

Student guide for 4th years students 2017

Student Responsibility

- Students are responsible for familiarizing themselves with the information presented in this booklet.

Academic Advising

It is important for students to maintain regular contact with the staff members of the department. A specific office time is scheduled for each doctor weekly.

Clinical Sessions

Sessions Goals:

The student will be able to complete the following tasks:

- Perform all the steps of root canal treatment on extracted teeth perfectly.
- Arrange instruments and materials in such a manner that efficient, aseptic Endodontic treatment can be provided.
- Isolate any tooth that requires Endodontic treatment.
- Prepare access cavities in anterior and premolar teeth properly, which allows free passage of instruments to the apical 1/3 of the root canal.
- Perform an appropriate biomechanical preparation in root canals.
- Properly obturate the instrumented canals.
- Document Endodontic treatment radiographically.

Dress Code

Students are expected to wear clothes that are appropriate for a learning institution and are appropriate for the infection control measurements in the dedicated areas. (White lab coat with long sleeves or surgical scrub)

Guidelines

The students must strictly follow these guidelines:

- Attend the session on time, students who are 15 mins late will be marked as absent.
- No patient can enter the clinic after 60 mins of the beginning of the clinical session.
- Keep the clinic clean and express good behavior.
- The chair should be wrapped before the start of the treatment.
- Organize the instruments and materials, with the promotion of an aseptic technique during their utilization.
- Isolation with rubber dam during root canal treatment is a must.
- Comprehensive diagnostic sheet and case history must be taken to the patient before starting the treatment, and signed by the session supervisor.
- All treatment steps must be radiographically documented.
- At the end of the session, the chair should be unwrapped and placed in an up and forward position.
- All sharp disposable instruments and needles should be placed in the safety box.

Student's Personal Endodontic Instrument Cassette

The Endodontic Instrument Cassette, to be complete, must contain one of each of the following items:

- Diagnostic set of instruments (Mouth mirror, Endodontic explorer, Periodontal probe and Tweezer)
- Excavator, long shank “spoon,”
- Cement spatula
- Irrigation tips.
- Sodium Hypochlorite solution.
- Self-processing radiographs.
- Glass slap
- All sizes of K & H type files.
- Gates Glidden burs.
- Rubber dam complete set.
- Paper points
- Gutta percha points.
- Hand or finger spreaders.
- Torch
- Hand pluggers.
- Temporary filling.

⇒ All instruments must be properly arranged on disposable plastic tray.

Clinical Curriculum

The first two weeks of the year, the students will practice access cavity preparation, cleaning and shaping, and obturation on extracted teeth.

Then for three weeks the students will observe endodontic diagnosis, administration of local anesthesia, rubberdam application, and root canal treatment procedures performed by the clinical demonstrators, and assistant lecturers of the department on patients attending the endodontic clinic.

For the rest of the year, the students will practice root canal treatment on patients attending the endodontic clinic, under the supervision of the staff members.

Requirements

At the end of each semester, the students must deliver the requirements of their clinical cases. Cases must have a diagnostic sheet and a x-ray film holder with 4 radiographs; preoperative, initial file, master cone, and obturation radiographs. And the case must be signed by one of the staff members after obturation.

Exams

- Ongoing exam: An examination that is held around the 16th to 18th week of the academic year.
- Practical exam: Performing access cavity preparation, cleaning and shaping, and obturation on double rooted double canaled extracted maxillary premolar.
- Final exam: An exam given at the end of the year.

Name: (Last) _____ (First) _____ Date: _____ Tooth: _____

S. (SUBJECTIVE)

Chief Complaint:
History of Present Illness:

Nature of Pain: None Mild Moderate Severe
Quality: Dull Sharp Throbbing Constant
Onset: Stim Required Intermittent Spontaneous
Location: Localized Diffuse Referred Radiating to:
Duration: Seconds Minutes Hours Constant
Initiated by: Cold Heat Sweet Spontaneous Palpation Mastication Supination Keeps awake at night
Relieved by: Cold Heat OTC-Meds Narc-Meds

O. (OBJECTIVE)

Extraoral: **Intraoral:**
Facial swelling: Yes No **Soft tissues:** WNL
L Nodes swollen: Yes No **Swelling:** Yes No Mild Moderate Severe Location:
Sinus tract: Yes No Closed
Clinical crown: Restn Caries Exposure Fracture

#	Cold	Heat	EPT	Perc	Palp	Mob	Bite Stick	Dis-color	Periodontal Exam								
									MB	B	DB	DL	L	ML	Recessn	Furcation	Bleed-Probing

(Normal: N No Response: 0 Mild: + Moderate: ++ Severe: +++ Lingered: L Delayed: D)

Radiographic Findings:

Alveolar Bone: WNL Apical lucency Lateral lucency Ap / Lat opacity Crestal bone loss
Lamina Dura: WNL Obscure Broken Widened
Roots: WNL Curvature Resorption Perforation Dilaceration Fracture Long Sinus / IAN
Pulp Chamber: WNL Calcification Pulp Stone Exposure Resorption Perforation
Pulp Canal: WNL Calcification Bifurcated Resorption Prior RCT Furcation Involvement Perforation
Crown: WNL Caries Restoration Crown Dens in dente
Sinus Tract: Traces to:

A. (Assessment)

Diagnosis: **Pulpal:** WNL Rev Pulpitis Irrev Pulpitis Necrosis Prior RCT / Non-healing Pulpless
Periapical: WNL APP CPP APA CPA Cond Osteitis
Etiology: Caries Restoration Prior RCT Iatrogenic Coronal leakage Trauma Perio Elective Resorptn VRF
Prognosis: Good Fair Poor

P. (PLAN)

Endodontic: Caries control RCT ReTx I&D Apico Apexification/genesis Perf / Resorption Repair
Periodontal: S/RP Crown lengthen Root amp Hemisection Extraction
Restorative: Temp Post space B/U P&C Onlay / Crown Bleach