OSCE Revision Session

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Dental Core Trainees

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Topics

- Top tips
- Example stations
- Revision advice
- Q&A

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Top Tips

- Practice makes perfect
- Structure
- No dental jargon
- Keep calm and carry on
- Relax and be confident
- Read the question twice
- Nothing new will be examined
- Master the basics
- Utilise station props

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Practical Stations

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Example Station 1 – Oral Surgery

1. **Please identify a luxator**

A

B

C

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Example Station 1 – Oral Surgery

1. **Please identify a luxator**

A

B

C

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Example Station 1 – Oral Surgery

2. **Which number forcep would you use to extract an UR1?**

   A – 74

   B – 101

   C – 2

   D – 73

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Example Station 1 – Oral Surgery

2. **Which number forcep would you use to extract an UR1?**

A – 74

B – 101

C – 2

D - 73

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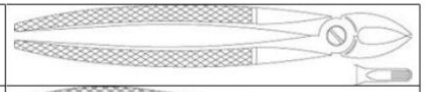
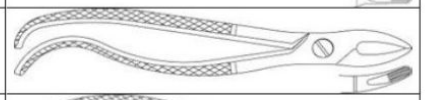
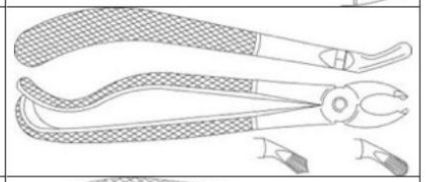
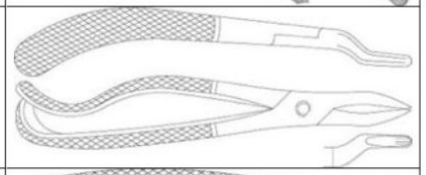
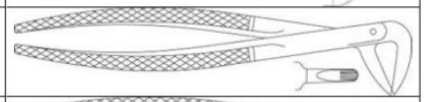
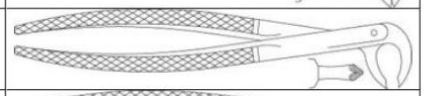
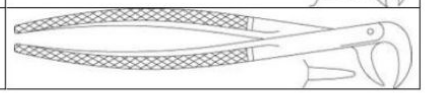
Tooth	Forceps	Description
Maxillary incisors and canines	2 113 (roots)	Upper straight
Maxillary premolars	76	Upper universal
Maxillary first and second molars	94 (right) 95 (left)	Beak-to-cheek
Maxillary third molars	101	Bayonet
Mandibular incisors, canines and premolars	74 74N (roots)	Lower universal
Mandibular first and second molars	73 86	Beak-to-beak Cowhorn
Mandibular third molars	DO NOT USE FORCEPS	

No.2	
No. 76	
No.94 & 95	
No. 101	
No. 74	
No.73	
No.86	

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Example Station 1 – Oral Surgery

3. **Demonstrate how you would use a luxator in an UL6 extraction.**

   1. Patient's head at level of elbow

   2. Place finger and thumb of non-dominant hand on either side of the tooth to be extracted

   3. Tip of instrument inserted into gingival margin, blade angle along long axis of root surface

   4. Once in PDL, the luxator is worked down the length of the root with rotation and apical pressure

   5. Cuts PDL fibres and expands socket

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Example Station 1 – Oral Surgery

- Hints:
  - Know the forcep numbers
  - Know how to use forceps, luxators and elevators:
    - YouTube: Leeds School of Dentistry:
      - ’Demonstration of luxator technique for dental extraction’
      - ‘Demonstration of forceps technique for dental extraction’
  - Patient positioning
  - Ensure you can explain what you are doing and why

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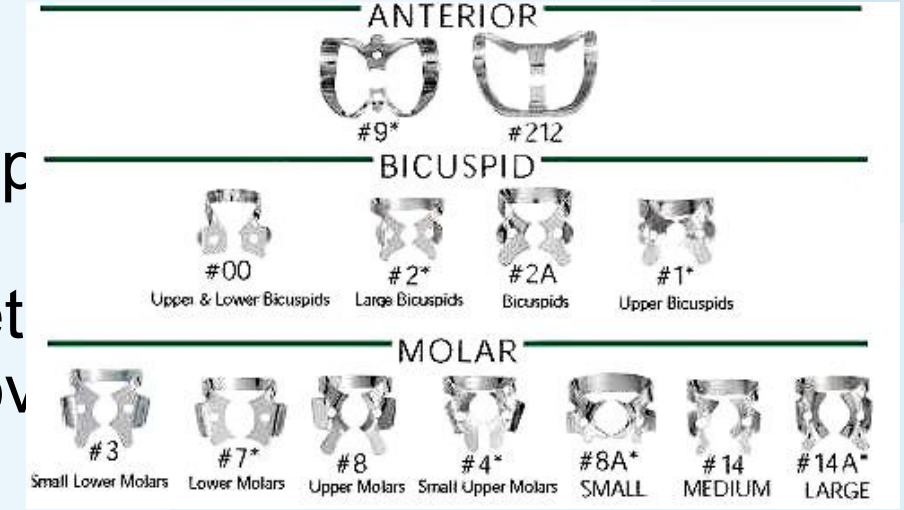
Example Station 2 – Rubber dam

You are restoring a LR6 with a direct restoration. Please place a rubber dam.



1. Tie floss around the appropriate clamp

2. Either assemble clamp and dam toget
place clamp first and then rubber dam ov

3. Flick the rubber dam over the wings of the clamp

4. Place the frame

5. Make sure the patients' airway is not blocked at the nose

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Example Station 3 – Local anaesthetic

Demonstrate how to assemble and give an IDB whilst describing this process.

1. Aims 10mm above the occlusal plane

2. Posterior to the internal oblique ridge

3. Anterior to the pterygomandibular raphe

4. Inject syringe from opposite premolars and advance 2.5-3cm

5. Hit bone and withdraw

6. Aspirate

7. Deposit whole cartridge

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Bonus Tips

- **Acting stations -** introduce self, confirm name and DOB
- **Gracey curretes -** numbers
- **Impressions -** choose correct adhesive (alginate)
- **Endo irrigation -** choose correct irrigant (sodium hypochlorite), luer lock, side vented
- **Charting -** left vs right, pencil, learn symbols
- **LA -** 2% lidocaine with 1:80,000 adrenaline

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Written Station

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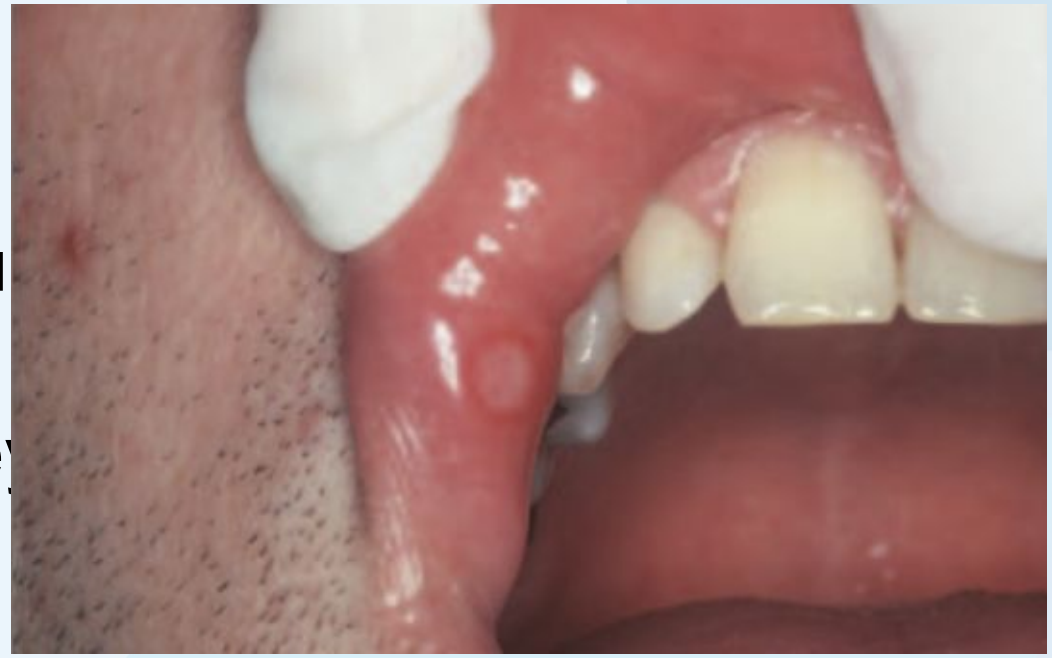
Example Station 4 – Oral Medicine

1. **Describe the appearance.**

- 1 ulcer present on the right labial mu
- Inflammatory halo around yellow/gre
- Oval in shape and sharply defined



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Example Station 4 – Oral Medicine

2. What questions would you ask when taking a history from this patient?

- Number
- Location
- Duration
- Diet
- Stress
- Frequency
- Size
- Empathetic questions
- Medical history (medical conditions, medications allergies)

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Example Station 4 – Oral Medicine

3. Give 2 possible causes.

- Stress
- Local trauma
- Menstruation
- Sodium lauryl sulphate
- Drugs (NSAID, alendronate and nicorandil)
- Smoking
- Crohn's and coeliac disease
- Iron, vitamin B12, or folate deficiencies

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Example Station 4 – Oral Medicine

4. Give 2 management approaches.

- Benzydamine mouthwash (Difflam)
- Topical steroids (Hydrocortisone oromucosal tablets, betamethasone oral rinses)
- Covering agents (lidocaine ointment)
- Analgesics
- Avoid spicy foods
- SLS free toothpaste
- Refer to GP to investigate and treat any underlying deficiency or coexisting pathology (blood tests)
- Refer to oral medicine (if not managed locally)
- If ulcer persists >3 weeks, consider urgent referral for biopsy

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Communication Stations

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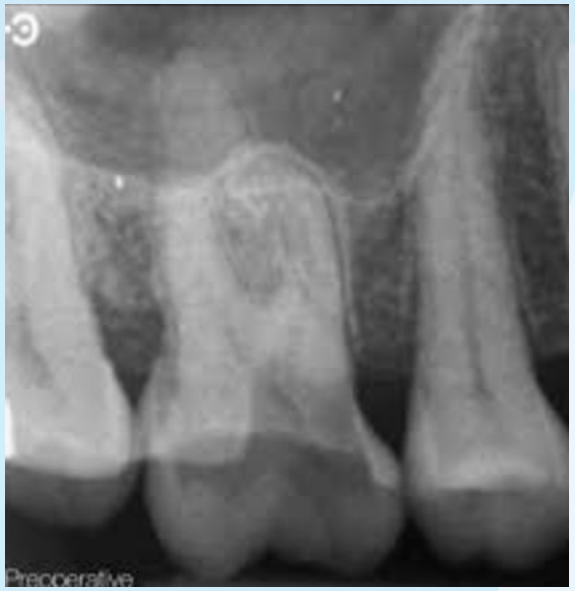
Example Station 5 – Pain History and Diagnosis

56yo patient had severe toothache for 4 weeks from upper right first molar which suddenly stopped.

The tooth was asymptomatic on the day he attended. He reported ‘part of the tooth came off recently’ whilst he was chewing.



The patient smokes 20/day and is a nocturnal bruxist.

He takes Warfarin for atrial fibrillation.

BPEs

2	2	2
2	2	2

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Example Station 5 – Pain History and Diagnosis

1. Take a pain history
2. What other special investigations would you carry out?
3. What is your provisional diagnosis?
4. How would you manage this situation?

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Example Station 5 – Pain History and Diagnosis

- Introduce yourself
- Check ID
- Check MH and SH – recognise Warfarin and bleeding risk
- Repeat what you already know in terms of the pain and explain you will be asking some more questions to gather further information to help form a diagnosis

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Example Station 5 – Pain History and Diagnosis

Pain History:

S – site (location)

O – onset (when did it first start)

C – character (dull, sharp, shooting)

R – radiation (neck, ear, other teeth)

A – associated factors (bad taste, foul smell, sinus)

T – time (how long does it last, is it constant or does it come and go)

E – exacerbating factors (hot, cold, sweet)

S – severity (1-10)

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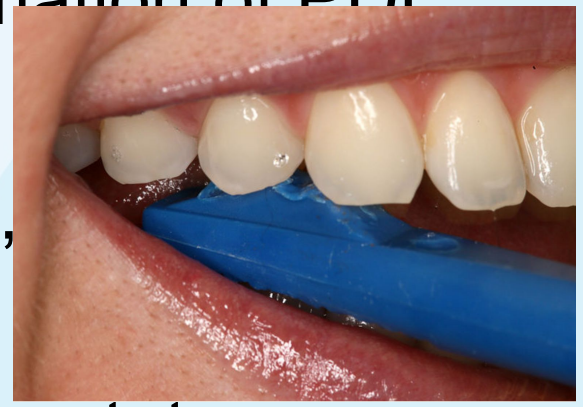
Example Station 5 – Pain History and Diagnosis

Special investigations:

1. **Radiographs** – OPG, periapicals, bitewings, occlusals
2. **Sensibility testing** – ethyl chloride, electric pulp testing
3. **Tenderness to percussion** – inflammation of PDL
4. **Mobility** – Grade I, II, III
5. **Probing depth** – periodontal disease,
6. **Tooth sleuth** – fractured cusps
7. **Test cavity** - if unsure of tooth's vitality status



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Example Station 5 – Pain History and Diagnosis

- Explain diagnosis to patient (likely pulpal necrosis or periapical periodontitis, secondary to unrestorable caries). Use radiograph to help explain.
- Explain BPE scores, explain that gingivitis will likely progress to periodontitis if patient maintains smoking level.
- Explain that tooth is unrestorable (breaking bad news).

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Example Station 6 – Treatment Planning

- List all treatment options – split into immediate (pain management), medium term, long term
- Explain risks and benefits of each option
- Explain it must be a holistic decision taking into account the patient's concerns, MH, OH, financial cost, and biological cost (the price the teeth/mouth will have to pay if we go for a certain option)

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Example Station 6 – Treatment Planning

Immediate management: pain relief

- Explain INR needs to be checked within 72hrs as patient is high bleeding risk hence unable to extract today.
- Stabilise the teeth with temp filling material/extirpate (if unrestorable then options are: Monitor or XLA)
- AAA - advise, analgesia, antibiotics
- If XLA then can provide immediate denture
- Give cooling period for patient to have time to decide

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Example Station 6 – Treatment Planning

Medium term:

1. Extract the tooth under LA with INR checked (may require surgical extraction which involves cutting gum and sutures)
   - Advantages: remove risk of further pain and infection from tooth
   - Disadvantages: will leave gap which may require management
2. Prevention:
   - Improvement of OHI and diet investigation before any advanced cons can be given
   - Smoking cessation
   - Soft splint for bruxism
4. Replace denture for a better fitting one if needed whilst waiting for bone levels to stabilise

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Example Station 6 – Treatment Planning

Long term management:

1. **Leave gap**
2. **Denture**

☑ can be modified if more teeth are l

☑ good aesthetics

☒ removable so patient may not find them natural at the beginning

(requires habituation)

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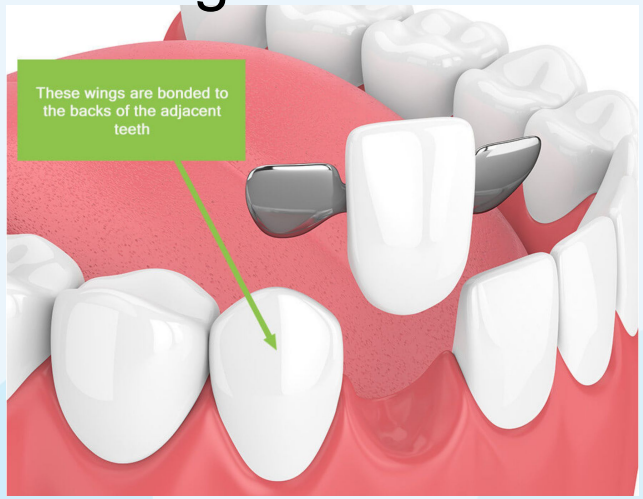
Example Station 6 – Treatment Planning

Long term management:

2. Bridge

Resin Bonded Bridge



Conventional Bridge

- ☑ good aesthetics
- ☑ fixed prosthesis
- ☒ requires optimum OHI
- ☒ adjacent tooth may require tooth preparation (sound enamel loss,
- ☒ 20% chance of pulp damage if adjacent teeth prepared)
- unaesthetic if recession occurs (likely as currently smokes 20/day)

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Example Station 6 – Treatment Planning

Long term management:

3. Implant

- ☑ good aesthetics
- ☑ fixed prosthesis.
- ☑ does not damage adjacent teeth – low biological cost

- ☒ requires optimum OHI
- ☒ contraindicated in smokers (higher chance of peri-implan
- ☒ expensive - has to be privately funded

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Example Station 7 – Treatment Options and Consent

Name: Amy Smith

Age: 7yo

Gender: Female

Relevant Social History: Lives with mum, parents never married and are not together

Relevant Medical History: Allergy to penicillin

Relevant Dental History: Irregular attender, first attended GDP in pain a few months ago

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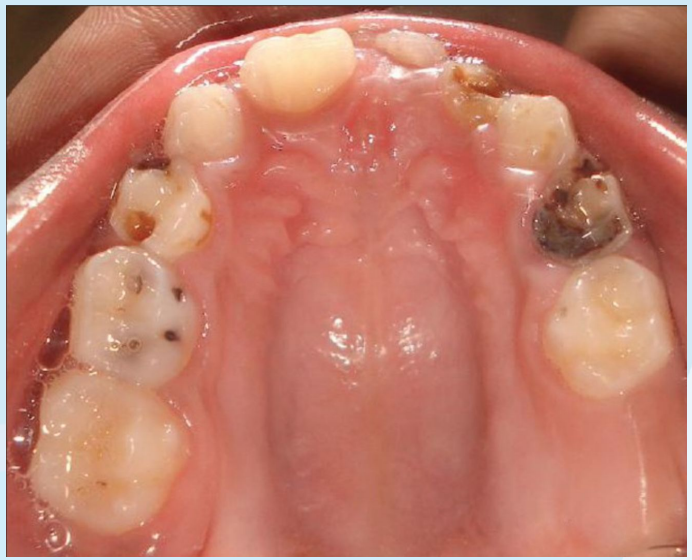
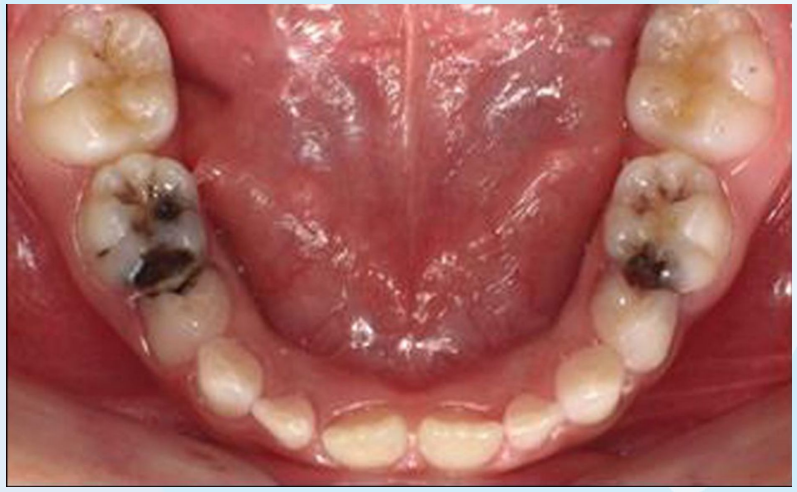
Example Station 7 – Treatment Options and Consent





Amy had a right sided facial swelling 2 months ago for which her GDP gave her antibiotics, following which it settled.

Since then she has had toothache intermittently from all quadrants of her mouth.

This has kept her awake on a few occasions.

She is taking Calpol daily to help manage the pain.

Amy has attended a new patient clinic v
her

grandmother.

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Example Station 7 – Treatment Options and Consent

1. Explain the diagnosis to Amy and her grandmother.
2. Explain the treatment options available to treat Amy's teeth.

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Example Station 7 – Treatment Options and Consent

- Introduce yourself
- Check ID – check who is accompanying her
- Check MH and SH
- Briefly repeat what you know of the pain history – check if they would like to add anything
- Explain multiple carious teeth that are unrestorable and will need to be extracted
- Discuss treatment modalities and the risks vs benefits of each one
- Explain that grandmother cannot consent hence mum or dad will need to attend to sign consent forms

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Example Station 7 – Treatment Options and Consent

1- XLA

☑ Quick, removes risk of infection

☒ Multiple carious teeth so would need multiple visits, a lot to manage for someone who has no previous experience of dental treatment

2- XLA with IHS

☑ Reduces anxiety, some analgesic properties, helps desensitise, can be titrated to response, no recovery period so no time off school needed to recover

☒ Still requires LA, multiple appointments needed

3- XGA

☑ All treatment done in one go, pt will not remember treatment after

☒

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General Communication Tips

- Body language – lean forward, don't cross arms, eye contact, head tilt triple nod
- Ask open ended, non leading question
- Repeat a summary of what they say to check you have gotten the facts correct and show them you have been listening
- Show empathy
- Avoid clinical jargon
- 'Chunk and check' – break your information into digestible s[illegible]s and

  check if they understand or have any questions before moving on
- Refer them to information resources – leaflets, websites, videos

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Useful resources:

- **FGDP guidelines** – record keeping, examination, radiographs
https://www.fgdp.org.uk/clinical-examination-record-keeping-standards/4-full-examination

- **SDCEP guidelines -** https://www.sdcep.org.uk/published-guidance/

- Delivering Better Oral Health Toolkit
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/601833/delivering_better_oral_health_summary.pdf

- **GDC principles**

- **MFT leaflets - https://mft.nhs.uk/dental/patients-visitors/patient-leaflets/**

- **Geeky Medics -** https://geekymedics.com/category/communication-skills/

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Good luck!

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Questions?

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