Faculty of Dental Surgery
ROYAL COLLEGE OF SURGEONS OF ENGLAND

Licence in Dental Surgery

Part 2 OSCE Sample Questions

Overview

This document contains sample questions designed to illustrate the format and style of questions used in the Licence in Dental Surgery (LDS) Part 2 OSCE examination.

Each sample OSCE station contains:

- Examiner instructions
- Candidate instructions
- Role player instructions
- Mark scheme

The questions included are not taken from the live examination banks and are provided solely as examples to support preparation and familiarisation with the exam.

Station 1

This station is designed to test a candidate's ability to give post-operative extraction instructions as well as denture fitting advice and management.

Such a clinical scenario has the potential to cause clinician stress and patient dissatisfaction and so it is important for the candidates to demonstrate competence in order to achieve their marks.

You will not be required to intervene during this communication station.

The candidates need to cover the points regarding post-operative extraction and the fitting of the denture.

It is important to ensure that there is consistency with the role players throughout the exam circuits. If you notice any inconsistency, then you need to highlight this to one of the exam administrators or the component leads.

If you have any queries regarding any awarding of marks, make a note of these on a blank piece of paper, with the station number and candidate number, so that this can be discussed at the end of the exam day with the component lead.

Station 1

Mr/Mrs Smith is a 54-year-old patient who you have diagnosed with Generalised Periodontitis Stage III Grade B. You have just extracted all of their remaining teeth under local anaesthesia. Some of the extractions were surgical. You have fitted immediate full dentures.

Medical history: fit and well, no regular medication, no known allergies

Social history: smokes 20 cigarettes per day

Your task is to:
- Provide post operative extraction advice.
- Advise the patient regarding the aftercare of their immediate dentures.
- Answer any questions the patient may have.

You are NOT required to take a medical history

Station 1

Role player 1

Gender: - Either
Ethnicity: - No ethnicity selected
Age range: - 50-60
Build: - No build selected

You are Mr/Mrs Smith, a 54-year-old schoolteacher.

You have had bleeding gums and a number of loose teeth for several years, but you have never sought dental treatment until now as the condition was not painful. The last time you visited the dentist was about 15 years ago.

You are generally fit and well, take no medicine and do not have any allergies. You have smoked 20 cigarettes per day for over 30 years.

You were somewhat shocked to have been recently diagnosed with generalised severe chronic periodontitis (gum disease) and told that you needed to have all of your teeth extracted, along with having complete upper and lower dentures fitted. However, you accepted the diagnosis and proceeded to have the treatment carried out. The dentures were made prior to having the teeth extracted (immediate dentures), and you have just had all your remaining 20 teeth extracted under local anaesthesia.

The dentist has just fitted the upper and lower immediate dentures. You cannot feel them very well as your mouth, lips and tongue are numb from the local anaesthetic. You are somewhat upset as they feel huge, and you are worried that you will not be able to tolerate them and that they will fall out.

The candidate should tell you how to look after the dentures, when you should wear them, and when you should return to the dentist. It is likely that you will need to have the dentures relined or remade in the near future as they are unlikely to fit due to shrinkage of the gums.

The candidate should:

- Adopt a sympathetic approach
- Explain when to wear the dentures and how to look after them
- Explain how to manage the extraction sites and what to do in the event of bleeding
- Explain that you need to return for review and the dentures may need relining or remaking
- Allow you to ask questions
- Check you have understood everything

A good candidate should cover all the points but if there is a lull in the conversation you may ask the following questions:

- Will I need to use a fixative? If the candidate has already mentioned a fixative then ask if you will need to use it long term.
- If I need replacement dentures, will I have to pay?

At the end of the station, you will be asked to contribute unscored feedback on the following:

- Was the candidate sympathetic and did they develop a rapport with you?

- Did the candidate provide you with an understandable explanation using appropriate language?
- Would you see this dentist again?

Station	Session	Circuit	Examiner name and number

Date	Candidate name and number

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Global marks	Well below standard	Below standard	Meets standard	Above standard	
(A) Avoid modifying the dentures if they are sore (1), remove and make a note of the sore areas for upcoming review appointments (1)	Not mentioned ☐	if sore remove ☐	if sore remove and make note of sore area for upcoming appointment ☐	previous item and avoid modifying the dentures if they are sore ☐	
(B) Advice on how to store dentures, use of a denture bath (1) avoid direct sunlight (1) kept in a disinfectant solution when not in use e.g. dentural or suitable equivalent (1)	Not Mentioned ☐	1 item ☐	2 items ☐	all 3 items ☐	
(C) Advises against smoking (1) the risk of a dry socket is higher (1) advise on analgesics - eg paracetamol QDS 5/7 1gm	Not mentioned ☐	mentions one item ☐	avoid smoking and sensible analgesic advise ☐	avoid smoking and reason plus sensible analgesic advice ☐	
(D) Sutures will dissolve in 7-10 days (1), advises to rinse out mouth after food with salt water after 24 hours (1) Avoidance of alcohol (1)	Not Mentioned ☐	sutures or rinsing ☐	sutures and rinsing ☐	sutures and rinsing plus avoidance of alcohol ☐	
Avoid rinsing for 24 hours, likely to cause bleeding. Advise on managing bleeding	Not Mentioned ☐	avoid rinsing might cause bleeding ☐	avoid rinsing for 12-24 hours as may cause bleeding, if bleeds roll up gauze and apply press ☐	if not stopped after 30 mins with previous item then seek help ☐	

(E) Dentures will feel strange (1) and speech may be affected at first, but the patient should get used to them (1) If they are painful, to remove and try again a few hours but ideally not in the first 24 hours (1)	Well below standard / not done	dentures feel strange	feel strange and speech may be affected	All 3 points	
(F) Eat soft foods at first (e.g pasta) and this will need to be cut up into smaller pieces (1)	Well below standard / not done		mentions soft food, cutting into small pieces	Above standard - gives types of food along with the previous advice	
(G) May need to use a fixative if dentures are loose, and follow instructions (1) not to be used while the sockets are still healing (1)	Well below standard / not done	may need fixative	may need fixative if dentures loose, follow instructions	previous 2 and don;t use with healing sockets	
(H) Keep the dentures in for the first 24 hours (1) including during sleep (1). Include justification for this (e.g. swelling and healing) (1)	Well below standard / not done	keep dentures in	keep dentures in for 24 hours, including sleep	keep dentures in for 24 hours, including sleep with reason	
(I) After first 24 hours, take out to clean after meals, and keep out at night (1) Stored in damp environment (1)	Well below standard / not done	take out after 24 hours	take out after 24 hours & to clean after meals, keep out overnight	previous info with store in damp environment	
(J) Clean with soap and brush (1) over a sink of water (1) also explains that ultrasonic cleaners can be purchased and used (1)	Not mentioned	1 of 3	2 of 3	3 of 3	

(K) Use cold water to clean (1)	Well below standard / not done		Meets standard		
(L) Need to return for review (in a few days) (1)	Well below standard / not done		Meets standard		
(M) May need relining or remaking (1) (explained due to resorption) (1) and that there will be a further charge for this (1)	Well below standard / not done	may need relining / remaking	may need relining / remaking due to remodelling / resorption	adds in comment about payment	

Role player marks

Was the candidate sympathetic and did they develop a rapport with you?	no	somewhat	yes		
Did the candidate provide you with an understandable explanation using appropriate language?	no	somewhat	yes		
Would you visit this dentist again?	No	Maybe	Yes		

Station 2

This station tests a candidate's ability to give adequate dietary and oral hygiene advice to a patient who is undergoing orthodontic treatment.

In order to test a broad range of domains, the patient is also a high caries risk, so we are asking the candidate to recommend a high fluoride toothpaste but not to prescribe one.

As the examiner you are not be required to prompt the candidate in any way.

Station 2

Jordan Nightingale is a 20-year-old patient who you referred to a specialist for orthodontic treatment. They recently started this orthodontic treatment and have returned to see you for their routine six-monthly check-up. During the examination, you note that their oral hygiene has worsened since the last time you saw them, and you are concerned about their caries risk.

Your task is to:

1. Take a diet history.
2. Give oral hygiene instruction.
3. Outline the potential consequences if oral hygiene does not improve.

The patient is fit and well. You do NOT need to take a medical history.

Station 2

Role player 1

Gender: - Either
Ethnicity: - No ethnicity selected
Age range: - 16-20
Build: - No build selected

You are Jordan Nightingale, a 20-year-old patient who recently attended the orthodontist and started orthodontic treatment. Today, you have visited your regular dentist (the candidate) for a routine six-monthly check up, and you have been told that the cleaning of your brace and teeth is inadequate.

Your regular dentist (the candidate) should explain how to improve your oral hygiene and discuss what might happen if it does not improve.

The candidate should cover:

· Use a manual or electric toothbrush
· Use a smear/pea-sized amount of toothpaste
· Use fluoride toothpaste
· Brush at least twice a day
· Angle at 45 degrees to gum margin
· Approach from one side to the other (systematically)
· Spend at least 2 minutes each time
· Use inter-dental brushes daily
· Use a fluoride mouthwash at a time other than brushing
· Disclosing tablets will help show up plaque/bacteria
· Recommends professional cleaning with dentist/hygienist
· White patches could develop on the teeth if orthodontics is continued with poor oral hygiene
· Gum inflammation will become worse if orthodontics is continued with poor oral hygiene
· The braces may have to be removed early if oral hygiene does not improve

Regarding your medical history, you are fit and well, take no medication, and have no allergies. You do not smoke.

You are keen on track sports and represent your school and county in long-distance running. This requires you to have an energy drink before and during training, and you are concerned that this may be leading to cavities.

The candidate should recommend a high fluoride toothpaste by the end of the station - which should be Duraphat 5000ppm (sodium fluoride 1.1% toothpaste) - and should advise you to use this toothpaste when you are actively training and preparing for your competition running.

Please ask the following questions if they have not already been covered:

1. I have heard braces can cause white patches on teeth, will this happen to me?
2. Are there any special instructions that I need to adhere to when I use the toothpaste (to be asked ONLY when the candidate suggests the prescription toothpaste)

If the candidate requires a prompt at the end of the station, you can ask "is there any special toothpaste that can you can provide me with that will offer additional protection?"

At the end of the station, you will be asked to contribute unscored feedback on the following:

- Did the candidate build a rapport and encourage discourse?
- Did the candidate provide you with adequate information?
- Would you visit this dentist again?

Station 2

RP Required: Female/Male, Jordan Nightingale, 16-20
caucasian to correlate with clinical photo for realism
Photograph of poor oral hygiene with fixed appliances
Oral hygiene typodont with fixed appliances
Toothbrush
Toothpaste
Floss
Selection of mini inter-dental brushes

Station	Session	Circuit	Examiner name and number

Date	Candidate name and number

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Global marks	Well below standard	Just below standard	Meets standard	Above standard	
Takes a diet history using a systematic approach	fails to take diet history	takes limited diet history	takes diet history and identifies energy drink for sports	Takes diet history, identifies energy drinks for sports training, offers advice	
High-fluoride toothpaste (Duraphat 5000ppm)	Does not mention	Mentions fluoride toothpaste vaguely	Recommends high-fluoride toothpaste but without brand or concentration	Specifically recommends 5000ppm (1.1% sodium fluoride), explains when to use	
Use manual or electric toothbrush twice daily	Other / not done	mentions use of toothbrush only	Mentions toothbrush, manual or electric, twice daily	mentions electric / manual twice daily, brush before breakfast, no rinsing, only water after brushing in	
Brushing angle at 45 degrees to gingival margin	Other / not done		Mentions	Demonstrates on typodont	
Approach from one side to the other	Other / not done		Mentions systematic approach	Demonstrates on typodont, divide into quadrants, 30 seconds each	

Brushing time and aids	Does not mention	Mentions brushing time vaguely (e.g., “brush well”)	States need to brush at least two minutes each time	Also describes use of timers / manual aids	
Interdental and single-tufted brushes	Does not mention	Mentions interdental cleaning vaguely	Recommends interdental brushes and / or single-tufted brush for cleaning around brackets	Also mentions electric brush attachments	
Fluoride mouthwash	Does not mention	Mentions mouthwash vaguely without detail	Advises daily / weekly fluoride mouthwash, mentions alcohol-free option OR separate timing from brushing	Alcohol-free preferred, used daily / weekly at a time separate from brushing	
Disclosing tablets	Does not mention	Mentions disclosing tablets but without detail	Explains tablets stain plaque and help identify brushing areas, mentions when to use	Also interpretation (darker stains = mature plaque)	
Professional cleaning	Does not mention	Mentions hygienist / dentist vaguely	Recommends professional cleaning with dentist / hygienist alongside check-ups	Professional cleaning every 3–6 months depending on caries risk	

Consequences of continuing orthodontics in the presence of poor oral hygiene

Decalcification (white patches)	Does not mention	Mentions white patches or plaque vaguely	Explains decalcification risk due to plaque, mentions acid from bacteria	Also outlines visual outcome (white patches)	

Gingival inflammation	Does not mention	Briefly mentions plaque build-up	Explains plaque build-up causes inflammation, bleeding may occur	Also improvement occurs within 10–14 days of better hygiene	
Orthodontic treatment continuation	Does not mention	Mentions poor hygiene affects treatment vaguely	States treatment may be prolonged, complicated, or stopped	Fully explains poor hygiene can lead to irreversible damage, braces may be removed early	

Role player marks

Candidate built rapport and encouraged discourse	No		Yes		
Candidate provided you with adequate information	No		Yes		
Would you visit this dentist again?	No		Yes		

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