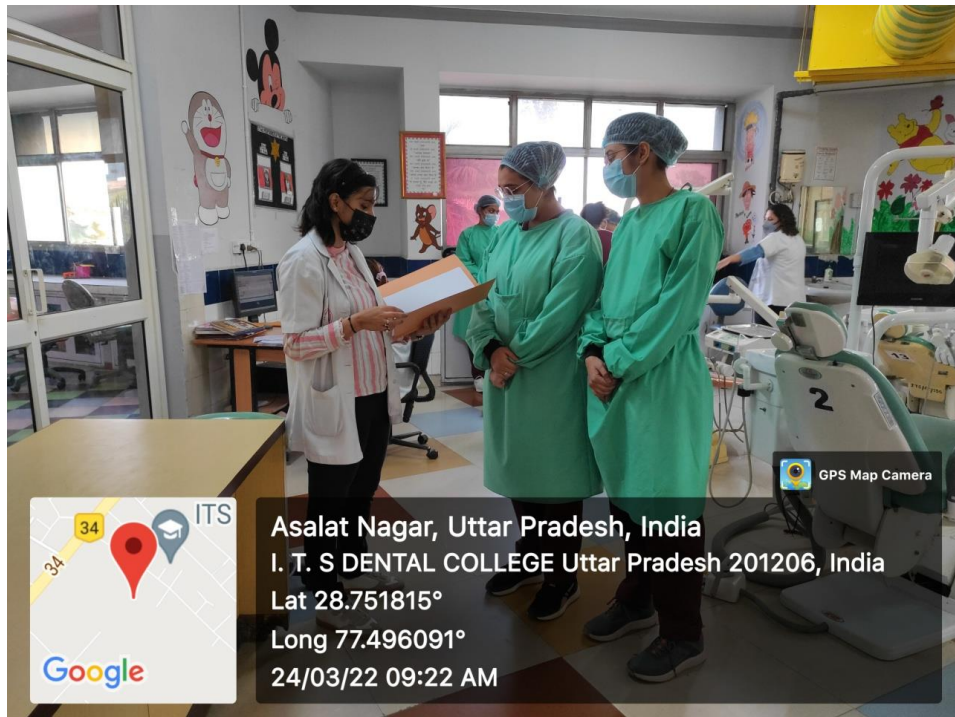
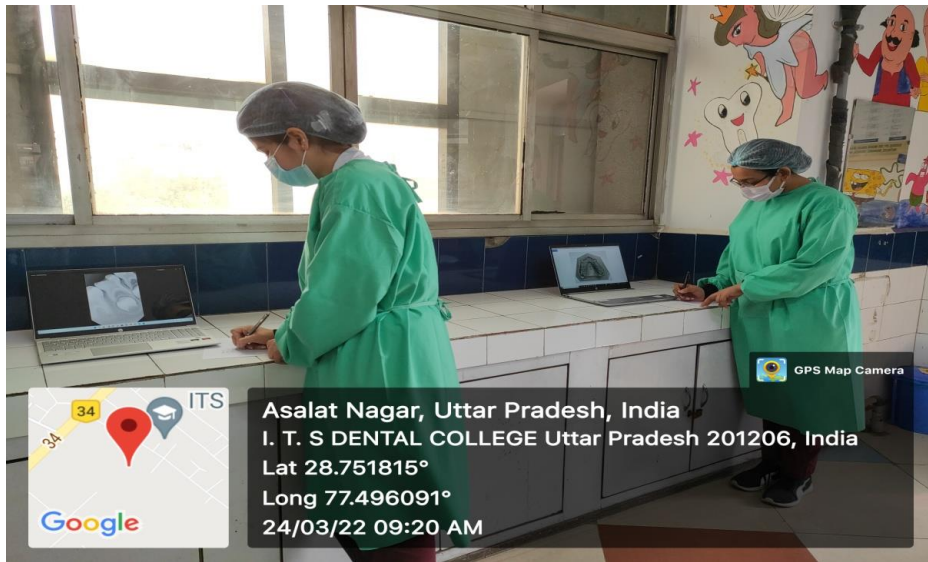
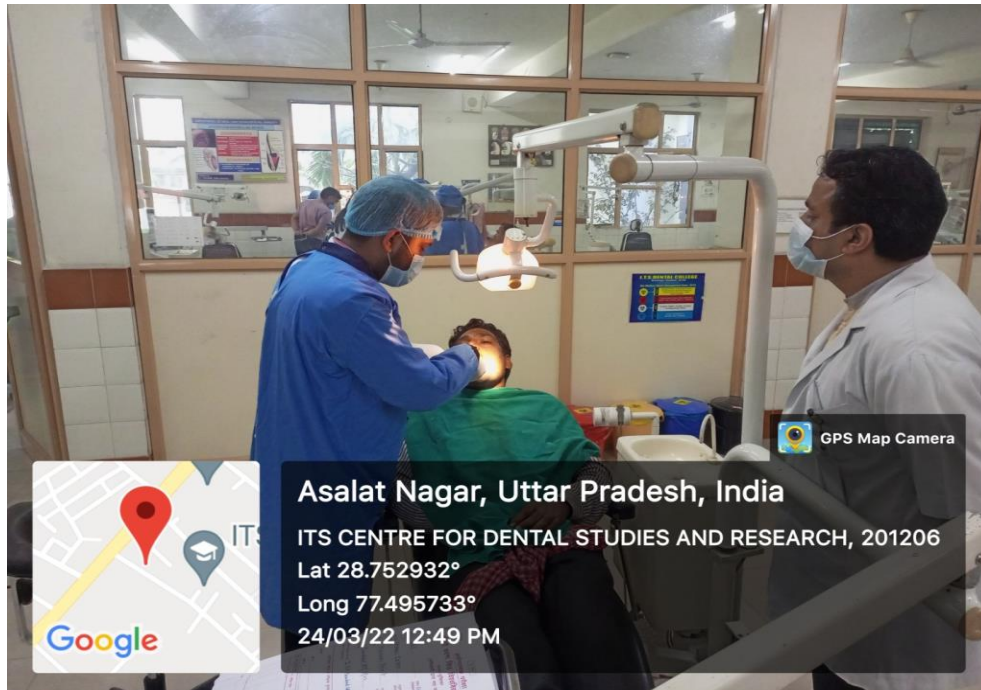


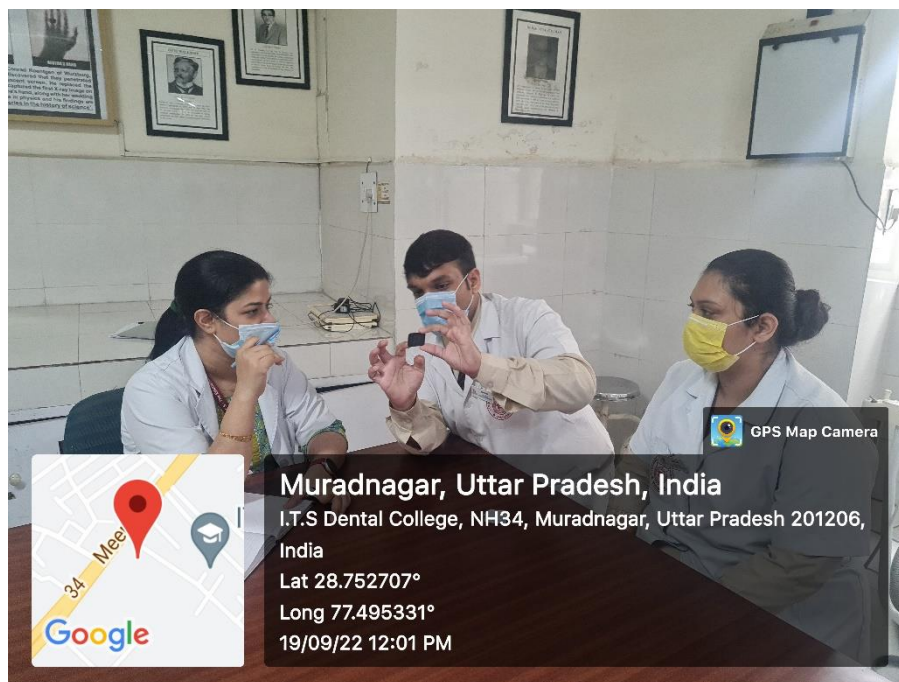
# DEPARTMENT OF PAEDIATRIC AND PREVENTIVE DENTISTRY



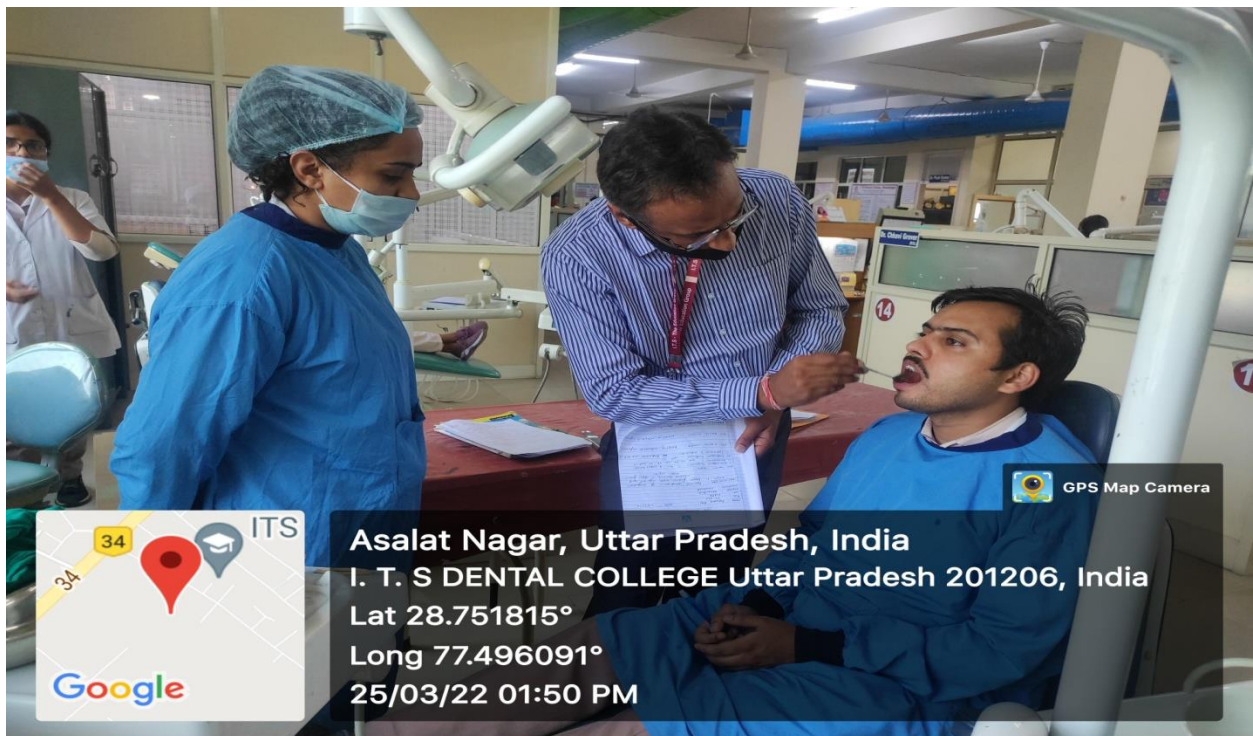
## DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY



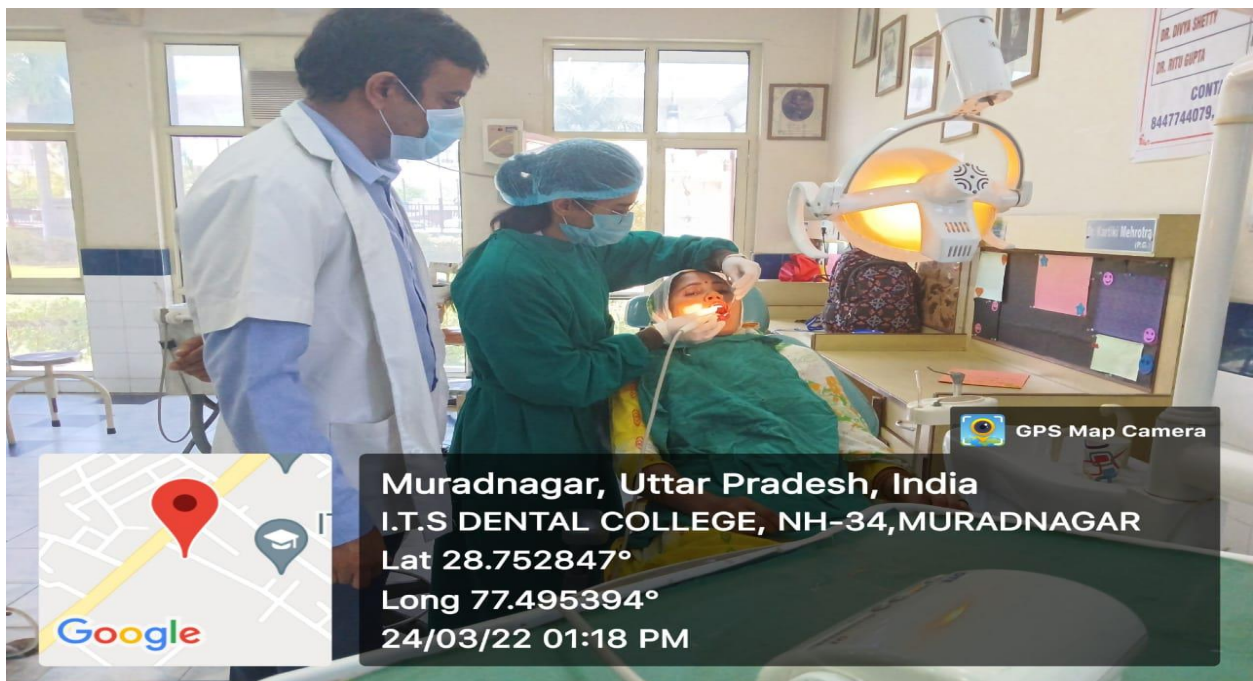
## DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY



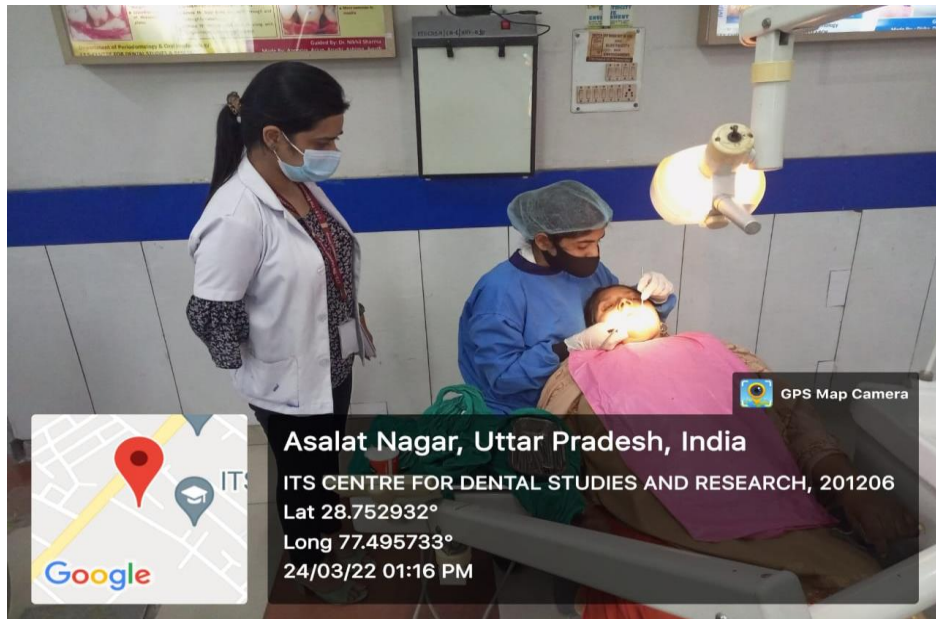
**DEPARTMENT OF ORTHODONTICS and DENTOFACIAL  
ORTHOPAEDICS**



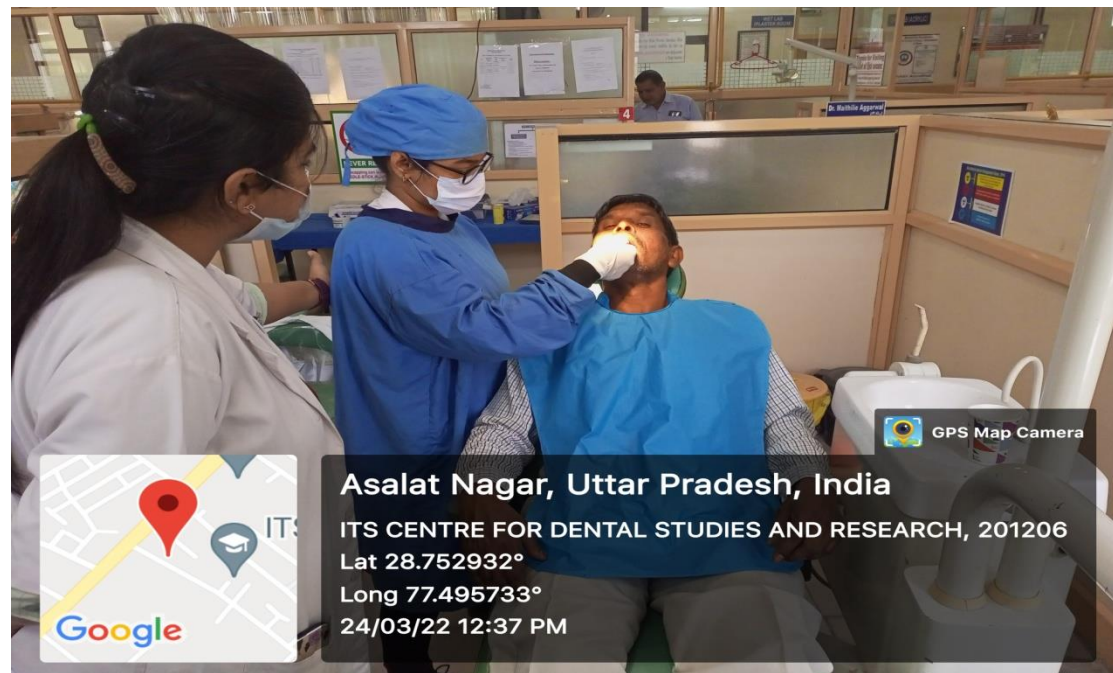
**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**



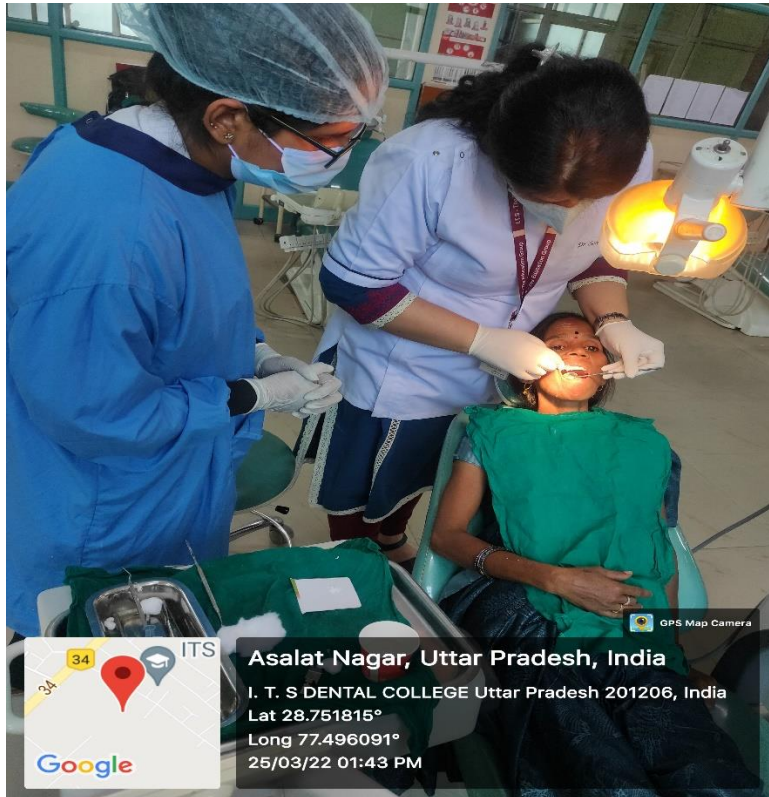
## DEPARTMENT OF PERIODONTICS



## DEPARTMENT OF PROSTHODONTICS



# DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS



# DEPARTMENT OF PAEDIATRIC AND PREVENTIVE DENTISTRY

## CRITERIA FOR CLINICAL COMPETENCY

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**

**<5 : C**

**DEPARTMENT OF ORAL and MAXILLOFACIAL SURGERY**

**CRITERIA FOR CLINICAL COMPETENCY**

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**

**<5 : C**

**DEPARTMENT OF ORAL MEDICINE and RADIOLOGY**

**CRITERIA FOR CLINICAL COMPETENCY**

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**

**<5 : C**



**DEPARTMENT OF ORTHODONTICS and DENTOFACIAL  
ORTHOPAEDICS**

**CRITERIA FOR CLINICAL COMPETENCY**

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**

**<5 : C**

**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

**CRITERIA FOR CLINICAL COMPETENCY**

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**

**<5 : C**

**DEPARTMENT OF PERIODONTICS**

**CRITERIA FOR CLINICAL COMPETENCY**

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**

**<5 : C**

**DEPARTMENT OF PROSTHODONTICS**  
**CRITERIA FOR CLINICAL COMPETENCY**

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**

**DEPARTMENT OF CONSERVATIVE DENTISTRY and ENDODONTICS**

**CRITERIA FOR CLINICAL COMPETENCY**

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

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

Procedure:-----

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

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

Name of Faculty: Dr.

Sign of Faculty:

**20-25: A+**

**15-20: A**

**10-15: B+**

**5-10 : B**