly, with minor technical deficiencies.	He/she performed procedures effectively and without damage to all surfaces.	
<b>Oral Care and Hygiene Education</b>	He/she didn't introduce oral hygiene materials.	He/she may have introduced some materials and provided incorrect information.	He/she introduced most materials correctly and provided simple training.	He/she provided effective training by correctly introducing all materials.	
Score out of 18					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: APPLYING CLINICAL PREPARATIONS ON THE PATIENT SIDE

Department: PERIODONTOLOGY

Form: CLINICAL EVALUATION FORM

Number: PERIODONTOLOGY CEF 1



<b>Student's Number</b>	
<b>Student's Name- Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Applying Clinical Preparations on the Patient Side
<b>Duration of Practice</b>	15 minutes
<b>Required Tools and Instruments</b>	Examination kit, necessary protective equipment for the patient (apron, headgear, face cover, glasses), protective equipment for the dentist (apron, face shield and/or protective glasses, mask).
<b>Points to Consider During Evaluation</b>	Performing the procedures in an orderly manner. Completing all steps completely.
<b>Scoring</b>	There are four criteria and 15 performance indicators for patient-side clinical preparation. The score is calculated out of 12 on four success levels. Dividing the result by 12 and multiplying by 100 yields the student's score out of 100. Important feedback observed is recorded in the "Student Feedback" section. The expectation is to achieve a score above 80%.

<b>A</b>	<b>Prepares the Working Area</b>	<b>Successful</b>	<b>Failed</b>
	A1. Checks the unit for hygiene.		
	A2. Tests the functionality of the unit.		
	A3. Obtains all necessary materials and places them appropriately for the procedure.		
	A4. Prepares the necessary personal protective equipment for the patient and himself.		
<b>B</b>	<b>Interacts with the Patient</b>		
	B1. Accompanies the patient from the waiting area to the clinic.		
	B2. Introduces himself/herself and communicates.		
	B3. Demonstrates courteous and professional behavior.		
<b>C</b>	<b>Prepares the Patient for the Procedure</b>		
	C1. Ensures the patient is seated in the appropriate position in the chair.		
	C2. Adjusts the headrest according to the patient's position.		
	C3. Directs the reflector to the procedure area.		
	C4. Checks that the patient's file is open and ready, and assesses its suitability for the procedure.		
	C5. Provides the patient with a gown.		
<b>D</b>	<b>Makes Self-Preparations</b>		
	D1. Wears a protective apron.		
	D2. Wears gloves and a mask.		
	D3. Completes the glasses and visor equipment.		

	Levels of Success				
Criteria	0	1	2	3	Success Grade
<b>Prepares the Working Area</b>	The unit had not been cleaned, its functionality had not been checked, and supplies were missing.	The unit was partially cleaned, its functionality checked, and supplies were largely missing..	The unit was operational, cleaned, and most supplies were ready.	All supplies are properly placed, the unit is clean and ready for use.	
<b>Interacts with the Patient</b>	The patient was admitted to the clinic and not contacted.	He/she contacted the patient by asking his/her name.	He/she smiled at the patient, asked her name, and was polite.	The patient has been greeted, introduced, and followed all instructions.	
<b>Prepares the Patient for the Procedure</b>	The patient's documentation had not been checked, the patient was positioned incorrectly, and the gown was not worn.	He/she placed the patient in the appropriate position and wore a gown.	The position and gown were correct, and he partially checked the documentation.	All preparations are complete, and the patient's documentation and positioning follow standards.	
<b>Makes Self-Preparations</b>	The patient was only wearing a gown and had not completed any other preparations.	He/she put on a gown, gloves, and a mask.	He/she used protective equipment without washing his hands.	All protective measures have been completed correctly.	
Score out of 12					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		



<b>C</b>	<b>Performs oral clinical examination</b>		
	C1. Examines tissues such as the tongue, cheeks, and lips.		
	C2. Observes and records gingival tissues for color, structure, and surface.		
	C3. Examines the presence of caries and identifies existing restorations.		
	C4. Measures the whole-mouth plaque index.		
	C5. Records the gingival index measurement on all teeth.		
	C6. Measures and records pocket depths with a periodontal probe.		
	C7. Records the whole-mouth clinical attachment level (CAL) values using a periodontal probe.		
	C8. Records the bleeding index (BI) values on whole-mouth probing using a periodontal probe.		
	C9. Records the presence of a defect in the furcation region using a Nabers probe.		
<b>D</b>	<b>Performs radiological examination</b>		
	D1. Performs radiological evaluation of the tooth and surrounding tissues.		
	D2. Evaluates the level of the alveolar bone.		
	D3. Consults with the dentist to decide if additional radiographs are required.		
<b>E</b>	<b>Makes a diagnosis</b>		
	E1. Analyzes collected periodontal clinical data.		
	E2. Correlates radiographic findings with clinical observations.		
	E3. Makes a diagnosis based on history, examination, and radiological data.		
<b>F</b>	<b>Makes treatment plans</b>		
	F1. Determines treatment options appropriate to the diagnosis.		
	F2. Arranges treatment sequences based on urgency and priority.		
	F3. Informs the patient about the planned treatment.		
	F4. Document and record the treatment plan.		

	Levels of Success				
Criteria	0	1	2	3	Success Grade
<b>Records the patient's complaint</b>	The patient's complaint was not obtained or superficial information was provided.	The complaint was stated, but insufficient detailed information was collected.	The location and duration of the patient's complaints were learned.	Complaints are clear, comprehensive, and documented with the patient's statements.	
<b>Takes medical history</b>	A medical history was not taken or was omitted.	A periodontal history was taken, but the systemic history was incomplete.	Only the periodontal history, systemic history, and medications were recorded.	A detailed systemic and dental history is fully documented.	
<b>Performs oral clinical examination</b>	The examination was incomplete and nonsystematic.	Only some examination parameters were evaluated.	Intraoral tissues and indices were recorded appropriately.	All intraoral examinations are systematic, complete, and accurate.	
<b>Performs radiological examination</b>	Radiographs were not examined or were interpreted incorrectly.	Radiographic evaluation was limited.	Relevant radiological findings were interpreted and recorded.	Radiological analysis is fully recorded.	
<b>Makes a diagnosis</b>	A diagnosis was not made or was determined incorrectly.	A partially correct diagnosis was stated, but the justifications were insufficient.	A logical diagnosis was made based on the data.	All data is integrated to form a complete, accurate, and reasoned diagnosis.	
<b>Makes treatment plans</b>	A treatment plan was not established or was inappropriate.	The treatment plan was partially appropriate, but insufficiently detailed.	A plan was prepared with appropriate sequence and content.	A plan is developed, tailored to the diagnosis and optimized for the patient's priorities.	
Score out of 18					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		











Criteria	Levels of Success				Success Grade
	0	1	2	3	
<b>Obtains patient consent for the procedure</b>	Most of the necessary equipment was missing or improperly prepared.	Preparations were made, albeit with some shortcomings.	Necessary materials were prepared appropriately.	All materials were prepared in a complete and organized manner.	
<b>Prepares for treatment</b>	The patient was not informed, and communication was lacking.	Limited communication with the patient was achieved.	The patient was informed about the procedure.	The patient was comprehensively informed before and after the procedure.	
<b>Performs root planing treatment</b>	Clinical assessment was incomplete or inaccurate.	Only basic clinical observations were made.	Clinical findings were generally evaluated accurately.	All clinical findings were evaluated in detail and systematically.	
<b>Plans the use of antimicrobial agents</b>	Anesthesia was either not administered at all or was administered incorrectly.	Anesthesia was administered, but its effects were insufficient.	Anesthesia was administered effectively.	Anesthesia was administered perfectly, ensuring patient comfort.	
<b>Re-provides personal oral hygiene education</b>	Curettage was not performed, or an appropriate technique was not used.	Curettage was performed, but some areas were missed.	The curettage procedure was performed using an overall successful technique	All areas were completely planned using the correct technique.	
<b>Schedules the patient's next appointment after the procedure</b>	Information was not provided.	Brief and superficial information was provided.	Antimicrobial products and hygiene training were provided.	The patient received detailed hygiene instructions and product usage information.	
<b>Arranges the post-procedure work environment</b>	Post-procedure evaluation and recording were not performed.	Partial evaluation and recording were made.	General post-procedure checkups and documentation were completed.	All post-procedure findings were evaluated and recorded accurately.	
Score out of 21					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

## PROSTHETIC DENTISTRY

Prosthetic dental treatment is a branch of dentistry that aims to restore missing teeth or tissue loss with fixed, removable, or implant-supported prostheses. The goal is to restore aesthetics, function and phonation. Prostheses are generally divided into the following groups:

### 1. Fixed Prostheses

- They are fixed in the mouth and cannot be removed by the patient.
- Examples:
  - Crown
  - Bridge
  - Laminate veneer
  - Inlay and onlay restorations

### 2. Removable Prostheses

- Can be removed and replaced by the patient.
- Examples:
  - Complete denture (total denture) → When all teeth are missing.
  - Partial denture → When some teeth are missing.
  - Immediate (temporary) dentures

### 3. Maxillofacial Dentures

- Restores oral, facial, and jaw region losses resulting from cancer, trauma, or congenital anomalies.
  - For example, special dentures are prepared for nose, ear, and palate defects.

#### ◆ By Support Type

- Tooth-supported
- Tissue-supported
- Tooth+Tissue-supported
- Implant-supported (fixed or removable)

#### ◆ By Purpose

- Temporary prostheses (during the healing process)
- Permanent prostheses
  - Maxillofacial prostheses (for large tissue loss, facial restoration)

Different stages are applied depending on the type of material used in prosthesis fabrication and the degree of tooth loss. The process of prosthetic treatment varies depending on the type of prosthesis used (fixed, removable, implant-supported), but the basic steps are often similar.

1. Examination and Diagnosis
2. Treatment Planning (Deciding on the type of prosthesis and material to be used)
3. Oral Preparation: Teeth are cut (prepared) (for fixed prostheses).
4. Taking impression
  - Precise impression are taken with special trays or digital scanners.

- The upper-lower jaw occlusion relationship is recorded.
    - The use of a facebow and articulator (a device that mimics jaw movements) may be necessary.
5. Temporary Prosthesis Stage
    - A temporary prosthesis or temporary crown is prepared.
    - Tooth protection, function, and aesthetics are ensured.
    - The patient does not remain toothless while the laboratory prepares the prosthesis.
  6. Laboratory Stage
    - The measurements are sent to the technician.
    - A metal substructure, porcelain veneer, or acrylic prosthesis is prepared.
    - Tooth color, shape, and occlusion are taken into account.
  7. Fitting
    - Framework and fit are checked (metal fitting, wax fitting, tooth arrangement fitting).
    - Closure, aesthetics, and phonation are evaluated.
    - The patient's approval is obtained, and corrections are made if necessary.
  8. Delivery of the Final Prosthesis
    - The prosthesis is placed in the mouth.
    - If it is a fixed prosthesis, it is cemented or screwed in place.
    - If it is a removable prosthesis, it should be easy for the patient to put in and take out.
  9. Check-up and Follow-up
    - A check-up appointment is scheduled within the first week.
    - Pressure sores and bruises are corrected.
    - Long-term check-ups ensure compliance, hygiene, and stability.

In order to enable Dental Faculty students to acquire prosthetic dental treatment skills, during their undergraduate education, first-year students are taught about the anatomical structure of teeth and their manual skills are developed by having them model teeth using wax and soap. In the second year, during the preclinical education phase, students practice fixed prosthesis techniques on plastic teeth and phantom models. In the third year, during the preclinical education phase, students practice removable prosthesis techniques on plaster models in the manipulation laboratory. In the clinical phase (fourth and fifth years), the goal is for the techniques practiced to be successfully applied on patients.

Procedure: Wax Modelling

Department: Prosthetic Dentistry

Form: Preclinical Evaluation Form

Number: PROSTHESIS PEF-1



<b>Student's Number</b>	
<b>Student's Name &amp; Surname</b>	
<b>Class</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Learning anatomical features of teeth by soap and functional Occlusal by Modelling with wax
<b>Duration of Practice</b>	180 minutes
<b>Laboratory Rules to Be Followed</b>	<ol style="list-style-type: none"><li>1. Laboratory hours are between 13:30 and 16:30. Students who are not present during laboratory hours will be considered absent. Students arriving after 14:00 will not be admitted to the laboratory.</li><li>2. Entering the laboratory without wearing a white scrub set (top and bottom) and lab coat is prohibited. Students with long hair must tie their hair back.</li><li>3. Gloves, protective goggles, and masks must be used when necessary during laboratory work. Closed-toe shoes must always be worn as a precaution against chemical spills and broken glass.</li><li>4. During laboratory hours, it is forbidden to leave or walk around the laboratory without permission from the responsible assistant or faculty member. Nothing other than the required materials (e.g., bags, clothing, food, or drinks) should be placed on the workbench.</li><li>5. Each student is responsible for their assigned workspace. Before leaving the laboratory, students must clean their area and ensure that the gas valve, lamp, and monitor are turned off.</li><li>6. Each week, 10 students designated on the list are responsible for cleaning the laboratory.</li><li>7. Each student must be knowledgeable about the procedures required throughout the term.</li><li>8. Demo videos shared before each session must be watched prior to coming to the laboratory.</li></ol>
<b>Required Tools and Materials</b>	<ul style="list-style-type: none"><li>• White linealum</li><li>• Lab coat</li><li>• Bol and Bol spatula</li><li>• Articulator (simple articulator or semi-adjustable articulator)</li><li>• Flame-tipped bur + Round-shaped bur + Large bur (Hard bur)</li></ul>

	<ul style="list-style-type: none"> <li>• Handpieces (Note: If this is a brand or specific tool, consider keeping the original name or adding an explanation)</li> <li>• Micromotor</li> <li>• Modeling wax (4 colors)</li> <li>• Rubber band</li> <li>• 32-tooth model cast (white colored)</li> <li>• Torch (stand-up torch)</li> <li>• Spatulas (fire spatulas and modeling spatulas)</li> </ul> <p><b>Can be shared as a group:</b></p> <ul style="list-style-type: none"> <li>• Gloves</li> <li>• Mask</li> </ul>
<b>Important Points to Consider During Assessment</b>	<ul style="list-style-type: none"> <li>• Models must be clean and properly mounted on the articulator according to the rules.</li> <li>• During trimming, the plaster should be trimmed to the desired extent (up to the cervical triple area).</li> <li>• During modeling, 3 or 4 colors should be used as required, with the appropriate colors applied to the specified areas.</li> <li>• At the end of modeling, during the occlusion check, the occlusal pin must make full contact with the table.</li> <li>• The modeling at anatomical points must be consistent with the tooth anatomy.</li> <li>• Attendance is very important for practical lessons as there will be no make-up sessions. There will be assignments to submit.</li> <li>• On the last day of the course, you will take a practical exam.</li> <li>• During the exam, you must inform your assistant immediately about any emergency situation.</li> </ul>
<b>Scoring</b>	<p>There are 10 criteria. Scoring is done on 4 levels of achievement and calculated out of 30 points.</p> <p>The total score is divided by 30 and then multiplied by 100 to find the student's grade out of 100.</p> <p>In addition to these, 30 points are allocated for the practical exam and 10 points are added from assignments and participation during the term.</p> <p>Important observed feedback should be written in the "Student Feedback" section.</p>

<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Complies with laboratory dress code regulations.		
	A2. The work environment is organized, and tools and materials are ready for use.		
<b>B</b>	<b>Trimming and Modeling</b>		
	B1. The trimming on the plaster model has been done up to the cervical third.		
	B2. Avoid damaging other teeth in the same or opposing jaw during trimming.		
	B3. Using 3 colors of wax in the anterior region and 4 colors in the posterior region according to the specified tooth.		
	B4. Correct positioning of the buccal and lingual contour area during modeling.		
	B5. Accurate positioning of the occlusal ridges and fossae during modeling.		
	B6. Presence of cusp contact in occlusion.		
	B7. All surfaces are smooth and properly polished.		
	B8. Contact of the pin with the table during occlusion check.		

<b>Midterm Exam Success Levels</b>					
<b>Criteria</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Grade</b>
A1. Complies with laboratory dress code regulations.	The dress code regulations were not followed at all.	Only a few of the dress code regulations were followed.	Most of the dress code regulations were followed.	All dress code regulations were followed completely.	
A2. The workspace is organized, and tools and materials are ready for use.	The workspace is disorganized, and the tools and materials are not ready for use at all.	Only a few parts of the workspace and equipment are organized and ready for use.	Most of the workspace and equipment are organized and ready for use.	All of the workspace and equipment are organized and ready for use.	
B1. The trimming on the plaster model has been done up to the cervical third.	It is completely inappropriate.	Trimming has been done up to the incisal third.	Trimming has been done in the middle third.	Trimming has been done in the cervical third.	
B2. Avoid damaging other teeth in the same or opposing jaw during trimming.	Trimming on the wrong tooth or starting to trim the wrong tooth	Contact with two adjacent teeth in the same jaw	Damage to a single adjacent tooth in the same jaw	No damage at all	
B3. Using 3 colors of wax in the anterior region and 4 colors in the posterior region according to the specified tooth.	Working with a single color of wax	Working with an insufficient number of wax colors	Working with the correct number of different wax colors in the right areas	Working with the desired number of wax colors in the specified areas	
B4. Correct positioning of the buccal and lingual contour area during modeling.	Absence of contour area	Both contour area positioned incorrectly	One contour area positioned incorrectly	Contour area positioned correctly	
B5. Accurate positioning of the occlusal ridges and fossae during modeling.	Occlusal modeling left flat	Fossae are very sharp and groove-like	Ridges are very pronounced and sharp	Fossae and ridges are morphologically accurate	
B6. Presence of cusp contact in occlusion.	Visible gap in the occlusal area	Insufficient contact	No cusp contact observed from the inside during occlusal articulation	Ideal cusp contact	
B7. All surfaces are smooth and properly polished.	Presence of rough surfaces	No polishing done	Polishing done but insufficient on the occlusal surface	Ideal polishing performed	
B8. Contact of the pin with the table during occlusion check.	Pin level adjusted to achieve contact	No pin contact	Wax modeling prevents pin contact when pressed	Pin contact achieved	
<b>Score out of 30</b>					
<b>Score out of 100</b>					
<b>Student Feedback</b>					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

	FINAL Exam Success Levels				
Criteria	0	1	2	3	Grade
A1. Complies with laboratory dress code regulations.	The dress code regulations were not followed at all.	Only a few of the dress code regulations were followed.	Most of the dress code regulations were followed.	All dress code regulations were followed completely.	
A2. The workspace is organized, and tools and materials are ready for use.	The workspace is disorganized, and the tools and materials are not ready for use at all.	Only a few parts of the workspace and equipment are organized and ready for use.	Most of the workspace and equipment are organized and ready for use.	All of the workspace and equipment are organized and ready for use.	
B1. The trimming on the plaster model has been done up to the cervical third.	It is completely inappropriate.	Trimming has been done up to the incisal third.	Trimming has been done in the middle third.	Trimming has been done in the cervical third.	
B2. Avoid damaging other teeth in the same or opposing jaw during trimming.	Trimming on the wrong tooth or starting to trim the wrong tooth	Contact with two adjacent teeth in the same jaw	Damage to a single adjacent tooth in the same jaw	No damage at all	
B3. Using 3 colors of wax in the anterior region and 4 colors in the posterior region according to the specified tooth.	Working with a single color of wax	Working with an insufficient number of wax colors	Working with the correct number of different wax colors in the right areas	Working with the desired number of wax colors in the specified areas	
B4. Correct positioning of the buccal and lingual contour area during modeling.	Absence of contour area	Both contour area positioned incorrectly	One contour area positioned incorrectly	Contour area positioned correctly	
B5. Accurate positioning of the occlusal ridges and fossae during modeling.	Occlusal modeling left flat	Fossae are very sharp and groove-like	Ridges are very pronounced and sharp	Fossae and ridges are morphologically accurate	
B6. Presence of cusp contact in occlusion.	Visible gap in the occlusal area	Insufficient contact	No cusp contact observed from the inside during occlusal articulation	Ideal cusp contact	
B7. All surfaces are smooth and properly polished.	Presence of rough surfaces	No polishing done	Polishing done but insufficient on the occlusal surface	Ideal polishing performed	
B8. Contact of the pin with the table during occlusion check.	Pin level adjusted to achieve contact	No pin contact	Wax modeling prevents pin contact when pressed	Pin contact achieved	
<b>Score out of 30</b>					
<b>Score out of 100</b>					
<b>Student Feedback</b>					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: PRINCIPLES OF PREPARATION AND IMPRESSION IN  
FIXED PROSTHODONTICS

Department: Prosthetic Dentistry

Form: Preclinical Evaluation Form

Number: PROsthESIS PEF-2



<b>Student's Number</b>	
<b>Student's Name &amp; Surname</b>	
<b>Class</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	PRINCIPLES OF PREPARATION AND IMPRESSION IN FIXED PROSTHODONTICS
<b>Duration of Practice</b>	180 minutes
<b>Laboratory Rules to Be Followed</b>	<ol style="list-style-type: none"> <li>1. Laboratory hours are between 9:00 and 12:00. Students who are not present during laboratory hours will be considered absent. Students arriving after 14:00 will not be admitted to the laboratory.</li> <li>2. Entering the laboratory without wearing a white scrub set (top and bottom) and lab coat is prohibited. Students with long hair must tie their hair back.</li> <li>3. Gloves, protective goggles, and masks must be used when necessary during laboratory work. Closed-toe shoes must always be worn as a precaution against chemical spills and broken glass.</li> <li>4. During laboratory hours, it is forbidden to leave or walk around the laboratory without permission from the responsible assistant or faculty member.</li> <li>5. Nothing other than the required materials (e.g., bags, clothing, food, or drinks) should be placed on the workbench.</li> <li>6. Each student is responsible for their assigned workspace. Before leaving the laboratory, students must clean their area and ensure that the gas valve, lamp, and monitor are turned off.</li> <li>7. Each week, 10 students designated on the list are responsible for cleaning the laboratory.</li> <li>8. Each student must be knowledgeable about the procedures required throughout the term.</li> <li>9. Demo videos shared before each session must be watched prior to coming to the laboratory.</li> </ol>

<b>Required Tools and Materials</b>	Upper and lower jaw models (with spare teeth)for phantom unit • Screwdriver • Mirror, probe,tweezers • Periodontal probe • Mouth spatula • Cement spatula • dental instrument box • Diamond burs • Bur holder • Aerator, Anguldrva, micromotor, oil spray • Acrylic trimming bur for micromotor • Scalpel and handle No:5 • Scissors, plaster knife • 1×1 m <sup>2</sup> white cloth • Retraction cord No:2 • No:2 and No:3 maxilla–mandible impression trays (2 sets) • Plaster (5×2.5 cm) • C-type silicone impression material • Alginate and trays • Vaseline •Metal matrix, matrix holder, wedges • Disposable gloves, mask, gown, cap, glasses • White lab uniform • saliva ejector • Modeling wax and wax spatula • Pencil and permanent marker • Temporary crown acrylic (powder & liquid, not gun type) • Zip-lock bag & label • Cleaning cloth & sponge
<b>Important Points to Consider During Assessment</b>	The preparation and temporary must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation. The characteristics ofthe prepared tooth and the temporary must be removed within the mouth.
<b>Grading</b>	There are 14 criteria, scored across 4 success levels (0–3),for a total of 42 points. The score is converted to 100 by dividing by 42 and multiplying by 100. Important observations are written in the Student Feedback section

<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Complies with laboratory dress code regulations.		
	A2. Uses personal protective equipment		
	A3. Maintains clean and organized workspace		
<b>B</b>	<b>Trimming and Modeling</b>		
	B1. Incisal/occlusal reduction (min 2 mm)		
	B2. Labial reduction in two planes		
	B3. Axial reduction (min 1.5 mm)		
	B4. Finish line should be epigingival		
	B5. Shoulder margin (~1 mm width)		
	B6. Preparation follows anatomicalform		
	B7. All surfaces are smooth and properly polished.		
	B8. Only one path of insertion		
	B9. Adjacentteeth protected with matrix		
	B10. Impression taken clearly		
	B11. Temporary restoration made		

	Performance Levels				
Criteria	0	1	2	3	Grade
A1. Complies with laboratory dress code regulations.	The dress code regulations were not followed at all.	Only a few of the dress code regulations were followed.	Most of the dress code regulations were followed.	All dress code regulations were followed completely.	
A2. Uses personal protective equipment	Not followed	Slightly followed	Mostly followed	Fully followed	
A3. Maintains clean and organized workspace	Not followed	Slightly followed	Mostly followed	Fully followed	
B1. Incisal/occlusal reduction (min 2 mm)	Not followed	Slightly followed	Mostly followed	Fully followed	
B2. Labial reduction in two planes	Not followed	Slightly followed	Mostly followed	Fully followed	
B3. Axial reduction (min 1.5 mm)	Not followed	Slightly followed	Mostly followed	Fully followed	
B4. Finish line should be epigingival	Not followed	Slightly followed	Mostly followed	Fully followed	
B5. Shoulder margin (~1 mm width)	Not followed	Slightly followed	Mostly followed	Fully followed	
B6. Preparation follows anatomical form	Not followed	Slightly followed	Mostly followed	Fully followed	
B7. All surfaces smooth and free of sharp edges	Not followed	Slightly followed	Mostly followed	Fully followed	
B8. Only one path of insertion	Not followed	Slightly followed	Mostly followed	Fully followed	
B9. Adjacentteeth protected with matrix	Not followed	Slightly followed	Mostly followed	Fully followed	
B10. Impression taken clearly	Not followed	Slightly followed	Mostly followed	Fully followed	
B11. Temporary restoration made	Not followed	Slightly followed	Mostly followed	Fully followed	
<b>Score out of 42</b>					
<b>Score out of 100</b>					
<b>Student Feedback</b>					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: REMOVABLE PARTIAL DENTURES IN PROSTHODONTICS

Department: Prosthetic Dentistry

Form: Preclinical Evaluation Form

Number: PROsthESIS PEF-3



<b>Student's Number</b>	
<b>Student's Name &amp; Surname</b>	
<b>Class</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Planning and Preparation of Removable Partial Dentures
<b>Duration of Practice</b>	
<b>Required Tools and Materials</b>	<p>One passport-size photograph, Gloves, Face mask, Protective goggles Face shield, Instrument box / tool case, Large zip-lock bags for assignment submission, Labels, Impression trays (metal type, several pieces recommended), Handpiece / motor handle, Articulator (including rings), Carbide laboratory burs (fine cut and coarse cut; small, medium, and large sizes), Flat nose plier, Loop forming plier</p> <p>Walzacks plier, Dental stainless steel wire for clasps (half-round 0.9 mm or 1.1 mm, flexible type—not too rigid), Indelible pencil, Acetate pen, Base plate wax (pink sheet type), Wooden handle wax spatulas (small and large), Cement spatula, Glass slab (for cement mixing)</p> <p>Wax modeling spatulas, Cold-cure acrylic (self-curing / autopolymerizing), Glass cup, Separator medium and brush (lac and brush), Linoleum sheet, Petroleum jelly (Vaseline), Alcohol burner (preferably metal) and alcohol fuel, Flask (for acrylic processing), Heat- cure acrylic, Artificial teeth set (compatible with provided model size), Burs for finishing and polishing, Pumice, Super glue (cyanoacrylate adhesive), Water sandpaper, Toothbrush, Band-aids</p>
<b>Important Points to Consider During Assessment</b>	<p>The module is mainly based on the practice of Removable Partial Denture (RPD) principles, and in the laboratory, students will learn how to make RPDs. Attendance in practical classes is very important because they cannot be compensated. There will be assignments to submit.</p> <p>On the last day of practical classes, you will take a practical exam. During the exam, you must inform your assistant about any emergency situation.</p> <p><b>Gingival clasp:</b>          Does the retentive part fully contact the tooth? Is the retentive part in the undercut area?          Has the tip of the retentive part been thinned with a bur and rounded? Is the arm descending from the retentive part prepared at a 90° angle and kept within the boundaries of the base plate?</p> <p><b>Circumferential clasp:</b>          Does the clasp start at the middle of the tooth surface facing the edentulous area?          Is the first bend made at an angle smaller than 45°?          Does the retentive arm approach the undercut area from the occlusal direction?          Does the retentive arm fully contact the tooth? Is the retentive part in the undercut area?          Has the tip of the retentive part been thinned with a bur and rounded?</p>

	<p><b>Evaluation of Base Plates:</b></p> <p>Do the edges of the base plates extend to the sulcus? Are the edges rounded and smooth like a water drop? Are the frenulum areas correctly opened?</p> <p>Is the thickness of the base plate uniform and sufficiently rigid?</p> <p>Is the base plate thin and adapted to the cast in the postdam area? Are the base plates above the equator lines on the lingual and palatal surfaces of the abutment teeth?</p> <p>In the cingulum area of the anterior teeth, is the base plate thin, above the cingulum, and prepared to follow the tooth anatomy?</p> <p><b>Evaluation of Cast Mounted on the Articulator:</b></p> <p>Are the models mounted on a semi-adjustable articulator in the natural position of the maxilla and aligned with the midline?</p> <p>Are the articulator settings (protrusive and lateral condylar paths and incisal guide pin) adjusted to average values?</p> <p>Are the models mounted with white plaster (Paris plaster)?</p> <p>Is the occlusal plane of the models compatible with the guide plane of the articulator?</p> <p>Are the models and articulator clean and organized?</p> <p>Can the models be removed from the articulator together with their rings?</p> <p><b>Tooth Arrangement and Wax-Up:</b></p> <p>Are the teeth selected in sizes compatible with the teeth on the models?</p> <p>Are the vestibular surfaces, central grooves, and occlusal tables of the artificial teeth compatible with adjacent teeth?</p> <p>Is there any gap between the artificial teeth and the cast teeth after arrangement?</p> <p>Do the wax walls on the vestibular and lingual surfaces merge with the base to mimic natural tooth anatomy?</p> <p>Are there melted wax residues on the occlusal surfaces of the teeth? Are the cervical areas of the artificial teeth at the same level as the natural teeth?</p> <p>Is the wax-up clean and neat?</p> <p>Have errors on the base (rough surfaces, missing parts) been corrected during the wax-up stage?</p> <p>Are the occlusal contacts of upper and lower teeth prepared correctly and according to the rules?</p> <p><b>Evaluation of Planned casts:</b></p> <p>Has the planning for partial edentulism been drawn on a separate sheet?</p> <p>Does the student know the classifications of partial edentulism (Kennedy classification)?</p> <p>Does the student know the fulcrum line and indirect retainers?</p> <p>Has the student correctly chosen the major connector, rests, and clasps in their planning?</p>
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<p><b>Grading</b></p>	<p>Students who have completed their assignments can submit them to the responsible faculty member and assistants by writing their name and student number on the assignment and signing.</p> <p>Assignments to be submitted:</p> <p>Gingival and circumferential clasps prepared for all teeth adjacent to the edentulous area, attached to the model.</p> <p>Models mounted on the articulator with base plates and tooth arrangement completed, including finished wax-up.</p> <p>Finalized planning for partially edentulous models, drawn on both upper and lower models after discussion.</p> <p>Scoring System:</p> <p>Evaluation of Clasps: Graded out of 8 points according to the specified criteria.</p> <p>Evaluation of Base Plates: Graded out of 8 points according to the specified criteria.</p> <p>Evaluation of Casts Mounted on the Articulator: Graded out of 8 points according to the specified criteria.</p> <p>Evaluation of Tooth Arrangement and Wax-Up: Graded out of 10 points according to the specified criteria.</p> <p>Evaluation of Planned Casts: Graded out of 6 points according to the specified criteria.</p> <p>Total: 40 points. Practical grading based on these criteria will be combined with the theoretical exam score.</p> <p>Important feedback observed during evaluation should be written in the "Student Feedback" section.</p>
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<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Adheres to laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The work environment is tidy and tools and equipment are ready for use.		
<b>B</b>	<b>Preparation of Casts</b>		
	B1. Plaster model prepared as specified		
<b>C</b>	<b>Clasps</b>		
	C1. Does the retentive portion of the gingival clasp fully contact the tooth?		
	C2. Is the retentive portion of the gingival clasp in the undercut area?		
	C3. Has the tip of the retentive portion of the gingival clasp been refined with a bur and rounded?		
	C4. Is the arm descending from the retentive portion of the gingival clasp prepared at a 90-degree angle, ensuring its length remains within the limits of the base plate?		
	C5. Does the retentive portion of the circumferential clasp fully contact the tooth?		
	C6. Is the retentive portion of the circumferential clasp in the undercut area?		
	C7. Has the tip of the retentive portion of the circumferential clasp been refined with a bur and rounded?		
<b>D</b>	<b>Base Plates</b>		
	D1. Are the letters on the base plates extended to the sulcus?		
	D2. Are the base letters round and smooth, shaped like water drops?		
	D3. Were the frenulums correctly made on the base plates?		
	D4. Is the base evenly spaced and sufficiently rigid?		
	D5. Are the base plates thin in the postdam area and adapted to the fin model?		
	D6. Are the base plates above the equator on the lingual and palatal surfaces of the abutment teeth?		
	D7. Are the base plates thin and prepared to follow the tooth anatomy, above the cingulum, in the region of the incisors?		
<b>E</b>	<b>Evaluation of Casts Mounted on the Articulator</b>		
	E1. Are the models mounted on the articulator in accordance with the natural position of the upper jaw, and are the midline and occlusal plane correctly aligned?		
	E2. Are the articulator settings (protrusive and lateral condylar path inclinations, and the incisor bar) adjusted to average values?		
	E3. Are the model and articulator clean and tidy?		
<b>F</b>	<b>Tooth Arrangement and Wax-Up</b>		
	F1. Have the teeth been selected to be sized to match the teeth on the models?		
	F2. Is there any contact between the teeth on the cast model after the teeth alignment, and has the vertical dimension been maintained?		
	F3. Are the necks of the artificial teeth level with the necks of the natural teeth?		
	F4. Has the wax modeling been done cleanly and neatly?		
	F5. Has the occlusal closure of the upper and lower teeth been prepared correctly and in accordance with the rules?		
<b>G</b>	<b>Evaluation of planned casts</b>		
	G1. Does the fulcrum line and indirect retainers know?		
	G2. Is the planning, main connector, tab, and clasp selections correct?		

Performance Levels					
Criteria	0	1	2	3	Grade
A1. Adheres to laboratory dress code.	Dress codes were never followed.	Very few dress codes were followed.	Most dress codes were adhered to.	Dress code regulations are fully adhered to.	
A2. Uses personal protective equipment.	Personal protective equipment was never used.	Very little personal protective equipment was used.	Most personal protective equipment was used.	Personal protective equipment is fully used.	
A3. The work environment is tidy and tools and equipment are ready for use.	The work environment was disorganized, and the equipment was not ready for use.	Very little work environment and equipment were organized and readily available.	The work environment and most tools and equipment were well-organized and ready.	The work environment and all tools and equipment are organized and ready.	
B1. Casts are prepared as it mentioned.	Not suitable at all.	The cast is intact, but there are numerous air bubbles and the borders are irregular.	The cast is intact, but the borders are not well-defined.	The cast is homogeneous and fully compliant with the rules.	
C1. The retaining portion of the gingival clasp is prepared to fully contact the tooth.	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
C2. Is the retaining portion of the gingival clasp in the undercut area?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
C3. Has the tip of the retaining portion of the gingival clasp been refined with a bur and rounded?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
C4. Is the arm of the gingival clasp descending from the retaining portion prepared at a 90-degree angle, ensuring its length remains within the base plate?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
C5. Is the retaining portion of the circumferential clasp fully contact the tooth?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
C6. Is the retentive portion of the	It is not suitable at all.		It is at an acceptable level.	It is ideal.	

circumferential clasp in the undercut area?					
C7. Has the tip of the retentive portion of the circumferential clasp been thinned and rounded with a bur?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
D1. Are the edges of the base plates extended to the sulcus?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
D2. Are the base edges rounded and smooth, like a water drop?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
D3. Are the frenulums on the base plates correct?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
D4. Is the plinth thickness uniform throughout and sufficiently rigid?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
D5. Are the base plates thin in the postdam area and adapted to the plaster model?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
D6. Are the base plates above the equator lines on the lingual and palatal surfaces of the abutment teeth?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
D7. Are the base plates prepared in the cingulum region of the incisors, on the cingulum, thin and following the tooth anatomy?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
E1. Are the models attached to the articulator in accordance with the natural position of the upper jaw and the midline and occlusal plane are correct?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
E2. Have the articulator settings (protrusive and lateral condylar path inclinations and incisor bar) been adjusted	It is not suitable at all.		It is at an acceptable level.	It is ideal.	

according to average values?					
E3. Are the model and articulator clean and tidy?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
F1. Have the teeth been selected to be compatible in size with the teeth on the models?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
F2. Has the vertical dimension been maintained after the teeth are aligned?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
F3. Are the necks of the artificial teeth level with the necks of the natural teeth?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
F4. Has the wax model been made cleanly and neatly?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
F5. Has the occlusal closure of the upper and lower teeth been prepared correctly and in accordance with the rules?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
G1. Does he/she know the fulcrum line and indirect retainers?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
G2. Is his/her planning and main connector, tab, and clasp selections correct?	It is not suitable at all.		It is at an acceptable level.	It is ideal.	
Score out of 40					
Score out of 100					
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: Complete Denture

Department: Prosthetic Dentistry

Form: Preclinical Evaluation Form

Number: PROSTHESIS PEF-4



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Planing and preparation of full denture
<b>Duration of Practice</b>	
<b>Required Tools and Instruments</b>	1 passport photo, Gloves, Mask, Protective glasses, Face shield, Tool bag, Large zip-lock bag for homework submissions, Label, Plenty of spoons (Plenty of spoons will have metal tips), Tour motor handle, Articulator (including rings), Hard burs (coarse-fine grain and thick-fine), Straight crochet pliers, Slotted pliers, Walzacks pliers, Crochet wire (half round 0.9 or 1.1) Not too hard but easily bendable, Permanent pencil, Acetate pencil, Wax (pink sheet), Wax spatulas (small and large with wooden handle), Cement spatula, Cement glass, Modeling spatula, Acrylic (cold-cure-autoporimerizing), Glass cup, Lacquer and lacquer brush, Linoleum, Vaseline, Alcohol stove and alcohol (preferably metal), Muffle, Hot acrylic, Artificial teeth (in a size compatible with the given models), Leveling and Burs for polishing, Pumice, Super glue, Water sandpaper, Toothbrush, Band-aid
<b>Points to Consider During Evaluation</b>	<p>The module is primarily based on the practical application of Complete Denture Principles, and students will learn how to fabricate a complete denture in the laboratory.</p> <p>Attendance at the practical sessions is crucial, as there will be no make-ups. There will be assignments due.</p> <p>You will take a practical exam on the last day of the practical sessions. You must inform your assistant about any emergencies during the exam.</p> <p><b>Preparing the Models:</b></p> <p>Are the models homogeneous, free of air bubbles?</p> <p>Are the model's contours suitable for articulation?</p> <p><b>Making a Custom Tray:</b></p> <p>Are the blockouts performed correctly?</p> <p>Do the contours and thickness of the tray comply with the regulations?</p> <p><b>Evaluation of Base Plates:</b></p> <p>Are the edges of the base plates extended to the sulcus?</p> <p>Are the base edges rounded and smooth, like a water drop?</p> <p>Are the frenulums correctly cut into the base plates? Is the base thickness uniform and sufficiently rigid?</p> <p>Are the base plates thin in the postdam area and adapted to the plaster model?</p> <p><b>Wax walls:</b></p> <p>Are the upper and lower wax walls made to standard dimensions?</p> <p>Are the upper and lower wax walls compatible with each other in the horizontal and sagittal planes?</p> <p><b>Evaluation of models mounted on an articulator:</b></p> <p>Are the models mounted on a semi-adjustable articulator, aligned with the natural position of the upper jaw, and the midline correctly?</p> <p>Are the articulator settings (protrusive and lateral condylar path inclinations, and the incisor bar) adjusted to average values?</p> <p>Does the occlusion plane of the models match the guide plane in the articulator?</p>

	<p>Are the models and articulator clean and tidy?  Can the models be removed from the articulator with their rings?</p> <p><b>Tooth Alignment and Modeling:</b>  Are the teeth selected to a harmonious size?  Has the vertical dimension been maintained after alignment?  Is there any melted wax on the occlusal surfaces of the teeth?  Was the waxing done cleanly and neatly?  Are the occlusal contacts of the upper and lower teeth prepared correctly and in accordance with the rules?</p> <p><b>Mould:</b>  Were the teeth aligned properly in the mould before wax removal?  After wax removal, were the teeth permanently in the mould, and were there any fractures in the cast?  Is there any acrylic porosity after the acrylic tamping?  Were the leveling and polishing adequately performed?</p> <p><b>Repair:</b>  Was the denture fracture repaired to match the original denture?  Was the tooth replacement repaired to match the original denture?</p>
<p><b>Scoring</b></p>	<p>Students who have completed their assignments can submit their assignments to the responsible faculty member and assistants in exchange for a signature by writing their name and number on their assignments.</p> <p>Evaluation of special impression trays: Grading will be done out of 5 points based on the specified criteria.</p> <p>Evaluation of base plates: Grading will be done out of 5 points based on the specified criteria.</p> <p>Evaluation of models mounted on articulators: Grading will be done out of 5 points based on the specified criteria.</p> <p>Evaluation of dental alignment and modeling: Grading will be done out of 10 points based on the specified criteria.</p> <p>Evaluation of post-muffle dentures: Grading will be done out of 10 points based on the specified criteria.</p> <p>Evaluation of repair procedures: Grading will be done out of 5 points based on the specified criteria.</p> <p>The practical grade, based on the evaluation criteria, will be combined with the theoretical grade of the board exam, for a total of 40 points.</p> <p>Any significant feedback observed is recorded in the "Student Feedback" section.</p>

<b>A</b>	<b>Preparation</b>	<b>Successful</b>	<b>Failed</b>
	A1. Adheres to laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The work environment is tidy and tools and equipment are ready for use.		
<b>B</b>	<b>Preparation of Casts</b>		
	B1. Plaster model prepared as specified		
<b>C</b>	<b>Preparation of Custom Impression Tray</b>		
	C1. Was the block-out done correctly?		
	C2. Are the tray borders and thickness according to the rules?		
<b>D</b>	<b>Base Plates</b>		
	D1. Have the borders of the base plates been extended up to the sulcus?		
	D2. Are the base borders rounded and smooth like a water drop?		
	D3. Have the frenulum openings been made correctly on the base plates?		
	D4. Is the base thickness uniform everywhere and sufficiently rigid?		
	D5. Are the base plates thin and adapted to the plaster model in the postdam area?		
<b>E</b>	<b>Wax Rims</b>		
	E1. Have the upper and lower wax rims been made according to standard dimensions?		
	E2. Are the upper and lower wax rims aligned with each other in the horizontal and sagittal planes?		
<b>F</b>	<b>Evaluation of Casts Mounted on the Articulator</b>		
	F1. Are the models mounted on the articulator in accordance with the natural position of the maxilla, and is the midline and occlusal plane correctly aligned?		
	F2. Are the articulator settings (protrusive and lateral condylar path inclinations and incisal pin) adjusted according to average values?		
	F3. Are the model and articulator clean and organized?		
<b>G</b>	<b>Tooth Arrangement and Wax-Up</b>		
	G1. Were the teeth selected in a size compatible with each other?		
	G2. Was the vertical dimension maintained after the tooth arrangement?		
	G3. Was the wax modeling done cleanly and neatly?		
	G4. Was the occlusal closure of the upper and lower teeth prepared correctly and in accordance with the rules?		
<b>H</b>	<b>Flasking</b>		
	H1. Were the tooth arrangements properly invested in the flask according to the rules before wax elimination?		
	H2. After wax elimination, did the teeth remain fixed, and is there any fracture in the plaster?		
	H3. After acrylic packing, is there any porosity in the acrylic?		
	H4. Has the finishing and polishing been done adequately?		
<b>I</b>	<b>Repair</b>		
	I1. Has the denture fracture been successfully repaired to match the original denture?		
	I2. Has the tooth addition been successfully repaired to match the original denture?		

Criteria	Performance Levels				Score
	0	1	2	3	
A1. Follows the laboratory dresscode.	The dress code has not been followed at all.	Only a few dress code rules have been followed.	Most dress code rules have been followed.	All dress code rules have been fully followed.	
A2. Uses personal protective equipment.	Personal protective equipment has not been used at all.	Only a small portion of the personal protective equipment has been used.	Most of the personal protective equipment has been used.	Personal protective equipment has been fully used.	
A3. The working environment is organized, and all instruments and materials are ready for use.	The working environment is disorganized and the instruments/materials are not ready for use at all.	Only a few parts of the working environment and instruments/materials are organized and ready for use.	Most of the working environment and instruments/materials are organized and ready for use.	All of the working environment and instruments/materials are organized and ready for use.	
B1. Casts are prepared as it mentioned.	Not acceptable.	The model is intact, but there are numerous air bubbles and the borders are irregular.	The model is fully intact, but the borders are not well-defined.	The model is homogeneous and fully compliant with the standards.	
C1. Has the block-out been applied correctly?	Not acceptable.		Acceptable.	Ideal.	
C2. Are borders and the thickness of the custom tray prepared according to the rules?	Not acceptable.		Acceptable.	Ideal.	
D1. Have the borders of the base plates been extended up to the sulcus?	Not acceptable.		Acceptable.	Ideal.	
D2. Are the borders of the base plates rounded, smooth, and shaped like a water droplet?	Not acceptable.		Acceptable.	Ideal.	
D3. Have the frenulum areas been properly	Not acceptable.		Acceptable.	Ideal.	

relieved/opened in the base plates?					
D4. Is the thickness of the base plates uniform and sufficiently rigid throughout?	Not acceptable.		Acceptable.	Ideal.	
D5. Are the base plates thin and well adapted to the cast in the post-dam area?	Not acceptable.		Acceptable.	Ideal.	
E1. Have the upper and lower wax rims been prepared according to standard measurements?	Not acceptable.		Acceptable.	Ideal.	
E2. Are the upper and lower wax rims compatible with each other in the horizontal and sagittal planes?	Not acceptable.		Acceptable.	Ideal.	
F1. Have the casts been mounted on the articulator in accordance with the natural position of the maxilla, with the midline and occlusal plane correctly aligned?	Not acceptable.		Acceptable.	Ideal.	
F2. Have the articulator settings (protrusive and lateral condylar path inclinations and the incisal guide table) been adjusted according to average values?	Not acceptable.		Acceptable.	Ideal.	
F3. Are the cast and the articulator clean and properly organized?	Not acceptable.		Acceptable.	Ideal.	
G1. Have the teeth been selected in sizes appropriate for the casts?	Not acceptable.		Acceptable.	Ideal.	
G2. Has the vertical dimension been maintained after tooth arrangement?	Not acceptable.		Acceptable.	Ideal.	

G3. Has the wax-up been carried out in a clean and organized manner?	Not acceptable.		Acceptable.	Ideal.	
G4. Has the occlusal relationship between the upper and lower teeth been prepared correctly and in accordance with the principles?	Not acceptable.		Acceptable.	Ideal.	
H1. Have the tooth arrangements been placed into the flask properly according to the rules before wax elimination?	Not acceptable.			Ideal.	
H2. After wax elimination, have the teeth remained stable, and is there any fracture in the plaster?	Not acceptable.			Ideal.	
H3. Is there any acrylic porosity after acrylic packing and processing?	Not acceptable.			Ideal.	
H4. Has trimming and polishing been adequately completed?	Not acceptable.		Acceptable.	Ideal.	
I1. Has the denture fracture been repaired in a way that is compatible with the original prosthesis?	Not acceptable.		Acceptable.	Ideal.	
I2. Has the tooth addition been repaired in a way that is compatible with the original prosthesis?	Not acceptable.		Acceptable.	Ideal.	
				Score out of 40	
				Score out of 100	
Student Feedback					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: METAL SUPPORTED FIXED  
PROSTHESES  
Department: Prosthetic Dentistry  
Form: CLINICAL EVALUATION FORM  
Number: CEF-1



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class – Internship group</b>	
<b>Tooth Numbers</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Required Tools- Materials</b>	Insturments tray, mirror, probe, burnisher, aerator, micromotor, handpiece and burs, saliva ejector, anesthetic solution, syringe, diamond burs, articulation paper.
<b>Points to Consider During Document</b>	<ul style="list-style-type: none"><li>• Procedures must be performed in the correct sequence.</li><li>• Assistance should be requested when necessary during the procedure.</li><li>• The process and product must be completed without deficiencies.</li></ul>
<b>Scoring</b>	The section up to the delivery represents the process and contains 25 evaluation criteria. Their total is 75 points. Since the delivery section has a higher score, the scores from the 4 criteria in this section are multiplied by 4, and the maximum score of this section becomes 48. As a result, the combined maximum score of both sections is $75 + 48 = 123$ , and the final grade out of 100 is determined by converting this total to a 100-point scale.

		<b>Performance Levels</b> 0: not done at all 1: unacceptably low, insufficient 2: partially sufficient, at an acceptable level 3: ideal, fully acceptable, completely sufficient			
<b>Criteria</b>		<b>0</b> <b>Insufficient</b>	<b>1</b> <b>Should be improved</b>	<b>2</b> <b>Medium</b>	<b>3</b> <b>Good</b>
<b>1</b>	<b>Pre-Preparation</b> Checks the dental unit for cleanliness and functionality. The working area is organized, and all instruments and materials are ready for use.				
<b>2</b>	<b>Communication With the Patient</b> Brings the patient from the waiting room into the clinic (timing is important), introduces themselves. Adjusts the dental chair headrest and light according to the patient. Confirms the patient's information, ensures the file and documents are prepared and appropriate for the procedure. Places the patient's bib and obtains informed consent.				
<b>3</b>	<b>Performs Personal Preparation</b>  Wears a protective clothing. Washes hands before the procedure. Puts on gloves, mask, safety glasses, and face shield.				
<b>4</b>	<b>Performs Clinical Examination, Establishes Diagnosis, and Asks for Indication</b>				
<b>5</b>	<b>Preparation of Abutment Tooth</b> Incisal/occlusal reduction is anatomically adequate and appropriate. Sufficient interocclusal space is provided for prosthetic restoration. Buccal/vestibular and lingual/palatal reduction is anatomically adequate and appropriate. Proximal reduction is anatomically adequate and appropriate, with maximum care taken to protect contact points of adjacent teeth. The taper of the prepared tooth is appropriate. A proper finish line is prepared circumferentially around the cervical region area, with correct level, width, and smoothness. All surfaces are free of undercuts and sharp edges. Polishing of the preparation is complete and appropriate.				
<b>6</b>	<b>Impression Taking</b> Selects an appropriate impression tray and takes a clear, accurate impression including all required areas.				
<b>7</b>	<b>Metal Try-In</b> Controls of the metal substructure on the stone model (metal thickness, porosities, adaptation to the finish line, interocclusal space, balance, etc.). Ensures disinfection of the prosthesis received from the laboratory.  Records wax bite registration in centric occlusion during intraoral metal try-in.  Understands the principles of shade selection and applies them properly. Documents the selected shade with necessary patient-specific details and send it to the laboratory.				
<b>8</b>	<b>Dentin Try-In</b> Evaluates dentin build-up on the stone model (anatomical form, pontic design and suitability, adaptation to the finish line, overcontour control, relationship with antagonist and adjacent teeth, occlusal and proximal contact points, etc.). Ensures disinfection of the prosthesis received from the laboratory.				

	Performs intraoral evaluation of the dentin layer. (anatomical form, pontic design and suitability, adaptation to the finish line, overcontour				
	control, relationship with antagonist and adjacent teeth, occlusal and proximal contact points, etc.)				
	Knows occlusal types and applies the one appropriate to the clinical case.				
	Assesses and verifies tooth contact during protrusive, lateral, and retrusive movements.				
	Ensures proper shade match of the dentin layer and obtains patient approval.				
	After all controls apply the glaze.				
<b>9</b>	<b>Cementation</b> Prepares all materials required for cementation and performs final checks and disinfection of the completed prosthesis.				
	Selects the appropriate luting cement and ensures adequate isolation.				
	Removes excess cement completely and verifies occlusal contacts in all mandibular movements following cementation.				
	<b>DELIVERY</b>				
	Esthetic parameters are evaluated.				
	The patient's masticatory function is evaluated.				
	The patient's phonation is evaluated.				
	The prosthesis' relations with the surrounding tissues is evaluated.				
	<b>Process Score:</b> out of 75 <b>Delivery Score (x4):</b> out of 48 Total Score				
	Final Grade (converted to a 100-point scale)				
	<b>Student Feedback:</b>				

<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: Removable Partial Dentures  
Department: Prosthetic Dentistry  
Form: CLINICAL EVALUATION  
FORM  
Number: CEF-2



<b>Student's Number</b>	
<b>Student's Name- Surname</b>	
<b>Class- Internship Group</b>	
<b>Tooth Numbers</b>	
<b>Date</b>	
<b>Supervisor's Name- Surname</b>	
<b>Required Instruments/Materials:</b>	Plaster, hydrocolloid or silicone-based impression material, carbide bur, pencil (for marking borders and pressure spots), impression trays, articulator, trial denture teeth sets, clinical worksheet, cement spatula, border molding stencil, scalpel, saliva ejector, mirror, probe, tweezers, ruler, Vaseline, clasp pliers, round bur, flame-shaped, chamfer and fissure handpiece burs, articulation paper, hand mirror.
<b>Points to Consider During Evaluation:</b>	<ul style="list-style-type: none"><li>• Procedures performed in the correct sequence</li><li>• Requesting assistance when necessary during the procedure</li><li>• Completing the process and product without deficiencies</li></ul>
<b>Scoring</b>	The section up to the delivery stage represents the <i>process</i> , and there are 25 evaluation criteria. The total score for these is 75. Since the <i>delivery section</i> has a higher score, the scores from the 4 criteria in this section are multiplied by 4, and the maximum score for this part becomes 48. Finally, the maximum scores of both sections ( $75 + 48 = 123$ ) are normalized to determine the score out of 100.

		<b>Performance Levels</b> 0: not performed at all 1: insufficient, unacceptably low level 2: partially adequate, acceptable level 3: ideal, fully acceptable, completely adequate			
<b>Criteria</b>		<b>0</b> Insufficient	<b>1</b> Should be improved	<b>2</b> Medium	<b>3</b> Good
<b>1</b>	<b>Pre-Preparations</b>  Ensuring the dental unit is clean and functioning properly; preparing an organized working environment with all instruments and materials ready for use.				
<b>2</b>	<b>Communication with the Patient</b>  Inviting the patient from the waiting area to the clinic (timing is essential) and introducing oneself. Adjusting the chair position and dental light according to the patient. Confirming that the patient's records and file are open and that all necessary documents are prepared. Placing the patient bib and obtaining consent.				
<b>3</b>	<b>Personal Preparations</b>  Wearing protective clothing. Washing hands before the procedure. Putting on gloves, mask, protective glasses, and face shield.				
<b>4</b>	<b>Making of the Diagnostic Model</b>				
<b>5</b>	<b>Examining the patient, making the diagnosis, and asking for the indication.</b>				
<b>6</b>	<b>Preparation and Verification of the Custom Tray</b>				
<b>7</b>	<b>Impression Taking for the Metal Framework</b>				
<b>8</b>	<b>Model Analysis and Treatment Planning</b>				
<b>9</b>	<b>Framework Try-In: Fit, retention, and support of the metal framework.</b>				
<b>10</b>	<b>Baseplate and Wax Rim Preparation</b>				
<b>11</b>	<b>Recording Vertical Dimension and Maxillomandibular Relations</b>				
<b>12</b>	<b>Evaluation of Jaw Relations on the Articulator</b>				

13	<b>Tooth Arrangement and Laboratory Submission</b>				
14	<b>Denture Teeth Try-In: Evaluating esthetics, phonetics, and occlusion.</b>				
15	<b>Obtaining Patient Consent</b>				
16	<b>Intraoral Fit and Tissue Adaptation Assessment</b>				
17	<b>Evaluation of Retention and Stability</b>				
18	<b>Application of the Appropriate Occlusal Type for the Case</b>				
19	<b>Assessment of Esthetic Parameters</b>				
20	<b>Evaluation of Phonation and Masticatory Function</b>				
21	<b>Patient Education and Instructions for Use</b>				
22	<b>Pre-delivery Disinfection and Final Checks</b>				
23	<b>Assessment of the Patient's Initial Adaptation to the Prosthesis</b>				
24	<b>Scheduling the Follow-up Appointment</b>				
25	<b>Execution of the Entire Process in a Planned, Sequential, and Aseptic Manner</b>				
	<b>DELIVERY</b>				
	<b>Esthetic parameters have been evaluated.</b>				
	<b>The patient's masticatory function has been evaluated.</b>				
	<b>The patient's phonation has been evaluated.</b>				
	<b>The relations of the prosthesis with soft tissues has been evaluated.</b>				
	<b>Score for the Process (out of 75) DELIVERY (×4) Score (out of 48)</b>	Total Score			
	<b>Score Converted to a 100-Point Scale</b>				
	<b>Student Feedback:</b>				

<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: COMPLETE DENTURES  
 Department: Prosthetic Dentistry  
 Form: CLINICAL EVALUATION  
 FORM  
 Number: CEF-3



<b>Student's Number</b>	
<b>Student's Name Surname</b>	
<b>Class-Internship Group</b>	
<b>Tooth numbers</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Required Tools and Equipment:</b>	Plaster, zinc oxide eugenol impression material (for functional impressions), dental tungsten carbide bur (for taking impressions during the control phase), indelible marking stick (for determining edge margins and impressions), impression trays, articulator, wax base plate, shellac base plate, trial dentures, handpiece, siman spatula, edge shaping stencil, scalpel, saliva ejector, mirror, probe, presel, fox ruler, ruler, vaseline, hand mirror.
<b>Points to Consider During Evaluation:</b>	<ul style="list-style-type: none"> <li>• Performing tasks in the correct order</li> <li>• Asking for help when needed during the process</li> <li>• Ensuring the process and product are completed in full</li> </ul>
<b>Scoring:</b>	The submission section process is described, and there are 25 evaluation criteria. Their total is 75. Since the submission section is more important, the points obtained from the 4 criteria in this section are multiplied by 4, and the maximum score for this section is 48. Ultimately, the score out of 100 is determined by averaging the maximum scores of both sections: $75 + 48 = 123$ .

		Levels of Success 0: not done at all 1: unacceptable level, insufficient 2: partially sufficient, at an acceptable level 3: ideal, fully acceptable, completely sufficient			
Criteria		0 Insufficient	1 Should be improved	2 Medium	3 Good
1	<b>Preparation</b> Ensuring the unit is clean and functioning properly, and that the work environment is organized and tools are ready for use.				
2	<b>Establishing Communication with the Patient</b> Bringing the patient from the waiting room to the clinic (timing is important), introducing oneself. Adjusting the Tetier cap and reflector according to the patient. Ensuring the patient's information and file are open, processing the documents, putting on the patient gown, and obtaining consent.				
3	<b>Performs Own Preparations</b> Wears protective clothing. Washes hands before the procedure. Wears gloves, mask, goggles, and face shield.				
4	<b>Making the diagnostic model</b>				
5	<b>Examination of the patient, diagnosis, and indication</b>				
6	Preparation of functional trays and checking their suitability for the individual				
7	Taking the functional impression correctly (including functional limits).				
8	Preparing the base plate and wax rims and taking the bite registration				
9	Correct acquisition of vertical dimension and central relationship record				
10	Correcting the transference of the articulator				
11	Dental setting planning and accurate transmission to the laboratory				
12	Aesthetic, phonetic, and occlusion control in the tooth model				
13	Obtaining patient consent				
14	Laboratory control at the end of the prosthesis				
15	<i>Polishing and surface quality assessment</i>				
16	Intraoral fit control and tissue adaptation				
17	Retention and stability control				
18	Selecting the appropriate type of occlusion for the case				
19	Evaluation of aesthetic parameters				
20	Assessment of phonation and mastication function				
21	Patient education and provision of instructions for use				
22	Disinfection and final checks before delivery				
23	Initial adaptation assessment with the patient's prosthesis				
24	Scheduling a follow-up appointment				
25	The entire process must be carried out in a planned, sequential, and aseptic manner.				
<b>DELIVERY</b>					

	Aesthetic parameters have been evaluated.				
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	The patient's mastication function has been evaluated.				
	The patient's phonation has been evaluated.				
	The relationship between the prosthesis and soft tissues has been evaluated.				
	<b>Process score out of 75 SUBMISSION (X4) Score out of 48 Total Score</b>				
	<b>Score out of 100</b>				
	<b>Student Feedback:</b>				

<b>Student's Signature</b>	<b>Supervisor's Signature</b>

## **RESTORATIVE DENTISTRY**

Restorative dentistry includes procedures that use various materials to restore the aesthetic appearance and function of teeth that have been damaged by caries, fractures, trauma, or abrasion. These procedures are referred to as restorations.

The stage of restoration applications is determined by the type of material used and the condition of the tooth. These stages include the removal of caries tissue, preparation of the tooth for placement of the material, and the use of the material. The removal of carious tissue is referred to as caries removal, while the preparation of dental tissue is known as cavity preparation. Different instruments and burs are used during these two stages. Once these steps are properly completed, the filling material is placed into the prepared cavity, and the restoration is complete.

In order to provide dentistry students with the ability to perform restorations, preclinical training is conducted during the 2nd and 3rd years of undergraduate education using plastic teeth, extracted human teeth, and phantom models. During the clinical training stage, these practices are applied to patients, allowing students to gain practical experience under professional supervision.

Procedure: PREPARATION OF AMALGAM CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 1



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare Class I amalgam preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Angledroit handpiece, plastic jaw, steel and diamond burs for angledroit handpiece, Mouth mirror, probe, tweezers, periodontal probe, matrix and band, wedge, protective eyeglass, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	There are 9 criteria for Class I amalgam preparation. The score is calculated out of 27 based on four success levels. Dividing the result by 27 and multiplying by 100 yields the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

A	Preparation	Achieved	Not Achieved
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
B	Cavity Preparation		
Class I	B1. The bucco-lingual width is approximately one-third of the distance between the cusp tips.		
	B2. The pulpal floor is flat and parallel to the occlusal plane.		
	B3. The thickness of the margins is ideal.		
	B4. When measured with a periodontal probe from the mesial and distal walls, the cavity depth is 2 mm.		
	B5. For cavity retention, the buccal and lingual walls converge occlusally.		
	B6. Line and point angles are formed.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
B1. The bucco-lingual width is approximately one-third of the distance between the cusp tips.	Buccolingual width is not appropriate at all.	Buccolingual width is only slightly appropriate.	Buccolingual width is acceptable.	Buccolingual width is ideal.	
B2. The pulpal floor is flat and parallel to the occlusal plane.	The pulpal floor is not appropriate at all.	The pulpal floor is only slightly appropriate.	The pulpal floor is acceptable.	The pulpal floor is ideal.	
B3. The thickness of the margins is ideal.	The thickness of the margins is not appropriate at all.	The thickness of the margins is only slightly appropriate.	The thickness of the margins is acceptable.	The thickness of the margins is ideal.	
B4. When measured with a periodontal probe from the mesial and distal walls, the cavity depth is 2 mm.	The cavity depth is not appropriate at all.	The cavity depth is only slightly appropriate.	The cavity depth is acceptable.	The cavity depth is ideal.	
B5. For cavity retention, the buccal and lingual walls converge occlusally.	The cavity retention is not appropriate at all.	The cavity retention is only slightly appropriate.	The cavity retention is acceptable.	The cavity retention is ideal.	
B6. Line and point angles are formed.	Line and point angles are not appropriate at all.	Line and point angles are only slightly appropriate.	Line and point angles are acceptable.	Line and point angles are ideal.	
Score out of 27					
Score out of 100					

<b>Student Feedback</b>			
<b>Student's Signature</b>	<b>Supervisor's Signature</b>		

Procedure: PREPARATION OF AMALGAM CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 2



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare Class II amalgam preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Angledroit handpiece, plastic jaw, steel and diamond burs for angledroit handpiece, Mouth mirror, probe, tweezers, periodontal probe, matrix and band, wedge, protective eyeglasses, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	There are 9 criteria for Class II amalgam preparation. The score is calculated out of 27 based on four success levels. Dividing the result by 27 and multiplying by 100 yields the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Class II</b>	B1. Class I rules apply for the occlusal cavity.		
	B2. The location of the gingival step is 1 mm above the gingival level.		
	B3. The mesio-distal width of the gingival step is appropriate.		
	B4. The proximal cavity surface margins are prepared at 90°.		
	B5. Line and point angles are formed.		
	B6. The adjacent tooth(s) are undamaged.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
B1. Class I rules apply for the occlusal cavity.	The occlusal cavity is not appropriate at all.	The occlusal cavity is only slightly appropriate.	The occlusal cavity is acceptable.	The occlusal cavity is ideal.	
B2. The location of the gingival step is 1 mm above the gingival level.	The location of the gingival step is not appropriate at all.	The location of the gingival step is only slightly appropriate.	The location of the gingival step is acceptable.	The location of the gingival step is ideal.	
B3. The mesio-distal width of the gingival step is appropriate.	The mesio-distal width of the gingival step is not appropriate at all.	The mesio-distal width of the gingival step is only slightly appropriate.	The mesio-distal width of the gingival step is acceptable.	The mesio-distal width of the gingival step is ideal.	
B4. The proximal cavity surface margins are prepared at 90°.	The proximal cavity surface margins are not appropriate at all.	The proximal cavity surface margins are only slightly appropriate.	The proximal cavity surface margins are acceptable.	The proximal cavity surface margins are ideal.	
B5. Line and point angles are formed.	Line and point angles are not appropriate at all.	Line and point angles are only slightly appropriate.	Line and point angles are acceptable.	Line and point angles are ideal.	
B6. The adjacent tooth(s) are undamaged.	The adjacent tooth is damaged enough to require restoration.	The adjacent tooth is damaged.	The adjacent tooth is minimally damaged.	The adjacent tooth is not damaged.	
Score out of 27					
Score out of 100					

<b>Student Feedback</b>					
<b>Student's Signature</b>			<b>Supervisor's Signature</b>		

Procedure: PREPARATION OF AMALGAM CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 3



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare Class V amalgam preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Angledroit handpiece, plastic jaw, steel and diamond burs for angledroit handpiece, Mouth mirror, probe, tweezers, periodontal probe, matrix and band, wedge, protective eyeglasses, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	There are 7 criteria for Class V amalgam preparation. The score is calculated out of 21 based on four success levels. Dividing the result by 21 and multiplying by 100 yields the student's score out of 100. Important feedback observed is written in the section "Student Feedback."

A	Preparation	Achieved	Not Achieved
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
B	Cavity Preparation		
Class V	B1. The location of the cavity is appropriate occluso-gingival and mesiodistal.		
	B2. The axial walls follow the outer surface of the tooth.		
	B3. All outer walls are perpendicular to the axial wall.		
	B4. The cavity depth is 2 mm.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
B1. The location of the cavity is appropriate occlusogingival and mesiodistal.	The location of the cavity is not appropriate at all.	The location of the cavity is only slightly appropriate.	The location of the cavity is acceptable.	The location of the cavity is ideal.	
B2. The axial walls follow the outer surface of the tooth.	The axial walls are not appropriate at all.	The axial walls are only slightly appropriate.	The axial walls are acceptable.	The axial walls are ideal.	
B3. All outer walls are perpendicular to the axial wall.	All outer walls are not appropriate at all.	All outer walls are only slightly appropriate.	All outer walls are acceptable.	All outer walls are ideal.	
B4. The cavity depth is 2 mm.	The cavity depth is not appropriate at all.	The cavity depth is only slightly appropriate.	The cavity depth is acceptable.	The cavity depth is ideal.	
Score out of 21					
Score out of 100					

<b>Student Feedback</b>			
<b>Student's Signature</b>		<b>Supervisor's Signature</b>	

Procedure: PREPARATION OF AMALGAM CAVITIES,  
CEMENT PLACEMENT

Department: RESTORATIVE DENTISTRY

Form: PRECLINICAL EVALUATION FORM

Number: RESTORATIVE PEF 4



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to place cement before amalgam restorations
<b>Duration of Practice</b>	15 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezer, periodontal probe, cement spatula, mouth spatula, excavator, calcium hydroxide, zinc phosphate cement, protective eyeglass, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The cement mixing process must be carried out under appropriate conditions. The cement must be placed in the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	There are 8 criteria for cement placement. The score is calculated out of 24 based on four success levels. Dividing the result by 24 and multiplying by 100 yields the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

A	Preparation	Achieved	Not Achieved
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
B	Cement Placement		
<b>CEMENT PLACEMENT</b>	B1. The cement is of appropriate consistency.		
	B2. The pulpal/axial walls are covered with cement.		
	B3. The cement is of appropriately thickness.		
	B4. The cement surface is flat and smooth.		
	B5. There is no cement on the outer walls of the cavity.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
B1. The cement is of appropriate consistency.	The consistency of the cement is not appropriate at all.	The consistency of the cement is only slightly appropriate.	The consistency of the cement is acceptable.	The consistency of the cement is ideal.	
B2. The pulpal/axial walls are covered with cement.	Covering the relevant walls with cement is not appropriate at all.	Covering the relevant walls with cement is only slightly appropriate.	Covering the relevant walls with cement is acceptable.	Covering the relevant walls with cement is ideal.	
B3. The cement is of appropriate thickness.	The cement thickness is not appropriate at all.	The cement thickness is only slightly appropriate.	The cement thickness is acceptable.	The cement thickness is ideal.	
B4. The cement surface is flat and smooth.	The cement surface is not appropriate at all.	The cement surface is only slightly appropriate.	The cement surface is acceptable.	The cement surface is ideal.	
B5. There is no cement on the outer walls of the cavity.	Cleaning of exterior walls is not appropriate at all.	Cleaning of exterior walls is only slightly appropriate.	Cleaning of exterior walls is acceptable.	Cleaning of exterior walls is ideal.	
Score out of 24					
Score out of 100					

<b>Student Feedback</b>			
<b>Student's Signature</b>	<b>Supervisor's Signature</b>		

Procedure: CLASS I AND V AMALGAM RESTORATIONS  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 5



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to do Class I and V amalgam restorations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezers, periodontal probe, cement condenser, amalgam carrier, amalgam condenser, excavator, burnisher, capsule amalgam, protective eyeglasses, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The amalgam restoration must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	There are 9 criteria for class I and V amalgam restorations. The score is calculated out of 27 based on four success levels. Dividing the result by 27 and multiplying by 100 yields the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
<b>B</b>	<b>Amalgam Restoration</b>		
<b>CLASS I AND V AMALGAM RESTORATIONS</b>	B1. The amalgam is mixed to the correct consistency.		
	B2. The amalgam is placed in the cavity with the amalgam carrier and condensed with the appropriately sized amalgam condenser.		
	B3. The surface of the amalgam restoration is shaped (carving).		
	B4. The surface of the amalgam restoration is polished (burnishing).		
	B5. All enamel edges are covered with amalgam.		
	B6. The restoration conforms to the anatomical morphology of the tooth.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
B1. The amalgam is mixed to the correct consistency.	The consistency of the amalgam is not appropriate at all.	The consistency of the amalgam is only slightly appropriate.	The consistency of the amalgam is acceptable.	The consistency of the amalgam is ideal.	
B2. The amalgam is placed in the cavity with the amalgam carrier and condensed with the appropriately sized amalgam condenser.	The placement and condensation of the amalgam are not appropriate at all.	The placement and condensation of the amalgam are only slightly appropriate.	The placement and condensation of the amalgam are acceptable.	The placement and condensation of the amalgam are ideal.	
B3. The surface of the amalgam restoration is shaped (carving).	The shaping of amalgam is not appropriate at all.	The shaping of amalgam is only slightly appropriate.	The shaping of amalgam is acceptable.	The shaping of amalgam is ideal.	
B4. The surface of the amalgam restoration is polished (burnishing).	The polishing of amalgam is not appropriate at all.	The polishing of amalgam is only slightly appropriate.	The polishing of amalgam is acceptable.	The polishing of amalgam is ideal.	
B5. All enamel edges are covered with amalgam.	Covering the enamel edges with amalgam is not appropriate at all.	Covering the enamel edges with amalgam is only slightly appropriate.	Covering the enamel edges with amalgam is acceptable.	Covering the enamel edges with amalgam is ideal.	
B6. The restoration conforms to the anatomical morphology of the tooth.	Anatomical morphology of the restoration is not appropriate at all.	Anatomical morphology of the restoration is only slightly appropriate.	Anatomical morphology of the restoration is acceptable.	Anatomical morphology of the restoration is ideal.	
Score out of 27					
Score out of 100					
<b>Student Feedback</b>					
<b>Student's Signature</b>	<b>Supervisor's Signature</b>				

Procedure: CLASS II AMALGAM RESTORATIONS  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 6



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to do Class II amalgam restorations
<b>Duration of Practice</b>	30 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezers, periodontal probe, ivory matrix and bands, tofflemeire matrix and band, wooden wedge, cement condenser, amalgam carrier, amalgam condenser, excavator, burnisher, capsule amalgam, protective eyeglass, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The amalgam restoration must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	There are 15 criteria for class II amalgam restorations. The score is calculated out of 45 based on four success levels. Dividing the result by 45 and multiplying by 100 yields the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

A	Preparation	Achieved	Not Achieved
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
B	Matrix Placement		
Matrix Placement	B1. The appropriate matrix is used for the case.		
	B2. The appropriate matrix band is used for the case.		
	B3. The matrix is placed correctly.		
	B4. The wooden wedge is placed in the correct position.		
	B5. There is no gap between the band and the step, and the restoration is ready.		
C	Amalgam Restoration		
CLASS II AMALGAM RESTORATIONS	C1. The amalgam is mixed to the correct consistency.		
	C2. The amalgam is placed in the cavity with the amalgam carrier.		
	C3. The amalgam is condensed with the appropriately sized amalgam condenser.		
	C4. The surface of the amalgam restoration is shaped (carving).		
	C5. The surface of the amalgam restoration is polished (burnishing).		
	C6. All enamel edges are covered with amalgam.		
	C7. The restoration conforms to the anatomical morphology of the tooth.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
B1. The appropriate matrix is used for the case.	The proper matrix was not used.	-	-	The appropriate matrix was used.	
B2. The appropriate matrix band is used for the case.	The proper matrix band was not used.	-	-	The appropriate matrix band was used.	
B3. The matrix is placed correctly.	The matrix was not placed correctly.	-	-	The matrix was placed correctly.	
B4. The wooden wedge is placed in the correct position.	The wooden wedge was not placed in the correct position.	-	-	The wooden wedge was placed in the correct position.	
B5. There is no gap between the band and the step, and the restoration is ready.	There is a gap between the band and the step.	-	-	There is no gap between the band and the step.	
C1. The amalgam is mixed to the correct consistency.	The consistency of the amalgam is not appropriate at all.	The consistency of the amalgam is only slightly appropriate.	The consistency of the amalgam is acceptable.	The consistency of the amalgam is ideal.	
C2. The amalgam is placed in the cavity with the amalgam carrier.	The placement of the amalgam are not appropriate at all.	The placement of the amalgam are only slightly appropriate.	The placement of the amalgam are acceptable.	The placement of the amalgam are ideal.	
C3. The amalgam is condensed with the appropriately sized amalgam condenser.	The condensation of the amalgam are not appropriate at all.	The condensation of the amalgam are only slightly appropriate.	The condensation of the amalgam are acceptable.	The condensation of the amalgam is ideal.	
C4. The surface of the amalgam restoration is shaped (carving).	The shaping of amalgam is not appropriate at all.	The shaping of amalgam is only slightly appropriate.	The shaping of amalgam is acceptable.	The shaping of amalgam is ideal.	
C5. The surface of the amalgam restoration is polished (burnishing).	The polishing of amalgam is not appropriate at all.	The polishing of amalgam is only slightly appropriate.	The polishing of amalgam is acceptable.	The polishing of amalgam is ideal.	
C6. All enamel edges are covered with amalgam.	Covering the enamel edges with amalgam is not appropriate at all.	Covering the enamel edges with amalgam is only slightly appropriate.	Covering the enamel edges with amalgam is acceptable.	Covering the enamel edges with amalgam is ideal.	
C7. The restoration conforms to the anatomical morphology of the tooth.	Anatomical morphology of the restoration is not appropriate at all.	Anatomical morphology of the restoration is only slightly appropriate.	Anatomical morphology of the restoration is acceptable.	Anatomical morphology of the restoration is ideal.	
Score out of 27					
Score out of 100					

<b>Student Feedback</b>		
<b>Student's Signature</b>		<b>Supervisor's Signature</b>

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 7



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare modified class III preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglass, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In Class III modified preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are four criteria in the Cavity Preparation section (Part B). The score is calculated out of 12 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 12. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Class III Modified</b>	B1. It is scooped-shaped.		
	B2. It is located just below the contact point.		
	B3. It is limited by the enamel.		
	B4. It is prepared in the proximal area of the lingual surface.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It is scooped-shaped.	Scooped-shaped is not appropriate at all.	Scooped-shaped is only slightly appropriate.	Scooped-shaped is acceptable.	Scooped-shaped is ideal.	
B2. It is located just below the contact point.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B3. It is limited by the enamel.	The cavity depth is not appropriate at all.	The cavity depth is only slightly appropriate.	The cavity depth is acceptable.	The cavity depth is ideal.	
B4. It is prepared in the proximal area of the lingual surface.	Preparation in the proximal area is not appropriate at all.	Preparation in the proximal area is only slightly appropriate.	Preparation in the proximal area is acceptable.	Preparation in the proximal area is ideal.	
Preparation Phase (A) Score					
Cavity Preparation Phase (B) Score					
Score out of 100					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 8



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare modified class IV preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglasses, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In Class IV modified preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are 3 criteria in the Cavity Preparation section (Part B). The score is calculated out of 9 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 9. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Class IV Modified</b>	B1. It includes the incisal edge.		
	B2. It is limited by the enamel.		
	B3. It is prepared in the proximal area.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It includes the incisal edge.	Preparation of the incisal edge is not appropriate at all.	Preparation of the incisal edge is only slightly appropriate.	Preparation of the incisal edge is acceptable.	Preparation of the incisal edge is ideal.	
B2. It is limited by the enamel.	The cavity depth is not appropriate at all.	The cavity depth is only slightly appropriate.	The cavity depth is acceptable.	The cavity depth is ideal.	
B3. It is prepared in the proximal area.	Preparation in the proximal area is not appropriate at all.	Preparation in the proximal area is only slightly appropriate.	Preparation in the proximal area is acceptable.	Preparation in the proximal area is ideal.	
Preparation Phase (A) Score					
Cavity Preparation Phase (B) Score					
Score out of 100					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 9



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare modified class V preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglass, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In Class V modified preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are 3 criteria in the Cavity Preparation section (Part B). The score is calculated out of 9 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 9. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Class V Modified</b>	B1. It is prepared under the most curved area in the cervical third of the teeth.		
	B2. It is limited by the enamel.		
	B3. It is scooped-shaped.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It is prepared under the most curved area in the cervical third of the teeth.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B2. It is limited by the enamel.	The cavity depth is not appropriate at all.	The cavity depth is only slightly appropriate.	The cavity depth is acceptable.	The cavity depth is ideal.	
B3. It is scooped-shaped.	Scooped-shaped is not appropriate at all.	Scooped-shaped is only slightly appropriate.	Scooped-shaped is acceptable.	Scooped-shaped is ideal.	
<b>Preparation Phase (A) Score</b>					
<b>Cavity Preparation Phase (B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 10



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare beveled conventional Class II composite cavity preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglasses, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In beveled conventional Class II preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are four criteria in the Cavity Preparation section (Part B). The score is calculated out of 12 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 12. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Beveled Conventional Class II</b>	B1. It is box-shaped.		
	B2. The steps are located just below the contact point.		
	B3. The occlusal and proximal walls are parallel to each other or come close toward the occlusal.		
	B4. The axial wall should be 0.2 mm within the enamel-dentin junction.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It is box-shaped.	Box-shaped is not appropriate at all.	Box-shaped is only slightly appropriate.	Box-shaped is acceptable.	Box-shaped is ideal.	
B2. The steps are located just below the contact point.	The location of the steps is not appropriate at all.	The location of the steps is only slightly appropriate.	The location of the steps is acceptable.	The location of the steps is ideal.	
B3. The occlusal and proximal walls are parallel to each other or come close toward the occlusal.	The occlusal and proximal wall forms are not appropriate at all.	The occlusal and proximal wall forms are only slightly appropriate.	The occlusal and proximal wall forms are acceptable.	The occlusal and proximal wall forms are ideal.	
B4. The axial wall should be 0.2 mm within the enamel-dentin junction.	The location of the axial wall is not appropriate at all.	The location of the axial wall is only slightly appropriate.	The location of the axial wall is acceptable.	The location of the axial wall is ideal.	
Preparation Phase (A) Score					
Cavity Preparation Phase (B) Score					
Score out of 100					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 11



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare beveled conventional Class III composite cavity preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglasses, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In beveled conventional Class III preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are four criteria in the Cavity Preparation section (Part B). The score is calculated out of 12 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 12. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Beveled Conventional Class III</b>	B1. It is box-shaped.		
	B2. It is located just below the contact point.		
	B3. A cavity depth is created towards the buccal wall.		
	B4. It is prepared in the proximal area of the lingual surface.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It is box-shaped.	Box-shaped is not appropriate at all.	Box-shaped is only slightly appropriate.	Box-shaped is acceptable.	Box-shaped is ideal.	
B2. It is located just below the contact point.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B3. A cavity depth is created towards the buccal wall.	The cavity depth is not appropriate at all.	The cavity depth is only slightly appropriate.	The cavity depth is acceptable.	The cavity depth is ideal.	
B4. It is prepared in the proximal area of the lingual surface.	Preparation in the proximal area is not appropriate at all.	Preparation in the proximal area is only slightly appropriate.	Preparation in the proximal area is acceptable.	Preparation in the proximal area is ideal.	
<b>Preparation Phase (A) Score</b>					
<b>Cavity Preparation Phase (B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 12



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare beveled conventional Class IV composite cavity preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglasses, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In beveled conventional Class IV preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are four criteria in the Cavity Preparation section (Part B). The score is calculated out of 12 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 12. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Beveled Conventional Class IV</b>	B1. It includes the incisal edge.		
	B2. It extends to the cervical area.		
	B3. It is prepared in the proximal area		
	B4. A bevel is prepared on the labial wall.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It includes the incisal edge.	Preparation of the incisal edge is not appropriate at all.	Preparation of the incisal edge is only slightly appropriate.	Preparation of the incisal edge is acceptable.	Preparation of the incisal edge is ideal.	
B2. It extends to the cervical area.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B3. It is prepared in the proximal area	Preparation in the proximal area is not appropriate at all.	Preparation in the proximal area is only slightly appropriate.	Preparation in the proximal area is acceptable.	Preparation in the proximal area ideal.	
B4. A bevel is prepared on the labial wall.	Bevelling is not appropriate at all.	Bevelling is only slightly appropriate.	Bevelling is acceptable.	Bevelling is ideal.	
Preparation Phase (A) Score					
Cavity Preparation Phase (B) Score					
Score out of 100					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 13



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare beveled conventional Class V preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airrotor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglasses, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In Class V modified preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are 5 criteria in the Cavity Preparation section (Part B). The score is calculated out of 15 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 15. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>Beveled Conventional Class V</b>	B1. It is prepared under the most curved area in the cervical third of the teeth.		
	B2. It is box-shaped.		
	B3. 1-1.5 mm deep.		
	B4. Axial walls follow the outer surface of the tooth.		
	B5. The occlusal wall is beveled.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It is prepared under the most curved area in the cervical third of the teeth.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B2. It is box-shaped.	The cavity shape is not appropriate at all.	The cavity shape is only slightly appropriate.	The cavity shape is acceptable.	The cavity shape is ideal.	
B3. 1-1.5 mm deep.	The cavity depth is not appropriate at all.	The cavity depth is only slightly appropriate.	The cavity depth is acceptable.	The cavity depth is ideal.	
B4. Axial walls follow the outer surface of the tooth.	The location of the axial wall is not appropriate at all.	The location of the axial wall is only slightly appropriate.	The location of the axial wall is acceptable.	The location of the axial wall is ideal.	
B5. The occlusal wall is beveled.	Bevelling is not appropriate at all.	Bevelling is only slightly appropriate.	Bevelling is acceptable.	Bevelling is ideal.	
<b>Preparation Phase (A) Score</b>					
<b>Cavity Preparation Phase (B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>		
<b>Student's Signature</b>	<b>Supervisor's Signature</b>	

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 14



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare occlusal-gingival slot composite cavity preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglasses, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In beveled conventional Class IV preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are four criteria in the Cavity Preparation section (Part B). The score is calculated out of 12 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 12. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>OG SLOT</b>	B1. It is located on the proximal surface.		
	B2. It is box-shaped.		
	B3. There is no accessory cavity in the occlusal area.		
	B4. The gingival wall of the cavity is prepared under the contact point.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It is located on the proximal surface.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B2. It is box-shaped.	The cavity shape is not appropriate at all.	The cavity shape is only slightly appropriate.	The cavity shape is acceptable.	The cavity shape is ideal.	
B3. There is no accessory cavity in the occlusal area.	The cavity shape is not appropriate at all.	The cavity shape is only slightly appropriate.	The cavity shape is acceptable.	The cavity shape is ideal.	
B4. The gingival wall of the cavity is prepared under the contact point.	The location of the gingival wall is not appropriate at all.	The location of the gingival wall is only slightly appropriate.	The location of the gingival wall is acceptable.	The location of the gingival wall is ideal.	
<b>Preparation Phase (A) Score</b>					
<b>Cavity Preparation Phase (B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>			
<b>Student's Signature</b>		<b>Supervisor's Signature</b>	

Procedure: PREPARATION OF COMPOSITE CAVITIES  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 15



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to prepare faciolingual slot composite cavity preparations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Airtor handpiece, micromotor, plastic jaw, steel and diamond burs for aerator and angledroit handpiece, mouth mirror, probe, tweezers, periodontal probe, protective eyeglasses, gloves, mask, protective cover for the working area, suction
<b>Points to Consider During Evaluation</b>	The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	In beveled conventional Class IV preparation scoring, the preparation section accounts for 30%, and the cavity preparation section accounts for 70%. There are seven criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are four criteria in the Cavity Preparation section (Part B). The score is calculated out of 12 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 12. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Cavity Preparation</b>		
<b>FL SLOT</b>	B1. It is located on the proximal surface.		
	B2. It is prepared in the cervical area.		
	B3. The occlusal margin is not damaged.		
	B4. The opposing wall is not damaged.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. It is located on the proximal surface.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B2. It is prepared in the cervical area.	Location is not appropriate at all.	Location is only slightly appropriate.	Location is acceptable.	Location is ideal.	
B3. The occlusal margin is not damaged.	The margin is severely damaged.	The margin is damaged.	The margin is only slightly damaged.	The margin is not damaged.	
B4. The opposing wall is not damaged.	The opposite wall is severely damaged.	The opposite wall is damaged.	The opposite wall is only slightly damaged.	The opposite wall is not damaged.	
Preparation Phase (A) Score					
Cavity Preparation Phase (B) Score					
Score out of 100					

<b>Student Feedback</b>		
<b>Student's Signature</b>	<b>Supervisor's Signature</b>	

Procedure: PREPARATION OF COMPOSITE CAVITIES,  
CAPPING APPLICATION

Department: RESTORATIVE DENTISTRY

Form: PRECLINICAL EVALUATION FORM

Number: RESTORATIVE PEF 16



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to place CaOH2 for capping application
<b>Duration of Practice</b>	10 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezer, periodontal probe, cement spatula, calcium hydroxide, cement condenser, protective eyeglass, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The CaOH2 mixing process must be done under appropriate conditions. The CaOH2 must be placed on the correct tooth. The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	CaOH2 placement for capping application, the preparation section accounts for 30%, and capping section accounts for 70%. There are 6 criteria in the Preparation section (Part A). The score is calculated out of 18 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 18. There are 3 criteria in the Capping section (Part B). The score is calculated out of 9 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 9. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
<b>PREPARATION</b>	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Capping</b>		
<b>CAPPING</b>	B1. CaOH2 is of the appropriate consistency.		
	B2. CaOH2 is in the appropriate amount.		
	B3. There is no CaOH2 on the cavity walls.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. CaOH2 is of the appropriate consistency.	Consistency is not appropriate at all.	Consistency is only slightly appropriate.	Consistency is acceptable.	Consistency is ideal.	
B2. CaOH2 is in the appropriate amount.	Amount is not appropriate at all.	Amount is only slightly appropriate.	Amount is acceptable.	Amount is ideal.	
B3. There is no CaOH2 on the cavity walls.	Cleaning of cavity walls is not appropriate at all.	Cleaning of cavity walls is not appropriate at all.	Cleaning of cavity walls is not appropriate at all.	Cleaning of cavity walls is not appropriate at all.	
<b>Preparation Phase (A) Score</b>					
<b>Capping Phase (B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>			
<b>Student's Signature</b>	<b>Supervisor's Signature</b>		

Procedure: PREPARATION OF COMPOSITE CAVITIES,  
CEMENT PLACEMENT

Department: RESTORATIVE DENTISTRY

Form: PRECLINICAL EVALUATION FORM

Number: RESTORATIVE PEF 17



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to place glass ionomer bases before composite restorations
<b>Duration of Practice</b>	15 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezers, periodontal probe, cement spatula, glass ionomer, cement condenser, protective eyeglasses, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The cement must be mixed or prepared under appropriate conditions. The cement must be placed on the correct tooth. The preparation must be made on the correct tooth. The tooth must not be removed from the jaw during the preparation.
<b>Scoring</b>	CaOH <sub>2</sub> placement for capping application, the preparation section accounts for 30%, and cement placement section accounts for 70%. There are 6 criteria in the Preparation section (Part A). The score is calculated out of 18 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 18. There are 4 criteria in the Cement Placement section (Part B). The score is calculated out of 12 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 70 and dividing by 12. The total score for the preparation and cavity preparation phases is then added to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

A	Preparation	Achieved	Not Achieved
<b>PREPARATION</b>	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
B	Cement Placement		
<b>Cement Placement</b>	B1. Glass ionomer is of the appropriate consistency.		
	B2. Glass ionomer is in the appropriate amount.		
	B3. Glass ionomer should be placed on the axial and pulpal walls.		
	B4. There is no glass ionomer on the cavity outer walls.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. CaOH2 is of the appropriate consistency.	Consistency is not appropriate at all.	Consistency is only slightly appropriate.	Consistency is acceptable.	Consistency is ideal.	
B2. CaOH2 is in the appropriate amount.	Amount is not appropriate at all.	Amount is only slightly appropriate.	Amount is acceptable.	Amount is ideal.	
B3. Glass ionomer should be placed on the axial and pulpal walls.	Covering the relevant walls is not appropriate at all.	Covering the relevant walls is only slightly appropriate.	Covering the relevant walls is acceptable.	Covering the relevant walls is ideal.	
B4. There is no CaOH2 on the cavity walls.	Cleaning of cavity walls is not appropriate at all.	Cleaning of cavity walls is not appropriate at all.	Cleaning of cavity walls is not appropriate at all.	Cleaning of cavity walls is not appropriate at all.	
<b>Preparation Phase (A) Score</b>					
<b>Cement Placement Phase (B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: COMPOSITE RESTORATIONS  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 18



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to DO Class II and OG composite restorations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezers, composite, matrix, matrix band, mouth spatula, cement condenser, protective eyeglasses, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The composite restoration must be placed on the correct tooth. The tooth must not be removed from the jaw during the restoration.
<b>Scoring</b>	In Class II and OG composite restoration scoring, the preparation phase affects 30%, the matrix phase affects 20%, and the restoration phase affects 50%. There are 7 criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are 5 criteria in the matrix placement section (Part B). The score is calculated out of 15 based on four achievement levels. The cavity preparation phase score is obtained by multiplying the result by 20 and dividing by 15. There are a total of five criteria in the restoration phase (C). The score is calculated out of 15 based on four achievement levels. The preparation, matrix, and restoration phase scores are added together to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
<b>PREPARATION</b>	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Matrix Placement</b>		
<b>Matrix Placement</b>	B1. The appropriate matrix is used for the case.		
	B2. The appropriate matrix band is used for the case.		
	B3. The matrix is placed correctly.		
	B4. The wooden wedge is placed in the correct position.		
	B5. There is no gap between the band and the step, and the restoration is ready.		
<b>C</b>	<b>Composite Restoration</b>		
<b>Composite Restoration</b>	C1. The composite is placed in layers, and each layer is polymerized for at least 20 seconds.		
	C2. There is no gap between the tooth and filling junction.		
	C3. The material is of appropriate thickness (no missing or over-application).		
	C4. It is shaped according to the anatomical morphology of the tooth.		
	C5. The restoration surface should be smooth and shiny.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. The appropriate matrix is used for the case.	The proper matrix was not used.	-	-	The appropriate matrix was used.	
B2. The appropriate matrix band is used for the case.	The proper matrix band was not used.	-	-	The appropriate matrix band was used.	
B3. The matrix is placed correctly.	The matrix was not placed correctly.	-	-	The matrix was placed correctly.	
B4. The wooden wedge is placed in the correct position.	The wooden wedge was not placed in the correct position.	-	-	The wooden wedge was placed in the correct position.	
B5. There is no gap between the band and the step, and the restoration is ready.	There is a gap between the band and the step.	-	-	There is no gap between the band and the step.	
C1. The composite is placed in layers, and each layer is polymerized for at least 20 seconds.	The placement and polymerization of the composite is not appropriate at all.	The placement and polymerization of the composite is only slightly appropriate.	The placement and polymerization of the composite is acceptable.	The placement and polymerization of the composite is ideal.	
C2. There is no gap between the tooth and filling junction.	The tooth and filling junction is not appropriate at all.	The tooth and filling junction is only slightly appropriate.	The tooth and filling junction is acceptable.	The tooth and filling junction is ideal.	
C3. The material is of appropriate thickness (no missing or over-application).	Thickness is not appropriate at all.	Thickness is only slightly appropriate.	Thickness is acceptable.	Thickness is ideal.	
C4. It is shaped according to the anatomical morphology of the tooth.	Anatomical morphology of the restoration is not appropriate at all.	Anatomical morphology of the restoration is only slightly appropriate.	Anatomical morphology of the restoration is acceptable.	Anatomical morphology of the restoration is ideal.	
C5. The restoration surface should be smooth and shiny.	The restoration surface is not appropriate at all.	The restoration surface is only slightly appropriate.	The restoration surface is acceptable.	The restoration surface is ideal.	
Preparation Phase (A) Score					
Matrix Placement Phase (B) Score					
Composite Restoration (C) Score					
Score out of 100					

<b>Student Feedback</b>		
<b>Student's Signature</b>	<b>Supervisor's Signature</b>	

Procedure: COMPOSITE RESTORATIONS  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 19



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to do Class III and IV composite restorations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezer, composite, matrix, matrix band, mouth spatula, cement condenser, protective eyeglass, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The composite restoration must be placed on the correct tooth. The tooth must not be removed from the jaw during the restoration.
<b>Scoring</b>	In Class III and IV composite restoration scoring, the preparation phase affects 30%, and the restoration phase affects 70%. There are 7 criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are a total of 6 criteria in the restoration phase (B). The score is calculated out of 18 based on four achievement levels. The restoration phase score is obtained by multiplying the result by 70 and dividing by 18. The preparation and restoration phase scores are added together to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
<b>PREPARATION</b>	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Composite Restoration</b>		
<b>Composite Restoration</b>	B1. The appropriate matrix band is placed in the correct position.		
	B2. The composite is placed in layers, and each layer is polymerized for at least 20 seconds.		
	B3. There is no gap between the tooth and filling junction.		
	B4. The material is of appropriate thickness (no missing or over-application).		
	B5. It is shaped according to the anatomical morphology of the tooth.		
	B6. The restoration surface should be smooth and shiny.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. The appropriate matrix band is placed in the correct position.	Matrix band placement is not appropriate at all.	Matrix band placement is only slightly appropriate.	Matrix band placement is acceptable.	Matrix band placement is ideal.	
B2. The composite is placed in layers, and each layer is polymerized for at least 20 seconds.	The placement and polymerization of the composite is not appropriate at all.	The placement and polymerization of the composite is only slightly appropriate.	The placement and polymerization of the composite is acceptable.	The placement and polymerization of the composite is ideal.	
B3. There is no gap between the tooth and filling junction.	The tooth and filling junction is not appropriate at all.	The tooth and filling junction is only slightly appropriate.	The tooth and filling junction is acceptable.	The tooth and filling junction is ideal.	
B4. The material is of appropriate thickness (no missing or over-application).	Thickness is not appropriate at all.	Thickness is only slightly appropriate.	Thickness is acceptable.	Thickness is ideal.	
B5. It is shaped according to the anatomical morphology of the tooth.	Anatomical morphology of the restoration is not appropriate at all.	Anatomical morphology of the restoration is only slightly appropriate.	Anatomical morphology of the restoration is acceptable.	Anatomical morphology of the restoration is ideal.	
B6. The restoration surface should be smooth and shiny.	The restoration surface is not appropriate at all.	The restoration surface is only slightly appropriate.	The restoration surface is acceptable.	The restoration surface is ideal.	
<b>Preparation Phase (A) Score</b>					
<b>Composite Restoration ( B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: COMPOSITE RESTORATIONS  
 Department: RESTORATIVE DENTISTRY  
 Form: PRECLINICAL EVALUATION FORM  
 Number: RESTORATIVE PEF 20



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to do Class V composite restorations
<b>Duration of Practice</b>	20 minutes
<b>Required Tools and Instruments</b>	Plastic jaw, mouth mirror, probe, tweezers, composite, matrix, matrix band, mouth spatula, cement condenser, protective eyeglasses, gloves, mask, protective cover for the working area
<b>Points to Consider During Evaluation</b>	The composite restoration must be placed on the correct tooth. The tooth must not be removed from the jaw during the restoration.
<b>Scoring</b>	In Class III and IV composite restoration scoring, the preparation phase affects 30%, and the restoration phase affects 70%. There are 7 criteria in the Preparation section (Part A). The score is calculated out of 21 and is based on four achievement levels. The preparation section score is obtained by multiplying the result by 30 and then dividing it by 21. There are a total of 5 criteria in the restoration phase (B). The score is calculated out of 15 based on four achievement levels. The restoration phase score is obtained by multiplying the result by 70 and dividing by 15. The preparation and restoration phase scores are added together to create a student's grade out of 100. Important feedback observed is written in the section "Student Feedback."

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
<b>PREPARATION</b>	A1. Follows laboratory dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized and instruments are ready for use.		
	A4. Positions the phantom head appropriately.		
	A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).		
	A6. Places the suction in the appropriate position when working under water cooling.		
	A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.		
<b>B</b>	<b>Composite Restoration</b>		
<b>Composite Restoration</b>	B1. The composite is placed in layers, and each layer is polymerized for at least 20 seconds.		
	B2. There is no gap between the tooth and filling junction.		
	B3. The material is of appropriate thickness (no missing or over-application).		
	B4. It is shaped according to the anatomical morphology of the tooth.		
	B5. The restoration surface should be smooth and shiny.		

**RESTORATIVE DENTISTRY PRECLINICAL TRAINING  
RUBRIC (GRADING SCALE)**

CRITERIA	0	1	2	3	GRADE
A1. Follows laboratory dress code.	The dress code requirements are not followed at all.	Very few requirements of the dress code are followed.	Most requirements of the dress code are followed.	The dress code requirements are fully followed.	
A2. Uses personal protective equipment.	The personal protective equipment requirements are not followed at all.	Very few personal protective equipment requirements are followed.	Most personal protective equipment requirements are followed.	The personal protective equipment requirements are fully followed.	
A3. The working environment is organized, and instruments are ready for use.	The requirements are not followed at all; the working environment is disorganized, and instruments are not ready.	Very few requirements are followed; only a small part of the environment and instruments are organized and ready.	Most requirements are followed; most of the environment and instruments are organized and ready.	The requirements are fully followed; the environment and instruments are completely organized and ready.	
A4. Positions the phantom head appropriately.	The phantom's head position is not appropriate.	-	-	The phantom's head position is appropriate.	
A5. Determines the appropriate working position for the area (sitting position, reflector position, etc.).	The working position is not appropriate at all.	The working position is only slightly appropriate.	The working position is acceptable.	The working position is ideal.	
A6. Places the suction in the appropriate position when working under water cooling.	Suction position is not appropriate.	-	-	Suction position is appropriate.	
A7. Retracts the simulated soft tissue using a mirror and works indirectly when necessary.	Retraction and indirect work were not applied.	-	-	Retraction and indirect work were applied.	
B1. The composite is placed in layers, and each layer is polymerized for at least 20 seconds.	The placement and polymerization of the composite is not appropriate at all.	The placement and polymerization of the composite is only slightly appropriate.	The placement and polymerization of the composite is acceptable.	The placement and polymerization of the composite is ideal.	
B2. There is no gap between the tooth and filling junction.	The tooth and filling junction is not appropriate at all.	The tooth and filling junction is only slightly appropriate.	The tooth and filling junction is acceptable.	The tooth and filling junction is ideal.	
B3. The material is of appropriate thickness (no missing or over-application).	Thickness is not appropriate at all.	Thickness is only slightly appropriate.	Thickness is acceptable.	Thickness is ideal.	
B4. It is shaped according to the anatomical morphology of the tooth.	Anatomical morphology of the restoration is not appropriate at all.	Anatomical morphology of the restoration is only slightly appropriate.	Anatomical morphology of the restoration is acceptable.	Anatomical morphology of the restoration is ideal.	
B5. The restoration surface should be smooth and shiny.	The restoration surface is not appropriate at all.	The restoration surface is only slightly appropriate.	The restoration surface is acceptable.	The restoration surface is ideal.	
<b>Preparation Phase (A) Score</b>					
<b>Composite Restoration (B) Score</b>					
<b>Score out of 100</b>					

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: DENTIN SENSITIVITY TREATMENT  
 Department: RESTORATIVE DENTISTRY  
 Form: CLINICAL EVALUATION FORM  
 Number: RESTORATIVE CEF 1



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to treat dentin sensitivity
<b>Duration of Practice</b>	60 minutes
<b>Required Tools and Instruments</b>	Patient bib, mirror, probe, tweezer, cotton roll-pellets, bond brush, suction, desensitizing agent
<b>Points to Consider During Evaluation</b>	The indication must be determined correctly. The desensitizing agent must be applied according to the manufacturer's instructions.
<b>Scoring</b>	There are 14 criteria for treating dentin hypersensitivity. The score is calculated based on four success levels. Dividing the result by 42 and multiplying by 100 yields the student's score out of 100. *Students who perform inadequately on these steps are automatically considered "FAIL." Important feedback observed is written in the section "Student Feedback."

TOOTH NUMBER:			
A	Preparation	Achieved	Not Achieved
	A1. Follows clinic dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized.		
	A4. The instruments are ready for use.		
	A4. The materials to be used are complete and ready.		
	A5. Explains the treatment to the patient in detail and obtains written and verbal consent.		
	A6. Obtains the patient's medical and dental history.		
B	Indication		
	B1. Conducts a detailed oral and radiographic examination of the patient.		
	B2. Correctly determines the indication.		
	B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.		
<b>*Every step after this requires supervisor approval and, if deemed appropriate, the next step is followed. The tooth is isolated at each supervisor's inspection.</b>			
C	Application of desensitizing agent	Achieved	Not Achieved
	C1. Cleans plaque and debris from the tooth surface with a polishing brush.		
	C2. Assess the duration and severity of pain by applying the correct stimulus to the affected tooth.		
	C3. Apply the dentin desensitizer according to the manufacturer's instructions.		
D	Final	Achieved	Not Achieved
	D1. Provides oral hygiene education to ensure the patient maintains effective oral hygiene.		
	D2. Informs the patient about the treatment and subsequent treatments.		

CRITERIA	GRADE			
	0 (Inadequate)	1 (Improving)	2 (Fair)	3 (Good)
A1. Follows clinic dress code.				
A2. Uses personal protective equipment.				
A3. The working environment is organized.				
A4. The instruments are ready for use.				
A4. The materials to be used are complete and ready.				
A5. Explains the treatment to the patient in detail and obtains written and verbal consent.				
B1. Conducts a detailed oral and radiographic examination of the patient.				
B2. Correctly determines the indication.				
*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.				
C1. Cleans plaque and debris from the tooth surface with a polishing brush.				
C2. Assess the duration and severity of pain by applying the correct stimulus to the affected tooth.				
C3. Apply the dentin desensitizer according to the manufacturer's instructions.				
D1. Provides oral hygiene education to ensure the patient maintains effective oral hygiene.				
D2. Informs the patient about the treatment and subsequent treatments.				
Score out of 27				
Score out of 100				

<b>Student Feedback</b>	
<b>Student's Signature</b>	<b>Supervisor's Signature</b>

Procedure: CLASS I COMPOSITE RESTORATION  
 Department: RESTORATIVE DENTISTRY  
 Form: CLINICAL EVALUATION FORM  
 Number: RESTORATIVE CEF 2



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to Class I composite restorations
<b>Duration of Practice</b>	60 minutes
<b>Required Tools and Instruments</b>	Patient bib, mirror, probe, tweezer, cotton rolls, bond brush, suction, composite, matrix, matrix band, mouth spatula, cement condenser, protective eyeglass, gloves, mask, excavator, aerator, micromotor, angle-droit handpiece, green-banded diamond round bur, green-banded diamond fissure bur, steel round bur, yellow-banded diamond pear bur, yellow-banded diamond fissure bur, composite polishing rubber, mandrel, syringe, local anesthetic solution, composite, articulation paper
<b>Points to Consider During Evaluation</b>	The indication must be determined correctly. Cavity preparation must be done according to the rules. Composite restoration must be done according to the rules. Composite restoration finishing must be ideal. Isolation and infection control must be ensured.
<b>Scoring</b>	There are 25 criteria for preparing a composite restoration. The score is calculated based on four success levels. If the liner application in Step E was performed, the result is divided by 75 and multiplied by 100 to obtain the student's score out of 100. If the liner application was not performed, the score is based on 22 criteria. The result is divided by 66 and multiplied by 100 to obtain the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>Tooth Number</b>	
<b>Cavity type</b>	
<b>ICDAS Score</b>	

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows clinic dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized.		
	A4. The instruments are ready for use.		
	A4. The materials to be used are complete and ready.		
	A5. Explains the treatment to the patient in detail and obtains written and verbal consent.		
	A6. Obtains the patient's medical and dental history.		
<b>B</b>	<b>Indication</b>		
	B1. Conducts a detailed oral and radiographic examination of the patient.		
	B2. Correctly determines the indication.		
	*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.		

**\*Every step after this requires supervisor approval and, if deemed appropriate, the next step is followed.**  
**The tooth is isolated at each supervisor's inspection.**

<b>C</b>	<b>Cavity Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.		
	C2. Clean the caries from the cavity walls and floor.		
	C3. Corrects unsupported enamel areas and sharp edges.		
	C4. Prepares the cavity preparation to a appropriate size.		
<b>D</b>	<b>Isolation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	D1. Ideally isolates the tooth to be restored and provides moisture control.		
<b>E</b>	<b>Liner Placement</b>	<b>Achieved</b>	<b>Not Achieved</b>
	E1. Places the capping material in the appropriate area, if necessary.		
	E2. Places the liner material in the appropriate area, if necessary.		
	E3. Cleans the liner and/or capping material from the walls.		
<b>F</b>	<b>Adhesion Protocol</b>	<b>Achieved</b>	<b>Not Achieved</b>
	F1. Etche and rinse the enamel for 15 seconds.		
	F2. Applies and polymerizes the bonding agent.		
<b>G</b>	<b>Composite Restorations</b>	<b>Achieved</b>	<b>Not Achieved</b>
	G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.		
<b>H</b>	<b>Finishing and Polishing</b>	<b>Achieved</b>	<b>Not Achieved</b>
	H1. Checks occlusion with articulating paper and removes excess material.		
	H2. Anatomical morphology is ideal.		
	H3. The surface is smooth and shiny.		
	H4. Marginal adaptation is ideal.		
	H5. Color matching is ideal.		

CRITERIA	GRADE			
	0 (Inadequate)	1 (Improving)	2 (Fair)	3 (Good)
	<b>0: Not done at all</b> <b>1: Unacceptably low, insufficient</b> <b>2: Partially sufficient, acceptable</b> <b>3: Ideal, fully acceptable, completely sufficient</b>			
A1. Follows clinic dress code.				
A2. Uses personal protective equipment.				
A3. The working environment is organized.				
A4. The instruments are ready for use.				
A5. The materials to be used are complete and ready.				
A6. Explains the treatment to the patient in detail and obtains written and verbal consent.				
B1. Conducts a detailed oral and radiographic examination of the patient.				
B2. Correctly determines the indication.				
*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.				
C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.				
C2. Clean the caries from the cavity walls and floor.				
C3. Corrects unsupported enamel areas and sharp edges.				
C4. Prepares the cavity preparation to a appropriate size.				
D1. Ideally isolates the tooth to be restored and provides moisture control.				
E1. Places the capping material in the appropriate area, if necessary.				
E2. Places the liner material in the appropriate area, if necessary.				
E3. Cleans the liner and/or capping material from the walls.				
F1. Etche and rinse the enamel for 15 seconds.				
F2. Applies and polymerizes the bonding agent.				
G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.				
H1. Checks occlusion with articulating paper and removes excess material.				
H2. Anatomical morphology is ideal.				
H3. The surface is smooth and shiny.				
H4. Marginal adaptation is ideal.				
H5. Color matching is ideal.				
Score out of 81 or 90				
Score out of 100				

<b>Student Feedback</b>			
<b>Student's Signature</b>	<b>Supervisor's Signature</b>		

Procedure: CLASS II, III and IV COMPOSITE  
RESTORATION

Department: RESTORATIVE DENTISTRY

Form: CLINICAL EVALUATION FORM

Number: RESTORATIVE CEF 3



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to Class II, III and IV composite restorations
<b>Duration of Practice</b>	60 minutes
<b>Required Tools and Instruments</b>	Patient bib, mirror, probe, tweezers, cotton rolls, bond brush, suction, composite, matrix, matrix band, mouth spatula, cement condenser, protective eyeglasses, gloves, mask, excavator, aerator, micromotor, angle-droit handpiece, green-banded diamond round bur, green-banded diamond fissure bur, steel round bur, yellow-banded diamond pear bur, yellow-banded diamond fissure bur, composite polishing rubber, mandrel, syringe, local anesthetic solution, composite, articulation paper
<b>Points to Consider During Evaluation</b>	The indication must be determined correctly. Cavity preparation must be done according to the rules. Composite restoration must be done according to the rules. Composite restoration finishing must be ideal. Isolation and infection control must be ensured.
<b>Scoring</b>	There are 30 criteria for preparing a composite restoration. The score is calculated based on four success levels. If the liner application in Step E was performed, the result is divided by 90 and multiplied by 100 to obtain the student's score out of 100. If the liner application was not performed, the score is based on 27 criteria. The result is divided by 81 and multiplied by 100 to obtain the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>Tooth Number</b>	
<b>Cavity type</b>	
<b>ICDAS Score</b>	

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows clinic dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized.		
	A4. The instruments are ready for use.		
	A4. The materials to be used are complete and ready.		
	A5. Explains the treatment to the patient in detail and obtains written and verbal consent.		
	A6. Obtains the patient's medical and dental history.		
<b>B</b>	<b>Indication</b>		
	B1. Conducts a detailed oral and radiographic examination of the patient.		
	B2. Correctly determines the indication.		
	*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.		

<b>*Every step after this requires supervisor approval and, if deemed appropriate, the next step is followed. The tooth is isolated at each supervisor's inspection.</b>			
<b>C</b>	<b>Cavity Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.		
	C2. Takes necessary precautions to prevent damage to adjacent teeth.		
	C3. Clean the caries from the cavity walls and floor.		
	C4. Corrects unsupported enamel areas and sharp edges.		
	C5. Prepares the cavity preparation to a appropriate size.		
	C6. Performs beveling on the correct surface and at the appropriate size.		
<b>D</b>	<b>Isolation and Matrix Placement</b>	<b>Achieved</b>	<b>Not Achieved</b>
	D1. Ideally isolates the tooth to be restored and provides moisture control.		
	D2. Correctly places the appropriate matrix on the tooth.		
	D3. Correctly places the appropriate wedge on the tooth.		
<b>E</b>	<b>Liner Placement</b>	<b>Achieved</b>	<b>Not Achieved</b>
	E1. Places the capping material in the appropriate area, if necessary.		
	E2. Places the liner material in the appropriate area, if necessary.		
	E3. Cleans the liner and/or capping material from the walls.		
<b>F</b>	<b>Adhesion Protocol</b>	<b>Achieved</b>	<b>Not Achieved</b>
	F1. Etche and rinse the enamel for 15 seconds.		
	F2. Applies and polymerizes the bonding agent.		
<b>G</b>	<b>Composite Restorations</b>	<b>Achieved</b>	<b>Not Achieved</b>
	G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.		
<b>H</b>	<b>Finishing and Polishing</b>	<b>Achieved</b>	<b>Not Achieved</b>
	H1. Checks occlusion with articulating paper and removes excess material.		
	H2. Anatomical morphology is ideal.		
	H3. Contact points are ideal.		
	H4. The surface is smooth and shiny.		
	H5. Marginal adaptation is ideal.		
	H6. Color matching is ideal.		

CRITERIA	GRADE			
	0 (Inadequate)	1 (Improving)	2 (Fair)	3 (Good)
	<b>0: Not done at all</b> <b>1: Unacceptably low, insufficient</b> <b>2: Partially sufficient, acceptable</b> <b>3: Ideal, fully acceptable, completely sufficient</b>			
A1. Follows clinic dress code.				
A2. Uses personal protective equipment.				
A3. The working environment is organized.				
A4. The instruments are ready for use.				
A5. The materials to be used are complete and ready.				
A6. Explains the treatment to the patient in detail and obtains written and verbal consent.				
B1. Conducts a detailed oral and radiographic examination of the patient.				
B2. Correctly determines the indication.				
*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.				
C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.				
C2. Takes necessary precautions to prevent damage to adjacent teeth.				
C3. Clean the caries from the cavity walls and floor.				
C4. Corrects unsupported enamel areas and sharp edges.				
C5. Prepares the cavity preparation to a appropriate size.				
C6. Performs beveling on the correct surface and at the appropriate size.				
D1. Ideally isolates the tooth to be restored and provides moisture control.				
D2. Correctly places the appropriate matrix on the tooth.				
D3. Correctly places the appropriate wedge on the tooth.				
E1. Places the capping material in the appropriate area, if necessary.				
E2. Places the liner material in the appropriate area, if necessary.				
E3. Cleans the liner and/or capping material from the walls.				
F1. Etche and rinse the enamel for 15 seconds.				
F2. Applies and polymerizes the bonding agent.				
G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.				
H1. Checks occlusion with articulating paper and removes excess material.				
H2. Anatomical morphology is ideal.				
H3. Contact points are ideal.				
H4. The surface is smooth and shiny.				
H5. Marginal adaptation is ideal.				
H6. Color matching is ideal.				
Score out of 81 or 90				
Score out of 100				

<b>Student Feedback</b>			
<b>Student's Signature</b>	<b>Supervisor's Signature</b>		

Procedure: CLASS V COMPOSITE RESTORATION  
 Department: RESTORATIVE DENTISTRY  
 Form: CLINICAL EVALUATION FORM  
 Number: RESTORATIVE CEF 4



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to V composite restorations
<b>Duration of Practice</b>	60 minutes
<b>Required Tools and Instruments</b>	Patient bib, mirror, probe, tweezer, cotton rolls, bond brush, suction, composite, mouth spatula, cement condenser, protective eyeglass, gloves, mask, excavator, aerator, micromotor, angle-droit handpiece, green-banded diamond round bur, green-banded diamond fissure bur, steel round bur, yellow-banded diamond pear bur, yellow-banded diamond fissure bur, composite polishing rubber, mandrel, syringe, local anesthetic solution, composite, articulation paper
<b>Points to Consider During Evaluation</b>	The indication must be determined correctly. Cavity preparation must be done according to the rules. Composite restoration must be done according to the rules. Composite restoration finishing must be ideal. Isolation and infection control must be ensured.
<b>Scoring</b>	There are 25 criteria for preparing a composite restoration. The score is calculated based on four success levels. If the liner application in Step E was performed, the result is divided by 75 and multiplied by 100 to obtain the student's score out of 100. If the liner application was not performed, the score is based on 22 criteria. The result is divided by 66 and multiplied by 100 to obtain the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>Tooth Number</b>	
<b>Cavity type</b>	
<b>ICDAS Score</b>	

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows clinic dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized.		
	A4. The instruments are ready for use.		
	A4. The materials to be used are complete and ready.		
	A5. Explains the treatment to the patient in detail and obtains written and verbal consent.		
	A6. Obtains the patient's medical and dental history.		
<b>B</b>	<b>Indication</b>		
	B1. Conducts a detailed oral and radiographic examination of the patient.		
	B2. Correctly determines the indication.		
	*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.		

**\*Every step after this requires supervisor approval and, if deemed appropriate, the next step is followed.**  
**The tooth is isolated at each supervisor's inspection.**

<b>C</b>	<b>Cavity Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.		
	C2. Clean the caries from the cavity walls and floor.		
	C3. Corrects unsupported enamel areas and sharp edges.		
	C4. Prepares the cavity preparation to a appropriate size.		
	C5. Performs beveling on the correct surface and at the appropriate size.		
<b>D</b>	<b>Isolation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	D1. Ideally isolates the tooth to be restored and provides moisture control.		
<b>E</b>	<b>Liner Placement</b>	<b>Achieved</b>	<b>Not Achieved</b>
	E1. Places the capping material in the appropriate area, if necessary.		
	E2. Places the liner material in the appropriate area, if necessary.		
	E3. Cleans the liner and/or capping material from the walls.		
<b>F</b>	<b>Adhesion Protocol</b>	<b>Achieved</b>	<b>Not Achieved</b>
	F1. Etche and rinse the enamel for 15 seconds.		
	F2. Applies and polymerizes the bonding agent.		
<b>G</b>	<b>Composite Restorations</b>	<b>Achieved</b>	<b>Not Achieved</b>
	G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.		
<b>H</b>	<b>Finishing and Polishing</b>	<b>Achieved</b>	<b>Not Achieved</b>
	H1. Anatomical morphology is ideal.		
	H2. The surface is smooth and shiny.		
	H3. Marginal adaptation is ideal.		
	H4. Color matching is ideal.		

CRITERIA	GRADE			
	0 (Inadequate)	1 (Improving)	2 (Fair)	3 (Good)
	<b>0: Not done at all</b> <b>1: Unacceptably low, insufficient</b> <b>2: Partially sufficient, acceptable</b> <b>3: Ideal, fully acceptable, completely sufficient</b>			
A1. Follows clinic dress code.				
A2. Uses personal protective equipment.				
A3. The working environment is organized.				
A4. The instruments are ready for use.				
A5. The materials to be used are complete and ready.				
A6. Explains the treatment to the patient in detail and obtains written and verbal consent.				
B1. Conducts a detailed oral and radiographic examination of the patient.				
B2. Correctly determines the indication.				
*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.				
C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.				
C2. Clean the caries from the cavity walls and floor.				
C3. Corrects unsupported enamel areas and sharp edges.				
C4. Prepares the cavity preparation to a appropriate size.				
C5. Performs beveling on the correct surface and at the appropriate size.				
D1. Ideally isolates the tooth to be restored and provides moisture control.				
E1. Places the capping material in the appropriate area, if necessary.				
E2. Places the liner material in the appropriate area, if necessary.				
E3. Cleans the liner and/or capping material from the walls.				
F1. Etche and rinse the enamel for 15 seconds.				
F2. Applies and polymerizes the bonding agent.				
G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.				
H1. Anatomical morphology is ideal.				
H2. The surface is smooth and shiny.				
H3. Marginal adaptation is ideal.				
H4. Color matching is ideal.				
Score out of 66 or 75				
Score out of 100				

<b>Student Feedback</b>			
<b>Student's Signature</b>	<b>Supervisor's Signature</b>		

Procedure: COMPOSITE RESTORATION  
REMOVAL/REPAIR

Department: RESTORATIVE DENTISTRY

Form: CLINICAL EVALUATION FORM

Number: RESTORATIVE CEF 5



<b>Student's Number</b>	
<b>Student's Name-Surname</b>	
<b>Class/Internship Group</b>	
<b>Date</b>	
<b>Supervisor's Name-Surname</b>	
<b>Learning Objective</b>	Ability to renew and repair old restoration
<b>Duration of Practice</b>	60 minutes
<b>Required Tools and Instruments</b>	Patient bib, mirror, probe, tweezer, cotton rolls, bond brush, suction, composite, mouth spatula, cement condenser, protective eyeglass, gloves, mask, excavator, aerator, micromotor, angle-droit handpiece, green-banded diamond round bur, green-banded diamond fissure bur, steel round bur, yellow-banded diamond pear bur, yellow-banded diamond fissure bur, composite polishing rubber, mandrel, syringe, local anesthetic solution, composite, articulation paper
<b>Points to Consider During Evaluation</b>	The indication must be determined correctly. Cavity preparation must be done according to the rules. Composite restoration must be done according to the rules. Composite restoration finishing must be ideal. Isolation and infection control must be ensured.
<b>Scoring</b>	There are 32 criteria for preparing a composite restoration. The score is calculated based on four success levels. If the liner application in Step E was performed, the result is divided by 96 and multiplied by 100 to obtain the student's score out of 100. If the liner application was not performed, the score is based on 29 criteria. The result is divided by 87 and multiplied by 100 to obtain the student's score out of 100.  Important feedback observed is written in the section "Student Feedback."

<b>Tooth Number</b>	
<b>Cavity type</b>	
<b>ICDAS Score</b>	

<b>A</b>	<b>Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	A1. Follows clinic dress code.		
	A2. Uses personal protective equipment.		
	A3. The working environment is organized.		
	A4. The instruments are ready for use.		
	A4. The materials to be used are complete and ready.		
	A5. Explains the treatment to the patient in detail and obtains written and verbal consent.		
	A6. Obtains the patient's medical and dental history.		
<b>B</b>	<b>Indication</b>		
	B1. Conducts a detailed oral and radiographic examination of the patient.		
	B2. Correctly determines the indication.		
	*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.		

**\*Every step after this requires supervisor approval and, if deemed appropriate, the next step is followed. The tooth is isolated at each supervisor's inspection.**

<b>C</b>	<b>Cavity Preparation</b>	<b>Achieved</b>	<b>Not Achieved</b>
	C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.		
	C2. Takes necessary precautions to prevent damage to adjacent teeth.		
	C3. If the area disrupting the condition of the old restoration is large, causes microleakage, or has a negative impact on esthetics, function, or phonation, then the entire restoration must be removed. If the disruption is acceptable, only the fractured area is abraded without removing the entire restoration.		
	C4. If necessary, the base material is removed.		
	C5. Clean the caries from the cavity walls and floor.		
	C6. Corrects unsupported enamel areas and sharp edges.		
	C7. Prepares the cavity preparation to a appropriate size.		
	C8. Performs beveling on the correct surface and at the appropriate size.		
<b>D</b>	<b>Isolation and Matrix Placement</b>	<b>Achieved</b>	<b>Not Achieved</b>
	D1. Ideally isolates the tooth to be restored and provides moisture control.		
	D2. Correctly places the appropriate matrix on the tooth.		
	D3. Correctly places the appropriate wedge on the tooth.		
<b>E</b>	<b>Liner Placement</b>	<b>Achieved</b>	<b>Not Achieved</b>
	E1. Places the capping material in the appropriate area, if necessary.		
	E2. Places the liner material in the appropriate area, if necessary.		
	E3. Cleans the liner and/or capping material from the walls.		
<b>F</b>	<b>Adhesion Protocol</b>	<b>Achieved</b>	<b>Not Achieved</b>
	F1. Etche and rinse the enamel for 15 seconds.		
	F2. Applies and polymerizes the bonding agent.		
<b>G</b>	<b>Composite Restorations</b>	<b>Achieved</b>	<b>Not Achieved</b>
	G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.		
<b>H</b>	<b>Finishing and Polishing</b>	<b>Achieved</b>	<b>Not Achieved</b>
	H1. Checks occlusion with articulating paper and removes excess material.		
	H2. Anatomical morphology is ideal.		
	H3. Contact points are ideal.		
	H4. The surface is smooth and shiny.		
	H5. Marginal adaptation is ideal.		
	H6. Color matching is ideal.		

	<b>GRADE</b> 0: Not done at all 1: Unacceptably low, insufficient 2: Partially sufficient, acceptable 3: Ideal, fully acceptable, completely sufficient			
<b>CRITERIA</b>	<b>0 (Inadequate)</b>	<b>1 (Improving)</b>	<b>2 (Fair)</b>	<b>3 (Good)</b>
A1. Follows clinic dress code.				
A2. Uses personal protective equipment.				
A3. The working environment is organized.				
A4. The instruments are ready for use.				
A5. The materials to be used are complete and ready.				
A6. Explains the treatment to the patient in detail and obtains written and verbal consent.				
B1. Conducts a detailed oral and radiographic examination of the patient.				
B2. Correctly determines the indication.				
*B3. Obtains an indication by conveying the patient's history and examination findings to the clinical supervisor.				
C1. Prepares the cavity and remove caries from the indicated tooth using the appropriate size and type of bur.				
C2. Takes necessary precautions to prevent damage to adjacent teeth.				
C3. If the area disrupting the condition of the old restoration is large, causes microleakage, or has a negative impact on esthetics, function, or phonation, then the entire restoration must be removed. If the disruption is acceptable, only the fractured area is abraded without removing the entire restoration.				
C4. If necessary, the base material is removed.				
C3. Clean the caries from the cavity walls and floor.				
C4. Corrects unsupported enamel areas and sharp edges.				
C5. Prepares the cavity preparation to a appropriate size.				
C6. Performs beveling on the correct surface and at the appropriate size.				
D1. Ideally isolates the tooth to be restored and provides moisture control.				
D2. Correctly places the appropriate matrix on the tooth.				
D3. Correctly places the appropriate wedge on the tooth.				
E1. Places the capping material in the appropriate area, if necessary.				
E2. Places the liner material in the appropriate area, if necessary.				
E3. Cleans the liner and/or capping material from the walls.				
F1. Etche and rinse the enamel for 15 seconds.				
F2. Applies and polymerizes the bonding agent.				
G1. The composite is applied to the cavity using the incremental technique and polymerizes each layer.				
H1. Checks occlusion with articulating paper and removes excess material.				
H2. Anatomical morphology is ideal.				
H3. Contact points are ideal.				
H4. The surface is smooth and shiny.				
H5. Marginal adaptation is ideal.				
H6. Color matching is ideal.				
Score out of 87 or 96				
Score out of 100				
<b>Student Feedback:</b>				
<b>Student's Signature</b>	<b>Supervisor's Signature</b>			

