

COLLEGE OF DENTAL SCIENCES, DAVANGERE

Reforms In The Process & Procedure In The Conduct Of Examination/ Evaluation

Objective Structured Practical Examination(OSPE) And

Objective Structured Clinical Examination(OSCE)

OSPE



CHECKLIST

CHECKLIST
SKILL STATION (Scaling and root planning procedure)
Name of the student: SULAPATI RAJESH K Date: 15/2/2022
Name of the faculty: Dr. VANSHANA K.V

Domain: Psychomotor

SL NO	Items for observation	MARKS ALLOTTED				
		Poor (0)	Below average (1)	Average (2)	Good (3)	Very good (4)
1	Preparation of the patient				✓	
2	Maintenance of sterilization				✓	
3	Accuracy of chair position				✓	
4	Armamentarium				✓	
5	Ability to follow the principles of instrumentation				✓	
6	Ability to perform the task			✓		
7	Duration taken for the performance of the task			✓		
8	Handling of the patient during the clinical task				✓	
GRAND TOTAL						

K.V.Vandana
Dr. VANSHANA K.V

DR. SHOBHA PRAKASH
BDS, M.D.S
Dept. of Periodontics
College of Dental Sciences
DAVANGERE-577 004,
KARNATAKA, INDIA.

STATION



INSTRUCTION TO STUDENTS

College of Dental Sciences, Davangere
Department of Oral Medicine and Radiology

Objective Structured Clinical Examination
Checklist

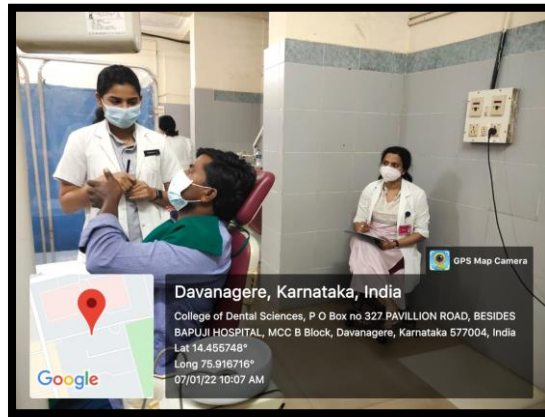
Station No: 1

Date: 3/1/2022 Time allotted: 10 min
Domain: Cognitive Total Marks:
Examiner's name: Dr. Neelima H.

Instruction to student: Patient complains of pain and you are required to obtain history from the patient.

Davangere, Karnataka, India
College of Dental Sciences, P O Box no 327 PAVILLION ROAD, BESIDES BAPUJI HOSPITAL, MCC B Block, Davangere, Karnataka 577004, India
Lat 14.455748°
Long 75.916716°
07/01/22 10:01 AM

OSCE



CHECKLIST

History of the presenting complaint		
7.	Asked onset	<input checked="" type="checkbox"/>
8.	Asked progression	<input checked="" type="checkbox"/>
9.	Asked nature of pain	<input checked="" type="checkbox"/>
10.	Asked intensity	<input checked="" type="checkbox"/>
11.	Asked type of pain	<input checked="" type="checkbox"/>
12.	Localised or radiating (to which site)	<input checked="" type="checkbox"/>
13.	Aggravating factors recorded	<input checked="" type="checkbox"/>
14.	Relieving factors recorded	<input checked="" type="checkbox"/>
15.	Associated symptoms recorded	<input checked="" type="checkbox"/>
16.	Asked about similar symptoms before	<input checked="" type="checkbox"/>
17.	Shows interest in exploring patient's ideas, concerns and expectations	<input checked="" type="checkbox"/>
History of associated swelling		
18.	Asked site and duration of swelling	<input checked="" type="checkbox"/>
19.	Asked onset and progression	<input checked="" type="checkbox"/>
20.	History of similar swelling elsewhere in the body elicited	<input checked="" type="checkbox"/>
21.	History of recurrence elicited	<input checked="" type="checkbox"/>
22.	Asked about any secondary changes	<input checked="" type="checkbox"/>
23.	Asked about impairment of function	<input checked="" type="checkbox"/>
24.	Asked about loss of body weight	<input checked="" type="checkbox"/>

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CHECKLIST

Department of Oral Medicine and Radiology
Objective Structured Clinical Examination Checklist

Station No: 1 Date: 7/1/2022
 Examiner's name: Dr. NITTA Harsha Time: 10:07 AM
 Domain: Cognitive Marks: 13/15
 Instruction to student: Patient complains of pain and you are required to obtain history from the patient.
 Student Name: ROJANITHA S H

Sl No.	Task	Not attempted (Marks-0)	Attempted inadequate (Marks-1/2)	Attempted adequate (Marks-1)
General information				
1.	Introduced self to the patient			<input checked="" type="checkbox"/>
2.	Asked name and age of the patient			<input checked="" type="checkbox"/>
3.	Asked address and occupation		<input checked="" type="checkbox"/>	
4.	General etiquette and communication with patient (Smile, eye contact, respect, empathy towards patient)			<input checked="" type="checkbox"/>
Chief complaint (Chief concern that brings the patient to the doctor)				
5.	Chief symptom, its location and duration is recorded			<input checked="" type="checkbox"/>
6.	Chronological order followed if more than one symptom in the patient		<input checked="" type="checkbox"/>	

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