****

**Log for Workplace Observations**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Patient ID** | **Initials of Dentist/Mentor** | **Signed by Workplace Dentist/Mentor** | **GDC No. of Dentist/Mentor** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |
|  |
|  Assessor Signature ………………………………………………………………. GDC Number ……………………………………….. |