



ALTAMASH INSTITUTE OF DENTAL MEDICINE

DEPARTMENT OF PROSTHODONTICS

FINAL YEAR LOGBOOK



Complete Denture



Partial Denture

FACULTY PROSTHODONTICS

Head of Department:

Prof. Dr. Naseer Ahmed

Senior faculty:

Dr. Diya Ram Khatri

Dr. Shuja Adil

Registrar:

Dr. Ayesha Anis

Dr. Asra Salahuddin

Dr. Huda Adil

DEPARTMENT OF PROSTHODONTICS

Student Name: _____

Group: _____

Rotation from _____ **to** _____

Total number of days attended: _____ **out of** _____

Grade: _____

Remarks: _____

In charge: _____

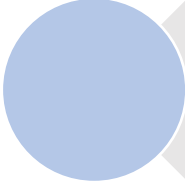
Date: _____

PROTOCOLS FOR PROSTHODONTICS DEPARTMENT

- Lab timings should be strictly followed.
- Students should bring and use their materials and instruments daily during rotation.
- Students need to carry their logbooks with them everyday during the rotation and get them signed timely by the assigned supervisors.
- Late work will not be signed.
- Students are responsible for their belongings (Instrument, Materials, Books, Mobile & Money etc).
- Students' performance will be evaluated throughout the rotation and final assessment will be done at the end of rotation.
- Students should be punctual and regular in the department as 80% of the attendance is mandatory to appear in end of rotation exam.
- Student should be present on appointment day and time of the patient; if absent, the patient will be allotted to the next student.
- Leave without prior information will not be accepted. Strict action will be taken by the department in case of noncompliance as per institute policy

REQUIREMENT FOR CLINICAL ROTATION

BY THE END OF THE CLINICAL ROTATION STUDENT MUST HAVE SUBMITTED



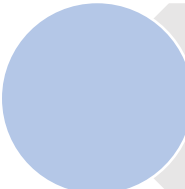
06 Complete Dentures



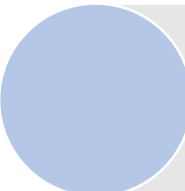
12 Partial Dentures



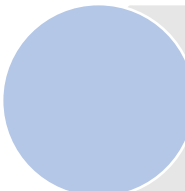
02 Cast Partial Dentures (Assistance)



02 Posterior Crown Preparations on Phantom
Teeth



02 Anterior Crown Preparations on Phantom
Teeth



Oral Presentation

OPD EVALUATION

Grading Criteria	
Percentage	Description
Above 75%	excellent
50 – 75%	acceptable
Below 50%	Need improvement

	Marks Obtained	Total Marks	Percentage	Description
Complete and Partial Dentures		30	Above 75	Excellent
			50 – 75	Acceptable
			Below 50	Need improvement

Crown Preparation		15	Above 75	Excellent
			50 – 75	Acceptable
			Below 50	Need improvement

Attendance		25	Above 75	Excellent
			50 – 75	Acceptable
			Below 50	Needimprovement

Rotation Exam		30	Above 75	Excellent
			50 – 75	Acceptable
			Below 50	Needimprovement

Formative Assessment	<ul style="list-style-type: none"> Oral Presentation Assignments MiniCEX (Clinical Evaluation Exercise)
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Result: /100

Head of Dept: _____

COMPLETE

DENTURES

LOG



**DEPARTMENT OF PROSTHODONTICS
PATIENT RECORD SHEET**

PERSONAL DATA:

Name: _____

OPD #: _____

Age: _____

Address: _____

Sex: _____

Occupation: _____

Marital Status: _____

Socioeconomic Status: _____

HISTORY & EXAMINATION: (History & Examination forms to be maintained in a separate file)

CLINICAL STEPS OF COMPLETE DENTURE FABRICATION

Date	Procedure Done	Signature of Supervisor	Remarks
	History & Examination		
	Primary Impression		
	Secondary Impression		
	Maxillomandibular Relation		
	Teeth Selection		
	Trial in		
	Insertion		
	Follow-up		

LABORATORY STEPS OF COMPLETE DENTURE FABRICATION

Date	Procedure Done	Signature of Supervisor	Remarks
	Study Cast		
	Fabrication of Custom Tray		
	Master Cast		
	Fabrication of Base Plate		
	Occlusal Rim Construction		
	Articulation		
	Teeth Set-up		
	Carving & Festooning		
	Flasking, Dewaxing, Packing & Curing		
	Finishing & Polishing		



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**PARTIAL
DENTURES
LOG**



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 Address: _____
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HISTORY & EXAMINATION: (History & Examination forms to be maintained in a separate file)

Missing Teeth:

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

➤ **Kennedy's Classification:** _____

CLINICAL STEPS OF PARTIAL DENTURE FABRICATION

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	Master Cast		
	Wax Pattern/Bite block		
	Articulation		
	Teeth Set-up		
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EXERCISE: CAST PARTIAL DENTURE DESIGNING

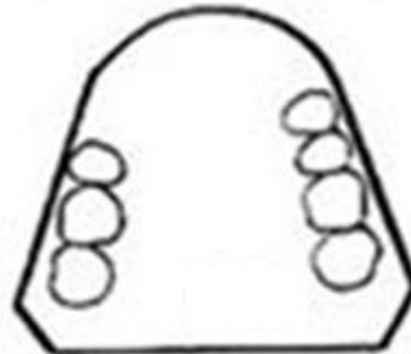
Kennedy's Classification: _____

Major Connector: _____

Minor Connector: _____

Retainer: _____

Rest: _____



Key:

Saddle area: Yellow

Major Connector: Black

Minor Connector: Blue

Rest: Red

Clasp Assembly: Green

Date: _____

Supervisor Sign: _____

EXERCISE: CAST PARTIAL DENTURE DESIGNING

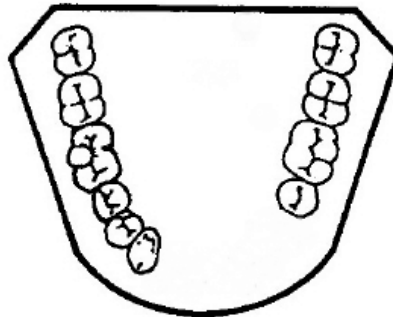
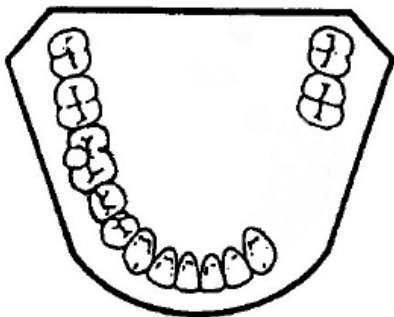
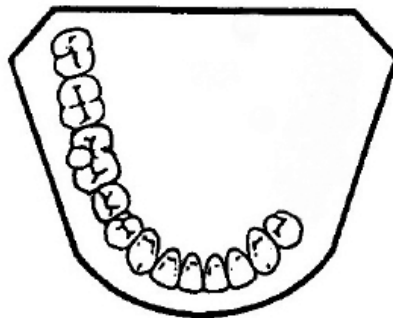
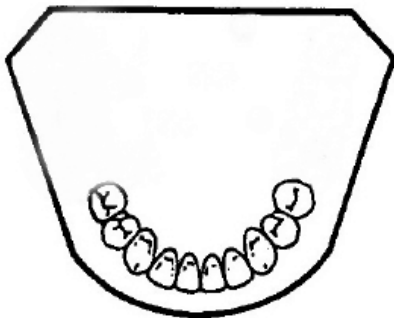
Kennedy's Classification: _____

Major Connector: _____

Minor Connector: _____

Retainer: _____

Rest: _____



Key:

Saddle area: Yellow

Major Connector: Black

Minor Connector: Blue

Rest: Red

Clasp Assembly: Green

Date: _____

Supervisor Sign: _____

CPD CASES (ASSISTED)

CLINICAL STEPS OF PARTIAL DENTURE FABRICATION

Date	Procedure Done	Signature of Supervisor	Remarks
	History & Examination		
	Primary Impression		
	Mouth Preparation		
	Secondary Impression		
	Framework Trial		
	Maxillomandibular Relation		
	Trial in		
	Insertion		
	Follow-up		

LABORATORY STEPS OF PARTIAL DENTURE FABRICATION

Date	Procedure Done	Signature of Supervisor	Remarks
	Study Cast		
	Surveying Study Cast		
	Master Cast		
	Duplicating Cast		
	Wax Pattern		
	Investment		
	Casting		
	Bite Record Block		
	Articulation		
	Teeth Selection & Set-up		
	Carving & Festooning		
	Flasking, Dewaxing, Packing & Curing		
	Finishing & Polishing		

CPD CASES (ASSISTED)

CLINICAL STEPS OF PARTIAL DENTURE FABRICATION

Date	Procedure Done	Signature of Supervisor	Remarks
	History & Examination		
	Primary Impression		
	Mouth Preparation		
	Secondary Impression		
	Framework Trial		
	Maxillomandibular Relation		
	Trial in		
	Insertion		
	Follow-up		

LABORATORY STEPS OF PARTIAL DENTURE FABRICATION

Date	Procedure Done	Signature of Supervisor	Remarks
	Study Cast		
	Surveying Study Cast		
	Master Cast		
	Duplicating Cast		
	Wax Pattern		
	Investment		
	Casting		
	Bite Record Block		
	Articulation		
	Teeth Selection & Set-up		
	Carving & Festooning		
	Flasking, Dewaxing, Packing & Curing		
	Finishing & Polishing		



**DEPARTMENT OF PROSTHODONTICS
FIXED PROSTHODONTICS
LOG CARD – TOOTH PREPARATION**

POSTERIOR CROWN PREPARATION

1.	Posterior Metal Crown	Occlusal Depth Grooves	Occlusal Preparation	Buccal Preparation	Supervisor Sign
		Lingual Preparation	Proximal Preparation	Margin	

2.	Posterior Metal Ceramic Crown	Occlusal Depth Grooves	Occlusal Preparation	Buccal Preparation	Supervisor Sign
		Lingual Preparation	Proximal Preparation	Margin	

ANTERIOR CROWN PREPARATION

1.	Anterior Metal Ceramic Crown	Occlusal Depth Grooves	Occlusal Preparation	Labial Preparation	Supervisor Sign
		Lingual Preparation	Proximal Preparation	Margin	

2.	Anterior Ceramic Crown	Occlusal Depth Grooves	Occlusal Preparation	Labial Preparation	Supervisor Sign
		Lingual Preparation	Proximal Preparation	Margin	

Rating Scale for Mini CEX

Student's Name: _____ M. No: _____ Year: _____
 Assessor's Name: _____ Clinical Rotation: _____

Clinical Settings: **In-patient** **OPD**

Clinical Problems: **Pain** **Sensitivity** **Swelling** **Esthetics** **D. Erupt.** **Trauma** **Missing teeth** **LMO** **B. Gums** **TMJ**

Ulcers TG Category

New or FU: **New** **FU** **Focus or Clinical** **History** **Diagnosis** **Management** **Explanation**

Number of times patient **0** **1-4** **>5** **Assessor's Position:** **PG** **DEMO** **AP** **PROF**
 Seen before by trainee:

Number of Previous **0** **1** **2** **3** **4** **5-9** **>9** **Complexity of Case:** **Low** **Average**
 mini-CEXs observed by

High assessor with any trainee

Please grade the following areas for _____ U/C _____ Level using the scale below	Below		Borderline		Meets		Above	
	Expectations		Expectations		Expectations		Expectations	
	1	2	3	4	5	6		
History taking: Facilities patient's telling of story, effectively uses appropriate question to obtain accurate Adequate info, responds properly to verbal & non verbal cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills: Follows efficient, logical Sequence; examination appropriate to clinical problem, Explains to patient; sensitive to patients comfort, modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills: Explores patient's perspective, Jargon free, open and honest, empathetic, agrees Mx Plan/therapy with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment: Makes appropriate diagnosis & Formulates suitable management plan; selectively orders/ Performs appropriate diagnostic studies, considers risk, benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Shows respect, compassion, empathy, Establishes trust; attends to patient's needs of comfort, Respect, confidentiality. Behaves in an ethical manner, Aware of relevant legal frameworks. Aware of limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizations/Efficiency: Priorities; is timely. Succinct. Summarizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Care: Demonstrates satisfactory clinical Judgment, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risk and Benefits. Awareness of own limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***U/C Please mark this if you have not observed the behavior and therefore feels unable to comment**

<u>Anything especially good?</u>	<u>Suggestions for Improvement</u>
Agreed Action: _____	

Trainee satisfaction with Mini-CEX: Not at all 1 2 3 4 5 6 7 8 9 Highly Satisfied

Assessor Satisfaction With Mini-CEX: 1 2 3 4 5 6 7 8 9

Have you had training in the use of this assessment tool? No Yes: Written Training Yes: Web/CD room Time taken for observation: _____

Assessor's Signature: _____ Assessor's Name: _____ Date: _____ Time taken for feedback (in minutes):

Rating Scale for Mini CEX

Student's Name: _____ M. No: _____ Year: _____
 Assessor's Name: _____ Clinical Rotation: _____

Clinical Settings: **In-patient** **OPD**

Clinical Problems: **Pain** **Sensitivity** **Swelling** **Esthetics** **D. Erupt.** **Trauma** **Missing teeth** **LMO** **B. Gums** **TMJ**

Ulcers TG

Category: **New** **FU** **Focus or Clinical** **History** **Diagnosis** **Management** **Explanation**

New or FU: **Encounter:**

Number of times patient Seen before by trainee: **0** **1-4** **>5** **Assessor's Position:** **PG** **DEMO** **AP** **PROF**

Number of Previous mini-CEXs observed by High assessor with any trainee **0** **1** **2** **3** **4** **5-9** **>9** **Complexity of Case:** **Low** **Average**

Please grade the following areas for _____ U/C _____ Level using the scale below	Below Expectations		Borderline Expectations		Meets Expectations		Above Expectations	
	1	2	3	4	5	6	7	8
History taking: Facilities patient's telling of story, effectively uses appropriate question to obtain accurate Adequate info, responds properly to verbal & non verbal cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills: Follows efficient, logical Sequence; examination appropriate to clinical problem, Explains to patient; sensitive to patients comfort, modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills: Explores patient's perspective, Jargon free, open and honest, empathetic, agrees Mx Plan/therapy with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment: Makes appropriate diagnosis & Formulates suitable management plan; selectively orders/ Performs appropriate diagnostic studies, considers risk, benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Shows respect, compassion, empathy, Establishes trust; attends to patient's needs of comfort, Respect, confidentiality. Behaves in an ethical manner, Aware of relevant legal frameworks. Aware of limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizations/Efficiency: Priorities; is timely. Succinct. Summarizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Care: Demonstrates satisfactory clinical Judgment, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risk and Benefits. Awareness of own limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***U/C Please mark this if you have not observed the behavior and therefore feels unable to comment**

<u>Anything especially good?</u>	<u>Suggestions for Improvement</u>
Agreed Action: _____	

Trainee satisfaction with Mini-CEX: Not at all 1 2 3 4 5 6 7 8 9 Highly Satisfied

Assessor Satisfaction With Mini-CEX: 1 2 3 4 5 6 7 8 9

Have you had training in the use of this assessment tool? No Yes: Written Training Yes: face to face Yes: Web/CD room

Time taken for observation: _____

Assessor's Signature: _____ Assessor's Name: _____ Date: _____ Time taken for feedback (in minutes):

Rating Scale for Mini CEX

Student's Name: _____ M. No: _____ Year: _____
 Assessor's Name: _____ Clinical Rotation: _____

Clinical Settings: **In-patient** **OPD**

Clinical Problems: **Pain** **Sensitivity** **Swelling** **Esthetics** **D. Erupt.** **Trauma** **Missing teeth** **LMO** **B. Gums** **TMJ**

Ulcers TG

Category: **New** **FU** **Focus or Clinical** **History** **Diagnosis** **Management** **Explanation**

New or FU: **Encounter:**

Number of times patient Seen before by trainee: **0** **1-4** **>5** **Assessor's Position:** **PG** **DEMO** **AP** **PROF**

Number of Previous mini-CEXs observed by High assessor with any trainee **0** **1** **2** **3** **4** **5-9** **>9** **Complexity of Case:** **Low** **Average**

Please grade the following areas for _____ U/C _____ Level using the scale below	Below Expectations		Borderline Expectations		Meets Expectations		Above Expectations	
	1	2	3	4	5	6	7	8
History taking: Facilities patient's telling of story, effectively uses appropriate question to obtain accurate Adequate info, responds properly to verbal & non verbal cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills: Follows efficient, logical Sequence; examination appropriate to clinical problem, Explains to patient; sensitive to patients comfort, modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills: Explores patient's perspective, Jargon free, open and honest, empathetic, agrees Mx Plan/therapy with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment: Makes appropriate diagnosis & Formulates suitable management plan; selectively orders/ Performs appropriate diagnostic studies, considers risk, benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Shows respect, compassion, empathy, Establishes trust; attends to patient's needs of comfort, Respect, confidentiality. Behaves in an ethical manner, Aware of relevant legal frameworks. Aware of limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizations/Efficiency: Priorities; is timely. Succinct. Summarizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Care: Demonstrates satisfactory clinical Judgment, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risk and Benefits. Awareness of own limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***U/C Please mark this if you have not observed the behavior and therefore feels unable to comment**

<u>Anything especially good?</u>	<u>Suggestions for Improvement</u>
Agreed Action: _____	

Trainee satisfaction with Mini-CEX: Not at all 1 2 3 4 5 6 7 8 9 Highly Satisfied

Assessor Satisfaction With Mini-CEX: 1 2 3 4 5 6 7 8 9

Have you had training in the use of this assessment tool? No Yes: Written Training Yes: face to face Yes: Web/CD room

Time taken for observation: _____

Assessor's Signature: _____ Assessor's Name: _____ Date: _____ Time taken for feedback (in minutes):

Rating Scale for Mini CEX

Student's Name: _____ M. No: _____ Year: _____
 Assessor's Name: _____ Clinical Rotation: _____

Clinical Settings: **In-patient** **OPD**

Clinical Problems: **Pain** **Sensitivity** **Swelling** **Esthetics** **D. Erupt.** **Trauma** **Missing teeth** **LMO** **B. Gums** **TMJ**

Ulcers TG

Category: **New** **FU** **Focus or Clinical** **History** **Diagnosis** **Management** **Explanation**

New or FU: **Encounter:**

Number of times patient **0** **1-4** **>5** **Assessor's Position:** **PG** **DEMO** **AP** **PROF**
 Seen before by trainee:

Number of Previous **0** **1** **2** **3** **4** **5-9** **>9** **Complexity of Case:** **Low** **Average**
 mini-CEXs observed by

High

assessor with any trainee

Please grade the following areas for _____ U/C	Below		Borderline		Meets		Above	
_____ Level using the scale below	Expectations		Expectations		Expectations		Expectations	
	1	2	3	4	5	6		
History taking: Facilities patient's telling of story, effectively uses appropriate question to obtain accurate Adequate info, responds properly to verbal & non verbal cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Communication Skills: Explores patient's perspective, Jargon free, open and honest, empathetic, agrees Mx Plan/therapy with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Organizations/Efficiency: Priorities; is timely. Succinct. Summarizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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***U/C Please mark this if you have not observed the behavior and therefore feels unable to comment**

<u>Anything especially good?</u>	<u>Suggestions for Improvement</u>
Agreed Action: _____	

Trainee satisfaction with Mini-CEX	Not at all	1	2	3	4	5	6	7	8	9	Highly Satisfied	
Assessor Satisfaction With Mini-CEX	1	2	3	4	5	6	7	8	9			
Have you had training in the use of this assessment tool?	<input type="checkbox"/>	o					<input type="checkbox"/>	s: face to face		Time taken for observation	<input type="checkbox"/>	
	<input type="checkbox"/>	Yes: Written Training					<input type="checkbox"/>	Yes: Web/CD room				

Assessor's Signature: _____
 Assessor's Name: _____ Date: _____ Time taken for feedback (in minutes):

OBJECTIVE OF LOGBOOK

This Logbook is intended to develop, record, assess and certify student`s activities during clinical and laboratory rotation of Prosthodontics in Final year. These activities are based on the learning objectives defined in the curriculum document. The logbook will also allow students to monitor their own competence, recognize gaps and address them and act as a part of the summative and formative assessment process for the students. It will be used to monitor and assess the adequacy of learning and exposure to clinical experience.