

## Rúbrica para Evaluar Examen de Competencia

**Método de Exámen:**

**Competencia:**

**Instrucciones:** En la columna de “Escala”, haga las divisiones que sean necesarias según la escala que escoja. Escriba los criterios que se van a evaluar en la columna “Criterio Evaluado”. En cada columna de la escala, escriba una descripción de lo que significa cada nivel de la escala en ese criterio que se estará evaluando. Al final, haga una lista de los Errores Críticos.

Criterio Evaluado	Escala

**Errores Críticos:**

## Rúbrica para Evaluar Examen de Competencia

**Método de Exámen: Ensayo y Reflexion sobre Experiencia como Paciente**

**Competencia: 3**

**Instrucciones:** En la columna de “Escala”, haga las divisiones que sean necesarias según la escala que escoja. Escriba los criterios que se van a evaluar en la columna “Criterio Evaluado”. En cada columna de la escala, escriba una descripción de lo que significa cada nivel de la escala en ese criterio que se estará evaluando. Al final, haga una lista de los Errores Críticos.

Criterio Evaluado	2	1	0
<b>1. Percepcion y descripcion del entorno</b>	Descripcion critica del entorno(espacio fisico, facilidades tecnologicas)	Descripcion superficial del entorno	No hace descripcion alguna
<b>2. Interaccion con el personal de apoyo: Recepcionista, asistente, higienista</b>	Evaluacion detallada del trato personal, las destrezas de comunicacion, las destrezas tecnicas	Evaluacion parcial (obviando algunos de los aspectos anteriores)	No hace descripcion de estos aspectos
<b>3. Interaccion con el dentista</b>	Evaluacion detallada del trato personal, destrezas de comunicacion, conocimientos actualizados; destrezas tecnicas	Evaluacion parcial (obviando algunos de los aspectos anteriores)	No hace descripcion de estos aspectos
<b>4. Procesos administrativos</b>	Evaluacion detallada de la observacion de leyes y reglas de privacidad; manejo apropiado del tiempo; procesos de facturacion y cobros.	Evaluacion parcial de estos procesos administrativos (obviando algunos de los aspectos anteriores)	No hace descripcion de estos aspectos
<b>5. Resultado de la visita</b>	Evaluacion objetiva del proposito de la visita y analisis critico de los sus factores	Evaluacion superficial del proposito de la visita (obviando criterios importantes)	No se realizo evaluacion alguna de las expectativas para esta visita.

**Errores Críticos:**

- No comparecencia o participacion de la actividad.
- No desarrollar el ensayo reflexivo como requerido.
- Obtener un “cero” en el criterio #3

## Rúbrica para Evaluar Examen de Competencia

**Método de Exámen: Presentación de Caso**  
**Competencia: 4 y 5**

**Instrucciones:** En la columna de “Escala”, haga las divisiones que sean necesarias según la escala que escoja. Escriba los criterios que se van a evaluar en la columna “Criterio Evaluado”. En cada columna de la escala, escriba una descripción de lo que significa cada nivel de la escala en ese criterio que se estará evaluando. Al final, haga una lista de los Errores Críticos.

<b>Criterio Evaluado</b>	<b>3,2,1,0 Aceptable/No Aceptable</b>
<b>Medical History</b>	<b>Según rúbrica actual</b>
<b>Dental History</b>	<b>Según rúbrica actual</b>
<b>ExtraOral Clinical Examination</b>	<b>Según rúbrica actual</b>
<b>Oral Clinical Examination</b>	<b>Según rúbrica actual</b>
<b>Normal Oral Anatomy</b>	<b>Según rúbrica actual</b>
<b>Study Models</b>	<b>1 – Eliminate: “and/or CPC patient” Should say: “Cases for fixed and/or removable restorations not mounted in a semi adjustable articulator”</b>
<b>Oral Diagnosis</b>	<b>Según rúbrica actual</b>
<b>Basic Knowledge ( se cambió título)</b>	<b>Según rúbrica actual</b>

<b>Treatment Plan</b>	<b>Según rúbrica actual</b>
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<b>Errores Críticos:</b>
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**Rúbrica para Evaluar Examen de Competencia**

**Método de Exámen: Presentacion caso y Profilaxis del tercer paciente de Recall Activo**  
**Competencia: 9**

**Instrucciones: En la columna de “Escala”, haga las divisiones que sean necesarias según la escala que escoja. Escriba los criterios que se van a evaluar en la columna “Criterio Evaluado”. En cada columna de la escala, escriba una descripción de lo que significa cada nivel de la escala en ese criterio que se estará evaluando. Al final, haga una lista de los Errores Críticos.**

Criterio Evaluado	Escala				
	A c e p t a b l e			N o a c e p t a b l e	
	4	3	2	1	0
<p><b>Professional Attitude and Behavior</b></p> <ul style="list-style-type: none"> <li>• Recognizes their limitations accepting responsibilities and constructive criticism for their actions and decisions.</li> <li>• Respects professors, peers, professional team and patients.</li> <li>• Communicates effectively with professors, peers, patients, and professional team.</li> <li>• Attends classes, laboratories and clinic punctually.</li> <li>• Comes prepared to class, laboratory and clinic.</li> <li>• Shows commitment to honesty.</li> <li>• Complies with school dress code.</li> </ul>				<ul style="list-style-type: none"> <li>• Is resistant or defensive in accepting criticism.</li> <li>• Non-effective communication with professors, peers, patients, and professional team.</li> <li>• Late more than 15 minutes.</li> <li>• Does not comply with dress code.</li> </ul>	<ul style="list-style-type: none"> <li>• Remains unaware of own inadequacies.</li> <li>• Resists considering or making changes.</li> <li>• Does not accept responsibility for errors or failure.</li> <li>• Demonstrates inability to function within a health team.</li> <li>• Displays inadequate commitment to honoring the wishes and wants of the patient.</li> <li>• Disrespectful to professors, peers, professional team or patients.</li> <li>• Absent without a reasonable excuse</li> <li>• Inadequate preparation for class, laboratory or clinic.</li> </ul>

					<ul style="list-style-type: none"> <li>• Dishonest</li> </ul>
<p><b>Patient Management</b></p>	<ul style="list-style-type: none"> <li>• Shows respect for patient's confidentiality.</li> <li>• Demonstrates confidence and control of clinical situations.</li> <li>• Communicates using words and terms understandable to the patient.</li> <li>• Is sensitive to patient's needs and comfort.</li> <li>• Provides fair treatment to patients regardless of their culture, ethnicity, age and socio-economic condition or background.</li> <li>• Never leaves a patient unattended in the clinic risking their security.</li> <li>• Assumes responsibility for treatment needed by their patient in emergency situations.</li> <li>• Treats patient kindly and courteously at all times.</li> </ul>			<ul style="list-style-type: none"> <li>• Lack of control of clinical situation without detrimental results to the patient.</li> <li>• Leaves patient unattended without risking their security.</li> <li>• Delays responsibility for emergency treatment needed by their patient.</li> <li>• Treats patient discourteously and unkindly.</li> </ul>	<ul style="list-style-type: none"> <li>• Breach of patient's confidence.</li> <li>• Disrespectful to patient.</li> <li>• Fails to demonstrate control of clinical situation with detrimental results.</li> <li>• Unable to communicate with the patient.</li> <li>• Unaware and insensitive to patient's needs and comfort.</li> <li>• Fails to provide fair treatment.</li> <li>• Leaves patient unattended risking their security.</li> <li>• Does not assume responsibility for emergency treatment needed by their patient.</li> <li>• Needs continual</li> </ul>

					remainder about fulfilling responsibilities to patients.
<b>Record and Information Gathering</b>	<ul style="list-style-type: none"> <li>• Reviews and updates information on record.</li> <li>• All pertinent social, medical and dental history information is complete, legible and accurate.</li> <li>• Previous procedures and entries in record are signed.</li> <li>• Updates medical history every six months or as needed and systemic conditions are monitored frequently.</li> <li>• Safeguards the confidentiality of the patients' records in their possession.</li> <li>• Treatment plan is informed, authorized and signed by a professor, student and patient or legal representative.</li> <li>• Consent forms are signed (informed consent, HIPAA, minor patient, etc.).</li> <li>• Progress notes and radiographic record are complete, clear, written in ink and signed.</li> </ul>			<ul style="list-style-type: none"> <li>• Pertinent social, medical and dental history information is incomplete, illegible and/or inaccurate.</li> <li>• Does not update medical history.</li> <li>• Progress notes are incomplete, irrelevant or not clear.</li> <li>• Progress notes not signed within a reasonable time.</li> </ul>	<ul style="list-style-type: none"> <li>• Consent forms not available or signed during procedure.</li> <li>• Progress notes not written.</li> <li>• Previous progress notes not written.</li> <li>• Breach of patient's confidentiality.</li> <li>• Did no update medical history before procedure with detrimental consequences to patient.</li> <li>• Executed treatment without signed treatment plan.</li> </ul>
<b>Organization and Asepsis</b>	<ul style="list-style-type: none"> <li>• Complies with universal precautions and all infection control protocols of the School of Dentistry.</li> <li>• The criteria to be followed are described in the Infection Control Manual and Risk Management Protocol Manual.</li> <li>• Area around the operatory</li> </ul>			<ul style="list-style-type: none"> <li>• Unnecessary paraphernalia around the operatory area.</li> <li>• Not organized.</li> <li>• Necessary instruments, supplies and equipment not present.</li> <li>• Unnecessary materials in cabinet.</li> </ul>	<ul style="list-style-type: none"> <li>• Area not clean.</li> <li>• Contaminated instruments in cabinet.</li> <li>• Not wearing scrub.</li> <li>• Fails wearing mask or gloves according to task.</li> <li>• Non-compliance</li> </ul>

	<p>unit is clean, organized and devoid of unnecessary paraphernalia.</p> <ul style="list-style-type: none"> <li>• Cabinet is organized devoid of contaminated instruments or unnecessary materials (clean and closed during procedure).</li> <li>• Instruments are sterile in their respective cassettes or trays.</li> <li>• Student wears protective attire: scrub, disposable gown, mask, gloves according to task, protective eyewear, hair control.</li> <li>• Maintains an aseptic technique through the procedure.</li> <li>• Patient had napkin and protective eyewear during procedure.</li> <li>• Uses the scheduled time efficiently.</li> </ul>			<ul style="list-style-type: none"> <li>• Cabinet is open during the procedure.</li> <li>• Fails in the use of protective eyewear or hair control.</li> <li>• Patient did not have napkin or protective eyewear during procedure.</li> </ul>	<p>with sterilized or reusable instruments.</p> <ul style="list-style-type: none"> <li>• Aseptic technique not maintained during procedure.</li> <li>• Non-compliance with infection control protocol.</li> </ul>
<p><b>Compliance with Institutional Regulations</b></p>	<ul style="list-style-type: none"> <li>• Complies, respects and follows clinical regulations as stated in the Clinical and School Manuals.</li> <li>• Respects and follows clinic hours.</li> <li>• Works on patient under the supervision of an instructor at all times.</li> <li>• Produces a computerized universal, a provisional or an evaluation form for each appointment at the clinic; and, if requested, hands in a copy to the faculty supervising the procedure.</li> <li>• Requests the signature of</li> </ul>			<ul style="list-style-type: none"> <li>• Arrives at clinic late by more than 20 minutes after the clinic started.</li> <li>• Produces a computerized universal, a provisional or evaluation form for each appointment at the clinic and hands in it after starting the procedure even though it was requested before starting the procedure.</li> <li>• Does not request the signature of the</li> </ul>	<ul style="list-style-type: none"> <li>• Works without supervision or authorization or does not follow clinic hours.</li> <li>• Is absent from clinic or clinical duties.</li> <li>• Requests the signature of the professor after more than 48 hours after the treatment.</li> </ul>

	<p>the professor for the universal form and the progress notes after the appointment is completed.</p> <ul style="list-style-type: none"> <li>• Starts working after the professor supervising the procedure authorized it.</li> <li>• Records are readily available.</li> </ul>			<p>professor after the appointment is completed.</p>	
<p><b>Diagnosis (Interpretation)</b></p>	<ul style="list-style-type: none"> <li>• Analyze of data obtained, from medical and dental history.</li> <li>• Analyze the present medical condition and related to dental treatment and oral manifestations.</li> <li>• Know the pharmacokinetics of medications taken, side effect, interactions and oral effect of them.</li> <li>• Obtain pertinent information from dental history that's contributes to actual condition.</li> <li>• Analyze of data obtained from clinical and radiographs examination and related to oral conditions and present deposits.</li> <li>• Interpret of dental questionnaire and patient's preventive knowledge.</li> <li>• Performance of all diagnosis test: probing, plaque index, deposit detection.</li> <li>• Discuss patient's condition concern plaque and calculus: patient classification.</li> <li>• Diagnosis is presented, accurate manner.</li> </ul>			<ul style="list-style-type: none"> <li>• Inadequate data taken or reviewed and up-dated.</li> <li>• Limited uses of other diagnostic aids.</li> <li>• Failure to further investigates a significant finding.</li> </ul>	<ul style="list-style-type: none"> <li>• Poor data taken and up-date patient's record and list status observation.</li> <li>• Poor use of other diagnostic aids. Inability to determine the needs for adequate data and diagnostic aids.</li> </ul>

<p><b>Treatment Plan (Recommendations)</b></p>	<ul style="list-style-type: none"> <li>• Identify the specific preventive needs of patient.</li> <li>• Identify harmful habits and refers to specialist appropriated.</li> <li>• Design the adequate sequence of treatment and rationale discussion.</li> <li>• Make expected prognosis and future consideration.</li> <li>• Performance adequate education scheme and design according patient's needs.</li> <li>• Select appropriate method of instruction and allowed the patient participation.</li> </ul>			<ul style="list-style-type: none"> <li>• Inadequate treatment plan design according to patients needs.</li> <li>• Failure to design adequate sequence.</li> <li>• Inadequate prognosis and future considerations.</li> <li>• Incomplete scheme and design of patient's education.</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to identification preventive needs of patient.</li> <li>• Poor treatment plan design according to patients needs.</li> <li>• Failure to design sequence of treatment.</li> <li>• Poor knowledge of rationale for treatment plan according patient's needs.</li> <li>• Poor design and organization of patient's education.</li> </ul>
<p><b>Prophylaxis</b></p>	<ul style="list-style-type: none"> <li>• Complete instruments and device to adequate procedure performance.</li> <li>• Adequate instrument selection according to patient oral condition and /or area to be worked.</li> <li>• Adequate instrument grasp, fulcrum and working stroke.</li> <li>• Adequate supragingival and subgingival calculus removal, according to patient's needs.</li> <li>• Adequate tissue management according to patient's condition.</li> <li>• Absence of trauma or tissue laceration.</li> <li>• Use polishing procedures only after appropriate instrumentation &amp; tooth surface free of dental deposit.</li> </ul>			<ul style="list-style-type: none"> <li>• Inadequate instrument selection according to patient oral condition and/or area to be worked.</li> <li>• Inadequate instrumentation technique: placement, grasp, fulcrum and work stroke.</li> <li>• Inadequate supragingival calculus removal, but recognizes its presence.</li> <li>• Fail to identify presence of subgingival calculus.</li> <li>• Unnecessary tissue trauma according patient's condition.</li> <li>• Inadequate polishing surfaces: small amount plaque retained on several</li> </ul>	<ul style="list-style-type: none"> <li>• Poor selection and/or utilization of instrument according to patient's oral condition and/or area to be worked.</li> <li>• Failure to recognize calculus removal.</li> <li>• Excessive tissue trauma or laceration.</li> <li>• Improper polishing technique, resulting trauma to soft &amp; hard tissue.</li> <li>• Unable to complete procedures within expected time according to patient's</li> </ul>

	<ul style="list-style-type: none"><li>• Apply correctly fluoride according patient's needs and gave following instruction to parent/patient.</li><li>• Adequate time utilization, according patient's oral condition.</li></ul>			<ul style="list-style-type: none"><li>• surfaces.</li><li>• Spent excessive time to patient's condition.</li></ul>	condition.
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**Errores Críticos:**

### Rúbrica para Evaluar Examen de Competencia (PRET 7400)

**Método de Examen: Evaluación Global basada en Reevaluación de Paciente**  
**Competencia: 10 - Periodoncia**

**Instrucciones:** En la columna de “Escala”, haga las divisiones que sean necesarias Según la escala que escoja. Escriba los criterios que se van a evaluar en la columna “Criterio Evaluado”. En cada columna de la escala, escriba una descripción de lo que significa cada nivel de la escala en ese criterio que se estará evaluando. Al final, haga una lista de los Errores Críticos.

Criterio Evaluado	Nivel de Ejecución	Descripción
<b>Identification and documentation of signs of periodontal health and disease.</b>	<b>Pass</b>	<ul style="list-style-type: none"> <li>• <b>Identified and documented signs of periodontal health and disease</b></li> </ul>
<b>Presentation of treatment alternatives for resolution of condition.</b>		<ul style="list-style-type: none"> <li>• <b>Provided alternatives to treatment in order to accomplish the resolution of the condition.</b></li> </ul>
<b>Addressing needs for periodontal surgical procedures.</b>		<ul style="list-style-type: none"> <li>• <b>Recognized the needs to proceed to periodontal surgical procedures.</b></li> </ul>
<b>Presentation of maintenance regime.</b>		<ul style="list-style-type: none"> <li>• <b>Determined an adequate maintenance regime</b></li> </ul>
<b>Documentation of periodontal form.</b>		<ul style="list-style-type: none"> <li>• <b>Documented completely the information in the periodontal form.</b></li> </ul>

<p><b>Impact on overall patient care.</b></p>		<ul style="list-style-type: none"> <li>• <b>Failed to consider particular findings without affecting overall patient care.</b></li> </ul>
<p><b>Presentation of treatment alternatives for resolution of condition.</b></p>	<p><b>Failed</b></p>	<ul style="list-style-type: none"> <li>• <b>Failed to address further treatment planning jeopardizing overall patient care.</b></li> </ul>
<p><b>Impact on overall patient care.</b></p>		<ul style="list-style-type: none"> <li>• <b>Gross errors in definitive post-initial therapy treatment affecting patient care.</b></li> </ul>

### Rúbrica para Evaluar Examen de Competencia

**Método de Exámen: Case presentation/ patient’s re-evaluation (50% of Competency Exam Grade)**

**Competencia: 11**

**Instrucciones:** En la columna de “Escala”, haga las divisiones que sean necesarias según la escala que escoja. Escriba los criterios que se van a evaluar en la columna “Criterio Evaluado”. En cada columna de la escala, escriba una descripción de lo que significa cada nivel de la escala en ese criterio que se estará evaluando. Al final, haga una lista de los Errores Críticos.

Criterio Evaluado	Pass (Excellent)	Pass (Satisfactory)	Fail (Unfamiliar)	Fail (Incomplete or Misdiagnosis)
<b>Diagnosis</b>	The student did an excellent presentation of the patient’s diagnosis.	The student presented patient’s diagnosis adequately.	The student was unfamiliar with the patient’s diagnosis.	The student presented an incomplete diagnosis or a misdiagnosis.
<b>Treatment Plan</b>	The student did an excellent presentation of the patient’s treatment plan.	The student presented patient’s treatment plan adequately.	The student was unfamiliar with the patient’s treatment plan.	The student presented an incomplete or incorrect treatment plan.
<b>Past Needs</b>	The student did an excellent presentation of the patient’s past, needs.	The student presented patient’s past needs adequately.	The student was unfamiliar with the patient’s past needs.	The student presented an incomplete or incorrect account of the patient’s past needs.
<b>Present Needs</b>	The student did an excellent presentation of the patient’s present needs.	The student presented patient’s present needs adequately.	The student was unfamiliar with the patient’s present needs and progress.	The student presented an incomplete or incorrect account of the patient’s present problem list.

<b>Future Needs</b>	<b>The student did an excellent presentation of the patient's future needs.</b>	<b>The student presented patient's future needs with some reservations.</b>	<b>The student was unfamiliar with the patient's future needs.</b>	<b>The student presented an incomplete or incorrect account of the patient's future needs.</b>
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**Critical errors:**

### Rúbrica para Evaluar Examen de Competencia

**Método de Exámen: OSCE (50% of Competency Exam Grade)**

**Competencia: 11**

**Instrucciones:** En la columna de “Escala”, haga las divisiones que sean necesarias según la escala que escoja. Escriba los criterios que se van a evaluar en la columna “Criterio Evaluado”. En cada columna de la escala, escriba una descripción de lo que significa cada nivel de la escala en ese criterio que se estará evaluando. Al final, haga una lista de los Errores Críticos.

<b>Criterio Evaluado</b>	<b>Pass</b>	<b>Fail</b>
<b>Clinical Knowledge</b>	<b>The student must execute a minimum of 70 % proficiency level.</b>	<b>The student executed below a 70 % proficiency level.</b>
<b>Theoretical Knowledge</b>	<b>The student must execute a minimum of 70 % proficiency level.</b>	<b>The student executed below a 70 % proficiency level.</b>

**Critical errors:**

## PROFESSIONAL DEVELOPMENT

### CASE PRESENTATION

(1)

4	Selects correct case & treatment. Present & understands the treatment sequence and possible alterations. Adequate radiographic presentation and interpretation. (Only the part of exam) Organized, complete set up and readiness patient medical and dental history. Performs all necessary diagnostic tests before the presentation.
3	Selects correct case but x-ray retakes were necessary. Set up with missing some instrument during procedure.
2	Wrong choice of treatment, in spite of, the student performed the procedure with difficulties. Lacked some knowledge.
1	Lack of clinical judgment and diagnosis. Wrong choice of treatment, didn't understand treatment sequence or possible alterations. Set up miss important instrument to perform the procedure. Necessary consultation weren't done.

### PATIENT MANAGEMENT & ANESTHESIA

(1)

4	Adequate aspiration and delivery of anesthesia, the needle is handled & discarded properly. Soft tissues are handled properly free from damage. Patient gets adequate analgesia. Student demonstrates knowledge & control of the situation, drug interaction, side effect, & complications. No fault in aseptic procedure.
3	Patient exhibits moderate discomfort, there is evidence of slight tissue trauma. Minimal fault in aseptic procedure.
2	Patient present discomfort and there is evidence of significant tissue trauma. Accidental fault in aseptic procedure.
1	The patient is in acute distress and exhibits serious discomfort. The soft tissue is severely lacerated or traumatized. Faulty aseptic procedure.

## PREPARATION

### OUTLINE EXTENSION FORM

(5)

4	All prepared surfaces must be in sound tooth structure, smooth, well defined margins & free of debris. Extension includes all caries and/or previous restorative material. All unsupported enamel is removed unless it compromises facial esthetics. Integrity of the ridge, where they may be parallel or slightly divergent.
3	The outline is not an entirely smooth. The wall opposite the access, if broken, may extend no more than 1mm beyond the contact area. The outline form is under extended making caries removal or insertion of restorative material questionable.
2	The entry surface is moderately overextended; integrity of the incisal angle is compromised. Unnecessarily removing sound tooth structure less than 2mm. The outline does not end in sound tooth structure, leaving a significant amount of unsound, decalcified compromising the aesthetic of the restoration.
1	Removal of excessive sound tooth structure, more than 2.5mm. beyond the contact area. Unnecessarily destroying ridges. Under extended making it impossible to manipulate and finish the restorative material; or the incisal angle is removed or fractured. Prepared surfaces are grossly rough and ill-defined.

### GINGIVAL CONTACT BROKEN

(2)

4	The gingival contact is broken. The incisal contact needs not to be broken, unless indicated by the location of the caries.
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3	The gingival clearance does not exceed 1.5mm.
2	The gingival clearance is greater than 1.5mm, less than 2mm. If less than .5mm. has to be modify.
1	The gingival contact is not broken. The gingival clearance is greater than 2mm.
<b>INTERNAL FORM/ AXIAL WALL</b> (5)	
4	The depth of the axial wall does not exceed .5mm beyond the DEJ. and follows the external contours of the tooth. Complete caries removal. All prepared surfaces must be smooth, well defined, & free of debris.
3	The depth of the axial wall does not exceed 1.5mm beyond the DEJ. wall are slightly divergent or irregular.
2	There is significant, unnecessary removal of dentin on the axial wall deeper than 1.5mm, but doesn't create a pulpal exposure. Insufficient depth, enamel islands remain in the axial wall. Prepared surfaces are significantly rough. Over cutting walls, are excessive undermine and prepared surfaces are significantly rough.
1	Pulpal wall is entirely in enamel or over cutter with severe pulpal encroachment. There is an unrecognized pulpal exposure. Prepared surfaces are grossly rough and ill-defined or present gross iatrogenic damage. There is a total lack of retentive form. Prepared surfaces are grossly rough and ill-defined. Incomplete caries removal.
<b>BEVELS</b> (1)	
4	Smooth continuous curve with no sharp angles. Enamel cavosurface margins may be beveled.
3	Slightly irregular, but wouldn't compromise the integrity of the restoration. The enamel cavosurface margin bevels, do not exceed 1mm.
2	Rough and severely irregular enamel cavosurface margin bevels, exceed 1mm in width, are not uniform or are inappropriate for the size of the restoration.
<b>BASE OR LINER/ BAND &amp; WEDGE/ ACID ETCHING &amp; BONDING</b> (3)	
4	Appropriate selection of base/liner material for the situation knowing the physical & chemical properties. The material is handled & dispensed by manufacture directions. NO presence of base/liner at cavosurface margin. Place with appropriate thickness & form. Band and wedge are placed stable just apical to the gingival margin. Strict manufacturer's direction should be accomplished if dentin is being bonded should be left in slightly moistened state after etching and before primer application.
3	Student does not recognize the presence of base/liner at cavosurface margin and must to be modified. Band and wedge are placed unstable just apical to the gingival margin. Do not accomplished manufacturer's directions during acid etch & bonding application.
2	Student doesn't recommend a base/liner where it is necessary. The professor has to make the decision of the material to be used. Placed base/liner at cavosurface margin, voids present, and has to be repeated. The student performed the Acid etch and/or bonding without band and wedge.
<b>ISOLATION</b>	

(5)	
4	Centralization & extension of dam, adequate space between perforations, no stretch or wrinkled, without leakage. Adequate selection & non-traumatic placement and removal of retainer, clamp, dam & frame.
3	The teeth are isolated, but the rubber dam is slightly torn, stretch or wrinkled. No leakage.
2	The field of vision is flooded by saliva or the operating field is inappropriately isolated. The rubber dam is broken, stretch, or wrinkled and must be reapplied in order to evaluate the procedure.
<b>RESTORATION</b>	
<b>MARGIN INTEGRITY</b>	
(5)	
4	Tooth-restoration interface is not detectable visually or with dental explorer. There is no evidence of material excess, and/or deficiency, pits, voids, and/or open margins.
3	The margin is sealed, but presents detectable marginal excess or deficiency at tooth-restoration junction not greater than .5 mm. There is no evidence of pits and voids.
2	A marginal excess or deficiency is detectable visually or with dental explorer, and the discrepancy is more than 0.5 mm and up to 1.0 mm, which can include roughness, pits, and voids at the tooth-restoration interface. Correction is required.
1	There is evidence of excess or deficiency more than 1.0 mm may include severe sound tooth removal, modification and/or recontouring of the restored tooth or there is an open margin.
<b>ANATOMY &amp; CONTOUR/ SURFACE &amp; FINISH</b>	
(5)	
4	The restoration reproduces the normal physiological anatomy of ridges contour and form. Uniformly smooth surface and free of scratches, pits, or porosities.
3	The restoration is slightly over or under contour from normal anatomy. Exhibits surface irregularities, scratches, pits, or porosities.
2	The restoration does not reproduce the normal ridge anatomy, flat and may be expected to accumulate food and adversely discomfort of patient.
1	The surface of the restoration is grainy, pitted, rough, pits, voids, fracture, or inadequate condensation, & scratched due to improper manipulation of the restorative material. Dislodge the restorative material. This renders the restoration clinically unacceptable.
<b>SHADE SELECTION</b>	
(3)	
4	The shade of the restoration blends with the surrounding tooth structure.
3	The shade of the restoration contrasts markedly with the surrounding tooth structure.
2	The shade of the restoration is esthetically unacceptable requiring replacement.
<b>OCCCLUSION &amp; INTERPROXIMAL CONTACT</b>	
(5)	
4	When checked with articulating paper all centric and excursive contacts on the restoration are same size, shape and intensity with

	other teeth in that quadrant. The contact is visually closed and is properly shape and positioned; Well define, but not excessive, resistant to waxed dental floss when passed through the interproximal contact area.
3	When checked with articulating paper, restoration is in hypo - occlusion. The contact is visually closed and is adequate in size, shape and positioned; demonstrate little resistance to waxed dental floss when passed through the interproximal contact area.
2	When checked with articulating paper, the restoration is in hyper- occlusion inconsistent in size, shape and intensity with surrounding teeth, and need adjustment. The contact is visually closed, but the contact is excessive/deficient in size, shape or position and demonstrate little resistant to waxed dental floss or shreds breaks the floss when passed through the interproximal contact area.
1	Gross hyper occlusion. The restoration is the only point of occlusion in that quadrant. The interproximal contact is visually open or will not allow waxed dental floss to pass through the contact area.

### **Errores Críticos:**

#### **CRITICAL ERROR = AUTOMATIC FAILURE**

- 1 LACK OF CLINICAL JUDGEMENT AND DIAGNOSIS
- 2 INADEQUATE PROFESSIONAL ATTITUDE. FAULTY ASEPTIC PROCEDURE
- 3 UNACCEPTABLE CAVITY PREPARATION WHICH HAS TO BE MODIFIED
- 4 INCOMPLETE CARIES REMOVAL (EXPLORER DETECTABLE) PREVIOUS RESTORATIVE MATERIAL REMAINS WITH EVIDENCE OF LEAKAGE OR DEMINERALIZATION AROUND OR UNDER RESTORATIVE MATERIAL.
- 5 IATROGENIC PULP EXPOSURE, UNRECOGNIZED EXPOSURE, AND/OR INAPPROPRIATELY TREATED.
- 6 THE SOFT TISSUE IS SEVERELY LACERATED.
- 7 EXCESSIVE REDUCTION OF SOUND TOOTH STRUCTURE, DAMAGE TO THE ADJACENT TOOTH. WRONG TOOTH/ SURFACE TREATED.
- 8 UNACCEPTABLE RESTORATION AND/OR INTERPROXIMAL CONTACT IS VISUALLY OPEN.
- 9 PROCEDURE NOT COMPLETED WITHIN SPECIFIED EXAMINATION PERIOD (TWO HOURS)
- 10 THE EVALUATOR PERFORMED SOME PART OF THE PROCEDURE.

