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**Log for Workplace Observations**

Name of Dental Student ………………………………………………………….. GDC Number ………………………………………..

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| --- | --- | --- | --- | --- |
| **Date** | **Patient ID** | **Initials of Dentist/Mentor** | **Signed by Workplace Dentist/Mentor** | **GDC No. of Dentist/Mentor** |
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| --- | --- | --- | --- | --- | --- |
| **Relevant MH and DH** | **Impression Taking Methods** | | | **Comments** | |
|  | **Criteria** | **Met** | **Not Met** |  | |
| 1. Consent |  |  |
| 1. Selection of correct impression tray |  |  |
| 1. Satisfactory impression mix |  |  |
| 1. Communication with patient during impression taking |  |  |
| 1. Impression disinfected |  |  |
| 1. Lab docket prescription |  |  |
| **Student Reflection** | **Quality Checks of Impression Carried Out** | | | |
|  | **Criteria** | **Met** | **Not Met** | **Comments** |
| 1. The student assesses the impression for quality |  |  |  |
| 1. The occlusal surfaces of all the teeth in the arch are clearly present in the impression |  |  |  |
| 1. The gingival margins of all the teeth in the arch are present in the impression |  |  |  |
| 1. There are no air blows on the occlusal surfaces of the impression |  |  |  |
| 1. There is adequate extension of the tray and impression |  |  |  |
| 1. Impression not detached from tray |  |  |  |
| 1. There are no tears in the impression |  |  |  |
| **Comments of work based Mentor** | | | | |
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| Assessor Signature ………………………………………………………………. GDC Number ……………………………………….. | | | | |