KUWAITI BOARD ADVANCED GENERAL DENTISTRY

KBAGD Instruction Manual

October 2012

Revision: 12 (2024)

Table of Content

I. INTRODUCTION:

The Kuwaiti Board of Advanced General Dentistry is a three year residency program (KBAGD R3-R5) in which residents have already successfully completed two years residency (R1 - R2). The program focuses on developing, enhancing and mastering clinical skills that are in accordance with the latest evidence-based practice.

II. PROGRAM AIMS:

The training experience is designed to enable residents in the Advanced General Dentistry Program to meet the stated objectives:

- Superb skills and abilities to deliver quality comprehensive care in all the clinical disciplines of general dentistry and make clinical judgments using evidence-based diagnoses and treatment planning.
- Competence in formulating a well-sequenced treatment plan that integrates the various disciplines and specialties into the practice of advanced general dentistry.
- Appreciation of case complexity, recognizing limitations and seeking advice when needed.
- The proper judgement to make specialty referrals and the ability to coordinate treatment when other health care providers are involved.
- Confidence and competence in taking complete responsibility for the patient's comprehensive dental needs.
- A commitment to Self- directed and lifelong learning.
- Professional ethics in patient care and acceptance of cultural diversity in professional practice.

III. R3 STRUCTURE:

A. Objectives:

At the end of the R3 year of training, the resident should be able to demonstrate a sound basic knowledge and understanding of general clinical dentistry including:

1. Endodontics:
   - Gain experience in examination, diagnosis and treatment planning of endodontic cases.
   - Improve clinical skills in managing simple and moderately complex endodontic cases including RCT, non-surgical Re-RCT, and trauma cases.
   - Improve knowledge in dental materials as well as the use of the microscope in root canal cases.
2. Periodontics:
   - Gain experience in examination, diagnosis and treatment planning of periodontal cases.
   - Improve clinical skills in managing patients with periodontal disease in non-surgical and surgical phases of treatment.
   - Improve clinical skills in different periodontal surgical procedures including crown lengthening, root coverage procedures, GBR, GTR, Implant and depigmentation procedures.

- Improve knowledge in dental materials used in periodontal cases

3. Prosthodontics:
   - Gain experience in examination, diagnosis and treatment planning of prosthodontic cases.
   - Improve clinical skills in crown preparations, impression making and cementation as well as restoring implants.
   - Improve knowledge in dental materials used in prosthetic cases
   - Improve knowledge in laboratory steps involved in different prosthetic procedures

4. Oral and Maxillofacial Surgery:
   - Gain experience in examination, diagnosis and treatment planning of surgical and oral medicine cases.
   - Improve clinical skills in routine and complicated tooth removal both with and without flap surgery.
   - Gain experience in the management of surgical complications and trauma.

5. Pedodontics:
   - Expose the resident to the examination, diagnosis and treatment planning of paediatric cases.
   - Provide the resident the opportunity to refine behavioural management skills and treatment of paediatric dental patients in the general practice setting.
   - Apply advanced preventive procedures necessary to achieve and maintain optimum dental health.

6. Orthodontics:
   - Expose the resident to the examination, diagnosis and treatment of minor malocclusions and the concept of appropriate referral of complex cases.

B. Learning setting:

1. Clinical:
   - The residents will undertake several rotations including: Endodontics, Oral Surgery, Periodontics, Prosthodontics, Pedodontics, and Orthodontics.
   - R3 clinical tutors will train, supervise and evaluate the resident throughout the rotation.
   - The clinical tutor will supervise and approve the case presentation using a specific case presentation approval form. (See appendix A.1)
   - The resident will have a given set of requirements in each rotation that should be documented in a given form signed by clinical tutors. (See appendix A.2)
   - The residents will undergo a competency based clinical evaluation in specific rotations (ENDO, PERIO and PROSTH), following a specific competency form. (See appendix A.3-5)
   - The criteria for case selection, number and timing of the competency will be presented in the introductory lecture of the didactic course.
   - Residents should attend 75% of each rotation.

2. Didactic:
    - During each rotation, there will be a didactic course that includes a series of weekly lectures, seminars, workshops and presentations.
    - The details and the schedule for each rotation will be provided by the course coordinator at the beginning of each rotation.
    - The residents are expected to do a case presentation, a topic presentation and a journal club in each rotation (this may vary depending on the nature and length of the rotation) and will be evaluated using a specific evaluation form. (See appendix A.6)

C. Evaluation:

1. Clinical (CAN-MED)
    - Daily formative evaluation
    - Clinical competency-based assessments
    - CAN-MED evaluation form will be used at the end of each rotation. (See appendix A.7) and will be based on the daily performance of the resident and the clinical competency.

2. Didactic
    - Case presentation
    - Topic presentation
    - Journal club discussion
    - End of rotation assessment that will include MCQs and short answer questions.
    - Didactic evaluation sheet will be used at the end of each rotation that will include all the above components (component may vary depending on the nature and length of the rotation) (See appendix A.8)

Residents with a successful CAN-MED and an overall score of 65% in didactic part will have a successful rotation
Failure in any component, the resident will be eligible for a remediation plan, that will take place in either morning or afternoon shift.

If the resident fails two rotations of the major rotations (Endodontics, Periodontics, and Prosthodontics) he/she will <u>not be eligible</u> to sit the end of year exam and will repeat the year including all the clinical requirements and the didactic components.

D. Examination:

- R3 IN-TRAINING EXAMINATION includes:
    - MCQ based questions.
    - Short answer-based questions
- The exam will cover the different specialty rotations in R3
- Residents should pass the exam with an overall grade of 65% and a minimum of 60% in each part.

- In case the resident fails the R3 IN-TRAINING EXAMINATION, a resit exam will be held.
- In case the resident fails the R3 RESIT IN-TRAINING EXAMINATION, the resident will repeat the R3 year including all the clinical requirements and the didactic components

E. In -Training Evaluation Report (ITER):

The ITER includes the CAN-MED and the Didactic evaluation of all specialty rotations and the R3 IN-TRAINING EXAM. **The resident who has a successful ITER will be promoted to the following year (R4).** (See appendix A.9)

The resident will be abided by all rules written in the booklet. Rules will be applied strictly and no exceptions will be made.

IV. R4 STRUCTURE:

A. Objectives:

At the end of the training program, the resident should be *competent*[1] at and/ or familiar[2] with the following:

1. Advanced General Dentistry objectives:

The resident should be competent in:

- Completing a thorough patient dental examination and obtaining all required patient records including radiographs, diagnostic casts, clinical photographs and jaw relation records.
- Developing diagnosis, problem list and treatment options for each patient.
- Designing a comprehensive well-sequenced treatment plan to address the patient's dental condition and needs.
- Integrating all phases of dental care in a logical and economically sound manner.
- Selecting and using radiographs in diagnosis of oral diseases and treatment planning.
- The interpretation of CBCT in diagnosis and treatment planning.
- The science of radiography including techniques and radiographic errors.
- Performing caries risk assessment and diagnosis of dental caries.
- Applying different approaches to prevent, control and manage dental caries.
- Applying the current concepts of minimally invasive dentistry.
- Performing basic restorative procedures (e.g. Class II, III, etc.).
- The management of dental trauma.
- The knowledge of all current dental materials.
- Practising evidence based dentistry.
- Critical appraisal of the dental literature.
- The knowledge of ethics and laws.

[1] Competent: KBAGD residents should on graduation demonstrate a sound theoretical knowledge and understanding of the subject together with an adequate clinical experience to be able to resolve clinical problems encountered independently or without assistance.
[2] Familiar: KBAGD residents should on graduation demonstrate a basic understanding of the subject but need not have clinical experience or be expected to carry out procedures independently.

- Keeping accurate, clear and concise clinical records.

The resident should be familiar with:

- Major medical disorders that may impact oral health and learn to consult with other healthcare providers as necessary to promote the patient's overall health.
- Diagnosis, treatment planning and management of developmental and acquired dental conditions.
- Recent digital workflow for restorative procedures (e.g. Inlays, onlays, etc.).

2. Endodontics:

The resident should be competent In:

- Conducting detailed general and dental history and comprehensive clinical examination of a patient with Endodontics related problems. (primary RCT and re-RCT)
- Conducting a range of diagnostic tests of Endodontic relevance, including the pulp sensibility testing, sinus tract exploration; selective anaesthesia; intra-oral radiography including the use of paralleling device and extra oral radiography including CBCT; periodontal probing, assessment of tooth mobility, soft tissue palpation for tenderness and fluctuance, tenderness to tooth percussion, investigation for cracks by differential cusp wedging, transillumination, staining and occlusal examination.
- Reaching definitive pulpal and apical diagnosis based on American Association of Endodontics Pulpal and apical Diagnostic Criteria (2013).
- Understanding the role and interrelationships of endodontic therapy and periodontic, restorative and prosthetic treatment.
- Management options when pulp or post-treatment disease is identified, including continued monitoring, nonsurgical re-treatment, surgical treatment and extraction with or without prosthetic (including implant-supported) replacement in addition to risks, benefits and likely outcomes of each.
- Identifying Endodontic treatment complexity using case assessment guidelines. (American Association of Endodontists Endodontic case difficulty assessment form and guidelines 2010) and knowing when to refer to a specialist.
- Communicating verbally and in writing with dental and medical colleges.
- Performing topical, local infiltration and regional local anaesthesia for the management of pulp and periradicular pain including supplementary anaesthetic techniques.
- Preserving vital pulp functions by the implementation of different vital pulp therapy techniques such as indirect and direct pulp capping, partial pulpotomy etc.
- Performing rubber dam isolation for endodontic purposes.
- Accessing the pulp chamber and identifying canal orifices in uncomplicated anterior and posterior teeth .
- Negotiating uncomplicated root canals and securing a working length by radiographic and electronic means. (the use of an apex locator).
- Shaping root canals without procedural errors in uncomplicated anterior and posterior teeth.

- Irrigating root canals for the elimination of microorganisms, organic and inorganic materials, including methods of enhancing irrigant action, such as the use of ultrasound.
- Medicating the root canals for the control of microbial infection.
- Filling the root canals of uncomplicated anterior and posterior teeth, densely and with length control.
- Knowing and using manual and rotary file systems, irrigation solutions, intracanal medicament, root canal filling material and sealers.
- Techniques and materials for the removal of root canal fillings during uncomplicated non-surgical endodontic retreatment.
- Securely temporising teeth during and after root canal treatment.
- When and how to prescribe analgesics and antibiotics.
- Managing endodontic emergencies, including symptomatic irreversible pulpitis, symptomatic apical periodontitis, acute apical abscess.
- Identifying RCT complications such as hypochlorite accidents, perforations, separated instruments, ledge formation, blocked canals etc.
- The principles and practice of managing emergency dentoalveolar trauma, including crown-root fractures, root fractures, luxation injuries, avulsion, splinting protocols and recommended follow-up regime.
- Bleaching procedures to restore the aesthetics of discoloured root canal-treated teeth.
- Prescribing monitoring plans (follow-up) for endodontic patients.

The residents should be be familiar with:

- The principles and practices of managing pulp and periradicular disease in immature permanent teeth.
- Recent updates in revascularization and regenerative procedures.
- Techniques for the removal of foreign bodies such as fractured instruments and posts from root canals.
- The use of magnification and enhanced illumination in endodontic practice.
- The management of procedural errors during the instrumentation of root canals, including ledges, fractured instruments and root perforations.
- Range of surgical endodontic procedures, ideally by observation or direct assistance, including exploratory endodontic surgery (e.g. for the diagnosis of root fractures or perforations), planned extraction and reimplantation, hemisection, root amputation, surgical perforation repair, root resorption repair, apicectomy and root-end filling.
- Postoperative monitoring and outcome data of surgical endodontic patients
- Securing undistorted intraoral radiographs during root canal treatment.

3. Periodontics:

The residents should be competent at:

- The diverse anatomic and microscopic features of the periodontium and the interrelated functional aspects, and the composition of saliva, crevicular fluid and plaque /calculus .

- The process of wound healing and the different types of bone.
- The role of bacteria in the pathogenesis of periodontal tissue destruction and the histopathological development of periodontal diseases and the pathogenic mechanisms of inflammation.
- Understanding the aetiology of periodontal diseases both local and systemic factors.
- Using the different diagnostic tools to detect periodontal disease.
- The interpretation of both normal and pathological structures of the oral cavity clinically and radiographically.
- Diagnosing furcation problems, the biology of regenerative procedures and their indications in periodontal therapy.
- The use and application of the latest classification of periodontal and peri-implant diseases and conditions.
- The clinical and histological factors associated with traumatic occlusion and the modifying effects of this problem when combined with inflammatory periodontal disease.
- Knowing the available non-surgical periodontal treatment techniques such as OHI, scaling and root planing, and their indications, contraindications, advantages and disadvantages, and effectiveness.
- Understanding the effects and limitations of antimicrobials and antibiotics on the bacteria associated with inflammatory periodontal diseases. And the use of these agents in the treatment of gingivitis and periodontitis.
- The general principles of the various surgical techniques, their indications, advantages and disadvantages, and their effectiveness.
- Crown lengthening procedures surgically and theoretically.
- Handling and understanding the materials used in periodontal surgeries and therapy and their limitations. (e.g. bone, membranes, sutures).
- Understanding the importance of maintenance therapy and evaluation of aftercare and when to refer to a specialist.
- Being aware of the role and interrelationships of periodontal therapy and endodontic, restorative, prosthetic and orthodontic treatment.
- Peri-implant anatomy, biology and their functions.
- Knowing and understanding the dental implant biomechanics, indications and contraindications.
- Knowing and using the appropriate diagnostic tools for the implant patient.
- Preoperative examination, surgical implant placement procedures (single implant placement) and the post-operative management, maintenance and complications.
- Understanding the effect of different implant surfaces and bone qualities on the process of osseo-integration of the dental implant.
- Exposing the implant for the final prosthesis and understanding and applying the loading time principles and its management.
- Understanding the short/long term failures of dental implants and how to manage and prevent them.
- The early and delayed implant placement protocols.

The residents should be be familiar with:

- The different mucogingival surgical procedures and their indications in periodontal therapy.
- Lasers and laser therapy in periodontology.
- The management of periodontal advanced cases (surgical and non-surgical), including problems arising from occlusal trauma and temporomandibular joint dysfunction.
- Computer-assisted (Guided) implant surgery.
- Internal and external sinus lift procedures (indications and contraindications) in relation to dental implant placement and treatment planning.
- Soft tissue correction (defect or lack of keratinized tissue).
- Dental implant placement in the esthetic zone.
- Immediate implant placement protocol and limitations.
- Different implant systems and their drawbacks.
- The placement of two dental implants simultaneously and “All on four" implant surgical procedure.

4. Prosthodontics:

The residents should be competent at:

- Understanding the basic principles of restorative/prosthodontic treatment planning and sequencing.
- Understanding the contribution of different disciplines of dentistry in assessing tooth/teeth restorability and the overall Restorative/Prosthodontic treatment.
- Understanding the principles of occlusion.
- Understanding of TMJ anatomy and physiology.
- Applying diagnostic tools (e.g. facebow record, diagnostic wax up..etc.) for a more predictable treatment outcome.
- Identifying and Diagnosing failed prosthesis and providing the treatment required.
- Understanding the importance of preventative measures (Caries Assessment, Occlusal therapy) to avoid further failure of restorative treatment.
- Identifying cases which are beyond the area of his/her competence and refer them to appropriate specialists.
- Knowing the latest updates in dental restorative materials used in modern prosthodontics.
- Restoring compromised esthetics, which does not include complex prosthodontic treatment modalities.
- Understanding and applying posts and core build-ups for endodontically treated teeth before final prosthetic restorations.
- Understanding and applying the principles of indirect partial and full coverage prosthesis.
- Understanding and applying the principles of multi-unit fixed dental prosthesis.
- Understanding and applying the principles of occlusal guard fabrication.
- Understanding the principles of removable prosthesis (complete and partial dentures).
- Differentiating between conventional dentures, immediate dentures, overdentures (over Implant or Natural abutments) and interim dentures.

- Designing, fabricating, and fitting of complete denture and removable partial denture in non-complicated cases.
- Understanding the principles of dental implant treatment planning and restoration. This involves knowledge of implant material, implant prosthesis design and selecting implant components for single or multiple implant supported prosthesis.
- Use of CBCT in combination with Radiographic guide for treatment planning and predictable outcome.
- Planning and applying the Implant Radiographic and Surgical Guide.
- Identifying lab Vs clinical errors and the basics of proper Dentist and Lab Technician communication.
- Understanding the long-term prognosis of provided treatment and communicating it to the patient.
- Understanding the importance of maintenance through recall scheduling.

The residents should be familiar with:

- The latest updates and the advancement of Dental Laboratory tools (eg. CAD CAM).
- Understanding and applying the principles of designing, fabricating, and fitting of implant supported overdenture.
- Lab fabrication techniques for complete dentures, removable partial dentures, fixed partial dentures and implant prostheses.
- Principles of management of compromised occlusion cases.
- Principles of management of complex full mouth rehabilitations that involve restoring teeth and/ or implants.
- Clinical management of veneer cases in the esthetic zone.
- The principles of digital workflow.

5. Oral and Maxillofacial Surgery:

The resident should be competent in:

- Examination, diagnosis and treatment planning of surgical cases.
- Performing routine and complicated tooth removal both with and without flap surgery.
- The management of surgical complications.
- The management of dental infections.

The resident should be familiar with:

- Diagnosis and management of maxillofacial trauma.
- Diagnosis and management of spread of oral and maxillofacial infections.
- Diagnosis and management orthognathic surgeries

6. Oral Medicine and Oral Pathology:

The resident should be competent In:

- The differential diagnosis and different treatment modalities of oral lesions and referring to the specialist when necessary.

The resident should be familiar with:

- The effect of medical status on oral health and the oral manifestations of systemic diseases.
- Different biopsy techniques.
- Orofacial pain conditions (such as myofascial pain and TMJ conditions) , their diagnosis and management.

7. Practice Management:

The resident should be competent In:

- Practising dentistry in accordance with worldwide infection control and radiation protection guidelines.
- Maintain health and safety at work.
- Prevention, recognition and management of medical emergencies.
- Managing clinic time effectively to maximise productivity.

B. Learning settings:

1. Clinical:

Clinic protocol:

- The resident will be allocated in a specially designated clinic in the Specialized Dental Center in Salmiya, where he/she will be able to plan and execute a full treatment plan to his/her patients.
- Each resident will be assigned to an immediate mentor. Immediate mentor Job description (See appendix B.1).
- Each resident will have responsibility for his/her own group of patients, the selection of which should assure a comprehensive treatment under the supervision of the clinical tutors.
- The resident should referre to the Prosthodontics and Periodontics Guideline, for case selection. (see appendix D.3)
- There will be a Pre-clinic meeting every day to discuss the workflow in the clinics.
- If the resident fails to attend the pre-clinic meeting, he/she will be considered late and it will be recorded in his/her daily CAN-MED evaluation. (See appendix B.2). If the resident is late 30 minutes or more, it will also be considered as a permission.
- It is the resident's responsibility to ensure all consent forms are signed by the patient and attached to the patient record (See appendix B.3).

Admission:

- Residents will examine the referred patients in their own clinics according to a pre-set schedule, they have to make sure to block their schedule on that day.
- Each resident is responsible to cover his/her session, in case of vacation the resident is responsible to switch with another resident from the same batch in the same shift. Admission committee members should be informed by email at least a week before.
- Patients can be referred Sunday-Wednesday every week from 8 to 11 am. Patients will be referred from the assigned AGD clinics/polyclinics.
- The residents will carry out clinical examination, complete record, and consultations if needed after getting an initial approval from the supervising AGD clinical tutor.

- Emergency Treatment will be done if needed.
- Cases can be treated by the same residents or referred to another resident by the supervising clinical tutor.
- Electronic admission logbook will be available to document examined patients and case transfer for reference and administration follow up.

Requirement:

- The resident must fulfil all the clinical requirements according to the pre-set R5 clinical requirements submission deadline (See appendix B.4). All the procedures must be recorded electronically and graded by the supervising clinical tutor based on the evaluation of clinical skills, patient's management, level of mentor's assistance, and quality of treatment outcome.
- The clinical requirements grading will follow the CAN-MED grading system "1-5". Any clinical procedure graded as "1" will not be counted as a clinical requirement.
- For the selection of the 10 comprehensive cases, the requirements points protocol should be followed. Each procedure will have a number of points based on the difficulty and the total number of appointments needed to complete it. A total of 22 points is required to consider the case as one of the ten comprehensive cases. (See appendix B.5)
- The 10 comprehensive cases should be fully documented including phases completion signature, pre-operative, intra-operative, and post-operative radiographs and photographs. The cases should be recorded in the residents' KBAGD complete case record. (See appendix B.6)
- Residents need to complete 75% of each procedure from the total number of the R4 clinical requirements prior to applying for a leave before the R4 examination.

2. Didactic:

Schedule:

- The didactic course will take place every Monday and Thursday.
- A link to a sheet of the didactic schedule will be emailed at the beginning of each academic year. Any change on the page will be updated immediately online. **It is the responsibility of the resident to check for changes in the schedule.**

Components of the didactic course:

- Journal club (Kuwait university (KU) staff): The articles provided by the KU staff will be available in the drop box, the link of which will be shared at the beginning of the academic year. **Articles should be read by ALL the residents before the session.** Two residents will be chosen randomly to discuss them and will be evaluated by KU staff according to the evaluation sheet (See appendix B.7)

1. . Journal club sessions will be held every Monday as follows:

1st Session

The assigned KU staff will attend form **10:00 – 14:00**

- 10:00 – 12:00 …….. Clinical coverage*
- 12:00 – 13:00 …….. 1st Journal club session

2nd Session

The assigned KU staff will attend form **12:00 – 16:00**

- 13:00 – 14:00 …….. 2nd Journal club session
- 14:00 – 16:00 …….. Clinical coverage*

*The KU staff's clinical coverage duties include providing consultations and mentoring of clinical procedures.

2. Lectures: The lectures will be held every Thursday, and will be given by either Kuwait University, MOH staff or KBAGD staff as scheduled.
3. Workshops:Workshops in different specialities will be conducted throughout the year according to the didactic schedule.
4. Problem and case based learning sessions (KBAGD staff):
   a) Sessions will be supervised by KBAGD staff.
   b) The material for the case-based sessions will be available for residents on site.
   c) In the problem based sessions, residents will be divided into groups each under supervision of a prosthodontic staff. Each group will search the literature on the assigned topic (in the schedule), discuss the articles with their assigned prosthodontic staff and then present them on the didactic day.

5. Residents' cases presentations: There will be two case presentations per resident in R4. Each presentation should be at least 40 to 50 min in duration. All presentations should follow Evidence Based Dentistry (EBD).
   a) Case presentation: Case presentation outline will be presented in the beginning of the academic year by AGD faculty. The case should follow the comprehensive cases points protocol (See appendix B.5) and the resident should bring the patient file on the presentation day. The first case presentation should be at least in phase II, otherwise the resident should present two cases up to the treatment plan phase.The second case presentation should be a finished case or at least in phase III. **All materials presented should be original, no alterations in clinical records, photographs or radiographs are allowed.**

Attendance of the didactic course:

- Attendance is mandatory for all residents
- Attendance will follow the numbering system in the report :
  - 5 if the attendance is 100%
  - 4 if the attendance is 95% and above
  - 3 if the attendance is 90% and above
  - 2 if the attendance is 70 -89%
  - 1 if the attendance is less than 70%
- Residents are advised to reschedule their assigned presentations early in case of urgent situations.
- If the resident does not show at the day of the presentation, it will be considered a failure and the resident will use the one resit chance.
- Permissions are not allowed in the JC.

- Interrupted attendance method will be applied. Attendance will be recorded and checked randomly on multiple occasions throughout the session.

C. Evaluation:

1. CAN-MED (Clinical Evaluation):
   - The performance of the resident will be based on direct daily observation in the clinic by the supervising clinical tutor using the electronic CAN-MED Evaluation form and a verbal feedback will be given at the end of the shift. (See appendix B.2).
   - The CAN-MED evaluation will be recorded daily and averaged at the end of every 3 months and feedback will be given to the residents. (3 times a year, according to the scheme).
   - A minamum of 40 daily evaluations should be obtained every three months, if not the resident will score 2 in the all aspects of medical expert.
   - The CAN-MED evaluation will be used to point out residents' deficiencies. In case of performance deficiencies, a remediation programme is required to address the area of weakness.
   - Residents' progress after remediation will be re-assessed in the following CAN-MED evaluation.

2. Case Evaluation:
   - The case Evaluation is conducted twice a year; dates are assigned in the scheme (See appendix B.4) as a preparation of the residents for their R4 Exam. The resident shows the potential exam cases and the 10 comprehensive cases and gets a chance to discuss them and get feedback.
   - The examination committee will set dates and prepare appropriate locations for the meeting and will communicate details of time and location through email to residents.
   - The cases presented should follow the comprehensive cases point protocol, discussed by the clinical committee earlier. (See appendix B.5)
   - Case Evaluation is considered part of CAN-MED evaluation.
   - Residents who miss their **assigned CE session for an acceptable excuse, will be given only one chance of re-schedule.**
   - Each R4 resident should present:
     - CE1: Two ongoing cases following the comprehensive cases point protocol, fully documented with pictures and signatures.
     - CE2: Four ongoing cases following the comprehensive cases point protocol, fully documented with pictures and signatures.

   All clinical records, photographs, and radiographs should be submitted in the original form. Manipulation of the materials submitted is not accepted.

3. Didactic evaluation
   - Performance of the resident in the didactic course; journal club and weekly seminars will be recorded using specific forms. (See appendix B.7)
   - **Residents should pass all the components of the didactic evaluation.**

- Case evaluation:
  - This part of the didactic course will be supervised and evaluated by the KBAGD staff following a certain Evaluation form (See appendix B.7).The final evaluation grade will be the average of the grades given by all the attending mentors.
  - Case evaluation form attached (See appendix B.7).
  - Automatic Failure in the case presentation occurs if:

    a) The resident gets four or more scores of (2 or less) in the evaluation.
    b) The resident is not following the 10 comprehensive cases points protocol (less than 22 points).
    c) Major Errors in documentation such as different dates, Missing Endodontic testing, Periodontal diagnosis different in presentation than in the file.
    d) The Treatment plan in the presentation is different from the one in the file.
    e) Missing major signatures such as treatment plan signature, end of phase signatures, implant checklist approval, patient signatures on consents..etc.
    f) If the resident does not show at the day of the presentation, it will be considered a failure and the resident will use the one resit presentation chance.
- Failure in the case presentation, will lead to a resit. Where the resit case should be a comprehensive case **in phase III or at least in phase II (with the approval of a member from the didactic committee).**
- The resident will have one chance of resit per academic year, preceded by a remediation plan.
- In case of failure in the resit presentation, the progress of the resident will be discussed in the PGC meeting.

D. Examination:

1. R4 In-Training Examination and Re-sit:
   - R4 exam dates are communicated to the residents in the scheme at the beginning of the year. (See appendix B.4). In addition, a reminder Email will be sent to the residents regarding the date of log diary submission and another as a reminder for their final examination date with instructions.
   - Two fully documented comprehensive cases (following the comprehensive cases point protocol) should be submitted for the R4 exam in a log diary format on the date shown in the scheme.
   - Required material for submission will include four flash memories labelled with a special candidate number sent prior to the exam. The flash memory has to include a PDF file of the 2 log diaries required for R4, a file containing original clinical photographs used in the log (RAW-format) and a third file containing all original radiographs exported from the Scanora system.
   - All materials submitted should be original, no alterations in clinical records, photographs or radiographs are allowed. Consent of declaration (See appendix B.8) should be signed by the resident for each exam case.
   - The R4 IN-TRAINING EXAMINATION consists of the following:
     - Oral examination of one comprehensive case submitted in a log diary format.
     - Evaluation of the log diary format.
     - Unseen simulated clinical case treatment planning.

- General viva.

- Residents should pass the exam with an overall grade of 65% and a minimum of 60% in each committee.
- Not achieving this mark will be considered a failure and the resident will have a one chance to Re-sit.
- If the resident does not show on the exam day, he will be considered absent and will fail the exam. The resident will be allowed to take the Re-sit examination instead (his/her only chance of Re-sit).
- If the resident fails the Re-sit, he will repeat the year including all the requirements, presentations and submit two new log diaries.

E. In-Training Examination Report (ITER) (See appendix B.10):

- In order to be promoted to R5, the resident has to successfully complete all of the following:
  - R4 clinical requirements. (See appendix B.9)
  - Submit two completed exam cases in log diary format.
  - Successful clinical evaluation (CAN-MED). (See appendix B.2)
  - Successful didactic evaluation. (See appendix B.7).
  - Successfully completing the In-Training Examination.
- **In case of Failing of any component of the R4-ITER, the resident will repeat the year and will need to submit new exam cases for the next year's exam and repeat all the requirements.**
- **The resident will be abided by all rules written in the booklet. Rules will be applied strictly and no exceptions will be made.**

V. R5 STRUCTURE:

A. OBJECTIVES:

At the end of the training program, the resident should be *competent*[1] at and/ or familiar[2] with the following:

1. Advanced General Dentistry objectives:

   The resident should be competent In:

   - Completing a thorough patient dental examination and obtaining all required patient records including radiographs, diagnostic casts, clinical photographs and jaw relation records.
   - Developing diagnosis, problem list and treatment options for each patient.
   - Designing a comprehensive well-sequenced treatment plan to address the patient's dental condition and needs.
   - Integrating all phases of dental care in a logical and economically sound manner.
   - Selecting and using radiographs in diagnosis of oral diseases and treatment planning.

[1] Competent: KBAGD residents should on graduation demonstrate a sound theoretical knowledge and understanding of the subject together with an adequate clinical experience to be able to resolve clinical problems encountered independently or without assistance.
[2] Familiar: KBAGD residents should on graduation demonstrate a basic understanding of the subject but need not have clinical experience or be expected to carry out procedures independently.

- The interpretation of CBCT in diagnosis and treatment planning.
- The science of radiography including techniques and radiographic errors.
- Performing caries risk assessment and diagnosis of dental caries.
- Applying different approaches to prevent, control and manage dental caries.
- Applying the current concepts of minimally invasive dentistry.
- Performing basic restorative procedures (e.g. Class II, III, etc.).
- The management of dental trauma.
- The knowledge of all current dental materials.
- Practising evidence based dentistry.
- Critical appraisal of the dental literature.
- The knowledge of ethics and laws.
- Keeping accurate, clear and concise clinical records.

The resident should be familiar with:

- Major medical disorders that may impact oral health and learn to consult with other healthcare providers as necessary to promote the patient's overall health.
- Diagnosis, treatment planning and management of developmental and acquired dental conditions.
- Recent digital workflow for restorative procedures (e.g. Inlays, onlays, etc.).

2. Endodontics:

The resident should be competent In:

- Conducting detailed general and dental history and comprehensive clinical examination of a patient with Endodontics related problems. (primary RCT and re-RCT)
- Conducting a range of diagnostic tests of Endodontic relevance, including the pulp sensibility testing, sinus tract exploration; selective anaesthesia; intra-oral radiography including the use of paralleling device and extra oral radiography including CBCT; periodontal probing, assessment of tooth mobility, soft tissue palpation for tenderness and fluctuance, tenderness to tooth percussion, investigation for cracks by differential cusp wedging, transillumination, staining and occlusal examination.
- Reaching definitive pulpal and apical diagnosis based on American Association of Endodontics Pulpal and apical Diagnostic Criteria (2013).
- Understanding the role and interrelationships of endodontic therapy and periodontic, restorative and prosthetic treatment.
- Management options when pulp or post-treatment disease is identified, including continued monitoring, nonsurgical retreatment, surgical treatment and extraction with or without prosthetic (including implant-supported) replacement in addition to risks, benefits and likely outcomes of each.
- Identifying Endodontic treatment complexity using case assessment guidelines. (American Association of Endodontists Endodontic case difficulty assessment form and guidelines 2010) and knowing when to refer to a specialist.
- Communicating verbally and in writing with dental and medical colleges.

- Performing topical, local infiltration and regional local anaesthesia for the management of pulp and periradicular pain including supplementary anaesthetic techniques.
- Preserving vital pulp functions by the implementation of different vital pulp therapy techniques such as indirect and direct pulp capping, partial pulpotomy etc.
- Performing rubber dam isolation for endodontic purposes.
- Accessing the pulp chamber and identifying canal orifices in uncomplicated anterior and posterior teeth .
- Negotiating uncomplicated root canals and securing a working length by radiographic and electronic means. (the use of an apex locator).
- Shaping root canals without procedural errors in uncomplicated anterior and posterior teeth.
- Irrigating root canals for the elimination of microorganisms, organic and inorganic materials, including methods of enhancing irrigant action, such as the use of ultrasound.
- Medicating the root canals for the control of microbial infection.
- Filling the root canals of uncomplicated anterior and posterior teeth, densely and with length control.
- Knowing and using manual and rotary file systems, irrigation solutions, intracanal medicament, root canal filling material and sealers.
- Techniques and materials for the removal of root canal fillings during uncomplicated non-surgical endodontic retreatment.
- Securely temporising teeth during and after root canal treatment.
- When and how to prescribe analgesics and antibiotics.
- Managing endodontic emergencies, including symptomatic irreversible pulpitis, symptomatic apical periodontitis, acute apical abscess.
- Identifying RCT complications such as hypochlorite accidents, perforations, separated instruments, ledge formation, blocked canals etc.
- The principles and practice of managing emergency dentoalveolar trauma, including crown-root fractures, root fractures, luxation injuries, avulsion, splinting protocols and recommended follow-up regime.
- Bleaching procedures to restore the aesthetics of discoloured root canal-treated teeth.
- Prescribing monitoring plans (follow-up) for endodontic patients.

The residents should be be familiar with

- The principles and practices of managing pulp and periradicular disease in immature permanent teeth.
- Recent updates in revascularization and regenerative procedures.
- Techniques for the removal of foreign bodies such as fractured instruments and posts from root canals.
- The use of magnification and enhanced illumination in endodontic practice.
- The management of procedural errors during the instrumentation of root canals, including ledges, fractured instruments and root perforations.

- Range of surgical endodontic procedures, ideally by observation or direct assistance, including exploratory endodontic surgery (e.g. for the diagnosis of root fractures or perforations), planned extraction and reimplantation, hemisection, root amputation, surgical perforation repair, root resorption repair, apicectomy and root-end filling.
- Postoperative monitoring and outcome data of surgical endodontic patients
- Securing undistorted intraoral radiographs during root canal treatment.

3. Periodontics:

The residents should be competent at:

- The diverse anatomic and microscopic features of the periodontium and the interrelated functional aspects, and the composition of saliva, crevicular fluid and plaque /calculus .
- The process of wound healing and the different types of bone.
- The role of bacteria in the pathogenesis of periodontal tissue destruction and the histopathological development of periodontal diseases and the pathogenic mechanisms of inflammation.
- Understanding the aetiology of periodontal diseases both local and systemic factors.
- Using the different diagnostic tools to detect periodontal disease.
- The interpretation of both normal and pathological structures of the oral cavity clinically and radiographically.
- Diagnosing furcation problems, the biology of regenerative procedures and their indications in periodontal therapy.
- The use and application of the latest classification of periodontal and peri-implant diseases and conditions.
- The clinical and histological factors associated with traumatic occlusion and the modifying effects of this problem when combined with inflammatory periodontal disease.
- Knowing the available non-surgical periodontal treatment techniques such as OHI, scaling and root planing, and their indications, contraindications, advantages and disadvantages, and effectiveness.
- Understanding the effects and limitations of antimicrobials and antibiotics on the bacteria associated with inflammatory periodontal diseases. And the use of these agents in the treatment of gingivitis and periodontitis.
- The general principles of the various surgical techniques, their indications, advantages and disadvantages, and their effectiveness.
- Crown lengthening procedures surgically and theoretically.
- Handling and understanding the materials used in periodontal surgeries and therapy and their limitations. (e.g. bone, membranes, sutures).
- Understanding the importance of maintenance therapy and evaluation of aftercare and when to refer to a specialist.
- Being aware of the role and interrelationships of periodontal therapy and endodontic, restorative, prosthetic and orthodontic treatment.
- Peri-implant anatomy, biology and their functions.

- Knowing and understanding the dental implant biomechanics, indications and contraindications.
- Knowing and using the appropriate diagnostic tools for the implant patient.
- Preoperative examination, surgical implant placement procedures (single implant placement) and the post-operative management, maintenance and complications.
- Understanding the effect of different implant surfaces and bone qualities on the process of osseo-integration of the dental implant.
- Exposing the implant for the final prosthesis and understanding and applying the loading time principles and its management.
- Understanding the short/long term failures of dental implants and how to manage and prevent them.
- The early and delayed implant placement protocols.

The residents should be be familiar with:

- The different mucogingival surgical procedures and their indications in periodontal therapy.
- Lasers and laser therapy in periodontology.
- The management of periodontal advanced cases (surgical and non-surgical), including problems arising from occlusal trauma and temporomandibular joint dysfunction.
- Computer-assisted (Guided) implant surgery.
- Internal and external sinus lift procedures (indications and contraindications) in relation to dental implant placement and treatment planning.
- Soft tissue correction (defect or lack of keratinized tissue).
- Dental implant placement in the esthetic zone.
- Immediate implant placement protocol and limitations.
- Different implant systems and their drawbacks.
- The placement of two dental implants simultaneously and “All on four" implant surgical procedure.

4. Prosthodontics:

The residents should be competent at:

- Understanding the basic principles of restorative/prosthodontic treatment planning and sequencing.
- Understanding the contribution of different disciplines of dentistry in assessing tooth/teeth restorability and the overall Restorative/Prosthodontic treatment.
- Understanding the principles of occlusion.
- Understanding of TMJ anatomy and physiology.
- Applying diagnostic tools (e.g. facebow record, diagnostic wax up..etc.) for a more predictable treatment outcome.
- Identifying and Diagnosing failed prosthesis and providing the treatment required.
- Understanding the importance of preventative measures (Caries Assessment, Occlusal therapy) to avoid further failure of restorative treatment.
- Identifying cases which are beyond the area of his/her competence and refer them to appropriate specialists.

- Knowing the latest updates in dental restorative materials used in modern prosthodontics.
- Restoring compromised esthetics, which does not include complex prosthodontic treatment modalities.
- Understanding and applying posts and core build-ups for endodontically treated teeth before final prosthetic restorations.
- Understanding and applying the principles of indirect partial and full coverage prosthesis.
- Understanding and applying the principles of multi-unit fixed dental prosthesis.
- Understanding and applying the principles of occlusal guard fabrication.
- Understanding the principles of removable prosthesis (complete and partial dentures).
- Differentiating between conventional dentures, immediate dentures, overdentures (over Implant or Natural abutments) and interim dentures.
- Designing, fabricating, and fitting of complete denture and removable partial denture in non-complicated cases.
- Understanding the principles of dental implant treatment planning and restoration. This involves knowledge of implant material, implant prosthesis design and selecting implant components for single or multiple implant supported prosthesis.
- Use of CBCT in combination with Radiographic guide for treatment planning and predictable outcome.
- Planning and applying the Implant Radiographic and Surgical Guide.
- Identifying lab vs. clinical errors and the basics of proper Dentist and Lab Technician communication.
- Understanding the long-term prognosis of provided treatment and communicating it to the patient.
- Understanding the importance of maintenance through recall scheduling.

The residents should be familiar with:

- The latest updates and the advancement of Dental Laboratory tools (eg. CAD CAM).
- Understanding and applying the principles of designing, fabricating, and fitting of implant supported overdenture.
- Lab fabrication techniques for complete dentures, removable partial dentures, fixed partial dentures and implant prostheses.
- Principles of management of compromised occlusion cases.
- Principles of management of complex full mouth rehabilitations that involve restoring teeth and/ or implants.
- Clinical management of veneer cases in the esthetic zone.
- The principles of digital workflow.

5. Oral and Maxillofacial Surgery:

The resident should be competent in:

- Examination, diagnosis and treatment planning of surgical cases.
- Performing routine and complicated tooth removal both with and without flap surgery.
- The management of surgical complications.

- The management of dental infections.

The resident should be familiar with:

- Diagnosis and management of maxillofacial trauma.
- Diagnosis and management of spread of oral and maxillofacial infections.
- Diagnosis and management orthognathic surgeries.

6. Oral Medicine and Oral Pathology:

The resident should be competent In:

- The differential diagnosis and different treatment modalities of oral lesions and referring to the specialist when necessary.

The resident should be familiar with:

- The effect of medical status on oral health and the oral manifestations of systemic diseases.
- Different biopsy techniques.
- Orofacial pain conditions (such as myofacial pain and TMJ condiotions) their diagnosis management.

7. Practice Management:

The resident should be competent In:

- Practising dentistry in accordance with worldwide infection control and radiation protection guidelines.
- Maintain health and safety at work.
- Prevention, recognition and management of medical emergencies.
- Managing clinic time effectively to maximise productivity.

B. LEARNING SETTING:

1. Clinical:

Clinic protocol:

- The resident will be allocated in a specially designated clinic in the Specialized Dental Center in Salmiya, where he/she will be able to plan and execute a full treatment plan to his/her patients.
- Each resident will be assigned to an immediate mentor. Immediate mentor Job description (See appendix B.1).
- Each resident will have responsibility for his/her own group of patients, the selection of which should assure a comprehensive treatment under the supervision of a clinical tutor.
- The resident should referre to the Prosthodontics and Periodontics Guideline, for case selection. (see appendix D.3)
- There will be a pre-clinic meeting every day to discuss the workflow in the clinics.
- If the resident fails to attend the pre-clinic meeting, he/she will be considered late and it will be recorded in his/her daily CAN-MED evaluation. (See appendix B.2). If the resident is late 30 minutes or more, it will also be considered as a permission.

- It is the resident's responsibility to ensure all consent forms are signed by the patient and attached to the patient record (See appendix B.3).

Admission:

- Residents will examine the referred patients in their own clinics according to a pre-set schedule, they have to make sure to block their schedule on that day.
- Each resident is responsible to cover his/her session, in case of vacation the resident is responsible to switch with another resident from the same batch in the same shift. Admission committee members should be informed by email at least a week before.
- Patients can be referred Sunday-Wednesday every week from 8 to 11 am. Patients will be referred from the assigned AGD clinics/polyclinics.
- The residents will carry out clinical examination, complete record, and consultations if needed after getting an initial approval from the supervising AGD clinical tutor.
- Emergency Treatment will be done if needed.
- Cases can be treated by the same residents or referred to another resident by the supervising clinical tutor.
- Electronic admission logbook will be available to document the patients examined and case transfer for reference and administration follow up.

Requirement:

- The resident must fulfil all the clinical requirements according to the pre-set R5 clinical requirements submission deadline (See appendix B.4). All the procedures must be recorded electronically and graded by the supervising clinical tutor based on the evaluation of clinical skills, patient's management, level of mentor's assistance, and quality of treatment outcome.
- The clinical requirements grading will follow the CAN-MED grading system "1-5". Any clinical procedure graded as "1" will not be counted as a clinical requirement.
- For the selection of the 10 comprehensive cases, the requirements points protocol should be followed. Each procedure will have a number of points based on the difficulty and the total number of appointments needed to complete it. A total of 22 points is required to consider the case as one of the ten comprehensive cases. (See appendix B.5).
- The 10 comprehensive cases should be fully documented including phases completion signature, pre-operative, intra-operative, and post-operative radiographs and photographs. The cases should be recorded in the residents' KBAGD complete case record. (See appendix B.6)
- Residents need to complete the total number of the R5 clinical requirements prior to applying for a leave/study leave before the R5 examination.

2. Didactic:

Schedule:

- The didactic course will take place every Monday and Thursday.
- A link to a sheet of the didactic schedule will be emailed at the beginning of each academic year. Any change on the page will be updated immediately online. **It is the responsibility of the resident to check for changes in the schedule.**

Components of the didactic course:

1. Journal club (Kuwait university (KU) staff): The articles provided by the KU staff will be available in the drop box, the link of which will be shared at the beginning of the academic year. **Articles should be read by ALL the residents before the session.** Two residents will be chosen randomly to discuss them and will be evaluated by KU staff according to the evaluation sheet (See appendix B.7). Journal club sessions will be held every Monday as follows:

   1st Session

   The assigned KU staff will attend form **10:00 – 14:00**

   - 10:00 – 12:00 …….. Clinical coverage*
   - 12:00 – 13:00 …….. 1st Journal club session

   2nd Session

   The assigned KU staff will attend form **12:00 – 16:00**

   - 13:00 – 14:00 …….. 2nd Journal club session
   - 14:00 – 16:00 …….. Clinical coverage*

   * The KU staff's clinical coverage duties include providing consultations and mentoring of clinical procedures.
2. Lectures: The lectures will be given by either Kuwait University, MOH staff or KBAGD staff as scheduled. The lectures will be held every Thursday.
3. Residents' Case Presentations:
   - This part of the didactic course will be supervised and evaluated by the KBAGD staff following a certain Evaluation form (See appendix B.7).
   - Each presentation should be at least 40 to 50 min in duration.
   - There will be two case presentations in R5.
   - The cases should follow the comprehensive cases points protocol (at least 22 points) and they should be finished cases or in phase III. The resident should bring the patient file on the presentation day.
   - The cases presented should be different from the cases submitted for the R4 exam.
   - Complete denture cases should not be presented.
   - All materials submitted should be original, no alterations in clinical records, photographs or radiographs are allowed.
4. Problem/Case based learning session:
   - Sessions will be supervised by KBAGD staff
   - The material for the case-based sessions will be available for residents on site.
   - In the problem based sessions, residents will be divided into groups each under supervision of a mentor. Each group will search the literature on the assigned topic (in the schedule), discuss the articles with their mentor and then present them on the didactic day.
5. Workshops: Workshops in different specialities will be conducted throughout the year according to the didactic schedule.

Attendance of the didactic course:

- Attendance is mandatory for all residentsAttendance will follow the numbering system in the report :
    - 5 if the attendance is 100%
    - 4 if the attendance is 95% and above
    - 3 if the attendance is 90% and above
    - 2 if the attendance is 70 -89%
    - 1 if the attendance is less than 70%
- Residents are advised to reschedule their assigned presentations early in case of urgent situations.
- If the resident does not show at the day of the presentation, it will be considered a failure and the resident will use the one resit chance.
- Permissions are not allowed in the JC.
- Interrupted attendance method will be applied. Attendance will be recorded and checked randomly on multiple occasions throughout the session.

C. EVALUATION OF RESIDENTS:

1. CAN-MED (clinical evaluation):
    - The performance of the resident will be based on direct daily observation in the clinic by the supervising clinical tutor using the electronic CAN-MED Evaluation form and a verbal feedback will be given at the end of the shift. (See appendix B.2)
    - The CAN-MED evaluation will be recorded daily and averaged at the end of every 3 months and feedback will be given to the residents. (3 times a year according to the scheme).
    - The CAN-MED evaluation will be used to point out residents' deficiencies. In case of performance deficiencies, a remediation programme is required to address the area of weakness.
    - Residents' progress after remediation will be re-assessed in the following CAN-MED evaluation.

2. Case Evaluation:
    - The case Evaluation is conducted twice a year (assigned in the scheme) as a help to the residents towards building their ten comprehensive cases requirement for the final submission. The residents will show their potential ten comprehensive cases throughout the year and get a chance to discuss them and get feedback.
    - The examination committee will set dates and prepare appropriate locations for the meeting and will communicate details of time and location through email to residents.
    - The cases presented should follow the comprehensive cases point protocol, discussed by the clinical committee earlier. (See appendix B.5).
    - For R5 residents:
        - CE 1: One finished case and at least two ongoing in phase II (other than R4 exam cases and the CD case) following the comprehensive cases point protocol, fully documented with pictures and signatures.
        - CE 2: Three finished cases following the comprehensive cases point protocol, fully documented with pictures and signatures

- By the end of the second case evaluation, residents are expected to have discussed 7 and got approval to 7 out of their 10 comprehensive cases requirement. The other 3 will be discussed and evaluated by the immediate mentor and then submitted on the final requirement submission date.
- Residents who miss their assigned CE session for an acceptable excuse, will be given only one chance of re-schedule.
- **Case Evaluation is considered part of CAN-MED evaluation.**

All clinical records, photographs, and radiographs should be submitted in the original form. Manipulation of the materials submitted is not accepted.

3. Didactic Evaluation:
   - Performance of the resident in the didactic course, journal club and weekly seminars shall be monitored using specific forms (See appendix B.7).
   - **Residents should pass all the components of the didactic evaluation.**
   - The final case evaluation grade will be the average of the grades given by all attending mentors.
   - Automatic Failure in the case presentation occurs if:
     a) The resident gets four or more scores of (2 or less) in the evaluation.
     b) The resident is not following the 10 comprehensive cases points protocol (less than 22 points).
     c) R5 residents present the R4 exam cases.
     d) Major Errors in documentation such as different dates, Missing Endodontic testing, Periodontal diagnosis different in presentation than in file.
     e) The Treatment plan in the presentation is different from the one in the file.
     f) Missing major signatures such as treatment plan signature, end of phase signatures, implant checklist approval, patient signatures on consents..etc.
     g) The resident does not show at the day of the presentation, it will be considered a failure and the resident will use the one resit chance.
   - The resident will have one chance of resit per academic year, preceded by a remediation plan.
   - In case of Failure in the case presentation, the resit case presentation should be a comprehensive case in phase III or at least in phase II (with the approval of a mentor from the didactic committee).
   - In case of failure in the resit presentation, the progress of the resident will be discussed in the PGC meeting.

D. FINAL IN-TRAINING EVALUATION REPORT (FITER) (see appendix B.11):

- In order to sit the end of year exit exam, the resident has to successfully complete all the components of the FITER which includes the following:
  a) Complete R5 clinical requirements including 10 comprehensive completed cases (See appendix B.6)
  b) Successful clinical evaluation (CAN-MED). (See appendix B.2).
  c) Successful didactic evaluation. (See appendix B.7).
- In the event of having an unsuccessful FITER, the resident will be disqualified from sitting the exam and the year must be repeated.

The resident will be abided by all rules written in the booklet. Rules will be applied strictly and no exceptions will be made.

E. EXAMINATION:

Exit R5 Examinations set by KIMS examination office and coordinated by the KBAGD examination committee. The end of year exam consists of three sections, namely section 1, section 2 & section 3. The examination will be conducted in KIMS. The three sections will normally be held on multiple days.

Components	Description
Section 1 General Viva	General Viva covering all aspects of the scope of the examination may include study casts, radiographs, photographs, instruments, medications and equipment.
Section 2 Simulated Clinical Case	Unseen simulated clinical case(s) Covering competence in history taking, examination, diagnosis, treatment planning and communications with patients and fellow health care professionals.
Section 3 Multiple Choice Question (MCQ) Examination	Multi-choice Question Examination Covering all aspects of the scope of the examination including recall, interpretation and application of knowledge.

VI. PROGRAM POLICIES AND REGULATIONS:

A. KBAGD R3:

1. Resident Duties

- At the beginning of each rotation residents should introduce themselves to the head of centre, head of unit and the assigned clinical tutor
- Attending the clinic and treating patient scheduled by the clinical tutor is mandatory even after completing the requirement
- Follow the rules of the designated center and unit
- Be professional in dealing with patients and families of the patient.
- Maintain professional relationship with the assigned clinical tutor, nurse and other health care providers
- It is resident's responsibility to be prepared prior to any procedure
- Accept and act on constructive feedback provided by the clinical tutor and site coordinator
- Know your limits and seek help when needed
- Provide clear, complete and accurate records in both clinical and didactic sessions
- Work in accordance with worldwide infection control policies
- Report to work in timely manner and in case of permissions and sick leave, the clinical tutor and site coordinators should be informed in the whats app group ahead of time

- Residents who attend late or being absent will receive incident report and will be documented in CAN/MED evaluation
- Attend didactic course in timely manner and in case of permissions and sick leave, the course coordinator and site coordinators should be informed by email ahead of time
- Prepare and present tasks (presentations/journal club) in a professional evidence-based scenario/presentation
- Continues reading and preparation for the end of rotation and end of year exam and for self-evolvement and mastering in the different fields of dentistry.

2. Attendance policies:
   - Working hours: All residents should follow the rules and regulations of the assigned centre in each rotation.
   - Permissions: Residents have four permissions per month. The resident should inform both the clinical tutor and the site coordinator electronically. Permission form should be approved or signed by the clinical tutor.
   - Sick leaves: The resident should inform both the clinical tutor and the site coordinator electronically. The original sick leave with the signed back to work form should be handed to the administration office in The Specialized Dental Center, Salmiya within three days. A copy of the sick leave must be handed to the clinical tutor in the specialty centre.
   - Annual Leaves: Two weeks annual leave will be given prior to the end of year exam. An approval form should be signed by the R3 site coordinators and handed to the administration office in The Specialized Dental Center-Salmiya.The resident should ensure that the "Back to work form" has been signed by the clinical tutor or R3 site coordinator before being handed to the administration office in The Specialized Dental Center, Salmiya.
   - Maternity and Haj Leaves: 30 days are allowed.

B. KBAGD R4 and R5:

1. Resident Duties:
   - All residents should attend the pre-clinic meeting, which will be at 8 am in the morning shift and 2 pm in the afternoon shift. If a resident fails to attend the pre-clinic meeting, he/she will be considered late and it will be recorded in his/her daily CAN-MED evaluation. (See appendix B.2). If a resident is late 30 minutes or more ,it will also be considered as a permission.
   - Report to work in a timely manner and in case of permissions and sick leave, residents should inform in teams application ahead of time.
   - Residents should communicate with their patients in case of sick leaves and/or permission and reschedule accordingly. clinical tutors and nurses should be informed as well.
   - Residents are only allowed to change their shifts with their clinic partner. In case of urgency you have to approach one of the clinical committee members to explain the situation and get an approval.
   - In case of changing shifts with a clinic partner, a request should be sent one day before in teams application.

- Residents should discuss with the patient verbally the proposed treatment plan/ clinical procedures before consent forms are signed (See appendix B.3).
- All minor patients and certain adult patients will require the presence of a legal guardian to validate the health questionnaire and obtain the informed consent.
- It is the resident responsibility to ensure all needed consent forms are signed.
- Residents should obtain a start check of the procedure with the assigned supervising clinical tutor.
- Residents should be prepared for the procedure scheduled and the patient will be rescheduled if the resident is not prepared.
- In case of the need of an additional specialist assistance during the procedure, an approval of the supervising AGD clinical tutor should be obtained.
- It is the resident responsibility to end the dental procedure 15 mins before the end of the session.
- Residents should always provide accurate, clear and complete records.
- Any issues with patients' compliance (e.g. cancellations, no show, etc) should be reported in the patient record and signed by the supervising clinical tutor.
- It is the resident responsibility to make sure that all patient's records are returned to the reception at the end of the day.
- All treatment plans, treatment plan modifications, phases completion, and requirements should be signed by the supervising clinical tutor on the same day. If not signed on the same day, an email should be sent to the supervising clinical tutor with all case details and a signature should be obtained within a week, otherwise the requirement will not be counted.
- All progress notes should be signed by the supervising clinical tutor on the same day. If not signed on the same day, an email should be sent to the supervising mentor with all case details and a signature should be obtained within a week.
- It is the resident responsibility to track the electronic treatment plan and requirements and report any related issues.
- It is the resident responsibility to schedule the new patient within two weeks of the patient assignment/ distribution date.
- Residents should always act with professionalism, with colleagues, health co-workers, supervising clinical tutors and patients.
- Residents should accept and act on constructive feedback provided by the mentor.
- Residents should be familiar with location and utilisation of the emergency equipment.
- Residents should have a valid BLS certification.
- Residents should follow the MOH infection control guidelines.
- Residents should always ensure and care for the patient's safety.
- It is the resident responsibility to insure patients' confidentiality.
- Residents should follow the clinic dress code (Navy blue scrubs with the program's logo).
- Residents are responsible to make sure all payments are made by their non-Kuwaiti patients, following MOH regulations.
- It is the resident responsibility to check and follow all submission deadlines provided in the academic year scheme (See appendix B.4)

- Repeated violations are ground for disciplinary action.

2. Attendance policies:
   - Working hours: The resident should follow the rules and regulations of the Specialised dental centre. If the resident is late 30 minutes or more, It will be considered as a permission.
   - Permission Policy: The resident has four permissions per month. The residents should inform in teams application ahead of time. KIMS permission form (See appendix C.1) should be signed in the administration office in the specialised Dental Center.
   - Sick leaves: The residents should inform in teams application and the original copy of the sick leave should be handed to the administration office in the Specialized Dental Center within 3 days.
   - Annual leaves: 30 days of annual leave are allowed for the residents. An approval form (See appendix C.1) should be signed by the immediate mentor and handed to the administration office in The Specialized Dental Center.
   - Study leaves: The residents are allowed to take 14 days during their residency time from R4 to R5. An approval form (See appendix C.1) should be signed by the immediate mentor and handed in to the administration office in The Specialized Dental Center.
   - Maternity and Haj Leaves: 30 days are allowed.

VII. PROGRAM ADMINISTRATION:

The program administration is run by committees:

A. Postgraduate Committee:

- Chaired by the program director.
- The members are assistant Program Director, chosen clinical tutors and the chief resident. (See appendix D.1).
- Is responsible to discuss issues related to the program, residents and their training.
- Minimum of 6 meetings per academic year.
- The minutes of meeting will be sent to the Postgraduate Office (PGO) in KIMS.

B. Curriculum Committee:

- Aims to review and update the components of the curriculum of KBAGD R3-R5.

C. R3 Committee:

- Organise the entire R3 year with the specialty course coordinators.
- Contact all selected R3 clinical tutors and organise an informative lecture to introduce them to the objectives of the program and their role in the designated rotations.
- Have direct contact with all R3 clinical tutors during the full length of the rotation.
- Organise the remediation plan for the different components of the rotation.
- Follow up the resident attendance, sick leaves and permissions in coordination with the clinical tutor and course coordinators.

D. Clinical Committee:

- The clinical affairs provide the leadership necessary throughout R 4-5 to successfully sustain all of the residents and patients related clinical matters in the KBAGD treatment centre (Specialized Dental Centre) and manage a variety of clinical conditions in each of the clinical disciplines. This includes:
    - Clinic utilisation and other issues that pertain to the clinical program.
    - Admission clinic: aim to maximize the KBAGD resident's confidence and ability to select clinical cases with highly predictable outcome, helping them to secure comprehensive cases and fulfill the KBAGD clinical requirement.
    - Review of resident participation and performance in conjunction with the program director and supervising clinical tutors.
    - Collaboration with faculty members to ensure proper coordination with different committees.
    -

E. Implant Committee:

- The implant committee is a coordination between periodontists and prosthodontists. It is responsible to set the Implant Case Selection protocol, and Implant check list. (See appendix D.2).

F. Academic Committee:

- The academic committee is responsible for formulating the didactic course outline, following up and coordinating during the academic year with the Kuwait University (KU) staff, Ministry Of Health (MOH) staff and other committees.
- Aims and objectives:
    - To deepen the knowledge of the residents of the Kuwaiti Board in Advanced General Dentistry (KBAGD) in the field of general dentistry and other specialties through organising lectures, presentations, journal club, workshops and problem/case -based learning sessions throughout the academic year.
    - To review basic topics that KBAGD graduates are expected to know.
    - To touch on new updates and topics in dentistry through lectures, case presentations and review articles.
    - To evaluate resident performance throughout the academic year.

G. Examination Committee:

- The examination committee coordinates the implementation of rules and regulations in regard to the examination protocols of the Kuwaiti Institution for Medical Specializations (KIMS).
- Aims and Objectives:
    - Coordinating R4/R5 final examination.
    - Preparing the setting and location of final exams.
    - Arranging the case evaluation and reviewing the exam cases with the committee.
    - Setting the year calendar including all the deadlines and sharing it to staff and residents.

H. Clinical Resources/ Logistics Committee:

- The aim of the logistic committee is to provide the staff and residents with all the necessary materials, instruments and equipment and to coordinate with the head of the centre and head of nursing staff.

I. IT Committee:

- The IT committee is dedicated to the digitization of the Advanced Education in General Dentistry Program, streamlining processes for both residents and clinical tutors.
- Current focus is on integrating digital solutions to simplify tasks, with a future vision of fostering a seamless, tech-driven educational environment.
- Through innovation, the aim is to enhance the learning experience, ensuring efficiency and excellence in dental education.

The details of the members for each committee will be found in (See appendix D.4)

J. Program Staff:

Names and contacts of Staff attached in (See appendix E.1)

APPENDIX A: R3 STRUCTURE:

1. Case presentation approval format
2. KBAGD R3 Cases Record Sheet
3. KBAGD R3 Endodontics Competency Test
4. KBAGD Periodontal Surgery Competency
5. KBAGD R3 Prosthodontics Competency Test
6. KBAGD Program Didactic Core Evaluation Form
7. Trainee Evaluation (R3) Form (CAN-MED)
8. In Training Evaluation Report (ITER)

Appendix A.1: Case presentation approval format

Patient ID:

Parameters	Grade	Comments
Medical and Dental history		
Extra-oral examination		
Full Intra-oral examination		
Special investigations		
Diagnosis		
Treatment plan in details (tooth no, clinical procedure)		
Performed the treatment independently		
Treatment outcomes		
Accurately recorded the details of the patient both in patient file and in the case presentation		

Clinical tutor Date

Appendix A.2: KBAGD R3 Cases Record Sheet

Rotation:

No	Date	Patient Name	Procedure	Trainer's Signature

Appendix A.3: KBAGD R3 Endodontics Competency Test

Candidate Name:		Date:		Tooth No.:	
Exam Venue:		Time:		File No.:	

Instruction to Examiner:

1. **Please provide a (Final Score) for each evaluation parameter from 1-4 according to the descriptions provided in the score boxes for each parameter.**
2. **Note that in the (Treatment Execution) section, each score box contains a number of brief descriptions to guide you in evaluating and grading the resident more objectively on his/her work.**
3. **To provide a (Final Score) of 4 on any of the parameters of the (Treatment Execution) section, all descriptions of (Score 4) box should be met.**
4. **If descriptions from different score boxes are selected for one parameter, then an average score for that particular parameter will be taken as the (Final Score) which will always be less than 4.**
5. **Please note that evaluation parameters marked with the star sign (*) are critical parameters and a (Final Score) of 2 and below in any of them will lead to an immediate failure of the entire competency test**

PATIENT MANAGEMENT & DIAGNOSIS	Score 1	Score 2	Score 3	Score 4	Final Score
Chief complaint & its History	❑ Not Taken	❑ Major Issues missed	❑ Minor issue missed	❑ Satisfactory	
Medical history	❑ Not Taken	❑ Major Issues missed	❑ Minor issue missed	❑ Satisfactory	
Extra / Intra – oral examination	❑ Not Done	❑ Primary Exam Issue missed	❑ Secondary Exam Issue missed	❑ Satisfactory	
Special investigations	❑ Not Done	❑ Major Issue missed	❑ Minor issues missed	❑ Satisfactory	
Post-operative Instructions	❑ Not Done.	❑ Major Issue missed	❑ Minor issues missed	❑ Satisfactory	
Sub-Total (20)					

PRACTICE MANAGMENT	Score 1	Score 2	Score 3	Score 4	Final Score
Attitude	❑ Unprofessional/Careless/ Unreliable	❑ Overconfident/Uncooperative	❑ cooperative but slight lack of confidence during procedure	❑ Professional/ Reliable	
Time management	❑ Taken over 30 mins of allocated time	❑ Taken over 15 mins of allocated time	❑ Taken over 10 mins of allocated time	❑ Resident was on time	
Ergonomics	❑ Sever bending, improper chair height, lack of support	❑ Moderate bending, improper chair height, lack of support	❑ Slight bending, proper chair height, slight lack of support	❑ Indirect vision, proper chair height, proper support	
Infection control (I/C)	❑ I/C barriers were not used	❑ I/C barriers used but cross infecting between clean and dirty areas	❑ I/C barriers used but not throughout procedure	❑ I/C barriers used properly throughout procedure	
Patient management	❑ Tx not explained at all to patient	❑ Tx not explained fully to patient	❑ Tx explained fully to patient but lack of proper patient communication	❑ Tx explained fully with proper patient communication	
Sub-Total (20)					

Treatment Execution	Score 1	Score 2	Score 3	Score 4	Final Score
Diagnosis and Treatment Planning	❑ Examination not performed ❑ Pre-operative radiograph not taken ❑ Pulpal and periapical diagnosis were not mentioned	❑ Examination partially performed ❑ Missed significant radiographic findings ❑ Incorrect plural and periapical diagnosis	❑ Acceptable examination ❑ Missed few radiographic findings ❑ Incorrect pulpal OR periapical diagnosis.	❑ Well and thorough extra & intra-oral examination ❑ All significant radiographic findings recorded. ❑ Correct pulpal and periapical diagnosis.	
Rubber Dam	❑ No rubber dam placed	❑ Poor/leaking rubber dam isolation	❑ Acceptable rubber dam isolation with mono leak due to difficult clinical situation.	❑ Optimal rubber dam isolation despite the difficult clinical situation.	
Removal of caries and defective restoration	❑ Caries not removed.	❑ Caries partially removed.	❑ Caries removed but not the defective restoration.	❑ All caries and defective restoration removed.	
Access outline	❑ Gouging * ❑ Perforation*	❑ Slight over-extended outline.	❑ Acceptable outline form.	❑ Ideal and conservative outline form.	
Chamber de-roofing and Straight-Line Access (SLA)	❑ Chamber not de-roofed.	❑ Chamber partially de-roofed.	❑ Chamber de-roofed without SLA.	❑ Chamber fully de-roofed with SLA.	
Working length determination (WL)	❑ Electronic Apex Locator (EAL) was not used. (WL was not recorded)	❑ Inappropriate use and understanding of EAL. (incorrect WL)	❑ Incomplete use of EAL. (not all the canals recorded)	❑ Correct use and understanding of EAL. (correct WL for all the canals)	
Irrigation	❑ No irrigant was used.	❑ Inappropriate use of irrigant. (extrusion or under-irrigation)	❑ Acceptable irrigation protocol with minor quantity.	❑ Ideal irrigation protocol with appropriate volume.	
Instrumentation (use of hand and rotary files)	❑ File seperation.*	❑ Ledge/transportation.*	❑ Acceptable use of hand file/ rotary instruments.	❑ Proper instrumentation, good taper and smooth canals.	
Master Cone	❑ No apical seat/stop.	❑ Master cone fits >2mm short of the radiographic apex OR Master cone fits >2mm long of the radiographic apex	❑ Master cone fits 0- 2mm of the radiographic apex with no tug-back	❑ Master cone fits 0-2mm of the radiographic apex with tug-back.	

Treatment Execution	Score 1	Score 2	Score 3	Score 4	Final Score
Obturation Condensation	❑ Not well condensed fill with multiple voids w	❑ Condensed fill with significant voids.	❑ Well condensed fill with minor voids.	❑ Well condensed fill and no voids.	
Obturation Length	❑ >3mm short/long	❑ 3mm short/long	❑ Acceptable length after multiple adjustment	❑ Obturated to prepared length without adjustment	
Obturation Taper	❑ Not well tapered.	❑ Partially tapered but non-homogeneous in multiple parts	❑ Acceptable taper but non-homogeneous in single part	❑ Well tapered and homogeneous	
Apical Seal	❑ Major excess GP and sealer apically.	❑ Slight excess sealer apically.	❑ Minor sealer puff apically.	❑ No excess sealer apically.	
Coronal extension of GP	❑ Major excess GP and sealer coronally.	❑ Slight GP and sealer coronally.	❑ GP and/or sealer at the CEJ.	❑ GP 1-2mm below CEJ.	
Coronal Seal	❑ Poor sealed/condensed temporary restoration.	❑ Minor leakage of temporary restoration.	❑ Acceptable sealed/condensed temporary restoration.	❑ Well-sealed/condensed temporary restoration.	
Sub-Total (60)					

Comments:

_____

_____

_____

_____

Competency Sections	Mark
PATIENT MANAGEMENT & DIAGNOSIS (20)	
PRACTICE MANAGEMENT (20)	
TREATMENT EXECUTION (60)	
TOTAL (100)	

Examiner Signature & Stamp	FINAL RESULT (10%)

Appendix A.4: KBAGD Periodontal Surgery Competency

Resident Name:		Tooth no.:		Date:	
Venue:		File no.:		Time:	

Instructions to Examiner:

1. **Please provide a (Final Score) for each evaluation parameter from 1-4 according to the descriptions provided inthe score boxes for each parameter.**
2. **Note that in the (Treatment execution) section, each score box contains a number of brief descriptions to guide youin evaluating and grading the resident more objectively on his work.**
3. **To provide a (Final Score) of 4 on any of the parameters of the (Treatment execution) section, all descriptions of(Score 4) box should be met.**
4. **If description from different score boxes are selected for one parameter, then an average score for that particularparameter will be taken as the (Final Score) which will always be less than 4.**
5. **Please note that evaluation parameters marked with the star sign (*) are critical parameters and a (Final Score) of2 and below in any of them will lead to an immediate failure of the entire competency test.**

PATIENT MANAGEMENT & DIAGNOSIS	Score 1	Score 2	Score 3	Score 4	Final Score
Chief complaint & its History	☐ Not Taken	☐ Major Issues missed	☐ Minor Issues missed	☐ Satisfactory	
Medical history	☐ Not Taken	☐ Major Issues missed	☐ Minor Issues missed	☐ Satisfactory	
Extra / Intra – oral examination	☐ Not Taken	☐ Major Issues missed	☐ Minor Issues missed	☐ Satisfactory	
Special investigation	☐ Not Taken	☐ Major Issues missed	☐ Minor Issues missed	☐ Satisfactory	
Perio Diagnosis	☐ Not Taken	☐ Wrong /Misdiagnosis	☐ Incomplete diagnosis	☐ Satisfactory	
Sub-total (20)					

Practice Management	Score 1	Score 2	Score 3	Score 4	Final Score
Attitude	☐ Unprofessional	☐ Over Confiident	☐ Slight Lack ofconfidence	☐ Professional and reliable	
Time Management (of allocated time)	☐ >30min	☐ >15min	☐ <10min	☐ On time	
Ergonomics (Back bending, chair height and positioning)	☐ Severe bending	☐ Moderate bending	☐ Slight bending	☐ Satisfactory	
Infection Control	☐ I/C barriers were not used	☐ I/C barriers used but cross infecting between clean and dirty areas	☐ I/C barriers used butnot through out procedure	☐ I/C barriers used properly through out procedure	
Patient Management	☐ Not Taken	☐ Wrong / Misdiagnosis	☐ Incomplete diagnosis	☐ Satisfactory	
Sub-total (20)					

Pre-Surgical Evaluation					
	1 point	1 point	1 point	1 point	Final Score
Clinical	☐ Evaluate existing KT	☐ Bone sounding	☐ Accessibility	☐ Projected bone/soft tissue removal	
Radiographic	☐ Request correct radiograph	☐ Evaluate projected bone removal	☐ Evaluated furcation/ adjacent teeth	☐ Presence or absence of pathology	
Sub-total (8)					

	Treatment Execution				
	1 point	1 point	1 point	1 point	Final Score
Local Anesthesia	☐ Type	☐ Correct amount	☐ Technique	☐ Durability	
Flap and soft tissue	☐ Design	☐ Handling	☐ Gingivectomy/APF	☐ Closure	
Osteoectomy	☐ Correct use of burs	☐ Correct use of hand instrument	☐ Correct amount of bone removal needed	☐ Positive architecture achieved	
Suturing	☐ Type	☐ Design	☐ Technique	☐ Tension	
Sub-total (16)					

	Post-Surgical Care					
	1 point	1 point	1 point	1 point	1 point	Final Score
Clinical	☐ Request correct radiograph	☐ Medications	☐ Post-op instructions	☐ OH instruction	☐ Time of suture removal	
Sub-total (5)						

Competency section	Mark
Patient management and diagnosis	/20
Practice management	/20
Pre-surgical evaluation	/8
Treatment execution	/16
Post-surgical care	/5
Total	/69

Comments:

_____

_____

_____

_____

_____

_____

Examiner Signature and Stamp	Final Result (10%)

Appendix A.5: KBAGD R3 Prosthodontics Competency Test

Candidate Name:		Date:		Tooth No.:	
Exam Venue:		Time:		File No.:	

Instruction to Examiner:

1. **Please provide a (Final Score) for each evaluation parameter from 1-4 according to the descriptions provided in the score boxes for each parameter.**
2. **Note that in the (Treatment Execution) section, each score box contains a number of brief descriptions to guide you in evaluating and grading the resident more objectively on his work.**
3. **To provide a (Final Score) of 4 on any of the parameters of the (Treatment Execution) section, all descriptions of (Score 4) box should be met.**
4. **If descriptions from different score boxes are selected for one parameter, then an average score for that particular parameter will be taken as the (Final Score) which will always be less than 4.**
5. **Please note that evaluation parameters marked with the star sign (*) are critical parameters and a (Final Score) of 2 and below in any of them will lead to an immediate failure of the entire competency test**

PATIENT MANAGEMENT & DIAGNOSIS	Score 1	Score 2	Score 3	Score 4	Final Score
Chief complaint & its History	☐ Not Taken	☐ Major Issues missed	☐ Minor issue missed	☐ Satisfactory	
Medical history	☐ Not Taken	☐ Major Issues missed	☐ Minor issue missed	☐ Satisfactory	
Extra / Intra – oral examination	☐ Not Done	☐ Primary Exam Issue missed	☐ Secondary Exam Issue missed	☐ Satisfactory	
Special investigations	☐ Not Done	☐ Major Issue missed	☐ Minor issues missed	☐ Satisfactory	
Diagnosis	☐ Not Specified	☐ Wrong /Misdiagnosis	☐ Incomplete diagnosis	☐ Satisfactory	
Sub-Total (20)					

PRACTICE MANAGMENT	Score 1	Score 2	Score 3	Score 4	Final Score
Attitude	☐ Unprofessional/Careless/ Unrelaible	☐ Overconfident/Uncooperative	☐ cooperative but slight lack of confidence during procedure	☐ Professional/ Reliable	
Time management	☐ Took over 30 mins of allocated time	☐ Took over 15 mins of allocated time	☐ Took over 10 mins of allocated time	☐ Resident was on time	
Ergonomics	☐ Sever bending, improper chair height, lack of support	☐ Moderate bending, improper chair height, lack of support	☐ Slight bending, proper chair height, slight lack of support	☐ Indirect vision, proper chair height, proper support	
Infection control	☐ I/C barriers were not used	☐ I/C barriers used but cross infecting between clean and dirty areas	☐ I/C barriers used but not through out procedure	☐ I/C barriers used properly through out procedure	
Patient management	☐ Tx not explained at all to patient	☐ Tx not explained fully to patient	☐ Tx explained fully to patient but lack of proper patient communication	☐ Tx explained fully with proper patient communication	
Sub-Total (20)					

TREATMENT EXECUTION / (A) Crown Preparation					
Crown Preparation	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Final Score**
Axial Walls Reduction*	◻ Undercuts present ◻ Excessive reduction more than 1.5 / close to or pulp exposure ◻ No secondary plane	◻ No undercuts ◻ Under reduction not less than 1-1.5 mm . ◻ No secondary plane	◻ No undercuts ◻ Satisfactory reduction 1-1.5 ◻ No secondary plane	◻ No undercuts ◻ 1-1.5 mm ideal reduction ◻ Primary and secondary planes are present	
Occlusal Reduction*	◻ Excessive occlusal reduction / close to pulp exposure ◻ No functional cusp bevel ◻ Flat occlusal Anatomy	◻ Insufficient reduction less than 2mm ◻ Functional cusp bevel ◻ Flat occlusal anatomy	◻ Sufficient reduction within 2mm range ◻ Functional Cusp bevel ◻ Flat occlusal anatomy.	◻ Ideal 2-2.5 occlusal reduction. ◻ Functional Cusp Bevel ◻ Cuspal inclines present and preserved.	
Finish Line Design*	◻ Undercut is present ◻ Deep shoulder or chamfer over 1.5 ◻ Not continuous 360 ◻ Sharp and irregular.	◻ No undercuts ◻ Poorly defined finish line. ◻ Not continuous 360 ◻ Sharp and irregular.	◻ No undercuts ◻ Satisfactory well defined finish ◻ Not continuous 360 ◻ Sharp and irregular.	◻ No undercuts ◻ Ideal well defined finish line ◻ Continuous 360 ◻ Smooth and regular.	
Finish Line Location	◻ Unacceptable ◻ Deep sub-gingival violating biologic width in anterior and posterior teeth	◻ Unsatisfactory ◻ Over 1mm Supra gingival placement in anterior and posterior teeth	◻ Acceptable ◻ 0.5 mm above GM in posterior areas. ◻ Equal to GM In anterior areas	◻ Ideal ◻ Equal to GM In anterior areas. ◻ Slightly subsulcular in anterior areas.	
Convergance Angle (Taper)	◻ Over-tapered (No resistance form): Over 20-25 degrees 	◻ No taper (too parallel) or slight undercut prep 	◻ Satisfactory taper: 15 degrees 	◻ Ideal taper: 10 degrees 	
O/C I/C Dimension (Overall Prep Height)	◻ Unacceptable: ◻ 360 shorter than 3mm and requires CL for retention and resistance	◻ Questionable: ◻ Retention/Resistance means (Boxes or grooves are required) inter proximally	◻ Acceptable: ◻ Less taper is required ◻ Interproximal walls within ideal prep height limit	◻ Ideal: ◻ Height is optimum 360 all around ◻ No need for Retention/ Resistance means (boxes or grooves)	
Circumferential Morphology	◻ Corners are non-existent with over rounded prep walls / loss of resistance to rotation	◻ Corners are preserved but ill defined and too rounded	◻ Corners are preserved but too sharp	◻ Corners are preserved and smoothed with proper resistance to rotation	
Inter-proximal Contacts	◻ Not broken with definitive contact present between prep and adjacent teeth	◻ Not broken all the way with slight areas of contact present	◻ Broken but not enough space to pack the cord inter proximally	◻ Broken with adequate space for cord packing	
Adjacent Teeth	◻ Adjacent teeth severely damaged requiring restoration	◻ Adjacent teeth mildly damaged require recontouring	◻ Adjacent teeth roughed require little or no polishing	◻ Adjacent teeth were not damaged at all.	

TREATMENT EXECUTION / (B) Final Impression and Provisional					
Final impression & Provisional	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Final Score**
Retraction & soft tissue management	☐ Retraction cord was not used ☐ Severe Soft tissue damage and uncontrolled bleeding.	☐ Not ideal cord size selection ☐ Faulty cord packing technique. ☐ Marked Soft tissue damage during packing	☐ Ideal selection of cord size selection ☐ Difficulty during cord packing. ☐ Moderate tissue damage	☐ Ideal cord size selection ☐ Proper retraction method ☐ Minimal tissue damage	
Final Impression*	☐ Unclear finish lines all around (needs repeating) ☐ Adjacent teeth and remaining occlusal surfaces not captures ☐ Unacceptable opposing impression	☐ Minor bubbles on finish line (needs repeating) ☐ Adjacent teeth and occlusal surface were not captured ☐ Acceptable opposing impression	☐ Clear Finish Lines all around ☐ Adjacent teeth and occlusal surface were not captured properly. ☐ Acceptable opposing impression	☐ Clear margins all around (No need to repeat impression) ☐ Adjacent teeth and occlusal surface were captured properly ☐ Acceptable opposing impression	
Provisional Fabrication Method	☐ Not Fabricated	☐ Unprepared; Had to use a commercial prefabricated shell	☐ Used a silicone key made directly/ indirectly from existing tooth anatomy prior to prep.	☐ Used a silicone key made from a diagnostic cast and a wax up (Tooth anatomy was modified or corrected through wax up)	
Provisional Fit and Occlusion	☐ Not fabricated	☐ High occlusion ☐ Bulky over contoured or open margins. ☐ Lack of inter proximal contacts	☐ Good occlusal contacts ☐ Good marginal seal and occlusion. ☐ light inter proximal contact	☐ Good occlusal contacts ☐ Good marginal seal and occlusion. ☐ adequate inter proximal contact	
Provisional Esthetics and Anatomy	☐ Unpolished/ Poor anatomy and esthetics	☐ Poorly polished/ Flat anatomy and Esthetics	☐ Well polished/ Acceptable anatomy and esthetics	☐ Highly polished/ very good anatomy and esthetics	
Provisional Delivery	☐ Excess cement was not removed	☐ Excess cement was not completely removed and still present in some areas	☐ Excess cement was removed but still staining the provisional	☐ Proper removal of all excess cement	
Sub-Total (60)					

Comments:

Competency Sections	Mark
PATIENT MANAGEMENT & DIAGNOSIS (20)	
PRACTICE MANAGEMENT (20)	
TREATMENT EXECUTION (60)	
TOTAL (100)	

Examiner Signature & Stamp	FINAL RESULT (10%)

Appendix A.6: KBAGD Program Didactic Core

Evaluation Form

Resident Name:

Year:

Date:

Dental Center: Specialized Dental Center

A. Journal Club

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

	1	2	3	4	5
Resident shows in depth knowledge and understanding of the subject					
Resident can criticize the article effectively					
Resident participated in discussion and answered questions effectively					

B. Topic Presentation

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

	1	2	3	4	5
The presentation includes background and literature review (evidence selection accuracy, clear citation of references, critically appraised)					
Organization (having an outline, order and smoothness of flow)					
The resident covered the topic thoroughly (covered all aspects of subject)					
Presentation skills (engagement and holding audience attention, Fluency, pausing of Q's to audience, not reading from notes, voice control, pronunciation, Spelling mistakes)					
The resident answered questions based on evidence					
Overall feedback (did resident presentation add to audience knowledge?)					
Time of presentation used effectively					

C. Case Presentation

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

	1	2	3	4	5
The presentation includes background and literature review (evidence selection accuracy, clear citation of references, critically appraised)					
The resident covered the case thoroughly (following the problem list-oriented treatment planning)					
Provided treatment (order of execution and quality of treatment in phase I, II, III)					
Documentation (material presented approved and signed by mentor and matching the file) *					
The case following the points protocol *					
The resident presented clear and needed pictures and radiographs (pre-op, during, post-op)					
Presentation skills (engagement and holding audience attention, Fluency, pausing of Q's to audience, not reading from notes, voice control, pronunciation, Spelling mistakes)					
The resident answered questions based on evidence					
Time of presentation used effectively					

* If resident gets a score of 2 or less in any of stared categories, automatic failure occurs.

D. Attendance:

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

Attendance in seminars	**1**	**2**	**3**	**4**	**5**

Additional Comments:

……
……
……

Didactic Coordinators

Appendix A.7: Trainee Evaluation (R3) Form (CAN-MED)

Trainee Evaluation (R3) Form (CANMED)

Program	**KBAGD R3-R5**		
Rotation			
Clinical tutor		**Site**	
Site coordinator			
Trainee's Name			
Level of Training	**R3**		

1. **Unsatisfactory** **2.Needs Improvement** **3.MeetsExpectation** **4.ExceedsExpectation** **5.Outstanding**

MEDICAL EXPERT	**1**	**2**	**3**	**4**	**5**	**NA**
Basic Science Knowledge						
Clinical Knowledge						
Data Gathering (Chief complaint, History and Clinical Examination)						
Utilizing diagnostic tests/tools (Special Investigation, Pulpal and Peri-apical Tests and Pre-operative Evaluation)						
Soundness of diagnosis & ability to write treatment plan						
Soundness of judgment and clinical decision (Difficulty Assessment, Restorability Assessment and Case Selection)						
Procedural skills (**Treatment Execution**; Local anesthesia, Isolation, Access, Working Length Determination, Cleaning and Shaping, Obturation, Coronal Seal, Post-Operative Instructions)						
Takes an evidence-based approach to the management of problems (daily practice)						
Self-assessment ability (insight)						
Clinical productivity						
COMMUNICATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Communicates effectively with patients/families						
Accepts and acts on constructive feedback						
Maintains professional relationship with other health care providers						
Provides clear, accurate and complete records						
COLLABORATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Work effectively in a team environment and respects opinions of others						
Consults effectively with physicians and healthcare providers						
MANAGER	**1**	**2**	**3**	**4**	**5**	**NA**
Manages time effectively						

Takes responsibility for the delivery of excellent patient care						
HEALTH ADVOCATE	**1**	**2**	**3**	**4**	**5**	**NA**
Promotes measures to prevent oral disease in response to identified risk						
Maintains proper follow ups and recalls system						
Works in accordance to worldwide infection control policies						
Scholar	**1**	**2**	**3**	**4**	**5**	**NA**
Attends and contribute to seminars and learning events						
Accepts and acts on constructive feedback						
Takes an evidence-based approach to the management of problems						
Self-directed learning						
PROFESSIONAL	**1**	**2**	**3**	**4**	**5**	**NA**
Recognizes limitations and seeks advice when needed						
Reports facts accurately, including own errors						
Maintains appropriate boundaries in work and learning situations						
Attend duties and reports to work regularly (punctuality)						
OVERALL COMPETENCE						

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Trainee: ---------- Date:.....

Name/Signature of Supervisor: ----------Date:.....

Note: Please send completed and signed form to the Program Director

Trainee Evaluation (R3) Form (CANMED)

Program	**KBAGD R3-R5**		
Rotation			
Clinical tutor		**Site**	
Site coordinator			
Trainee's Name			
Level of Training	**R3**		

2. Unsatisfactory 2.Needs Improvement 3.MeetsExpectation 4.ExceedsExpectation 5.Outstanding

MEDICAL EXPERT	**1**	**2**	**3**	**4**	**5**	**NA**
Basic Science Knowledge						
Clinical Knowledge						
Data Gathering (Chief complaint, History and Clinical Examination)						
Utilizing diagnostic tests/tools (Special Investigation, Pulpal and Peri-apical Tests and Pre-operative Evaluation)						
Soundness of diagnosis & ability to write treatment plan						
Soundness of judgment and clinical decision (Difficulty Assessment, Restorability Assessment and Case Selection)						
Procedural skills (**Treatment Execution**; Local anesthesia, Isolation, Access, Working Length Determination, Cleaning and Shaping, Obturation, Coronal Seal, Post-Operative Instructions)						
Takes an evidence-based approach to the management of problems (daily practice)						
Self-assessment ability (insight)						
Clinical productivity						
COMMUNICATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Communicates effectively with patients/families						
Accepts and acts on constructive feedback						
Maintains professional relationship with other health care providers						
Provides clear, accurate and complete records						
COLLABORATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Work effectively in a team environment and respects opinions of others						
Consults effectively with physicians and healthcare providers						
MANAGER	**1**	**2**	**3**	**4**	**5**	**NA**
Manages time effectively						

Takes responsibility for the delivery of excellent patient care						
HEALTH ADVOCATE	**1**	**2**	**3**	**4**	**5**	**NA**
Promotes measures to prevent oral disease in response to identified risk						
Maintains proper follow ups and recalls system						
Works in accordance to worldwide infection control policies						
Scholar	**1**	**2**	**3**	**4**	**5**	**NA**
Attends and contribute to seminars and learning events						
Accepts and acts on constructive feedback						
Takes an evidence-based approach to the management of problems						
Self-directed learning						
PROFESSIONAL	**1**	**2**	**3**	**4**	**5**	**NA**
Recognizes limitations and seeks advice when needed						
Reports facts accurately, including own errors						
Maintains appropriate boundaries in work and learning situations						
Attend duties and reports to work regularly (punctuality)						
OVERALL COMPETENCE						

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Trainee: ---------- Date:.....

Name/Signature of Supervisor: ----------Date:.....

Note: Please send completed and signed form to the Program Director

Trainee Evaluation (R3) Form (CANMED)

Program	**KBAGD R3-R5**		
Rotation			
Clinical tutor		**Site**	
Site coordinator			
Trainee's Name			
Level of Training	**R3**		

3. Unsatisfactory 2.Needs Improvement 3.MeetsExpectation 4.ExceedsExpectation 5.Outstanding

MEDICAL EXPERT	**1**	**2**	**3**	**4**	**5**	**NA**
Basic Science Knowledge						
Clinical Knowledge						
Data Gathering (Chief complaint, History and Clinical Examination)						
Utilizing diagnostic tests/tools (Special Investigation and Pre-Operative Evaluation)						
Soundness of diagnosis & ability to write treatment plan						
Soundness of judgment and clinical decision (Difficulty Assessment, Restorability Assessment and Case Selection)						
Procedural skills (**Treatment Execution**; Local anesthesia, Isolation, Cavity Preparation, Restoration, Pulp Therapy, Extraction, Post-Operative Instructions)						
Takes an evidence based approach to the management of problems(daily practice)						
Self-assessment ability (insight)						
Clinical productivity						
COMMUNICATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Communicates effectively with patients/families						
Accepts and acts on constructive feedback						
Maintains professional relationship with other health care providers						
Provides clear, accurate and complete records						
COLLABORATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Work effectively in a team environment and respects opinions of others						
Consults effectively with physicians and healthcare providers						
MANAGER	**1**	**2**	**3**	**4**	**5**	**NA**
Manages time effectively						

Takes responsibility for the delivery of excellent patient care (Behavioral Management Skills)						
HEALTH ADVOCATE	**1**	**2**	**3**	**4**	**5**	**NA**
Promotes measures to prevent oral disease in response to identified risk						
Maintains proper follow ups and recalls system						
Works in accordance to worldwide infection control policies						
Scholar	**1**	**2**	**3**	**4**	**5**	**NA**
Attends and contribute to seminars and learning events						
Accepts and acts on constructive feedback						
Takes an evidence-based approach to the management of problems						
Self-directed learning						
PROFESSIONAL	**1**	**2**	**3**	**4**	**5**	**NA**
Recognizes limitations and seeks advice when needed						
Reports facts accurately, including own errors						
Maintains appropriate boundaries in work and learning situations						
Attend duties and reports to work regularly (punctuality)						
OVERALL COMPETENCE						

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Trainee: ---------- Date:.....

Name/Signature of Supervisor: ---------- Date:.....

Note: Please send completed and signed form to the Program Director

Trainee Evaluation (R3) Form (CAN-MED)

Program	**KBAGD R3-R5**		
Rotation			
Clinical tutor		**Site**	
Site coordinator			
Trainee's Name			
Level of Training	**R3**		

4. Unsatisfactory 2.Needs Improvement 3.MeetsExpectation 4.ExceedsExpectation 5.Outstanding

MEDICAL EXPERT	**1**	**2**	**3**	**4**	**5**	**NA**
Basic Science Knowledge						
Clinical Knowledge						
Data Gathering (Chief complaint, History and Clinical Examination)						
Utilizing diagnostic tests/tools (Special Investigation and Pre-Operative Evaluation)						
Soundness of diagnosis & ability to write treatment plan						
Soundness of judgment and clinical decision						
Procedural skills (**Treatment Execution**; Cephalometric tracing, Bonding, Banding, Ligature placement, Retainer delivery and adjustment)						
Takes an evidence-based approach to the management of problems (daily practice)						
Self-assessment ability (insight)						
Clinical productivity						
COMMUNICATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Communicates effectively with patients/families						
Accepts and acts on constructive feedback						
Maintains professional relationship with other health care providers						
Provides clear, accurate and complete records						
COLLABORATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Work effectively in a team environment and respects opinions of others						
Consults effectively with physicians and healthcare providers						
MANAGER	**1**	**2**	**3**	**4**	**5**	**NA**
Manages time effectively						
Takes responsibility for the delivery of excellent patient care						

HEALTH ADVOCATE	1	2	3	4	5	NA
Promotes measures to prevent oral disease in response to identified risk						
Maintains proper follow ups and recalls system						
Works in accordance to worldwide infection control policies						
Scholar	**1**	**2**	**3**	**4**	**5**	**NA**
Attends and contribute to seminars and learning events						
Accepts and acts on constructive feedback						
Takes an evidence-based approach to the management of problems						
Self-directed learning						
PROFESSIONAL	**1**	**2**	**3**	**4**	**5**	**NA**
Recognizes limitations and seeks advice when needed						
Reports facts accurately, including own errors						
Maintains appropriate boundaries in work and learning situations						
Attend duties and reports to work regularly (punctuality)						
OVERALL COMPETENCE						

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Trainee: ---------- Date:.....

Name/Signature of Supervisor: ----------Date:.....

Note: Please send completed and signed form to the Program Director

Trainee Evaluation (R3) Form (CANMED)

Program	**KBAGD R3-R5**		
Rotation			
Clinical tutor		**Site**	
Site coordinator			
Trainee's Name			
Level of Training	**R3**		

5. Unsatisfactory 2.Needs Improvement 3.MeetsExpectation 4.ExceedsExpectation 5.Outstanding

MEDICAL EXPERT	**1**	**2**	**3**	**4**	**5**	**NA**
Basic Science Knowledge						
Clinical Knowledge						
Data Gathering (Chief complaint, History and Clinical Examination)						
Utilizing diagnostic tests/tools (Special Investigation and Pre-Surgical Evaluation)						
Soundness of diagnosis & ability to write treatment plan						
Soundness of judgment and clinical decision (Difficulty Assessment, Restorability Assessment and Case Selection)						
Procedural skills (**Treatment Execution**; Local anesthesia, Technique, Hemostasis Post-Operative Instructions)						
Takes an evidence based approach to the management of problems(daily practice)						
Self-assessment ability (insight)						
Clinical productivity						
COMMUNICATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Communicates effectively with patients/families						
Accepts and acts on constructive feedback						
Maintains professional relationship with other health care providers						
Provides clear, accurate and complete records						
COLLABORATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Work effectively in a team environment and respects opinions of others						
Consults effectively with physicians and healthcare providers						
MANAGER	**1**	**2**	**3**	**4**	**5**	**NA**
Manages time effectively						
Takes responsibility for the delivery of excellent patient care						

HEALTH ADVOCATE	1	2	3	4	5	NA
Promotes measures to prevent oral disease in response to identified risk						
Maintains proper follow ups and recalls system						
Works in accordance to worldwide infection control policies						
Scholar	**1**	**2**	**3**	**4**	**5**	**NA**
Attends and contribute to seminars and learning events						
Accepts and acts on constructive feedback						
Takes an evidence-based approach to the management of problems						
Self-directed learning						
PROFESSIONAL	**1**	**2**	**3**	**4**	**5**	**NA**
Recognizes limitations and seeks advice when needed						
Reports facts accurately, including own errors						
Maintains appropriate boundaries in work and learning situations						
Attend duties and reports to work regularly (punctuality)						
OVERALL COMPETENCE						

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Trainee: ---------- Date:.....

Name/Signature of Supervisor: ----------Date:.....

Note: Please send completed and signed form to the Program Director

Trainee Evaluation (R3) Form (CANMED)

Program	**KBAGD R3-R5**		
Rotation			
Clinical tutor		**Site**	
Site coordinator			
Trainee's Name			
Level of Training	**R3**		

6. Unsatisfactory 2.Needs Improvement 3.MeetsExpectation 4.ExceedsExpectation 5.Outstanding

MEDICAL EXPERT	**1**	**2**	**3**	**4**	**5**	**NA**
Basic Science Knowledge						
Clinical Knowledge						
Data Gathering (Chief complaint, History and Clinical Examination)						
Utilizing diagnostic tests/tools (Special Investigation, Pulpal and Peri-apical Tests and Pre-operative Evaluation)						
Soundness of diagnosis & ability to write treatment plan						
Soundness of judgment and clinical decision (Difficulty Assessment, Restorability Assessment and Case Selection)						
Procedural skills (**Treatment Execution**; Crown preparation (axial and occlusal reduction, finish line, taper, circumferential morphology, inter-proximal contacts, respecting adjacent teeth), Retraction and soft tissue management, Final impression, Provisional crown fabrication and cementation.						
Takes an evidence-based approach to the management of problems (daily practice)						
Self-assessment ability (insight)						
Clinical productivity						
COMMUNICATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Communicates effectively with patients/families						
Accepts and acts on constructive feedback						
Maintains professional relationship with other health care providers						
Provides clear, accurate and complete records						
COLLABORATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Work effectively in a team environment and respects opinions of others						
Consults effectively with physicians and healthcare providers						
MANAGER	**1**	**2**	**3**	**4**	**5**	**NA**
Manages time effectively						
Takes responsibility for the delivery of excellent patient care						

HEALTH ADVOCATE	1	2	3	4	5	NA
Promotes measures to prevent oral disease in response to identified risk						
Maintains proper follow ups and recalls system						
Works in accordance to worldwide infection control policies						
Scholar	**1**	**2**	**3**	**4**	**5**	**NA**
Attends and contribute to seminars and learning events						
Accepts and acts on constructive feedback						
Takes an evidence-based approach to the management of problems						
Self-directed learning						
PROFESSIONAL	**1**	**2**	**3**	**4**	**5**	**NA**
Recognizes limitations and seeks advice when needed						
Reports facts accurately, including own errors						
Maintains appropriate boundaries in work and learning situations						
Attend duties and reports to work regularly (punctuality)						
OVERALL COMPETENCE						

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Trainee: ---------- Date:.....

Name/Signature of Supervisor: ----------Date:.....

Note: Please send completed and signed form to the Program Director

Appendix A.8: DIDACTIC EVALUATION

K.B.A.G.D - (R3) Didactic Evalaution

FINAL REPORT
Grade Distribution

Resident's Name:
Date:

R3 Didactic Course Sections	Final Grade
Scientific Literature Review (/20) (Min 13)	
Case Scenario Discussion/Topic Presentation(/20) (Min 13)	
Patient Case Presentation (/20) (Min 13)	
Attendance (/20) (Min 13)	
Final Exam (/20) [Passing Grade 13]	
Total (/100) [Passing Grade 65]	

Final Comments:

Course Coordinator **Assistant Program Director**

Program Director

Appendix A.9: IN-TRAINING EVALUATION REPORT (ITER)

Kuwait Institute for Medical Specializations

Name of the Resident: _____

Speciality_____ (20__)

CIVIL ID: _____

Current Residency level R1 R2 R3 R4
Current Fellowship level F1 F2 *(Please circle one)*

In view of the Residency/Fellowship Program Committee's evaluation, this resident/fellow will proceed to the next level: *Yes No (Please circle one)*
The following source of information were used for this evaluation:

☐ **Endodontic rotation** ☐ **Surgical rotation** ☐ **Periodontic Rotation**

☐ **Orthodontics Rotation** ☐ **Pedodontics rotation** ☐ **Prosthodontic Rotation**

☐ **End of year Exam**

Comments:

Date Name of Program Director Signature

This is to attest that I have read this document

Date Name of Resident/ Fellow Signature

Date Head of Postgraduate Education Office Signature

Comments:

Appendix B: R4 & R5 Stucture

1. Immediate Mentor Job description:
2. CAN-MED Form
3. Patient consent Forms
4. Academic year 2023/2024 Scheme
5. Requirement Points Protocol
6. KBAGD Completed Cases
7. KBAGD (R4-R5) Didactic Evaluation
8. Decleration form
9. Total Clinical Requirement
10. In-Training Evaluation Report (ITER)
11. Final In-Training Evaluation Report (FITER)

Appendix B.1: Immediate Mentor Job description

- Meet with the resident at the first week of R4 for general orientation.
- Ensure one to one relationship.
- Should meet with the resident at least once a month for follow up.
- Follow residents clinical productivity, requirements and exam cases preparation.
- Resident must inform the immediate mentor about requirements needed, immediate mentor should report to Clinical Affairs Committee.
- Submit all reports to the residents and meet with the residents to discuss it.
- Attend with the resident case evaluation and evaluation feedback sessions.
- Follow the log diary write up and production.
- The final log diary production is the responsibility of the resident under close supervision of the Immediate mentor.
- Identify weak residents and inform the residents verbally to work on areas of weakness.
- Report any unsolved issues to Clinical Affair Committee.
- In cases of remediation the immediate mentor will be part of the remediation process.
- Approve residents vacation and sign KIMS pre-approval leave form.
- In cases of long vacation or resigned mentor the immediate mentor must be replaced immediately by the clinical affairs committee by another mentor, the immediate mentor must give all details about the resident for the new mentor.

Appendix B.2: CAN-MED Form

Program	
Resident Name	
Immediate Mentor	
Level of Training	**R1 R2 R3 R4 R5 (Please circle)**

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

MEDICAL EXPERT	**1**	**2**	**3**	**4**	**5**	**NA**
Basic Science Knowledge						
Clinical Knowledge						
Data Gathering (History and Clinical Examination)						
Utilizing diagnostic tests/tools						
Soundness of diagnosis & ability to write treatment plan						
Soundness of judgment and clinical decision						
Self-assessment ability (insight)						
Procedural skills						
Clinical productivity						
COMMUNICATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Establishes therapeutic relationship with patients/families						
Delivers understandable information to patients/families						
Maintains professional relationship with other health care providers						
Provides clear and complete records and reports						
Log diaries						
COLLABORATOR	**1**	**2**	**3**	**4**	**5**	**NA**
Demonstrates ability to accept, and respects opinions of others						
Work effectively in a team environment						
Consults effectively with physicians and healthcare providers						
Leader	**1**	**2**	**3**	**4**	**5**	**NA**
Manages time effectively						
Allocates healthcare resources effectively						
Works effectively in a healthcare organization						
Utilizes information technology effectively						
Practices evidence based dentistry						
HEALTH ADVOCATE	**1**	**2**	**3**	**4**	**5**	**NA**

Is attentive to preventive measures						
Risk factor identification						
Works in accordance to worldwide infection control policies						
Involve patients/families in decision making						
SCHOLAR	**1**	**2**	**3**	**4**	**5**	**NA**
Attends and contributes to seminars and learning events						
Accepts and acts on constructive feedback						
Takes an evidence based approach to the management of problems						
Self-directed learning						
PROFESSIONAL	**1**	**2**	**3**	**4**	**5**	**NA**
Recognizes limitations and seeks advice when needed						
Discharges duties and assignments responsibly and in a timely manner						
Reports facts accurately, including own errors						
Maintains appropriate boundaries in work and learning situations						
Attend duties and reports to work regularly (punctuality)						

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Resident: ---------- Date:.....

Name/Signature of Clinical Coordinator : ---------- Date:.....

Appendix B.3: Patient Consent Forms

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID :

Date: D D M M Y Y Y Y

عمليات الفم والأسنان الجراحية

يجب استكمال جميع بنود النموذج بصورة كاملة من قبل الطبيب والمريض والا سيعتبر الإقرار غير قانوني

أقر أنا / ولي أمر ---------- (اسم المريض) بالموافقة على ----------

قد شرح لي الطبيب المعالج ان الغرض والفائدة من هذا الإجراء هو:

- الحفاظ على السن و الأنسجة المجاورة.
- القدرة على استكمال الخطة العلاجية.
- منع تآكل أو انحسار العظم.
- الحفاظ على قوة المضغ (القضم) و المظهر الخارجي.
- الكشف عن وجود حالات مرضية أخرى (حالات الاستئصال).
- التعويض عن فقدان السن (لحالات الزراعة)
- التعويض عن فقدان جزء من العظم أو اللثة (جراحة اللثة و العظم)
- منع ميلان الأسنان المجاورة أو امتداد الأسنان .

المخاطر المحتملة للإجراء المقترح

- حدوث الالتهاب، الحساسية، التورم، الألم ، والنزيف، قد يستدعي علاج اضافي.
- آلام في الفك وصعوبة في فتح الفم.
- حدوث ندبات في اللثة و التي يمكن تظل أو تختفي تدريجياً.
- حدوث تغير في ارتفاع اللثة في مكان الجراحة أو أماكن مجاورة مما يؤدي الى الاستطالة في الأسنان أو كشف التيجان الصناعية إن وجدت وقد تحتاج تجديدها.
- كسر أو فقدان الحشوة أو تاج السن الطبيعي أو الصناعي للسن المعالج مما يستدعي اجراء علاج اضافي لها.
- الشعور بالخدر أو التنميل بالشفة، اللسان، اللثة أو الخد. في أغلب الأحيان يكون مؤقت إلا أنه قد يكون دائم .
- حدوث كشف لأحد الجيوب الأنفية و قد تستدعي علاج إضافي. (حالات الجراحة المقاربة للجيوب الأنفية).
- في حالة أخذ ادوية لعلاج هشاشة العظام أوالعلاج الكيميائي ، وغيرها (مثل البيسفوسفونيت Bisphosphonate أو VEGF inhibitor): قد يؤدي أي تدخل جراحي الى التهاب ونخر العظم، وفي هذه الحالة قد يصعب شفاء الجرح .
- فشل الجراحة بسبب رفض الجسم النسيج المزروع / الزراعة أو لأسباب خارجة عن الارادة أو لسوء اتباع تعليمات الطبيب مما قد يستدعي جراحة اخرى لازالتها أو اعادة العلاج بالكامل
- اذا تطلب الاجراء استخدام بعض الانسجة للتثبيت (البراغي، الصفائح المعدنية...إلخ) فقد تحتاج جراحة أخرى لإزالتها أو من الممكن تركها دون تدخل آخر. وقد تنكشف هذه الانسجة عبر اللثة و يؤدي ذلك الى فقدانها أو فقدان الزرعة المصاحبة لها.
- التدخين و مرض السكر يزيد من فرص فشل العمليات.

خاص بمرضى اجراء استخلاص صفائح البلازما :

- صفائح البلازما تعتبر مكون أساسي من مكونات الدم و تحتوي على عوامل تساعد على نمو الخلايا و الأنسجة كما أثبتت الدراسات أنها تسهل و تسرع عملية الشفاء بعد الجراحة
- تتم عملية استخلاص صفائح البلازما عن طريق سحب كمية ٢٠ – ٥٥ مل (ما يعادل نصف كوب قهوه) من الوريد المتوفر أثناء العملية. توضع كمية الدم المستخلصة في جهاز الطرد المركزي حيث يتم عزل صفائح البلازما عن باقي مكونات الدم و تفعيل الصفائح لإفراز عوامل نمو الأنسجة و الخلايا.
- الأعراض الجانبية لعملية استخراج صفائح الدم قد تشمل الشعور بالدوار، الألم ، الكدمات ،و الالتهاب عند مكان استخراج الدم (الوريد).
- تقنية استخراج الصفائح هي آمنة جداً ومعقمة بالكامل، حيث يتم التخلص من جميع الأجهزة و الأدوات المستخدمة من إبر، حقن وملحقات جهاز الطرد فور انتهاء العمل الجراحي لكل مريض.

ملاحظات أخرى: ☐ لا يوجد

- انا أوافق على إستخدام التخدير السطحي والموضعي وأعلم أن هناك مخاطر لإستخدام البنج : مثل العض على الشفتين، ظهور كدمات، النزيف، التورم الحساسية، آلام الفك و التقرحات.

- لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتي المطروحة بما يرضي قناعتي. وقد شرح لي الطبيب المعالج البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة . و يحق للطبيب ايقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد. أن توقيعي ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

توقيع المريض / من يحل محله قانونا	التاريخ	توقيع وختم الطبيب
✕		

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID :

Date: D D M M Y Y Y Y

DENTAL SURGERIES

All the items in this form should be completed by the patient and dentist; otherwise it will be illegal.

I ..... , the patient/the patient's legal guardian agree to the following procedure (s)
Patient`s Name

.....

Treatment benefits

The treating physician explained to me that the purpose and benefit of this procedure is to:

- Preserve teeth
- Maintain form and function
- Replace missing teeth (implants).
- Replace/ Repair bone or gum loss (gum or bone surgeries).
- Complete a comprehensive treatment plan.
- Prevent teeth from shifting.
- Detect other health conditions (biopsies.)
- Prevent gum/bone loss

Possible Risks of Procedure:

- Infection, allergy, swelling, pain and bleeding requiring additional treatment.
- Jaw pain and mouth opening difficulty.
- Permanent or temporary gum lacerations (cuts).
- Gum recession on/near surgical site, which may elongate the tooth or expose a prosthesis that may need replacement.
- Fracture or loss of the filling/ crown/ tooth structure on the treated tooth requiring additional treatment.
- Numbness of lips, tongue, gums and/or cheeks, often temporary (permanent in rare cases).
- Damage to sinuses requiring additional treatment or surgical repair at a later date (for surgeries near sinus)
- Bone infections/ delayed healing in patients receiving medications such as: chemotherapy or osteoporosis medications. These medications include but are not limited to Bisphosphonates and VEGF inhibitors.
- Failure of the procedure caused by: the body's rejection of implanted tissue/ membrane / implant or failure to comply with the doctor's instructions, which may require additional treatment or a full re-treatment.
- If the procedure requires the use of screws, plates, or other membranes another surgery may be required to remove them or they may be left in without interference. These devices may be exposed through the gum, resulting in their loss or the loss of their associated implanted material.
- Smoking and diabetes can increase the chances of surgery failure.
- Risks specific to PRF procedures:
  - Platelet Rich Fibrin (PRF) is a natural component of blood, and PRF contains growth factors that, according to available studies, aid in cellular regeneration and therefore; stimulate soft tissue healing.
  - The PRF procedure requires us to draw 20 - 55 ml (½ coffee cup) of blood from the vein during the procedure. The blood drawn is placed into a centrifuge to activate the platelets (make them release growth factors).
  - Side effects may include: dizziness, pain, bruising, and infection at the site of blood draw.
  - All aspects of the PRF procedure are safe and sterile: all instruments, needles, and equipment are single use and will be discarded after each patient.

- Other remarks ☐ None

.....

.....

- I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

- I have read this form in its entirety and I was given a chance to ask questions, and all of the questions I have asked have been answered to my satisfaction. The treating dentist verbally explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

✕		
Patient/legal guardian's signature	Date	Dentist's signature and stamp

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID :

Date: D D M M Y Y Y Y

CONSENT TO UNDERGO A ROOT CANAL TREATMENT (RCT)

I, ... the patient/the patient's legal guardian, agree to root canal treatment on tooth No.: .....
Patient`s Name

Root canal Procedure

I understand the need to perform a root canal procedure, which could require more than one visit. The number of visits depends on several factors including: repeating an exhisting root canal treatment, exhisting crowns and posts, inflammation, incompletes root, and other health conditions.

Benefits of the procedure

- Preserving the tooth.
- Preventing adjacent teeth from shifting.
- Preventing bone loss.

Possible Risks:

The treating dentist explained to me that proposed diagnostic / therapeutic procedure may lead to several risks and complications.

I acknowledge that my/the patient's preexisting medical condition(s) could cause further complications, such as:

- Severe pain, swelling, or inflammation.
- Fracture or damage of the filling or natural or prosthetic dental crown.
- Numbness of lips, tongue, gums and/or cheeks, often temporary but may be permanent.
- Allergic reactions to dental materials (in rare cases).
- Detection of fracture in the root or dental crown during or after the procedure requiring additional treatment (in rare cases).
- Leakage of dental materials past the affected root apex.
- Instrument fracture or separation during the root canal treatment procedure which could lead to reducing success rates (in rare cases).
- Extraction of affected tooth in case a large part of the pulp was removed during the procedure causing tooth fragility.
- The need to repeat the procedure, perform root surgery, or extract the tooth, if the procedure failed.

Risks of Not Undergoing a Root Canal Treatment Procedure:

- Inability to complete the treatment plan.
- Pain and infection in the surrounding tissues.
- The need to extract the tooth if fractured or decayed.

- I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

- I have read this form in its entirety and I was given a chance to ask questions, and all of the questions I have asked have been answered to my satisfaction. The treating dentist verbally explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

Patient/legal guardian's name	Patient/legal guardian's signature	Date
	✖	

CONSENT TO UNDERGO ROOT SURGERY (ENDO SURGERY)

I, ..., the patient/the patient's legal guardian, agree to root surgery on tooth No.: .....
Patient`s Name

Benefits of the procedure

- Preserving the tooth.
- The ability to complete a comprehensive treatment plan.
- Preventing bone loss and preserving adjacent tissues.

Possible Risks:

The treating dentist explained to me that proposed diagnostic / therapeutic procedure may lead to several risks and complications.

I acknowledge that my/the patient's preexisting medical condition(s) could cause further complications, such as:

- Infection, allergy, swelling, pain or bleeding. In addition to jaw pain.
- Fracture or loss of exhisting fillings and crowns on the treated tooth or adjacent teeth damage which may require root canal therapy or extraction.
- Sinus injury which may require additional treatment (in rare cases).
- Numbness of lips, tongue, gums and/or cheeks, often temporary but may be permanent as well.
- Allergic reactions to used materials (in rare cases).
- Gum recession and cuts in place of surgery exposing more of the tooth or the prosthetic dental crowns that need to be replaced, if any.
- The need to repeat the procedure or extract the tooth, if the procedure is deemed unsuccessful during or after treatment.

- I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

- I have read this form in its entirety and I was given a chance to ask questions, and all of the questions I have asked have been answered to my satisfaction. The treating dentist verbally explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

Patient/legal guardian's name	Patient/legal guardian's signature	Date
	✖	

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID :

Date: D D M M Y Y Y Y

اقرار بالموافقة على علاج الفم والأسنان

يجب استكمال جميع بنود النموذج بصورة كاملة من قبل الطبيب والمريض والا سيعتبر الإقرار غير قانوني

تسعى وزارة الصحة من خلال هذا النموذج للحصول على إقرار خطي يؤكد علمك الكامل بحالتك / حالة المريض الطبية والصحية مما يمكنك من اتخاذ القرار المناسب لحالتك، لذلك فالمرجو منك الاطلاع على المعلومات المسجلة بالإقرار بدقة قبل التوقيع عليه.

انا / ولي امر المريض ..... افوض الفريق الطبي المعالج بتقديم علاج للفم و الأسنان.

اسم المريض

الموافقة على العلاج في قسم الأسنان:

- أوافق على الفحص الشامل و علاج أسناني /أسنان المريض والأنسجة المحيطة بها.
- لقد قمت بإعطاء الطبيب التاريخ الصحي الكامل الخاص بي/بالمريض بما يتضمنه من عمليات، علاجات ، وأدوية .
- أوافق على أخذ الأشعة اللازمة والأشعة الثلاثية الأبعاد (اذا استلزم الأمر).
- أوافق على ان اي عينة أو نسيج يتم استئصاله من جسمي/جسم المريض اثناء إجراء التدخل التشخيص العلاجي، يمكن دراسته والاحتفاظ به.
- أوافق على إستخدام التخدير السطحي والموضعي وأعلم أن هناك مخاطر لإستخدام البنج : مثل العض على الشفتين، ظهور كدمات، النزيف ، التورم ،الحساسية، آلام الفك و التقرحات.
- انا ادرك انه خلال عمل الإجراء الموصوف اعلاه، قد يكون من الضروري او ما يستلزم تنفيذ إجراءات أخرى غير متوقعة او لم يكن معلوم الحاجة لها عند وقت اعطاء هذه الموافقة. وأوافق على عمل هذه الإجراءات حسب ما يراه الطبيب ضروري أو مناسب.

التصويرالفوتوغرافي

انا أوافق على تصوير الإجراء التشخيصي/العلاجي بما يتضمنه من عرض لجزء ملائم من جسمي/جسم المريض لأهداف طبية، علمية، او تعليمية . باشتراط عدم الكشف عن هويتي/هوية المريض من خلال الصور او الكتابة الوصفية المرافقة للعرض.

☐ أنا أوافق على التصوير الفوتوغرافي ☐ انا لا أوافق على التصوير الفوتوغرافي

توقيع المريض / من يحل محله قانونا ✖

- لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتي المطروحة بما يرضي قناعتي. وقد شرح لي الطبيب المعالج الغرض والفائدة من هذا الإجراء كما تم شرح البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة . و يحق للطبيب ايقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد فان توقيعي ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

اسم المريض / ولي الأمر	توقيع المريض / من يحل محله قانونا ✖	التاريخ

اذا تم توقيع الإقرار من قبل شخص آخر غير المريض الرجاء تحديد الاسباب وصلته او علاقته بالمريض

الترجمة: لقد تم شرح الإجراء المقترح اعلاه بلغه يفهمها المريض من قبل:

الاسم والتوقيع	التاريخ

تسري هذه الموافقة لمدة ا سنة من تاريخ توقيعها

إقرار الطبيب

- لقد شرحت للمريض/من يحل محله قانونا طبيعة الإجراء الطبي والمخاطر، والفوائد، والبدائل (متضمنة على عواقب عدم متابعة او مواصلة العلاج).
- لقد قمت بالرد على جميع اسئلة المريض /من يحل محله قانونا بافضل ما اوتيت به من معرفة، اعتقد بها انه قد حصل على قدر كاف من الدراية والاستبصار.

توقيع الطبيب	ختم الطبيب	التاريخ

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID : | | | | | | | | | | | |

Date: | | | | | | | | |
D D M M Y Y Y Y

PATIENT CONSENT TO DENTAL TREATMENT

All the items in this form should be completed by the dentist; otherwise it will be illegal.

The Ministry of Health through this form seeks to obtain a written consent that confirms your knowledge about your/the patient's dental health condition, which enables you to make decisions on appropriate course of action regarding your/the patient's condition. Please read the written information carefully before signing the form.

I,----------the patient/the patient's legal guardian authorize the treating medical team to provide dental treatment.
Patient`s Name

Dental Treatment Approval

- I authorize all necessary or advisable examination and treatment of my/the patient's teeth and surrounding tissues.
- I provided my Dentist with my/the patient's full medical history including, surgeries, treatments and medications.
- I authorize all necessary photography, X-rays and 3D diagnostics (if necessary).
- I understand that any biopsy taken during the procedure may be preserved and studied by healthcare providers.
- I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.
- I understand that during dental procedures, it may be necessary or appropriate to perform additional procedures that are unforeseen or not known to be needed at the time consent was given.

Photography

I consent to photography of the dental procedure for medical, scientific, or educational purposes, providing that my/the patient's identity is not revealed by the pictures or any accompanying descriptive text accompanying the photographs.

☐ I consent to photography ☐ I do not consent to photography

Patient/legal guardian's signature ✖

- I have read this form and my dentist explained the procedure, its purpose, the benefits, and explained all alternative therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop my treatment if I do not follow the directions and attend my appointments. My signature below is a written consent that confirms my knowledge and authorization to perform the aforementioned procedure(s)

Patient/legal guardian's name	✖ Patient/legal guardian's signature	Date

If the consent is signed by somebody other than the patient, please state the reasons and relationship

---

The procedure was explained to the patient in a language he/she understands by

Name Date

This consent is valid for 1 year from the date it is signed.

Dentist Statement

- I have explained to the patient/legal guardian the nature of the dental procedure, risks, benefits, and alternatives, including consequences of failure to follow or continue treatment
- I have answered all of the patient/legal guardian's questions to the best of my knowledge, which I believe led him to be adequately informed.

Dentist's signature	Dentist's Stamp	Date

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID : | | | | | | | | | | | |

Date: | | | | | | | | |
D D M M Y Y Y Y

إقرار بالموافقة على إجراء خلع الأسنان (EXTRACTION)

أقر أنا / ولي أمر ..... بالموافقة على خلع السن (الأسنان) رقم .....
اسم المريض

المخاطر المحتملة للإجراء المقترح

شرح لي الطبيب المعالج ان الإجراء التشخيصي/العلاجي المقترح قد يؤدي لحدوث مخاطر ومضاعفات، وأدرك ان المرض)الأمراض(الأخرى التي أعاني /يعاني منها المريض قد تؤدي لحدوث مخاطر إضافية، و ان هذه المخاطر تشمل:

- حدوث ألم،إلتهاب، تورم، و كدمات مما قد يحتاج علاج إضافي.
- حدوث تشقق داخل وحول الفم.
- صعوبة في فتح الفم بعد الخلع وقد تتزايد فرص الاصابة بهذه الحالة اذا كنت تعاني من مشاكل التهاب المفصل الفكي مسبقاً.
- تلف للأسنان المجاورة أثناء الخلع و خاصةً الأسنان التي تحتوي على تركيبات صناعية و حشوات كبيرة بالحجم.
- خدران مؤقت على جانب الجراحة في الأسنان، اللسان، الشفه، والذقن. غالباً تحل اعراض الخدر خلال ساعات و في حالات نادرة جداً قد تفقد الاحساس بشكل دائم.
- النزيف أمر متوقع بعد الخلع و قد يستمر لبضع ساعات. النزيف البيّن قد يشير الى وجود مشاكل أخرى و لذلك يجب مراجعة طبيبك. فوراً.
- الحاجة الى ترك قطعة صغيرة من جذرالسن دون الخلع وذلك للحفاظ على صحة الأنسجة المجاورة من التلف في حال محاولة ازالة القطعة وقد تظهر كزوايا حادة حول الجرح مما يستدعي الأمر الى تدخل طبي لإزالتها.
- حدوث اتصال بين الفم والجيوب الأنفية أوازاحة جذر السن في الجيوب الأنفية. و في هذه الحالة قد تستلزم علاج إضافي.
- كسر في الفك: وهي حالة نادرة تحدث مع وجود صعوبة كبيرة في عملية الخلع أو الجراحة.
- في حالة أخذ ادوية لعلاج هشاشة العظام أوالعلاج الكيميائي ، وغيرها (مثل البيسفوسفونيت VEGF inhibitor or Bisphosphonate): قد يؤدي أي تدخل جراحي الى التهاب العظم أو قد يصعب شفاء الجرح .

خطورة عدم إجراء الخلع هي:

- ألم، التهاب و تسوس السن و الأنسجة المجاورة و عدم استطاعة استكمال خطة العلاج .

- انا أوافق على إستخدام التخدير السطحي والموضعي وأعلم أن هناك مخاطر لإستخدام البنج : مثل العض على الشفتين، ظهور كدمات، النزيف ، التورم الحساسية، آلام الفك و التقرحات .

- لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتي المطروحة بما يرضي قناعتي. وقد شرح لي الطبيب المعالج البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة . و يحق للطبيب ايقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد. أن توقيعي ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

اسم المريض / ولي الأمر	توقيع المريض / من يحل محله قانونا	التاريخ
	✕	

إقرار بالموافقة على إجراء إزالة عصب السن (PULPECTOMY)

أقر أنا / ولي أمر ..... بالموافقة على إزالة عصب السن (الأسنان) رقم .....
اسم المريض

- الحاجة لإجراء ازالة عصب للسن (الأسنان) يعتبر إجراء طبي طارئ، ومؤقت من أجل التخفيف من حدة الألم و الالتهاب والحفاظ على الضرس المعالج.
- ازالة العصب هو اجراء أولي ضمن مراحل علاج العصب حيث يجب عمل حشوة العصب لاحقاً في إحدى مراكز طب الأسنان التخصصية.

قد شرح لي ان الغرض والفائدة من هذا الإجراء هو:

- الحفاظ على السن المعالج كجزء أساسي من الفم.
- القدرة على استكمال خطة العلاج المتكاملة.
- تجنب الحاجة لخلع السن
- حماية الأسنان الأخرى من التآكل الوظيفي.
- منع تآكل أو انحسار العظم المحيط بالسن.
- التخلص من الألم و الالتهاب.

المخاطر المحتملة للإجراء المقترح

شرح لي الطبيب المعالج ان الإجراء العلاجي المقترح قد يؤدي لحدوث مخاطر ومضاعفات، وأدرك ان الأمراض الأخرى التي أعاني / يعاني منها المريض قد تؤدي لحدوث مخاطر إضافية، و ان هذه المخاطر تشمل:

- الشعور بالألم الحاد و ظهور انتفاخ (تورم) أوالتهاب في الأنسجة المحيطة بالسن . وكذلك ألام في الفك .
- كسر أو تلف تاج الضرس الطبيعي أو الصناعي أو كسر /فقدان الحشوات.
- الشعور بالخدر أو التنميل بالشفة، اللسان، اللثة أو الخد. في أغلب الأحيان يكون مؤقت إلا أنه قد يكون دائم.
- حساسية من المواد المستخدمة في العلاج. نادراً ما يحدث.
- الحاجة لخلع السن بسبب فقدان نسبة كبيرة من هيكل السن بعد العلاج والتي تؤدي الى هشاشة السن.

- انا أوافق على إستخدام التخدير السطحي والموضعي وأعلم أن هناك مخاطر لإستخدام البنج : مثل العض على الشفتين، ظهور كدمات، النزيف ، التورم الحساسية، آلام الفك و التقرحات .

خطورة عدم إجراء ازالة العصب هي:

- حدوث ألم ، التهاب، تسوس، و كسر للسن و الأنسجة المجاورة وكذلك عدم القدة على إستكمال خطة العلاج.

اسم المريض / ولي الأمر	توقيع المريض / من يحل محله قانونا	التاريخ
	✕	

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID : | | | | | | | | | | | | |

Date: | | | | | | | | |
D D M M Y Y Y Y

EXTRACTION PROCEDURE CONSENT FORM

I, ---------- the patient/the patient's legal guardian consent to the extraction/ removal of tooth No.: ----------
Patient's Name

Possible risks

The dentist has explained the need to extract a tooth (teeth) and the risks involved include but are not limited to:

- Pain, swelling, bruising, and/or infection (dry socket) that may require further treatment.
- Ulcers and tears around and inside the mouth
- Difficulty opening the mouth which is more common if you suffer from TMJ problems already.
- Damage to surrounding teeth, especially ones that contain large fillings or crowns.
- Temporary numbness of the site of the procedure, tongue, lips and chin. The numbness usually subsides within hours. In very rare conditions, the patient may lose sensation permanently.
- Bleeding is expected after extraction, and may last for several hours. Severe bleeding may indicate other problems, and a visit to the doctor is necessary.
- Possibility of a small fragment of root or bone being left in the jaw intentionally when its removal is not appropriate (such fragments may work their way partially out of the tissue and need to be removed later)
- Damage to sinuses or dislocation of roots requiring additional treatment or surgical repair at a later date
- Jawbone fractures or dislocation very rarely occur due to severe complications during surgery.
- Bone infections/ delayed healing in patients receiving chemotherapy or osteoporosis medication. These medications include but are not limited to Bisphosphonates and VEGF inhibitors.

Risks of refusing extraction procedure:

- Spread of pain, decay, and infection to the adjacent teeth and tissues. In addition, the inability to continue with the treatment plan.

- I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

I have read this form in its entirety and I was given a chance to ask questions, and all of the questions I have asked have been answered to my satisfaction. The treating dentist verbally explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

Patient/legal guardian's name	✖ Patient/legal guardian's signature	Date

PULPECTOMY CONSENT FORM

I, ---------- the patient/the patient's legal guardian consent to a Pulpectomy on tooth No: ----------
Patient's Name

- A Pulpectomy is an temporary emergency procedure to on the tooth .
- A Pulpectomy is the first step in a multistep root canal procedure that requires subsequent visits to a specialized dental clinic

My treating dentist explained that the purpose of this procedure is

- To preserve the tooth
- To complete a comprehensive treatment plan
- Avoid the extraction of the tooth
- Protect the other teeth
- Prevent bone loss.
- Treat the pain and infection

Possible risks

My dentist explained the suggested treatment plan, its risk and complications. I acknowledge that the preexisting medical conditions I/the patient has could cause further complications, such as:

- Severe pain and swelling and inflammation of the surrounding tissues and jaws.
- Fracture or damage of crowns and fillings.
- Numbness of the lips,tongue, gums, and cheek, which is usually temporary but can become permanent (very rare).
- Allergic reaction to dental materials (very rare)
- Dislocation or separation of materials or instruments used in the procedure, which could reduce success rates for the procedure.
- The need for extraction of the tooth due to loss of significant amount of tooth structure during this procedure.

Risks of refusing treatment

- Pain and swelling of surrounding tissues.
- Inability to complete treatment plan
- Tooth extraction due to inflammation, cavities, and/or fracture

- I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

Patient/legal guardian's name	✖ Patient/legal guardian's signature	Date

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID :

Date: D D M M Y Y Y Y

إقرار بالموافقة على علاج تقويم الأسنان

أقر أنا / ولي أمر ..... بالموافقة على علاج تقويم الأسنان.
اسم المريض

نتيجة العلاج:

الطبيب المعالج يبذل جهده للحصول على أفضل النتائج العلاجية، لكن لا يمكن ضمان النتائج . وعادة ما تكون فترة العلاج المتوقعة مطابقة لفترة العلاج الفعلية و هناك عدة عوامل قد تؤدي الى اطالة فترة العلاج أو تغيير خطة العلاج و منها:

- امراض اللثة.
- نمو غير طبيعي لأي من الفكين للمراجع.
- العادات المضرة
- عدم تعاون المريض.
- صعوبة الحالة و تعدد المشاكل المراد حلها
- نمو المريض .

فقدان العديد من الأسنان و اختلاف حجم الأسنان و شكلها قد يستوجب وضع بعض التركيبات الثابتة أو زراعة الأسنان و العلاج التجميلي للوصول للنتائج المثالية.

الألم:

- من المتوقع أن يشعر المراجع ببعض الألم و الضيق عند بداية تركيب جهاز التقويم و عند كل زيارة، و هذا الألم يمكن تخفيفه باتباع تعليمات الطبيب.

الأسنان الغير ظاهرة (المدفونة) و الأسنان الملتحمة بالعظم:

- قد يتم عمل جراحة(وتكرارها إذا تطلب الأمر) في حال الحاجة لإظهار الأسنان المدفونة باللثة أو العظم، وأحياناً يتم خلع السن ، أو تركه دون تدخل حسب الخطة العلاجية .
- من الممكن حدوث بعض المضاعفات أثناء علاج هذه الحالات ومنها: فقدان للسن المدفون أو فقدان للأسنان المجاورة أو حاجتها لعلاج العصب.

خلع الأسنان:

بعض الحالات تتطلب خلع لبعض الأسنان (سواء لبنية أو دائمة) و مضاعفات خلع الأسنان يجب أن تناقش مع الطبيب الذي سيقوم بالخلع.

اصابة العصب و تآكل الجذور:

- في بعض الحالات يكون لعلاج التقويم أثر سلبي على العصب و قد يتطلب الأمر علاجاً للعصب.
- من الممكن حصول تآكل لجذور الأسنان و تصبح في هذه الحالة أقصر. ولا يوجد سبب علمي واضح يبين أسباب التآكل على وجه الدقة.
- اذا تم اكتشاف حالة تآكل الجذور في الأسنان فيمكن وقف علاج التقويم مؤقتاً أو كلياً بنزع جهاز التقويم حتى قبل اتمام فترة العلاج.

الحساسية:

- من الممكن أن تسبب بعض المعادن الموجودة بأجهزة التقويم الحساسية عند بعض المراجعين، و هذا قد يتطلب استخدام نوع خاص من التقويم أو التوقف عن العلاج .

تسوس الأسنان و البقع البيضاء:

- جهاز التقويم يزيد فرص ظهور التسوس والبقع البيضاء (Decalcification) يجب الالتزام بزيارة طبيب الأسنان العام كل ٣ أشهر للفحص الدوري والتنظيف.

أمراض اللثة:

- قد تسوء حالة اللثة خلال فترة العلاج خصوصاً اذا كان هناك عدم اهتمام بنظافة الفم. في حال أصبح مرض اللثة متقدماً فيحق للطبيب المعالج وقف علاج التقويم.

اصابات ناتجة عن جهاز التقويم:

- يجب مراعاة الابتعاد عن الأطعمة و الممارسات التي يمكن تؤدي الى كسر أو نزع جهاز التقويم. حيث من الممكن ابتلاع و استنشاق الجهاز و التسبب بضرر أكبر. يجب ابلاغ الطبيب المعالج فوراً عند الاشتباه بحصول كسر أو تلف لجهاز التقويم.

تثبيت الغرسة المعدنية (TAD):

قد تحتاج بعض الحالات لزراعة الأسنان المؤقتة و هذه الغرسة لها مضاعفات و منها:

- من الممكن ان تلتحم بالعظم و قد تتطلب عملية جراحية لاستخراجها
- من الممكن أن تتسبب باصابة للسن المجاور .
- قد تفقد ثباتها وتخرج تلقائياً أو تنكسر، يجب ابلاغ الطبيب فور الحدوث.
- من الممكن ان تسبب التهابات للثة أو العظم المغروس فيه.

الجهاز المثبت وعودة الأسنان كما كانت قبل التقويم:

- لا يمكن ضمان نتيجة العلاج أو بقاء الأسنان بأماكنها عند انتهاء فترة العلاج. الالتزام بلبس جهاز المثبت واتباع تعليمات الطبيب يزيد نسبة النجاح.
- عند فقدان أو كسر الجهاز المثبت (Retainer) من قبل المراجع، يتم عمل بديل له مرة واحدة فقط ولا يتم عمل أي جهاز آخر بعد فقدانه أو تلفه بالمرات القادمة .

ملاحظات أخرى: ☐ لا يوجد

.....

.....

بالإضافة الى اقراري بالموافقة على العلاج اوافق على :

- أخذ القياسات والأشعة والصور قبل، أثناء ، وبعد انتهاء الفترة العلاجية لتقويم الأسنان (في حال الرفض ، لن يتم العلاج بالتقويم).
- في حال عدم التزامي بخطة العلاج أو تعليمات الطبيب أوعدم التزامي بالمواعيد (عدم الحضور ل٣ مواعيد متتالية أو ٤ مواعيد متقطعة) فلإدارة المركز الحق باتخاذ اجراءات ايقاف علاجي دون الرجوع إلي ودون تحمل وزارة الصحة و الطبيب المعالج ادنى مسؤولية.
- في حال تكرار كسر جهاز التقويم الثابت أو تعمد كسره يتم ايقاف علاجي دون الرجوع إلي دون تحمل وزارة الصحة و الطبيب المعالج أي مسؤولية تجاه ذلك.
- خاص بمرضى التقويم الجراحي: بالإضافة الى التزامي بتعليمات التقويم الثابت أقر بالالتزام بجميع تعليمات علاج التقويم الجراحي ، اتعهد بالالتزام بجميع مواعيد قسم الجراحة و تعليمات ما بعد الجراحة لضمان افضل نتائج للعلاج. وأعلم أن ايقاف علاج التقويم الجراحي بعد ابتداء تقويم الأسنان سوف ينتج عنه ازدياد بحالة عدم تطابق الأسنان ومظهر خارجي للوجه أسوأ مما كان عليه قبل بداية العلاج.

- لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتي المطروحة بما يرضي قناعتي. وقد شرح لي الطبيب المعالج البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة. و يحق للطبيب ايقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد. أن توقيعي ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

اسم المريض / ولي الأمر	توقيع المريض / من يحل محله قانونا	التاريخ
	✕	

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID : | | | | | | | | | | | | |

Date: D D M M Y Y Y Y

CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I _____ , the patient/the patient's legal guardian, agree to undergo orthodontic treatment.
Patient's Name

Treatment Results

Although the orthodontist will strive to provide the best therapeutic results, results cannot be guaranteed. The expected treatment timeframe usually matches the actual treatment length, nevertheless several factors may prolong the treatment including:

- Gum diseases
- Abnormal growth of any of the patient's jaws
- Harmful habits affecting the mouth and teeth
- Lack of patient cooperation
- Multiplicity of the problems to be solved
- Patient's growth

The number of teeth lost and discrepancy in tooth size and shape may require dental implants and/or cosmetic treatment after orthodontics.

Pain

- Its normal to experience pain and discomfort when fitting and adjusting your braces, follow you dentist's instructions to relieve the pain.

Impacted and Buried Teeth

- Teeth that are buried in gum tissue or bone may be left untreated, extracted or surgically exposed (this may take several surgeries).
- If surgical exposure is required, the risks involved include: loss of buried tooth or adjacent teeth and/or the need for root canal treatment.

Teeth Extraction

- Some cases may require the extraction of teeth (primary or perminant). Extractions should be discussedwith the general dentist or oral surgeon.

Root Resorption and Root Damage

- Orthodontic treatment may in some cases negatively affect the roots of teeth, thus leading to the requirement of a root canal procedure.
- Root resorption may occur, causing the roots to become shorter. No clear scientific reason has been determined yet for this condition.
- If root resorption is detected, the orthodontic treatment can be temporarily or permanently stopped before the end of the treatment period.

Allergic Reactions

- Braces can sometimes trigger allergic reactions in some patients, which may require using a special type of braces or stopping the treatment.

Tooth Decay and Decalcification

- There is an increased chance of decay and decalcification with orthodontic treatment. Visiting the general dentist every 3 months for a check-up is mandatory.

Gum Disease

- Braces increase the chance of developing gum disease (especially if you have poor oral hygiene) and in severe cases can lead to treatment termination.

Damage to Appliances

- Habits and foods that can cause appliance damage must be avoided to minimize the risk of swallowing or dislodgement into the lungs. If this happens contact your dentist.

Temporary Anchorage Device Insertion (TAD)

- Some conditions may require the implant of temporary screws that may cause complications, including: fusion of the TAD to the bone (which would require surgical removal of the TAD), TAD breakage / loosening (inform your orthodontist immediately), Surrounding tissue and bone inflammation, and injury to the adjacent teeth.

Retainer

- After treatment finishes teeth may shift with time, especially the lower front ones. You are advised to wear a retainer to avoid tooth shifting.
- You are allowed only ONE replacement retainer if you damage it or lose it. No additional retainers will be given under any circumstances.

Comments: ☐ None

In addition to my consent to undergo mentioned treatment, I hereby agree to:

- Take measurements, X-rays and images before, during and after the end of treatment period (if not, treatment will not be performed).
- In case of failure to comply with: the treatment plan, the orthodontist's instructions, set appointments (lack of attendance for 3 consecutive appointments or 4 intermittent ones), the center's administration will stop the treatment without previous notice. In such case, the Ministry of Health and the treating dentist bear no responsibility whatsoever.
- Giving the treating dentist authority to stop my treatment if I purposefully or repeatedly break my appliance.
- Orthognathic surgery patients: In addition to complying orthodontic treatment instructions. Furthermore, I commit to all surgery appointments and postoperative instructions for the best possible results. I am aware that cancelling surgery after starting with the orthodontic treatment will result in an worse bite and facial appearance than before treatment.

- I have read this form in its entirety and I was given a chance to ask questions, and all of the questions I have asked have been answered to my satisfaction. The treating dentist verbally explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

Patient/legal guardian's name	✖ Patient/legal guardian's signature	Date

وزارة الصحة
MINISTRY OF HEALTH

Patient's Name :

Civil ID : | | | | | | | | | | | |

Date: D D M M Y Y Y Y

PROSTHODONTICS
Patient's Consent to The Treatment Plan

I, ... the patient/the patient's legal guardian approve the treating dentist's
Patient`s Name
treatment plan of the following teeth:

- ☐ Dental crown
- ☐ Dental bridge
- ☐ Partial/complete dentures
- ☐ Dental implants

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

The plan may also include new fillings/posts, root canal treatments, gum surgeries and/or extraction of non restorable teeth.

Other Remarks:

.....

.....

■ I have read this form in its entirety and I was given a chance to ask questions and all of the questions I have asked have been answered to my satisfaction. The treating dentist explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

	✖		
Patient/legal guardian's name	Patient/legal guardian's signature	Dentist's Name	Date

Patient's Consent to The Removal of Fixed Prosthesis

I, ... the patient/the patient's legal guardian, approve the removal
Patient`s Name
of the following fixed prosthesis:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

The treating dentist explained the purpose of removing the fixed prosthesis and risks involved which may include:

- ■ Breakage of the tooth and/or the fixed prosthesis (unforeseen).
- ■ The need to fabricate a new prosthesis due to the inability to cement the old one for several reasons explained by the Dentist
- ■ The need to extract the tooth if the tooth is deemed non-restorable after prosthesis removal.
- ■ A change in the treatment plan to include dental implants or removable implant prosthesis.
- ■ The administration does not guarantee prioritizing subsequent appointments after the fixed prosthesis is removed.

Other Remarks:

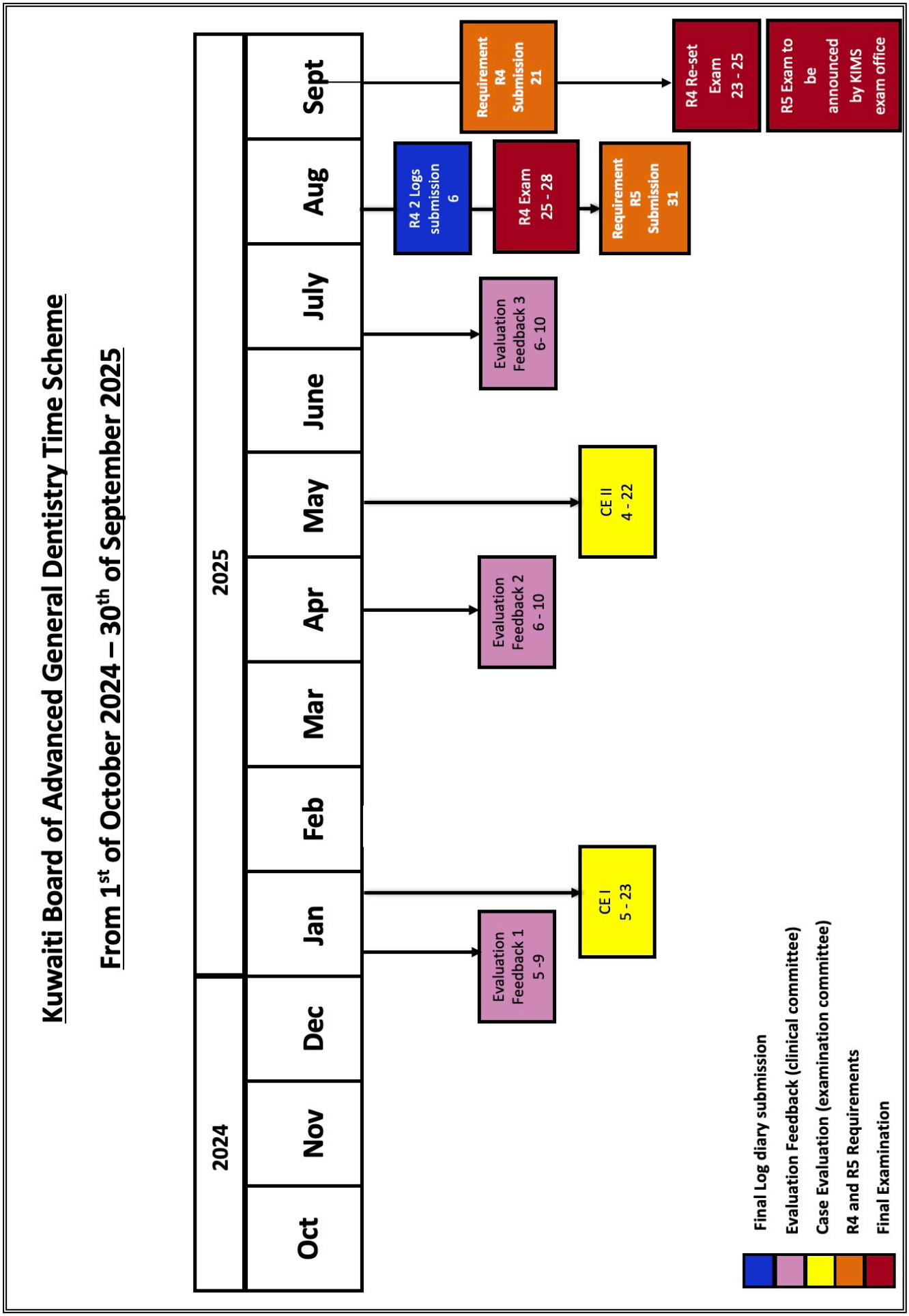
.....

■ I have read this form in its entirety and I was given a chance to ask questions and all of the questions I have asked have been answered to my satisfaction. The treating dentist explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

	✖		
Patient/legal guardian's name	Patient/legal guardian's signature	Dentist's Name	Date

		✖	
التاريخ	اسم الطبيب	توقيع المريض / من يحل محله قانونا	اسم المريض / ولي الأمر

Appendix B.4: Academic year 2024/2025 Scheme



Appendix B.5: Requirement's Points Protocol

The requirements points protocol is to guide the residents on the comprehensive case selection **only** (10 cases). Each procedure will have number of points based on the difficulty, and the total number of appointments needed to complete it. A total of 22 points is required to consider the case as one of the ten comprehensive cases. The following table includes the points for each procedure.

No.	Treatment	R4	R5	Points
1	**Restorative**			
	Class II Restorations	30	80	1
	Anterior composite	10	30	1
2	**Endodontic treatment**			
	Molar	10	30	3
	Anterior / Premolar	10	32	2
	Retreatment	1	3	3
3	**Periodontal**			
	Deep scaling (min 3 teeth/quad)	4	10	1
	Crown lengthening (per-tooth restored)[1]	5	15	2
	Surgical Implant Placement	2	7	3
	Periodontal surgery	2	5	2
4	**Surgery**			
	Surgical extraction of impacted	4	10	2
	Surgical extraction	20	50	2
5	**Fixed partial denture (unit)[2]**	20	60	3
6	**Dental Implant (per abutment)**	7	15	2
7	**Post and Core**			
	Post & Core	7	22	2
	Core buildup	7	20	1
8	**Removable prosthesis**			
	Complete denture (arch)	2	4	5
	Partial denture (arch)	1	2	5
9	**Completed comprehensive cases**	2	10	

[1] Functional crown lengthening

[2] Fixed Dental prosthesis is divided into full coverage crowns and partial coverage restorations (veneers, inlay, or onlay). Only 10 units will be counted as partial coverage restoration.

Other procedures that are not in the requirements' list will be considered as follows:

- Fixed or removable orthodontic treatment/arch: 5 points.
- Endodontics treatments including MTA plug, or internal bleaching: 1 point.
- Hard occlusal splint: 2 points.
- Simple extraction, transitional RPD, Class I restoration, in-office bleaching, biopsy, resin infiltration or micro abrasion (minimum of 4 teeth): 0.5 point maximum of 2 points.

Appendix B.6: KBAGD Completed Cases

No	File No.	Patient Name	Points	Date Started	Date Completed

Immediate Mentor Signature

Appendix B.7: KBAGD (R4-R5) Didactic Evaluation

Resident Name:

Year:

Date:

Dental Centre: Specialized Dental Centre

A. **Journal Club**

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

	1	2	3	4	5
Resident shows in depth knowledge and understanding of the subject					
Resident can criticize the article effectively					
Resident participated in discussion and answered questions effectively					

B. **Case Presentation**

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

	1	2	3	4	5
The presentation includes background and literature review (evidence selection accuracy, clear citation of references, critically appraised)					
The resident covered the case thoroughly (following the problem list-oriented treatment planning)					
Provided treatment (order of execution and quality of treatment in phase I, II, III)					
Documentation (material presented approved and signed by mentor and matching the file) *					
The case following the points protocol *					
The resident presented clear and needed pictures and radiographs (pre-op, during, post-op)					
Presentation skills (engagement and holding audience attention, Fluency, pausing of Q's to audience, not reading from notes, voice control, pronunciation, Spelling mistakes)					
The resident answered questions based on evidence					
Time of presentation used effectively					

* If resident gets a score of 2 or less in any of stared categories, automatic failure occurs.

C. **Attendance:**

1.Unsatisfactory 2.Needs Improvement 3.Meets Expectation 4.Exceeds Expectation 5.Outstanding

Attendance in seminars	1	2	3	4	5

Additional Comments:

……
……
……

Didactic Coordinators:

Appendix B.8: KBAGD R3-R5 Residents declaration form

I declare that the log diary/case presentation presented is my own original work produced during time spent in the Specialized Dental Center

I declare that all material supplied are true record and have not been altered by any mean, including manual or electronic

_____

Name Signature Date

Appendix B.9: Total Clinical Requirement

Resident name: **Year:** **Date:**

No.	Treatment	R4	R5	Total
1	**Restorative**			
	Class II Restorations	30	80	
	Anterior composite	10	30	
2	**Endodontic treatment**			
	Molar	10	30	
	Anterior / Premolar	10	32	
	Retreatment	1	3	
3	**Periodontal**			
	Deep scaling (min 3 teeth/quad)	4	10	
	Crown lengthening (per-tooth restored)[1]	5	15	
	Surgical Implant Placement	2	7	
	Periodontal surgery	2	5	
4	**Surgery**			
	Surgical extraction of impacted	4	10	
	Surgical extraction	20	50	
5	**Fixed partial denture (unit)[2]**	20	60	
6	**Dental Implant (per abutment)**	7	15	
7	**Post and Core**			
	Post & Core	7	22	
	Core buildup	7	20	
8	**Removable prosthesis**			
	Complete denture (arch)	2	4	
	Partial denture (arch)	1	2	
9	**Completed comprehensive cases**	2	10	

Immediate Mentor

[1] Functional crown lengthening

[2] Fixed Dental prosthesis is divided into full coverage crowns and partial coverage restorations (veneers, inlay, or onlay). Only 10 units will be counted as partial coverage restoration.

Appendix B.10: IN-TRAINING EVALUATION REPORT (ITER)

Kuwait Institute for Medical Specializations

Name of the Resident: _____

*(SUB)SPECIALTY NAME*_____ *(20)*

CIVIL ID: _____

Current Residency level R1 R2 R3 R4

Current Fellowship level F1 F2 *(Please circle one)*

In view of the Residency/Fellowship Program Committee's evaluation, this resident/fellow will proceed to the next level: *Yes* *No* *(Please circle one)*

The following source of information were used for this evaluation:

- ☐ Resident Evaluation
- ☐ Didactic Evaluation
- ☐ Clinical Requirements
- ☐ Two Completed Cases
- ☐ In-Training Examination (Oral Exam)

Comments:

_____

Date Name of Program Director Signature

This is to attest that I have read this document

_____

Date Name of Resident Signature

_____

Date Head of Postgraduate Education Office Signature

Comments:

Appendix B.11: FINAL IN-TRAINING EVALUATION REPORT (FITER)

Kuwait Institute for Medical Specializations

Name of the Resident: _____

(SUB)SPECIALTY NAME _____ *(20__)*

Civil ID: _____

In view of the Residency Program Committee, this resident fulfilled the objective as prescribed in the General Accreditation Standards and is competent to practice as a specialist.	Yes	No
	☐	☐

The following source of information were used for this evaluation:

☐ Resident Evaluation ☐ Didactic Evaluation

☐ Clinical Requirements

Comments:

Date	Name of Program Director	Signature
Date	Name of Resident	Signature
Date	Head of Postgraduate Education Office	Signature

Comments:

Note: if during the period from the date of signature of this document to the completion of training, the Residency Program Committee judges that the candidate's demonstration of competence is inconsistent with the present evaluation, it may declare the document null and void and replace with update FITER. Eligibility for the examination would be dependent on the updated FITER.

APPENDIX C: PROGRAM POLICIES AND REGULATIONS

1. Permission & Leave Forms

طلـــــب اســـــتئذان

السيدة / مساعد مدير برنامج البورد الكويتي في طب الأسنان العام المحترمة

تحية طيبة وبعد ،،

أرجو التكرم بالموافقة والسماح لي على مغادرة مقر عملي لظروف خاصة ، وأتعهد بأن أعود في نهاية المدة المرخص بها .

اســـم الطبيب : _____ مكـــان العمـــل : _____

اليوم	التاريخ	ساعة الخروج		ساعة العودة		أسباب الاستئذان	توقيع الطبيب	مدة التأخير		يضاف التأخير لمدد الشهر	

رأي المسئـــول :

الاستئذان الأول	الاستئذان الثاني	الاستئذان الثالث	الاستئذان الرابع

ملاحظات :

- عدد مرات الاستئذان أربع مرات في الشهر .
- مدة الاستئذان لا يزيد عن ثلاث ساعات في المرة الواحدة .

معهد الكويت للإختصاصات الطبية

نموذج طلب إجازة

*اسم البرنامج: .....

الإسم:	ر.م: .....
ش.م:	مركز العمل: ..... سنة التدريب: .....
اسم البنك: ..... الفرع:	
نوع الإجازة: ..... عدد الأيام:	كرت الإجازات: .....
تبدأ بتاريخ:	تنتهي بتاريخ: .....

توقيع طالب الإجازة	المشرف على التدريب	مدير البرنامج

معهد الكويت للإختصاصات الطبية

نموذج إقرار العودة

*اسم البرنامج التدريبي: .....

الإسم:	ر.م: .....
ش.م:	مركز العمل: ..... سنة التدريب: .....
اسم البنك: ..... الفرع:	
تاريخ تقديم الإجازة: بدأت بتاريخ: ..... انتهت بتاريخ:	
تاريخ المباشرة:	كرت الإجازات: .....

توقيع طالب الإجازة	المشرف على التدريب	مدير البرنامج

معهد الكويت للاختصاصات الطبية

نموذج المباشرة بعد الإجازة المرضية

*اسم البرنامج التدريبي: .....

الإسم:	ر.م: .....
ش.م: ..... سنة التدريب:	كرت الإجازات: .....
بدأت بتاريخ:	إنتهت بتاريخ: .....
تاريخ المباشرة:	

توقيع طالب الإجازة	المشرف على التدريب	مدير البرنامج

APPENDIX D: PROGRAM ADMINISTRATION

1. Postgraduate Training Committee (PGTC)
2. Implant Protocol
3. Prosthodontic Implant Case Selection Protocol
4. The Implant Checklist
5. Program Committee Members

Appendix D.1: Postgraduate Training Committee (PGTC)

- Chaired by the Program director
- The members will be, Assistant program director, chosen coordinators and the chief resident
- Responsible to discuss issues related the residents and their training.
- Will meet every two months or as needed
- Minimum of 6 meetings per academic year
- The minutes of meeting will be sent PGO
- Members of the PGTC are:
    - Dr. Alya Al Rifai (Head of the Committee)
    - Dr. Adel Jragh
    - Dr. Hanadi Al-Aryan
    - Dr. Bader Al-Baqshi
    - Dr. Noura Al-Sumait
    - Dr. Eilaf Al-Marei
    - Dr. Fatma Al-Aradi
    - Dr. Noura Al-Aiban
    - Dr. Fatma Ebrahim
    - Dr. Laila Al-Rasheed
    - Chief Resident

Appendix D.2: Implant Protocol

Following is the implant checklist sheet. Each step has to be completed, *in order*, with the signature of the specialist involved in the designated boxes. It is designed to avoid confusion in the treatment and to support any treatment choice reached by the resident, specialists and patient involved. If done properly, the treatment timeline shouldn't be stagnated or delayed, as all clinicians involved would have a clear understanding of the treatment module and the expected outcome. This would also secure the best treatment option for the patient and shows our professionalism and commitment to the treatment of choice.

An initial prosthetic consult (box 1) is conducted to insure the area concerned provides the required space and dimension to restore the implant. Not only that, but to confirm that an implant is a viable treatment option with all prosthetic aspects are assessed (e.g. occlusion, adjacent teeth etc.). After conducting a prosthetic consult, a diagnostic wax-up is fabricated for both the patient and the resident to confirm the treatment of choice (box 2). Esthetics, restorative space and treatment option is evaluated and confirmed.

This is followed by the surgical consult (box 3) to evaluate both the local anatomy and patient medical health. A surgical stent should be fabricated and checked before taking any radiographs (box 4). Going over the surgical guide confirms the design and material used for the guide is of the quality required for the chosen procedure. The surgical guide is then used to take the indicated radiograph, such as CBCT (box 5). It has to be noted any radiographs taken for implant treatment planning, such as a CBCT or panoramic radiograph, *should be taken with the surgical guide*. If the site needs any modifications, such as bone/tissue grafting, it has to be established at this stage of the treatment planning process. After completing the previous steps, a signature from the mentor should be attained to confirm that the patient has completed phase I therapy prior to moving on to the surgical treatment module (box 6). *Any medical or other consults should be attained "before" booking the implant surgery or surgical site modification appointment* (box 7).

If there were any modifications of the treatment due to an unforeseen situation during the surgery, it would be noted and signed in the assigned box (8). This is followed by an estimated healing time so all involved would be on the same wavelength (9). Box (10) would be signed off after completing the second stage surgery. When the implant(s) has been restored, box (11) is to be signed off. A comment should be written in box (12) for feedback purposes, to improve or sustain the quality of treatment in the placement of future implants.

Implant Checklist

Resident's name: _____ Date: _____

Patient's name: _____ File #: _____

Missing Tooth/Teeth: _____ System: _____

Size: _____

	Stage of Tx	Comments	Signature	Dept.
1	Prosthetic consultation			Pros
2	Diagnostic cast & wax-up			Pros
3	Surgical consultation			Perio
4	Radiographic/Surgical guide			Pros
5	CBCT review			Perio
6	Other disciplinary/medical consultations			Perio

[Sequence of signatures should be followed in accordance to the above table]

Appendix D.3: Prosthodontics and Periodontics Guideline

Prosthodontic case selection:
These are the Fixed Prosthodontics guidelines for cases selection which will be implemented at the treatment planning stage. These guidelines will ensure meeting the following objectives:

- Allow a more appropriate and flexible case planned by KBAGD residents.
- Ensuring a proper and fair case assignments and distribution which meets the level of clinical competence expected from KBAGD Program residents.
- Provide a better and more controlled management for prosthodontics cases which will guarantee an optimal treatment outcome.

Accepted cases:

- Six or less fixed dental prosthesis with bilateral or unilateral posterior occlusion.

Rejected cases:

- Maxillary or Mandibular fixed complete dental prostheses on dental implants.
- Removable implant-supported dental prostheses (overdenture).
- Cases requiring a change in VDO.

Cases that require pre-approval from the clinical committee:

- Anterior fixed dental prosthesis on dental implant.
- Porcelain laminate veneers.
- More than six fixed dental prosthesis.
- Other advanced clinical situations.

Eligibility of the R4 residents:

- The resident must be meeting expectations in the first and second in-training evaluations (CANMED).
- The resident must be meeting expectations in the requirements and exam cases.

Eligibility of the R5 residents:

- The resident must be meeting expectations in the clinical requirements and the last in-training evaluation (CANMED).

Getting the approval:

- An email should be sent by the resident to the Clinical Committee mentioning an overview of the case.
- The clinical committee will arrange a committee to view and discuss the case with the resident.
- The resident should examine the patient prior to the discussion and prepare the following:
  - Complete patient file.
  - Clinical photos.
  - Mounted diagnostic casts.
  - Radiographs.
  - Detailed treatment plan with the correct sequence and to be able to defend the plan.
- Based on all the above the case will be accepted or rejected.
- If the case is accepted, a member of the committee will examine the patient clinically and approve the treatment plan.
- A maximum of two approved cases.

Prosthodontic Implant Guideline:

1. All Cases requiring implants as a treatment option must be checked by the resident and Prosthodontics tutor for adequate inter-occlusal and inter-dental spaces for future implant restoration(s).
2. If the edentulous space(s) planned for implant restoration is/are unopposed, a decision must be made regarding the opposing space at the treatment plan stage prior to obtaining the initial Prosthodontic tutor approval on the Implant Check List.

3. All cases requiring implants must have a diagnostic cast and a wax-up after the initial Prosthodontic consultation, and the initial Prosthodontic tutor approval on the Implant Digital Check List.
4. After the initial Prosthodontics consultation, the Prosthodontic tutor may request the diagnostic wax-up prior to providing his initial approval on the Implant Digital Check List to confirm the adequacy of the space(s) in certain cases.
5. All Implant cases must have an implant Surgical Guides made based on the diagnostic wax-up for the edentulous space.
6. Cases were planned for extraction followed by implants or surgical site preparation (Grafting) and implant, can be initially accepted for assignment through a Prosthodontic tutor, initial approval on the Implant Digital Check List is needed. However, the following conditions must be met:
    a) The extraction site(s) will need to be re-checked clinically post extraction and/or grafting with complete soft tissue healing to ensure the that it meets the minimum space requirements for a future implant restoration.
    b) A new study cast and wax-up post extraction and/or grafting with and complete soft tissue healing will be required to fabricate the Implant guide.

A confirmation form a Prosthodontic tutor must be documented by the resident and signed by the assigning Prosthodontic tutor on the Patient File Case Notes.

Periodontic case selection and guideline:

The resident is required to plan and place at least one implant with each of the full-time periodontology faculty during their R4 and R5 residency years i.e. otherwise, the requirement will not be fulfilled

Rejected cases:

- Cases requiring external sinus lift.
- Cases requiring soft tissue grafting.

Cases that require pre-approval from the clinical committee:

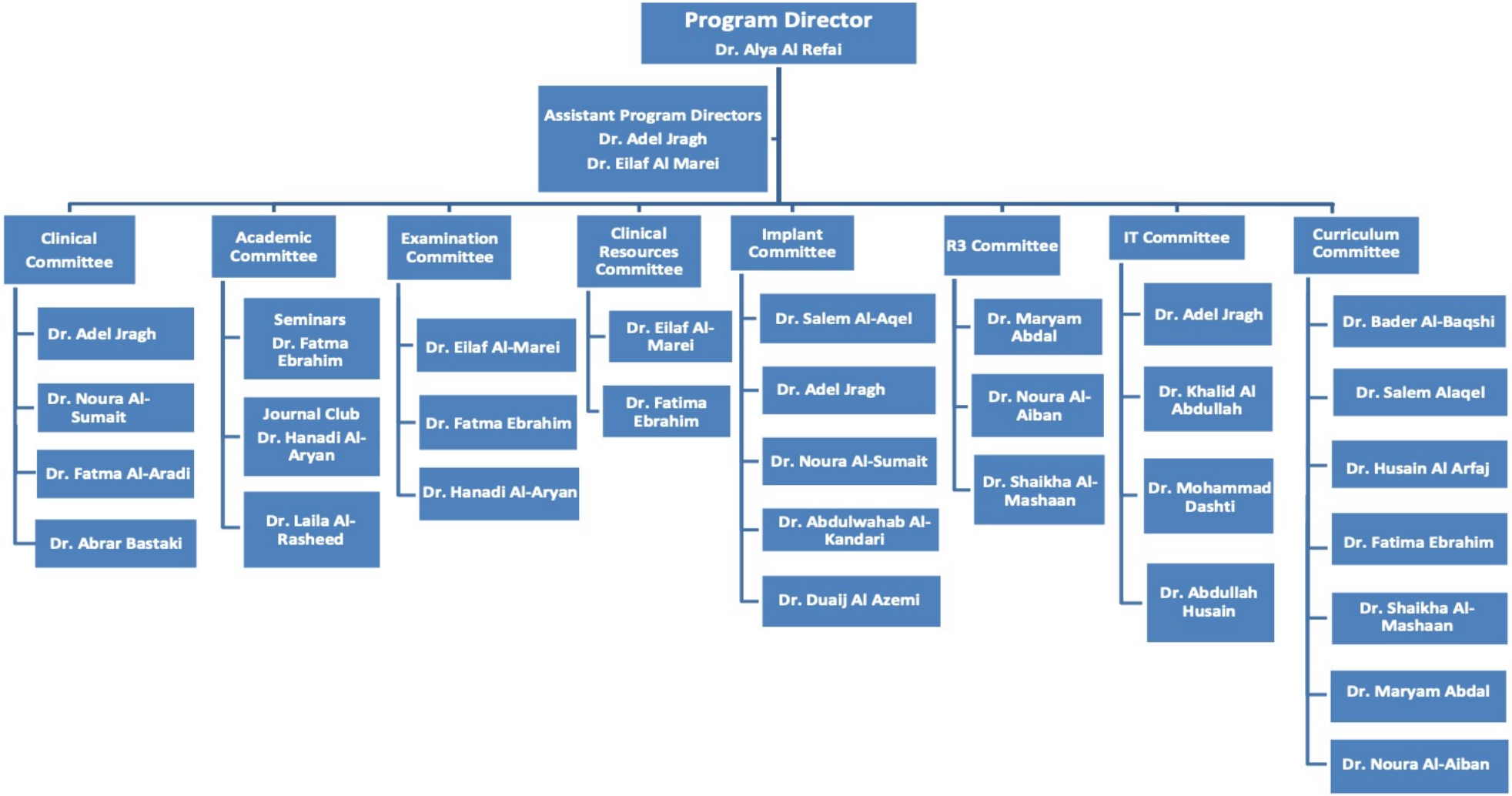
- Anterior dental implant.
- Immediate dental implant.
- Esthetic crown lengthening.

Eligibility of the residents:

- The resident must be meeting expectations in the last in-training evaluations (CANMED).
- Completing the clinical requirements of the specified procedure.

Please be aware that all the guidelines mentioned above are basic guidelines drawn from all possible clinical situations where implants can be provided as a treatment option. However, **clinical committee reserve the right to accept or reject the assignment of any case not meeting the above criteria or clinical situations** based on its **level of difficulty** and the **resident's competence level**. Under such circumstances, Resident are also obliged to complete the restoration cases under this category with the same Prosthodontic Mentor who agreed on the assignment.

Appendix D.4: Program Committee Members



APPENDIX E: PROGRAM ADMINISTRATION

Appendix E.1: KBAGD R3 – R5 Program Staff

Programme Director

Dr. Alya Al Refai dr.aalrefai@gmail.com

Assistant Programme Director

Dr. Adel Jragh ajragh@gmail.com
Dr. Eilaf Al-Marei Eilaf_almarei@yahoo.com

Full time staff R3:

Name	Email
Dr. Amani Al-Rashed	Dramanialrashed@gmail.com
Dr. Khaleefa Al-Kandary	Dr.khaleefa@gmail.com
Dr. Abdullah Al-Osaimi	Dr.abdullah.alosaimi.agd@gmail.com
Dr. Manal Al-Ajmi	Drmanalalajmi@gmail.com
Dr. Fatma Al-Sahaf	Drfatmasahaf@gmail.com
Dr. Fatemah Al-Mousa	Drfatemahalmousa@gmail.com
Dr. Mohammed Al-Hammadi	Drmohalhammadi@gmail.com

Full time staff R4-5:

Name	Email
Dr. Hanadi Al-Aryan	alaryanhanadi@gmail.com
Dr. Noura Al-Sumait	nousum@hotmail.com
Dr. Fatma Al-Aradi	Fatma_alaradi@yahoo.com
Dr. Hussain Al-Arfaj	alarfajdmd@gmail.com
Dr. Duaij Al-Azmi	mr.alazemi@gmail.com
Dr. Abdullah Husain	dr.abdullah.h.husain@gmail.com
Dr. Bader Al-Baqshi	baderendo@gmail.com
Dr. Abdullah Abul	dr.redhae@gmail.com
Dr. Salem Al-Aqel	salem.perio@gmail.com
Dr. Abdulwahab Al-Kandari	abdulwahabkbagd@gmail.com
Dr. Noura Al-Aiban	Nouraalaiban@yahoo.com
Dr. Fatma Ebrahim	Dr_fatma_ebrahim@yahoo.com

Dr. Laila Al-Rasheed	Dr.lailaalrasheed@gmail.com
Dr. Shaikha Al-Mashaan	s.almashaan@gmail.com
Dr. Abrar Bastaki	a.n.a.bastaki@gmail.com
Dr. Ahmad Kamal	Ahmadkamal.perio@gmail.com
Dr. Ali Bushahri	bushahri@gmail.com
Dr. Hadeel Al Ateeqi	drhadeelalateeqi@gmail.com
Dr. Maryam Abdal	89maryam.abdal@gmail.com
Dr. Mohammad Dashti	drmohammadashti@gmail.com

Part time Staff

Name	Email
Dr. Bashar Rajab	bmrajab@gmail.com
Dr. Abdullah Al-Ghareeb	abdullahalgharib@gmail.com
Dr. Ayman Al-Ammar	aalammardds@gmail.com