

Question and Answers for MFD OSCE Examination

Since Pattern change in 2017, there are only 12 written questions.

You have 60 mins to answer them, so 5 mins for each.

There are subquestions in a question, so be very specific in answering them.

OSCE questions are repeat 90% so memorize all the below questions. If you prepare well, you will definitely clear the written section.

CPR is no longer there. Cranial nerve examination has not been asked since past 4 exams and its likely it won't be asked. It involves a human model being the examination subject and you have to conduct examination on him. This has been apparently discontinued.

Rubber dam and suturing stations are present and they have 5 mins each, so practice well. These 2 stations are mandatory and everyone has to do it. They carry 100 marks each so be skilled in them.

Sutures station - you have to do 3 stitches (simple interrupted 20 points, horizontal matteres 30 points & vertical matteres 30 points) you have to tell the examiner which one you will do before start for each stitch . Don't forget to discharge the needle in the yellow box it is 20 points (It is better to start with vertical and horizontal before the simple).

Rubber dam station – You have to isolate left or right 2nd premolar, meaning you shall have to punch 3 holes, to isolate 1st molar, 2nd premolar and 1st premolar and attach frame. DO NOT forget to tie floss to the clamp before you start. That carries marks too.

All Answers are prepared with great research and are to the point. Some of them may have explanations for your better understanding. All questions are important and you must learn them as their repeat rate is extremely high.

Few questions were based on CPR, cranial nerve examinations and conditions enacted by models. Since this pattern is no longer present since June 2017, only written OSCE questions are mentioned of the following exams

Best of Luck!

Bahrain 2019 November exam

Q1 :



a) Describe the pic above?

Helix test

The **Helix Test** is developed for **testing** every sterilization process in a loaded autoclave and that air and other condensable gases have been removed. The purpose is to check the penetration of the different sterilization methods when processing hollow objects. This method utilises a long narrow tube.

b) Process for handpiece sterilization and how to be sure about that?

Autoclave and use of bacillus thermophilus pores strips to be sure about it.

c) Mention 3 tools must be at hand wash sink/station ?

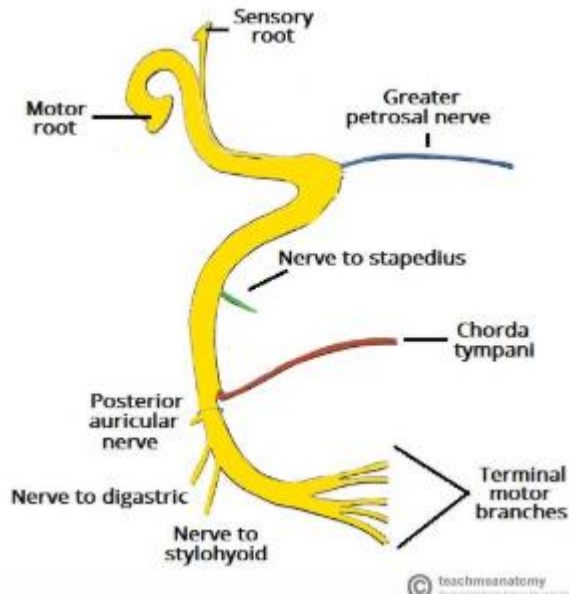
Soap

Sanitizer

Water

Q2 : Pic of Facial nerve

a) Mention branches



Terminal motor branches – Temporalis
 Zygomatic
 Buccinator
 Marginal Mandibular
 Cervical

b) Mention muscles innervated by each branch?

Temporal branch – Innervates the frontalis, orbicularis oculi and corrugator supercilii

Zygomatic branch – Innervates the orbicularis oculi.

Buccal branch – Innervates the orbicularis oris, buccinator and zygomaticus muscles.

Marginal Mandibular branch – Innervates the mentalis muscle.

Cervical branch – Innervates the platysma.

c) Mention these muscles actions?

Motor functions.

Q3: Pic of lower molar with sinus tract and its X-ray



- a) Mention 4 clinical examination to establish diagnosis?
- Pulp vitality test
 - Gutta percha insertion in the sinus tract
 - Periapical Xray
 - Periodontal examination - POP
- b) What is the pulp diagnosis?
- Necrosis of pulp with periapical infection
- c) What's the peri-apical diagnosis?
- Apical periodontitis with periapical sinus tract.
- d) Mention 4 principles must be follow during access cavity?
- 1) Outline form
 - 2) Convenience form – direct access to canals
 - 3) Removal of carious tooth structure and defective restoration
 - 4) Toilet of cavity.
 - 5) Retention form
 - 6) Resistance form

Q4 : Pic of deep pocket with perio-prob inside , young patient with same pocket depth in molar and incisor



- a) What is the most accurate diagnosis?
Juvenile Localized Aggressive Periodontitis
- b) Mention your treatment plan.
 - 1) Non – Surgical – Cause finding
Oral Hygiene
Corrective – Plaque control, Chemical Control
Supportive
 - 2) Antimicrobials
Metronidazole
Local drug delivery eg. Periochip
 - 3) Surgery – Gingivectomy – Surgical/Laser
 - 4) Maintenance Phase – Recall and Evaluation

Q5 :



- a) What's the name of this appliance?
Nance appliance
- b) Mention its parts?
Acrylic button
Molar bands
19 gauge wire
- c) Mention other alternative appliances?
Transpalatal arch
Removable acrylic denture
Bilateral band and loop appliance.
- d) How its work / mechanism of action?
Prevents mesial migration of molars.

Q6: Pic like this and patient came had this after taken penicillin



a) What is diagnosis?

Anaphylaxis – Hypersensitivity type 1

b) What first line of treatment? Dose? Route of Administration?

First Line of treatment

A – Secure Airway

B – Breathing

C- circulation

D- Disability

E- Exposure

IM doses of 1:1000 adrenaline (repeat after 5 min if no better) •

Adult or child more than 12 years: 500 micrograms IM (0.5 mL) •

Child 6 -12 years: 300 micrograms IM (0.3 mL) •

Child 6 months - 6 years: 150 micrograms IM (0.15 mL) •

Child less than 6 months: 150 micrograms IM (0.15 mL)

c) Other drug used?

Second line

Steroids and Antihistaminics along with 500-1000ml of IV fluids in bolus in Adults

d) Name 10 drug in emergency used with their route of Administration and their condition they use in?

Oxygen	100% 6-8l/per min Inhalational in All cases where breathing is impaired.
Epinephrine	0.5ml 1:1000 IM in Anaphylaxis
Diphenhydramine	10mg/ml IV Allergy and Anaphylaxis
Diazepam	5mg/ml IV or IM In Status Epilepticus
Meperidine	50mg/ml in Myocardial Infarction
Glucagon	1mg/ml IV Hypoglycemia or 20-50% dextrose 50ml
Hydrocortisone	1-2 mg/kg IV q6hr initially for 24 hours status Asthmaticus
Atropine	0.5mg IV Sinus Bradycardia
Naloxone	0.4mg/dl IM in Opiod Induced Apnea
Glyceryl Trinitrate	0.1, 0.3 mg Sublingual in Angina

Q7: Pic of Sjogren's syndrome , if this patient is diagnosed as Sjogren's syndrome



a) how can you differentiate between primary and secondary type?

Primary Versus Secondary Sjögren's Syndrome

- Sjögren's syndrome is classified as either primary or secondary.
- The primary form occurs in people who do not have other rheumatic diseases.
- The secondary form occurs in people who already have another rheumatic disease, most commonly rheumatoid arthritis (RA) or systemic lupus erythematosus (SLE).
- These people then develop dry eyes or dry mouth.

b) Mention two sites where we can take biopsy from it?

Minor salivary gland from inner surface of lip

Parotid gland biopsy

c) Mention four blood investigations?

Anti-Ro (SS-A)

Anti-La (SS-B) antibodies,

Rheumatoid factor,

and antinuclear antibodies.

d) Mention histopathology features found in this condition?

Progressive lymphocytic infiltration

Cobblestone appearance

Q8 : Pic of wisdom tooth



a) Maximum dose for Anesthesia by mg/kg?

⊗ Agent	Max Dose w/o Epi	Max Dose w/ Epi	Duration of Action	Notes
Lidocaine	5 mg/kg	7 mg/kg	30-90 min	1% = 10 mg/ml 2% = 20 mg/ml
Bupivacaine	2.5 mg/kg	3 mg/kg	6-8 hours	0.5% = 5 mg/ml
Mepivacaine	7 mg/kg	8 mg/kg		
Ropivacaine	3 mg/kg			

b) Risk of get lingual nerve injury?

0.2-22%

c) Mention 3 complication of lingual nerve damage except paresthesia?

Dysesthesia

Hyperalgesia

Hypoalgesia

Allodynia

Q9: Early childhood caries

a) Mention four methods of fluoride application?

Gel application Trays

Paint on varnish

Fluoride toothpaste

Fluoride mouthwash

b) Mention the doses in these methods

Fluoride gel – 12300 ppm

Sodium fluoride varnish – 22500ppm

Fluoride toothpaste – 500-1000 ppm

Mouthwash – 0.2% of sodium fluoride

c) Mention immediate action if child swallow fluoride ?

Gastric disturbance

Nausea and vomiting

d) Mention toxic and lethal dose of fluoride ?

Toxic dose is 5mg/kg

Lethal dose is 32-64mg/kg

Q10:



a) Name

Implant supported Overdenture

b) Radiograph can be taken before doing this treatment ?

CBCT

Occlusal view

OPG

c) Steps surgeon must do?

Evaluate bone length

Surgical stent

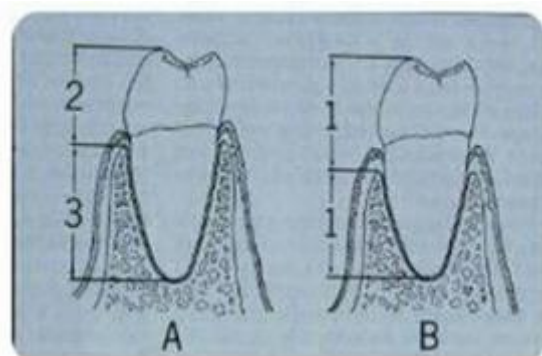
Design of implant

Evaluation of medical condition of the patient.

d) Major difference between implant supported and retained Overdenture?

Implant Supported Teeth	Traditional Denture
	
<p>VS.</p> <ul style="list-style-type: none"> ✓ Secure confident smile ✓ Maintains jaw bone ✓ Creates normal bite force ✓ Aids normal healthy digestion ✓ Maintains normal B12, folic acid and albumin levels ✓ Provides long term stability ✓ No denture adhesive required ✓ No acrylic on the roof of your mouth ✓ Fixed, secure with no movement ✓ Enjoy your favorite foods again 	<ul style="list-style-type: none"> ✓ Causes loss (thinning) of jaw bone ✓ Reduces bite force ✓ Reduces normal healthy digestion ✓ Reduces normal B12, folic acid and albumin levels ✓ Increased mobility over time ✓ Denture adhesive required ✓ Acrylic on the roof of your mouth ✓ Loose and mobile ✓ Limited food choices

Q11: Picture of A with crown root ratio 2:3 B crown root ratio 1:1



a) What relevance of this picture?

Crown root ratio

b) What is best one to use as abutment in fixed prosthesis A or B?

A is the best abutment

d) What is Antes law?

"the total periodontal membrane area of the abutment teeth must equal or exceed that of the teeth to be replaced."

d) Radiograph of missing multiple teeth consider it according to Antes law?
ON which tooth you will make Abutment.

Premolar and molar shall be used as Abutment.



e) Mention alternative treatment plane if ante's law didn't apply ?
Implant placement.
Removable partial denture

Q12: Pic of anterior open bite , pt late thumb sucking



- a) Mention method to prevent patient do thumb sucking?
Psychological evaluation of patient
Habit breaking appliance
Thumb guard
- b) Treatment plan?
Habit breaking appliance
Correction of anterior open bite with myobrace and expansion appliance if necessary.

