



Intro to BDS2 - GIL

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Feedback on GILS

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Royal Australasian College
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Let knowledge conquer disease





Sim Clinic

- 3 sessions per week (Tuesday, Wednesday and Friday afternoons @1pm) - one different tutor for each session
- Semester 1 = formative, Semester 2 = summative
 - Make the most of Semester 1 -> Don't be afraid to ask your tutor for advice, make mistakes and learn from it
- Make sure to keep on top of MI lectures (core content for BDS2) -> need to know about the materials (CR, amalgam, GIC), their bonding technique and characteristics
 - Some tutors may test and ask you about it during your Sim sessions
- Read the scenario and prepare your clamp (floss it)/replace your teeth etc. before your sim session



Tips for Sim

- Cavities should be on the conservative side -> be careful of going too 'aggressive' - you can't get back tooth structure but you can just drill more if the tutor wants it to be bigger
- Don't be afraid of using a short matrix band to protect the adjacent tooth when doing proximal cavity preps initially (can fold the matrix band to make a thicker barrier if you still cause iatrogenic damage)-> try to stop relying on it in sem 2
- Use the hatchet to break the thin enamel wall to minimise iatrogenic damage to adjacent tooth
- Try experimenting with all your instruments -> you will be surprised at how many 'holy grails' you will find
- Read the activity guide the day before the sim session > make sure you have the correct tooth or else you will waste your time changing > will be stressful
- Think through each step of the cavity prep and restoration and why you do it during sim- acts as revision for exams

Reflecting in Sim Clinic

- Extremely important to be able to self reflect and have strong powers of observation
 - Don't rush to get your tutor check - make sure everything is how you want it to be before you get it checked, be honest with what you did right/wrong
- Think about why something has worked out:
 - Eg. open contacts -> could it have been your matrix placement/wedge placement/did you burnish your matrix band etc.
 - Remember it for next time!

Note: Keeping Notes Digital -> write about the restoration and what you have learnt - keep a list to refer to

Incisal Fractures

SESSION 1 11 AND 21 SINGLE LAYER NISSIN TEETH



You will be using the 11 and 21 nissin teeth today.

Your patient unfortunately fractured their upper centrals when they dove into a shallow pool yesterday. The fragments were unable to be located.

Consider how you will approach the preparation of these teeth for restoration and your choice of bonding. Consider and follow ups or advice you will provide the patient.

You will be asked to justify your clinical decision making for your chosen bonding approach when restoring these lesions with resin composite.

You will polish and finish your restorations prior to tutor final check.

Please note if you have existing site 2 restorations in these teeth that are involved in the new fractures consider your options for management, you may have a advantageous opportunity to polish, recontour or replace these to achieve the best result clinically.

Assessment

Rubber Dam	<input type="checkbox"/> Satisfactory Effective and efficient moisture control	<input type="checkbox"/> Borderline Time management to be improved Hole selection and positioning to be improved	<input type="checkbox"/> Unsatisfactory Ineffective moisture control Inefficient time management
Tooth Preparation	<input type="checkbox"/> Suitable bevel/scallop		<input type="checkbox"/> Inappropriate preparation of enamel
Bonding system	<input type="checkbox"/> Evidenced rationale and appropriate procedural approach		<input type="checkbox"/> Insufficient/inappropriate knowledge base and/or procedural approach
Restorations	<input type="checkbox"/> Sealed margins	<input type="checkbox"/> Deficiencies at margins	<input type="checkbox"/> Excess at margins
	<input type="checkbox"/> No voids		<input type="checkbox"/> Voids evident
	<input type="checkbox"/> Restored anatomy		<input type="checkbox"/> Anatomy not restored
	<input type="checkbox"/> Contact point/s established		<input type="checkbox"/> Contact/s poor
	<input type="checkbox"/> Labial profile suitable		<input type="checkbox"/> Labial profile needs adjustment
	<input type="checkbox"/> Finish Suitable	<input type="checkbox"/> Requires adjustment	<input type="checkbox"/> Unsatisfactory

- Consider ergonomics - operator and manikin positioning (appropriate or not)
- Professional behaviour - punctuality and preparation; time management; stress management
- Infection Control - bur management; correct wearing of safety eyewear
- Application of theory to practice



Clinic (Sem 1)

Night time clinics at ADH @5pm

- Semester 1:
 - Mostly clinical examinations, dental products, OHI,
 - Tips for perio scaling
 - Avoid rushing through, better be slow and meticulous instead of missing many spots
 - Will have some night time sim sessions that replace the clinic sessions to work on your perio scaling
 - Would recommend preparing a run sheet or a checklist to refer to in case you forget what to do next.
 - Consolidate all your basics!
 - Familiarise yourself with Titanium (review the titanium training)



Clinic (Sem 2)

- Semester 2:
 - Family and Friend pts -> make sure you organise these pts well in advance, have one on backup just in case, text your pt the night before to remind them
 - Each pt often has to have 2-3 apts, so altogether around 3-5 pts should be enough
 - Time to practice pt communication and become familiar with the unfamiliar -> don't choose pt's that all have good OH - challenge yourself, tutors like to see this!
 - For you interstate or international peeps > you can find pts online if you are adventurous enough, or ask your seniors for any pt contacts
 - Would recommend preparing a run sheet or a checklist to refer to in case you forget what to do next.
 - LA Sessions
 - Ensure you prepare well! Understand the anatomy, the infection control principles, the characteristics and types of LA, complications etc.



ILA

- Remains a key feature of the BDS curriculum -> **often high yield in all examinations**

Very important to keep on top of ILA, make sure you know how to address all learning outcomes, have read the course readings and also be able to answer ALL the research questions individually

Make your own notes and use the practice quizzes to your advantage. Refer to the review documents after each ila to check which areas you have missed in your individual feedback (best to cover all the bases in your notes since exams are open book anyways)..

Focus on each ILA's research questions > you will never know if the same question is going to come out in exams

- **ILA 2.1-** Type I diabetes
- **ILA 2.2-** Cleft Lip + Palate
- **ILA 2.3-** Amelogenesis Imperfecta/
Developmental defects
- **ILA 2.4-** Menopause, Aging, Oral Pathology
- **ILA 2.5-** Odontogenic Infection
- **ILA 2.6-** Oral Cancer
- **ILA 2.7-** Local Anaesthesia
- **ILA 2.8-** Cross-cultural care & rheumatic fever



Theory Content

Sem 1

- Anatomy is one of the core content that is going to be tested, especially in correlation with LA
- Burn the content on Minimal intervention into your brain
- PCC - v important
- Gingivitis + Periodontitis
- Occlusion
- Microbiology- surprisingly a lot of questions of microbiology so revise this
- Radiography
- Causes of fainting, diabetes, cleft lip and palate, developmental defects, tooth development and timings

Sem 2

- Local anaesthesia
- Microbiology
- Clinical topics mentioned above
- Radiography- radiography questions now go beyond simply charting or critiquing, questions tend to become harder, testing your actual understanding of how radiographs are taken.



Overall Tips and Tricks

- Make sure to keep up with lectures, don't leave it to 2 weeks before exams > heavy content
- Dr Selbach's Q&As are super super super important
- VPP > do not feel bad if you get a super difficult 'patient', they are here to be difficult. Use your time-outs.
- Be prepared for clinic and sim clinic & don't be scared to reach out to the coordinators in sim if you are struggling (I know quite a few people to talked to Dr Poppy).
- Even though exams are open book, still make sure you understand the concepts as a lot of people struggle with the time pressure.



Questions

Regarding assessments, which components / topics from BDS 1 would generally be tested in BDS 2 PIAs?

Mostly for Part 1 of PIA

- Tooth ID
- MI Principles ->eg. caries progression, different types of tooth wear, dental products
- Radiography - ALARA, critique, charting
- Things about periodontium -> <3 Dr Selbach
- Treatment planning- really important to know all your OHI, tooth products, tests!!
- What to talk about with consent
- Muscles of mastication, basic anatomy



Hardest part of BDS 2

- Local anaesthesia > Receiving and giving LA for the first time can be daunting
- Amount of work
- Contact hours > does not include lectures
- Taking criticism well > much more in BDS2

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