



## Surgical & Restorative Elements

### Competency Assessment

### IMPLANTOLOGY YEAR COURSE

This form is to be completed by the case supervisor

Dentist's Name \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Surgical

Restorative

INDICATORS	TICK IF COMPETENCY MET
Efficient pre-operative planning and preparation	
Correct instrument identification & selection	
Correct use of instruments	
Procedure performed in correct sequence of stages	
Significance of anatomical structures appreciated	
Correct application of treatment plan	
Satisfactory soft & hard tissue management	
Satisfactory final treatment outcome	

**Procedure performed:-**

**Approximate amount of direct supervisor assistance:-**

0%     25%     <50%     75%     >75%

**Overall competency assessment –**

**Acceptable**                          **Unacceptable**   

**Supervisor's name:** \_\_\_\_\_

**Supervisor's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_