









Information:

FOR THE SUPERVISOR

1. Observe how the leader performs actions according to the algorithm steps.
2. Do not comment.
3. If the leader performs (tells) the written action - mark it.
4. The text in black on the right side (course of scenario) should only be read after the leader has completed the examination / assistance action.
5. **The text in gold** should not be read aloud (information for supervisor only).
6. **Active links in blue** can be clicked to listen or to view the result of the test. Let the leader view the visual material.
7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER

1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.

Scenario






You are in the dental clinic ;  
 You receive a female patient, with 7 years old, for cleaning.  
 Screen the patient for sleep disease.

Nr.	Steps of the algorithm (performed by the leader and assistant)	✔️	Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		










3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:</p> <p>Gender: Female  Age: 7  Weight: 27kg  Height: 128cm  Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if classifies percentil category correctly  PERCENTIL 75</p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Hypertension: NO  Diabetes: NO  High Colesterol: NO  Family history of sleep disorders: NO  CVA- Cerebrovascular accident: NO  Heart Attack: NO  Arrhythmia: NO</p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Alcohol at bedtime: NO  Tobacco: NO  Drugs like sedatives or muscle relaxants: NO</p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: <b>NO</b>          Fatigue: <b>NO</b>          Dry Mouth upon awakening: <b>NO</b>          Nasal congestion: <b>NO</b>          Oral breathing: <b>NO</b>          Headache: <b>NO</b>          Unintended sleep: <b>NO</b>          Insomnia: <b>NO</b>          Lack of concentration and memory: <b>NO</b>          Nycturia and Polyuria: <b>NO</b>          Non restorative sleep: <b>NO</b>          Report of Snoring: <b>NO</b>          Shocking and/or gasping during sleep: <b>NO</b>          Witnessed apneas: <b>NO</b>          Bruxism : <b>NO</b>          Symptoms when wakening:          - Teeth clenched or mouth heart: <b>NO</b>          - Grinding tooth or reported sounds during night: <b>NO</b>          - Pain in the temple: <b>NO</b>          - Difficulty opening mouth/jaw and/or locking: <b>NO</b></p> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circumference: The neck circumference is <b>29cm</b></p> <p>Approved if asks for the neck circumference</p>
10.	<b>Cranio-facial References</b>		

11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- both nostrils are permeable</p> <p>Approved if identified it correctly .</p> <p></p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p> <p></p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class II</p> <p>Approved if identify it correctly.</p> <p></p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti I</p> <p></p>
16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that it the tonsils are Grade II</p> <p></p>



17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show thw image if leader asks the assistent about the tongue: Approved if classify tongue as LIMITED</p> <p> TONGUE</p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape Approved if identified it U shape correctly</p> <p> PALATE</p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line Approved if verifies that alba line is not present</p> <p> ALBA</p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition Approved if verifies that deglutition is atypical</p>
21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation Approved if identifies dental relation as Class I</p> <p> DENTAL RELATION</p>
23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite Approved if identifies that the patient have crossbite</p> <p> CROSSBITE</p>

24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do not have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> ABFRACTIONS</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	Approved if identify all the risk factors in the check-list paper
28.	Risk level	<input type="checkbox"/>	Approved if identify risk level as low risk
29.	<b>Management of the situation</b>		
30.	Give: General Recomendation Sleep Education	<input type="checkbox"/>	The leader shoul do this in all the patients
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	The leader shoul do this in medium risk patients
32.	Refer to Sleep Specialist	<input type="checkbox"/>	The leader shoul do this in high risk patients
33.	<b>End</b>		



Information:

FOR THE SUPERVISOR

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2. Do not comment.
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6. Active links in blue can be clicked to listen or to view the result of the test. Let the leader view the visual material.
7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER

1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario look at the algorithm (👁️), perform the action (👉)

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.

Scenario





You are in the dental clinic ;  
 You receive a male patient, with 9 years old.  
 His mother complains about noise while sleeping.  
 Screen the patient for sleep disease.

Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor reads out loud - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		





3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:  <b>Gender: Male</b>  <b>Age: 9</b>  <b>Height: 140cm</b>  <b>Weight: 40kg</b></p> <p>Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if classifies percentil category correctly  <b>PERCENTIL 90</b></p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Hypertension: NO</b>  <b>Diabetes: NO</b>  <b>High Colesterol: NO</b>  <b>Family history of sleep disorders: NO</b>  <b>CVA- Cerebrovascular accident: NO</b>  <b>Heart Attack: NO</b>  <b>Arrhythmia: NO</b></p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Alcohol at bedtime: NO</b>  <b>Tobacco: NO</b>  <b>Drugs like sedatives or muscle relaxants: NO</b></p> <p>Approved if asks for all the points</p>


7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: <b>NO</b>          Fatigue: <b>NO</b>          Dry Mouth upon awakening: <b>NO</b>          Nasal congestion: <b>NO</b>          Oral breathing: <b>YES</b>          Headache: <b>YES</b>          Unintended sleep: <b>NO</b>          Insomnia: <b>YES</b>          Lack of concentration and memory: <b>YES</b>          Nycturia and Polyuria: <b>NO</b>          Non restorative sleep: <b>NO</b>          Report of Snoring: <b>NO</b>          Shocking and/or gasping during sleep: <b>NO</b>          Witnessed Apneas: <b>YES</b>          Bruxism : <b>YES</b>          Symptoms when wakening:          - Teeth clenched or mouth heart: <b>NO</b>          - Grinding tooth or reported sounds during night: <b>NO</b>          - Pain in the temple: <b>NO</b>          - Difficulty opening mouth/jaw and/or locking: <b>NO</b></p> <p>Approved if asks for all the symptoms</p>
8.	<b>Physical Exam</b>		
9.	Mesure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circumference: The neck circumference is <b>29cm</b></p> <p>Approved if asks for the neck circumference</p>
10.	<b>Cranio-facial References</b>		


11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- NORMAL</p> <p>Approved if identified it correctly</p> <p> NASAL PERMEABILITY</p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p> <p> LIPS</p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identity it correctly</p> <p> SKELETAL</p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti II</p> <p> MALLAMPATI</p>







16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that it the tonsils are Grade II</p> <p> TONSILS</p>
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17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue: Tongue: LIMITED</p> <p>Approved if asks to see tongue and answer correctly</p> <p> TONGUE</p>
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18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape</p> <p>Approved if identified it U shape correctly</p> <p> PALATE</p>
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19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line</p> <p>Approved if verifies that alba line is not present</p> <p> ALBA</p>
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20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition</p> <p>Approved if verifies that deglutition is infantil and mark</p>
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21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation</p> <p>Approved if identifies dental relation as Class I molar</p> <p> <b>DENTAL RELATION</b></p>
23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that there is no crossbite</p> <p> <b>CROSSBITE</b></p>
24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do not have tooth wear</p> <p> <b>TOOTH WEAR</b></p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> <b>ABFRACTION</b></p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	<p>Approved if identify all the risk factors in the check-list paper</p>
28.	Risk level	<input type="checkbox"/>	<p>Approved if identify risk for sleep disorders as High Risk.</p>
29.	<b>Management of the situation</b>		

30.	<b>Give: General Recomendatation Sleep Education</b>	<input type="checkbox"/>	<b>The leader should do this in all the patients</b>
31.	<b>Recommend a Sleep Specialist</b>	<input type="checkbox"/>	<b>The leader should do this in medium risk patients</b>
32.	<b>Refer to Sleep Specialist</b>	<input type="checkbox"/>	<b>The leader should do this in high risk patients</b>
33.	<b>End</b>		



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FOR THE LEADER

1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.






Scenario

**You are in the dental clinic;**  
**You receive a female patient, 8 years old.**  
**Her father have sleep complains.**  
**Referrs his daughter snore.**  
**Screen the patient for sleep disease.**





Nr.	Steps of the algorithm <small>(performed by the leader and assistant)</small>		Course of the scenario <small>(the supervisor reads out loud - only the text that is marked black)</small>
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		




3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:</p> <p><b>Gender: Female</b>  <b>Age: 8</b>  <b>Height: 115cm</b>  <b>Weight: 20kg</b></p> <p>Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if classifies percentil category correctly</p> <p><b>PERCENTIL 75</b></p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Hypertension: NO</b>  <b>Diabetes: NO</b>  <b>High Colesterol: NO</b>  <b>Family history of sleep disorders: YES</b>  <b>CVA- Cerebrovascular accident: NO</b>  <b>Heart Attack: NO</b>  <b>Arrhythmia: NO</b></p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Alcohol at bedtime: NO</b>  <b>Tobacco: NO</b>  <b>Drugs like sedatives or muscle relaxants: NO</b></p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: NO</p> <p>Fatigue: NO</p> <p>Dry Mouth upon awakening: NO</p> <p>Nasal congestion: NO</p> <p>Oral breathing: NO</p> <p>Headache: NO</p> <p>Unintended sleep: NO</p> <p>Insomnia: NO</p> <p>Lack of concentration and memory: YES</p> <p>Nycturia and Polyuria: NO</p> <p>Non restorative sleep: NO</p> <p>Report of Snoring: YES</p> <p>Shocking and/or gasping during sleep: NO</p> <p>Witnessed apneas: NO</p> <p>Bruxism : YES</p> <p>Symptoms when wakening:</p> <ul style="list-style-type: none"> <li>- Teeth clenched or mouth heart: YES</li> <li>- Grinding tooth or reported sounds during night: YES</li> <li>- Pain in the temple: NO</li> <li>- Difficulty opening mouth/jaw and/or locking: NO</li> </ul> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circumference: The neck circumference is 30cm</p> <p>Approved if asks for the neck circumference</p>
10.	<b>Cranio-facial References</b>		

11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- both nostrils are permeable</p> <p>Approved if identify it correctly .</p> <p></p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are incompetent</p> <p></p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identify it correctly.</p> <p></p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti II</p> <p></p>
16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that it the tonsils are Grade II</p> <p></p>



17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue:  <b>TONGUE: NORMAL</b></p> <p>Approved if asks to see tongue</p> <p> <b>TONGUE</b></p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape</p> <p>Approved if identified it V shape correctly</p> <p> <b>PALATE</b></p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line</p> <p>Approved if verifies that alba line is slightly present</p> <p> <b>ALBA</b></p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition</p> <p>Approved if verifies that deglutition is atypical</p>
21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation</p> <p>Approved if identifies dental relation as class I molar</p> <p> <b>DENTAL</b></p>

23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that there is no crossbite</p> <p> CROSSBITE</p>
24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do not have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> ABFRACTION</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	<p>Approved if identify all the risk factors in the check-list paper</p>
28.	Risk level	<input type="checkbox"/>	<p>Approved if identify risk for sleep disorders as high risk</p>
29.	<b>Management of the situation</b>		
30.	Give: General Recomendatation Sleep Education	<input type="checkbox"/>	<p>The leader should do this in all the patients</p>
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in medium risk patients</p>
32.	Refer to Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in high risk patients</p>

33.

**End**



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FOR THE LEADER

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3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.






Scenario

You are in the dental clinic ;  
 You receive a female patient, with 16 years old, complaining about bruxism.  
 Screen the patient for sleep disease.





Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		




3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:  <b>Gender: Female</b>  <b>Age: 16</b>  <b>Height: 154cm</b>  <b>Weight: 44kg</b></p> <p>Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if classifies percentil category correctly  <b>PERCENTIL 25</b></p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Hypertension: NO</b>  <b>Diabetes: NO</b>  <b>High Colesterol: NO</b>  <b>Family history of sleep disorders: YES</b>  <b>CVA- Cerebrovascular accident: NO</b>  <b>Heart Attack: NO</b>  <b>Arrhythmia: NO</b></p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Alcohol at bedtime: NO</b>  <b>Tobacco: NO</b>  <b>Drugs like sedatives or muscle relaxants: NO</b></p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistent:</p> <p>Daytime sleepiness: NO          Fatigue: YES          Dry Mouth upon awakening: NO          Nasal congestion: NO          Oral breathing: NO          Headache: YES          Unintended sleep: NO          Insomnia: NO          Lack of concentration and memory: NO          Nycturia and Polyuria: YES          Non restorative sleep: NO          Report of Snoring: NO          Shocking and/or gasping during sleep: NO          Witnessed apneas: NO</p> <p>Bruxism : YES          Symptoms when wakening:          - Teeth clenched or mouth heart: NO          - Grinding tooth or reported sounds during night: NO          - Pain in the temple: NO          - Dificulty opening mouth/jaw and/or locking: NO</p> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Mesure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistent about neck circunference: The neck circunference is 31cm</p> <p>Approved if asks for the neck circunference</p>
10.	<b>Cranio-facial References</b>		

11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- Both nostrils are permeable</p> <p>Approved if identify it correctly .</p> <p> <b>NASAL PERMEABILITY</b></p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p> <p> <b>LIPS</b></p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identify it correctly.</p> <p> <b>SKELETAL</b></p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti III</p> <p> <b>MALLAMPATI</b></p>
16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils</p> <p>Previous surgery to remove tonsils.</p> <p> <b>TONSILS</b></p>



17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue: Tongue: <b>NORMAL</b> Approved if asks to see tongue and answer correctly</p> <p> <b>TONGUE</b></p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape</p> <p>Approved if identified it U shape correctly</p> <p> <b>PALATE</b></p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line Approved if verifies that alba line is not present</p> <p> <b>ALBA</b></p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition</p> <p>Approved if verifies that deglutition is atypical</p>
21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation</p> <p>Approved if identifies dental relation as Class I molar</p> <p> <b>DENTAL RELATION</b></p>

23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that the patient have crossbite</p> <p> CROSSBITE</p>
24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> ABFRACTIONS</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	Approved if identify all the risk factors in the check-list paper
28.	Risk level	<input type="checkbox"/>	Approved if identify risk for sleep disorders as a Medium Risk.
29.	<b>Management of the situation</b>		
30.	Give: General Recomendation Sleep Education	<input type="checkbox"/>	The leader should do this in all the patients
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	The leader should do this in medium risk patients
32.	Refer to Sleep Specialist	<input type="checkbox"/>	The leader should do this in high risk patients

33.

**End**



Information:

FOR THE SUPERVISOR

1. Observe how the leader performs actions according to the algorithm steps.
2. Do not comment.
3. If the leader performs (tells) the written action - mark it.
4. The text in black on the right side (course of scenario) should only be read after the leader has completed the examination / assistance action.
5. **The text in gold** should not be read aloud (information for supervisor only).
6. **Active links in blue** can be clicked to listen or to view the result of the test. Let the leader view the visual material.
7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER


1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT


1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.

Scenario

You are in the dental clinic ;  
 You receive a female patient, with 14 years old, complaining about bruxism.  
 Screen the patient for sleep disease.





Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		



3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:  <b>Gender: Female</b>  <b>Age: 14</b>  <b>Height: 163cm</b>  <b>Weight: 50kg</b></p> <p>Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if classifies percentil category correctly  <b>PERCENTIL 50</b></p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Hypertension: NO</b>  <b>Diabetes: NO</b>  <b>High Colesterol: NO</b>  <b>Family history of sleep disorders: NO</b>  <b>CVA- Cerebrovascular accident: NO</b>  <b>Heart Attack: NO</b>  <b>Arrhythmia: NO</b></p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Alcohol at bedtime: NO</b>  <b>Tobacco: NO</b>  <b>Drugs like sedatives or muscle relaxants: NO</b></p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: YES          Fatigue: YES          Dry Mouth upon awakening: NO          Nasal congestion: NO          Oral breathing: NO          Headache: NO          Unintended sleep: NO          Insomnia: YES          Lack of concentration and memory: YES          Nycturia and Polyuria: NO          Non restorative sleep: NO          Report of Snoring: YES          Shocking and/or gasping during sleep: NO          Witnessed apneas: NO          Bruxism : YES          Symptoms when wakening:          - Teeth clenched or mouth heart: YES          - Grinding tooth or reported sounds during night: YES          - Pain in the temple: NO          - Difficulty opening mouth/jaw and/or locking: NO</p> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circumference: The neck circumference is 31cm</p> <p>Approved if asks for the neck circumference</p>
10.	<b>Cranio-facial References</b>		
11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- Both nostrils are permeable          Approved if identify it correctly .</p> <p style="text-align: right;">  <b>NASAL PERMEABILITY</b> </p>

12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p> <p><a href="#">OPEN ▶ LIPS</a></p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identify it correctly.</p> <p><a href="#">OPEN ▶ SKELETAL</a></p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti II</p> <p><a href="#">OPEN ▶ MALLAMPATI</a></p>
16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that is the tonsils are grade IV</p> <p><a href="#">OPEN ▶ TONSILS</a></p>
17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue:</p> <p>Tongue: <b>NORMAL</b></p> <p>Approved if asks to see tongue and answer correctly</p> <p><a href="#">OPEN ▶ TONGUE</a></p>



18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape</p> <p>Approved if identified it U shape correctly</p> <p> PALATE</p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line</p> <p>Approved if verifies that alba line is not present</p> <p> ALBA</p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition</p> <p>Approved if verifies that deglutition is atypical</p>
21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation</p> <p>Approved if identifies dental relation as Class I molar</p> <p> DENTAL RELATION</p>
23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that the patient do not have crossbite</p> <p> CROSSBITE</p>

24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> ABFRACTIONS</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	<p>Aproved if identify all the risk factors in the check-list paper</p>
28.	Risk level	<input type="checkbox"/>	<p>Approved if identify risk for sleep disorders as A High Risk.</p>
29.	<b>Management of the situation</b>		
30.	Give: General Recomendatation Sleep Education	<input type="checkbox"/>	<p>The leader should do this in all the patients</p>
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in medium risk patients</p>
32.	Refer to Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in high risk patients</p>
33.	<b>End</b>		



Information:

FOR THE SUPERVISOR

1. Observe how the leader performs actions according to the algorithm steps.
2. Do not comment.
3. If the leader performs (tells) the written action - mark it.
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6. **Active links in blue** can be clicked to listen or to view the result of the test. Let the leader view the visual material.
7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER


1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.






Scenario





You are in the dental clinic ;  
 You receive a male patient, with 54 years old, complaining about snoring.  
 Screen the patient for sleep disease.




Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	Ask General physical data	<input type="checkbox"/>	<p><b>Answer if leader asks the assistant:</b></p> <p><b>Gender: Male</b>  <b>Age: 54</b>  <b>Height: 176cm</b>  <b>Weight: 82</b></p> <p><b>Approved if asks for all the points</b></p>
2.	<b>Medical &amp; Clinical Evaluation</b>		

3.	Anamnesis		
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if calculate the BMI, and classifies in the BMI category correctly  <b>BMI: 26.47</b></p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistent:</p> <p><b>Hypertension: NO</b>  <b>Diabetes: NO</b>  <b>High Colesterol: NO</b>  <b>Family history of sleep disorders: YES</b>  <b>CVA- Cerebrovascular accident: NO</b>  <b>Heart Attack: NO</b>  <b>Arrhythmia: NO</b></p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistent:</p> <p><b>Alcohol at bedtime: NO</b>  <b>Tobacco: NO</b>  <b>Drugs like sedatives or muscle relaxants: NO</b></p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: YES          Fatigue: YES          Dry Mouth upon awakening: NO          Nasal congestion: NO          Oral breathing: NO          Headache: NO          Unintended sleep: NO          Insomnia: NO          Lack of concentration and memory: YES          Nycturia and Polyuria: NO          Non restorative sleep: NO          Report of Snoring: YES          Shocking and/or gasping during sleep: NO          Witnessed Apneas: NO          Bruxism : YES          Symptoms when wakening:          - Teeth clenched or mouth heart: YES          - Grinding tooth or reported sounds during night: YES          - Pain in the temple: NO          - Difficulty opening mouth/jaw and/or locking: YES</p> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circumference: The neck circumference is 44cm</p> <p>Approved if asks for the neck circumference</p>
10.	<b>Cranio-facial References</b>		

11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- Left nostril is permeable, right is not</p> <p>Approved if identify it correctly .</p> <p> NASAL PERMEABILITY</p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p> <p> LIPS</p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identify it correctly.</p> <p> SKELETAL RELATION</p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti IV</p> <p> MALLAMPATI</p>
16.	Classify Tonsils	<input type="checkbox"/>	<p> TONSILS</p> <p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that is the tonsils are grade III</p>

17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue: Tongue: NORMAL but tooth marks</p> <p>Approved if asks to see tongue and answer correctly</p> <p> TONGUE</p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape Approved if identified it U shape correctly</p> <p> PALATE</p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line Approved if verifies that alba line is not present</p> <p> ALBA</p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Leader says that need to evaluate deglutition Approved if verifies that deglutition is NORMAL</p>
21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation Approved if identifies dental relation as Class I molar</p> <p> DENTAL RELATION</p>

23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that the patient do not have crossbite</p> <p> CROSSBITE</p>
24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente have abfraction lesions</p> <p> ABFRACTIONS</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	<p>Aproved if identify all the risk factors in the check-list paper</p>
28.	Risk level	<input type="checkbox"/>	<p>Approved if identify risk for sleep disorders as High risk</p>
29.	<b>Management of the situation</b>		
30.	Give: General Recomendatation Sleep Education	<input type="checkbox"/>	<p>The leader should do this in all the patients</p>
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in medium risk patients</p>
32.	Refer to Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in high risk patients</p>



33.

**End**



Information:

FOR THE SUPERVISOR

1. Observe how the leader performs actions according to the algorithm steps.
2. Do not comment.
3. If the leader performs (tells) the written action - mark it.
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5. **The text in gold** should not be read aloud (information for supervisor only).
6. **Active links in blue** can be clicked to listen or to view the result of the test. Let the leader view the visual material.
7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER


1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.

Scenario





You are in the dental clinic ;  
 You receive a male patient, with 41 years old, complaining about non restorative sleep.  
 Screen the patient for sleep disease.






Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		

3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:</p> <p>Gender: Male  Age: 41  Height: 187cm  Weight:112  Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if calculate the BMI, and classifies in the BMI category correctly  BMI: 32.03</p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Hypertension: NO  Diabetes: NO  High Cholesterol: NO  Family history of sleep disorders: YES  CVA- Cerebrovascular accident: NO  Heart Attack: NO  Arrhythmia: NO</p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Alcohol at bedtime: NO  Tobacco: YES  Drugs like sedatives or muscle relaxants: NO</p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: NO  Fatigue: YES  Dry Mouth upon awakening: NO  Nasal congestion: NO  Oral breathing: NO  Headache: NO  Unintended sleep: YES  Insomnia: YES  Lack of concentration and memory: YES  Nycturia and Polyuria: YES  Non restorative sleep: YES  Report of Snoring: YES  Shocking and/or gasping during sleep: NO  Witnessed apneas: NO  Bruxism : YES  Symptoms when wakening:  - Teeth clenched or mouth heart: YES  - Grinding tooth or reported sounds during night: YES  - Pain in the temple: YES  - Difficulty opening mouth/jaw and/or locking: NO</p> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circunference: The neck circunference is 44cm</p> <p>Approved if asks for the neck circunference</p>
10.	<b>Cranio-facial References</b>		

11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p><a href="#">OPEN ▶ Narina esquierda.pdf</a>  <a href="#">OPEN ▶ Narina dta..pdf</a></p> <p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation-</p> <p>Approved if identified it correctly .</p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p><a href="#">OPEN ▶ competencia labial.pdf</a></p> <p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identify it correctly.</p> <p><a href="#">OPEN ▶ SKELETAL RELATION</a></p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti IV</p> <p><a href="#">OPEN ▶ MALLAMPATI</a></p>

16.	Classify Tonsils	<input type="checkbox"/>	<p><a href="#">OPEN</a>  <a href="#">C3Mallampati.pdf</a></p> <p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that is the tonsils are grade III</p>
17.	Evaluate Tongue	<input type="checkbox"/>	<p><a href="#">OPEN</a>  <a href="#">C3Mallampati.pdf</a></p> <p>Show the image if leader asks the assistant about the tongue:</p> <p>Tongue : NORMAL</p> <p>Approved if asks to see tongue and answer correctly</p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape</p> <p>Approved if identified it U shape correctly</p> <p><a href="#">OPEN</a>  <a href="#">PALATE</a></p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line</p> <p>Approved if verifies that alba line is not present</p> <p><a href="#">OPEN</a>  <a href="#">ALBA</a></p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition</p> <p>Approved if verifies that deglutition is atypical</p>
21.	<b>Dental Exam</b>		

22.	Identify dental relation	<input type="checkbox"/>	<p><a href="#">OPEN</a>  C1 2-3 quadrante -convertido.pdf</p> <p><a href="#">OPEN</a>  C1 2-3 quadrante -convertido.pdf</p> <p>Show the image if leader says that needs to evaluate dental relation</p> <p>Approved if identifies dental relation as Class I molar</p>
23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that the patient do have crossbite</p> <p><a href="#">OPEN</a>  CROSSBITE</p>
24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do have tooth wear</p> <p><a href="#">OPEN</a>  TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p><a href="#">OPEN</a>  ABFRACTION</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	<p>Approved if identify all the risk factors in the check-list paper</p>
28.	Risk Level	<input type="checkbox"/>	<p>Approved if identify risk for sleep disorders as high risk,</p>

29.	Give: General Recomendation Sleep Education	<input type="checkbox"/>	The leader should do this in all the patients
30.	<b>Management of the situation</b>		
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	The leader should do this in medium risk patients
32.	Refer to Sleep Specialist	<input type="checkbox"/>	The leader should do this in high risk patients
33.	<b>End</b>		





Information:

FOR THE SUPERVISOR

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7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER


1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.






Scenario





You are in the dental clinic ;  
 You receive a male patient, with 8 years old, for first orthodontics appointment.  
 Screen the patient for sleep disease.




Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		

3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:</p> <p>Gender: Male  Age: 8  Height: 120cm  Weight: 20kg</p> <p>Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if classifies percentil category correctly</p> <p>PERCENTIL 3</p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Hypertension: NO  Diabetes: NO  High Colesterol: NO  Family history of sleep disorders: NO  CVA- Cerebrovascular accident: NO  Heart Attack: NO  Arrhythmia: NO</p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Alcohol at bedtime: NO  Tobacco: NO  Drugs like sedatives or muscle relaxants: NO</p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p><b>Answer if the leader asks the assistant:</b></p> <p><b>Daytime sleepiness: YES</b>  <b>Fatigue: NO</b>  <b>Dry Mouth upon awakening: NO</b>  <b>Nasal congestion: NO</b>  <b>Oral breathing: NO</b>  <b>Headache: NO</b>  <b>Unintended sleep: NO</b>  <b>Insomnia: YES</b>  <b>Lack of concentration and memory: NO</b>  <b>Nycturia and Polyuria: NO</b>  <b>Non restorative sleep: YES</b>  <b>Report of Snoring: YES</b>  <b>Shocking and/or gasping during sleep: NO</b>  <b>Witnessed apneas: NO</b>  <b>Bruxism : YES</b></p> <p><b>Symptoms when wakening:</b>  - Teeth clenched or mouth heart: <b>NO</b>  - Grinding tooth or reported sounds during night: <b>YES</b>  - Pain in the temple: <b>NO</b>  - Difficulty opening mouth/jaw and/or locking: <b>NO</b></p> <p><b>Approved if asks for all the points</b></p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p><b>Answer if the leader asks the assistant about neck circumference: The neck circumference is 23,5cm</b></p> <p><b>Approved if asks for the neck circumference</b></p>
10.	<b>Cranio-facial References</b>		

11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- both nostrils are permeable</p> <p>Approved if identify it correctly .</p> <p> NOSE</p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p> <p> LIPS</p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identify it correctly.</p> <p> SKELETAL</p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti I</p> <p> MALLAMPATI</p>
16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that is the tonsils are class 1</p> <p> TONSILS</p>

17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue: Tongue: <b>NORMAL</b></p> <p>Approved if asks to see tongue and answer correctly</p> <p> <b>TONGUE</b></p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape</p> <p>Approved if identified it U shape correctly</p> <p> <b>PALATE</b></p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line</p> <p>Approved if verifies that alba line is not present</p> <p> <b>ALBA</b></p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition</p> <p>Approved if verifies that deglutition is normal</p>
21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation</p> <p>Approved if identifies dental relation as Class I molar</p> <p> <b>DENTAL RELATION</b></p>

23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that the patient do have crossbite</p> <p> CROSSBITE</p>
24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do not have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> ABFRACTIONS</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	<p>Approved if identify all the risk factors in the check-list paper</p>
28.	Risk level	<input type="checkbox"/>	<p>Approved if identify risk for sleep disorders as high risk</p>
29.	<b>Management of the situation</b>		
30.	Give: General Recomendatation Sleep Education	<input type="checkbox"/>	<p>The leader should do this in all the patients</p>
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in medium risk patients</p>
32.	Refer to Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in high risk patients</p>

33.

**End**



Information:

FOR THE SUPERVISOR

1. Observe how the leader performs actions according to the algorithm steps.
2. Do not comment.
3. If the leader performs (tells) the written action - mark it.
4. The text in black on the right side (course of scenario) should only be read after the leader has completed the examination / assistance action.
5. **The text in gold** should not be read aloud (information for supervisor only).
6. **Active links in blue** can be clicked to listen or to view the result of the test. Let the leader view the visual material.
7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER


1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.

Scenario






You are in the dental clinic ;  
 You receive a male patient, with 8 years old, complaining about bruxism.  
 Screen the patient for sleep disease.






Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		





3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:</p> <p><b>Gender: Male</b>  <b>Age: 8</b>  <b>Height: 130cm</b>  <b>Weight:30kg</b></p> <p>Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p>Approved if classifies percentil category correctly</p> <p><b>PERCENTIL 75</b></p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Hypertension: NO</b>  <b>Diabetes: NO</b>  <b>High Colesterol: NO</b>  <b>Family history of sleep disorders: NO</b>  <b>CVA- Cerebrovascular accident: NO</b>  <b>Heart Attack: NO</b>  <b>Arrhythmia: NO</b></p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Alcohol at bedtime: NO</b>  <b>Tobacco: NO</b>  <b>Drugs like sedatives or muscle relaxants: NO</b></p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: YES          Fatigue: YES          Dry Mouth upon awakening: NO          Nasal congestion: NO          Oral breathing: NO          Headache: NO          Unintended sleep: NO          Insomnia: YES          Lack of concentration and memory: NO          Nycturia and Polyuria: NO          Non restorative sleep: YES          Report of Snoring: YES          Shocking and/or gasping during sleep: NO          Witnessed apneas: NO          Bruxism : YES</p> <p>Symptoms when wakening:          - Teeth clenched or mouth heart: NO          - Grinding tooth or reported sounds during night: YES          - Pain in the temple: NO          - Difficulty opening mouth/jaw and/or locking: YES</p> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circumference: The neck circumference is 30cm</p> <p>Approved if asks for the neck circumference</p>
10.	<b>Cranio-facial References</b>		

11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- Left nostril is permeable, right nostril is not</p> <p>Approved if identify it correctly .</p> <p> NOSE</p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are incompetent</p> <p> LIPS</p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p> <p>Approved if identify it correctly.</p> <p> SKELETAL</p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti II</p> <p> MALLAMPATI</p>
16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils.</p> <p>Approved if tonsils not visible.</p> <p> TONSILS</p>

17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue: Tongue: LIMITED Approved if asks to see tongue and answer correctly</p> <p> TONGUE</p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape Approved if identified it V shape correctly</p> <p> PALATE</p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line Approved if verifies that alba line is not present</p> <p> ALBA</p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition Approved if verifies that deglutition is atypical</p>
21.	<b>Dental Exam</b>		
22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation Approved if identifies dental relation as Class I molar</p> <p> DENTAL RELATION</p>
23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite Approved if identifies that the patient do have crossbite</p> <p> CROSSBITE</p>

24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do not have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> ABFRACTIONS</p>
26.	<b>Risk for sleep disorders</b>		
27.	Identify risk factors	<input type="checkbox"/>	<p>Approved if identify all the risk factors in the check-list paper</p>
28.	Risk Level	<input type="checkbox"/>	<p>Approved if identify risk for sleep disorders as High Risk.</p>
29.	<b>Management of the situation</b>		
30.	Give: General Recomendatation Sleep Education	<input type="checkbox"/>	<p>The leader should do this in all the patients</p>
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in medium risk patients</p>
32.	Refer to Sleep Specialist	<input type="checkbox"/>	<p>The leader should do this in high risk patients</p>
33.	<b>End</b>		



Information:

FOR THE SUPERVISOR

1. Observe how the leader performs actions according to the algorithm steps.
2. Do not comment.
3. If the leader performs (tells) the written action - mark it.
4. The text in black on the right side (course of scenario) should only be read after the leader has completed the examination / assistance action.
5. **The text in gold** should not be read aloud (information for supervisor only).
6. **Active links in blue** can be clicked to listen or to view the result of the test. Let the leader view the visual material.
7. At the end of the situation, discuss the actions of the leader: what was performed well and what was not performed.

FOR THE LEADER


1. The patient should be examined as in a real life situation.
2. Your assistant is your patient in this situation. Perform all examination steps on your assistant.
3. Use disposable items during the examination. Discard the instruments after examination.
4. During the scenario **look at the algorithm (👁️), perform the action (👉)**

FOR THE ASSISTANT

1. You are an assistant during this scenario - you are acting as a patient – leader will do examination on you.

Scenario




You are in the dental clinic ;  
 You receive a female patient, with 12 years old, for a dental check up.  
 Screen the patient for sleep disease.





Nr.	Steps of the algorithm (performed by the leader and assistant)		Course of the scenario (the supervisor <b>reads out loud</b> - only the text that is marked black)
1.	<b>Medical &amp; Clinical Evaluation</b>		
2.	<b>Anamnesis</b>		





3.	Ask General physical data	<input type="checkbox"/>	<p>Answer if leader asks the assistant:</p> <p>Gender: <b>Female</b>  Age: <b>12</b>  Height: <b>143 cm</b>  Weight: <b>35 Kg</b></p> <p>Approved if asks for all the points</p>
4.	Determine BMI/ PERCENTIL	<input type="checkbox"/>	<p><b>Approved if classifies percentil category correctly</b></p> <p><b>PERCENTIL 75</b></p>
5.	Ask Chronical Disorders	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Hypertension: NO</b>  <b>Diabetes: NO</b>  <b>High Colesterol: NO</b>  <b>Family history of sleep disorders: YES</b>  <b>CVA- Cerebrovascular accident: NO</b>  <b>Heart Attack: NO</b>  <b>Arrhythmia: NO</b></p> <p>Approved if asks for all the points</p>
6.	Ask habits/ consumption	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p><b>Alcohol at bedtime: NO</b>  <b>Tobacco: NO</b>  <b>Drugs like sedatives or muscle relaxants: NO</b></p> <p>Approved if asks for all the points</p>

7.	Ask complains	<input type="checkbox"/>	<p>Answer if the leader asks the assistant:</p> <p>Daytime sleepiness: NO</p> <p>Fatigue: NO</p> <p>Dry Mouth upon awakening: NO</p> <p>Nasal congestion: NO</p> <p>Oral breathing: NO</p> <p>Headache: NO</p> <p>Unintended sleep: NO</p> <p>Insomnia: NO</p> <p>Lack of concentration and memory: NO</p> <p>Nycturia and Polyuria: NO</p> <p>Non restorative sleep: NO</p> <p>Report of Snoring: NO</p> <p>Shocking and/or gasping during sleep: NO</p> <p>Witnessed apneas: NO</p> <p>Bruxism : NO</p> <p>Symptoms when wakening:</p> <ul style="list-style-type: none"> <li>- Teeth clenched or mouth heart: NO</li> <li>- Grinding tooth or reported sounds during night: NO</li> <li>- Pain in the temple: NO</li> <li>- Difficulty opening mouth/jaw and/or locking: NO</li> </ul> <p>Approved if asks for all the points</p>
8.	<b>Physical Exam</b>		
9.	Measure Neck Circunference	<input type="checkbox"/>	<p>Answer if the leader asks the assistant about neck circumference: The neck circumference is 33 cm</p> <p>Approved if asks for the neck circumference</p>
10.	<b>Cranio-facial References</b>		




11.	Evaluate Nasal Permeability	<input type="checkbox"/>	<p>Show the image if leader asks to see nasal permeability</p> <p>Air inhalation and exhalation- Both nostrils are permeable</p> <p>Approved if identify it correctly .</p> <p> NOSE</p>
12.	Evaluate lips competence	<input type="checkbox"/>	<p>Show the image if leader asks to see lips competence</p> <p>Approved if verify that lips are competent</p> <p> LIPS</p>
13.	Classify Skeletal Relation	<input type="checkbox"/>	<p>Show the image if leader asks to see skeletal relation: Class I</p>
14.	<b>Intra-oral Exam</b>		
15.	Classify according to Mallampati	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate Mallampati</p> <p>Approved if classify Mallampatti I</p> <p> MALLAMPATI</p>

16.	Classify Tonsils	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate tonsils</p> <p>Approved if verifies that is the tonsils are grade III</p> <p> TONSILS</p>
17.	Evaluate Tongue	<input type="checkbox"/>	<p>Show the image if leader asks the assistant about the tongue:</p> <p>Tongue: NORMAL</p> <p>Approved if asks to see tongue and answer correctly</p> <p> TONGUE</p>
18.	Observe Palatal Shape	<input type="checkbox"/>	<p>Show the image if leader asks the assistant the palatal shape</p> <p>Approved if identified it V shape correctly</p> <p> PALATE</p>
19.	Check Linea Alba	<input type="checkbox"/>	<p>Show the image if leader says that need to evaluate alba line</p> <p>Approved if verifies that alba line is not present</p> <p> ALBA</p>
20.	Observe Deglutition	<input type="checkbox"/>	<p>Show the video if leader says that need to evaluate deglutition</p> <p>Approved if verifies that deglutition is atypical</p>
21.	<b>Dental Exam</b>		

22.	Identify dental relation	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate dental relation</p> <p>Approved if identifies dental relation as Class II molar</p> <p> DENTAL RELATION</p>
23.	Identify Crossbite	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate crossbite</p> <p>Approved if identifies that the patient don't have crossbite</p> <p> CROSSBITE</p>
24.	Verify Tooth wear	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate tooth wear</p> <p>Approved if identifies that patiente do have tooth wear</p> <p> TOOTH WEAR</p>
25.	Check abfraction lesions	<input type="checkbox"/>	<p>Show the image if leader says that needs to evaluate if abfraction lesions are present</p> <p>Approved if identifies that patiente do not have abfraction lesions</p> <p> ABFRACTION</p>
26.	Risk for sleep disorders		

27.	Identify risk factors	<input type="checkbox"/>	Approved if identify all the risk factors in the check-list paper
28.	Risk level	<input type="checkbox"/>	Approved if identify risk for sleep disorders as a Low Risk.
29.	<b>Management of the situation</b>		
30.	Give: General Recomendation Sleep Education	<input type="checkbox"/>	The leader should do this in all the patients
31.	Recommend a Sleep Specialist	<input type="checkbox"/>	The leader should do this in medium risk patients

			
32.	Refer to Sleep Specialist	<input type="checkbox"/>	The leader should do this in high risk patients

33.	<b>End</b>		
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## ABFRACTION LESION

Abfraction is the loss of tooth structure where the tooth and gum come together. The damage is wedge-shaped or V-shaped.

Not present



Present



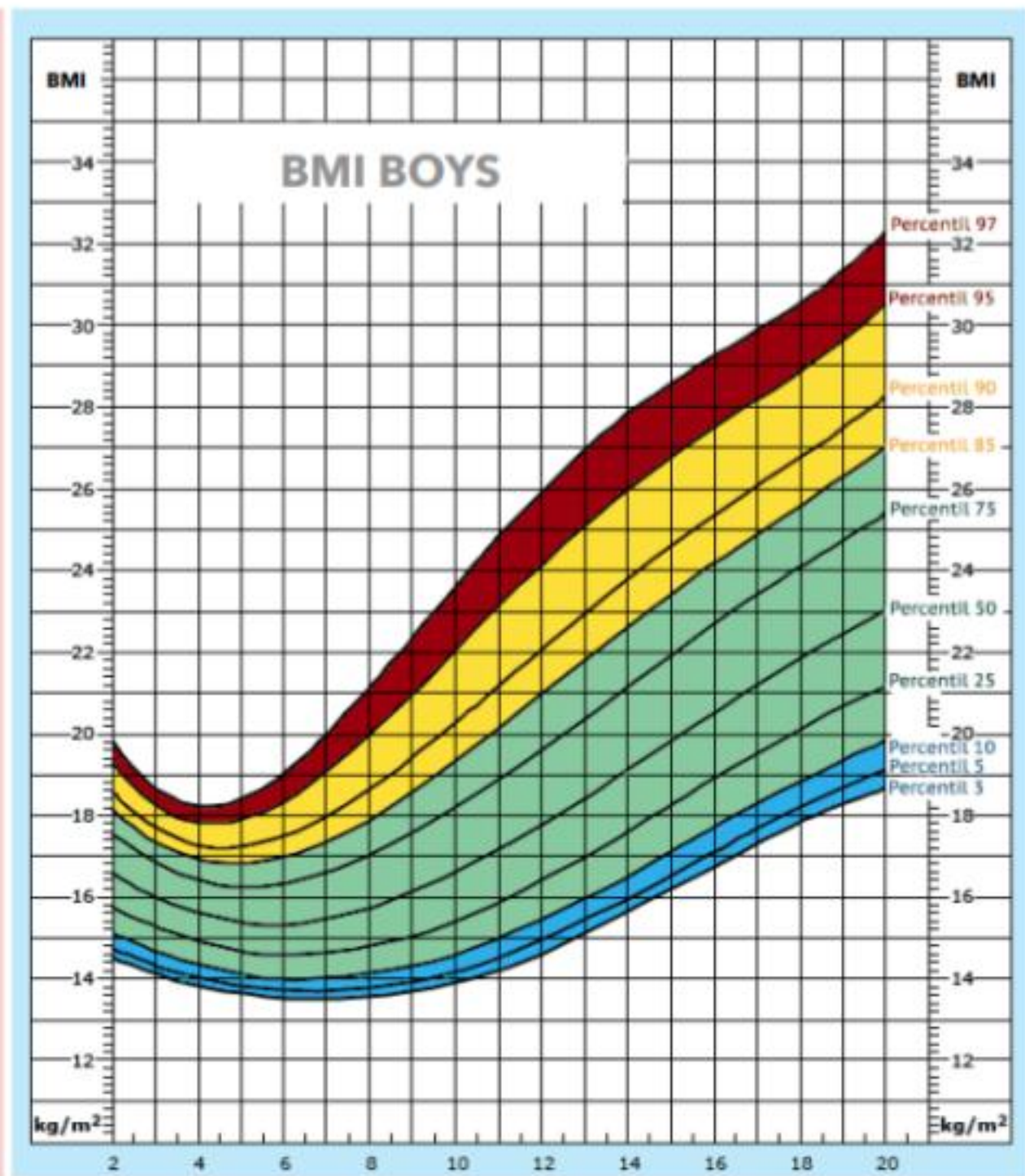
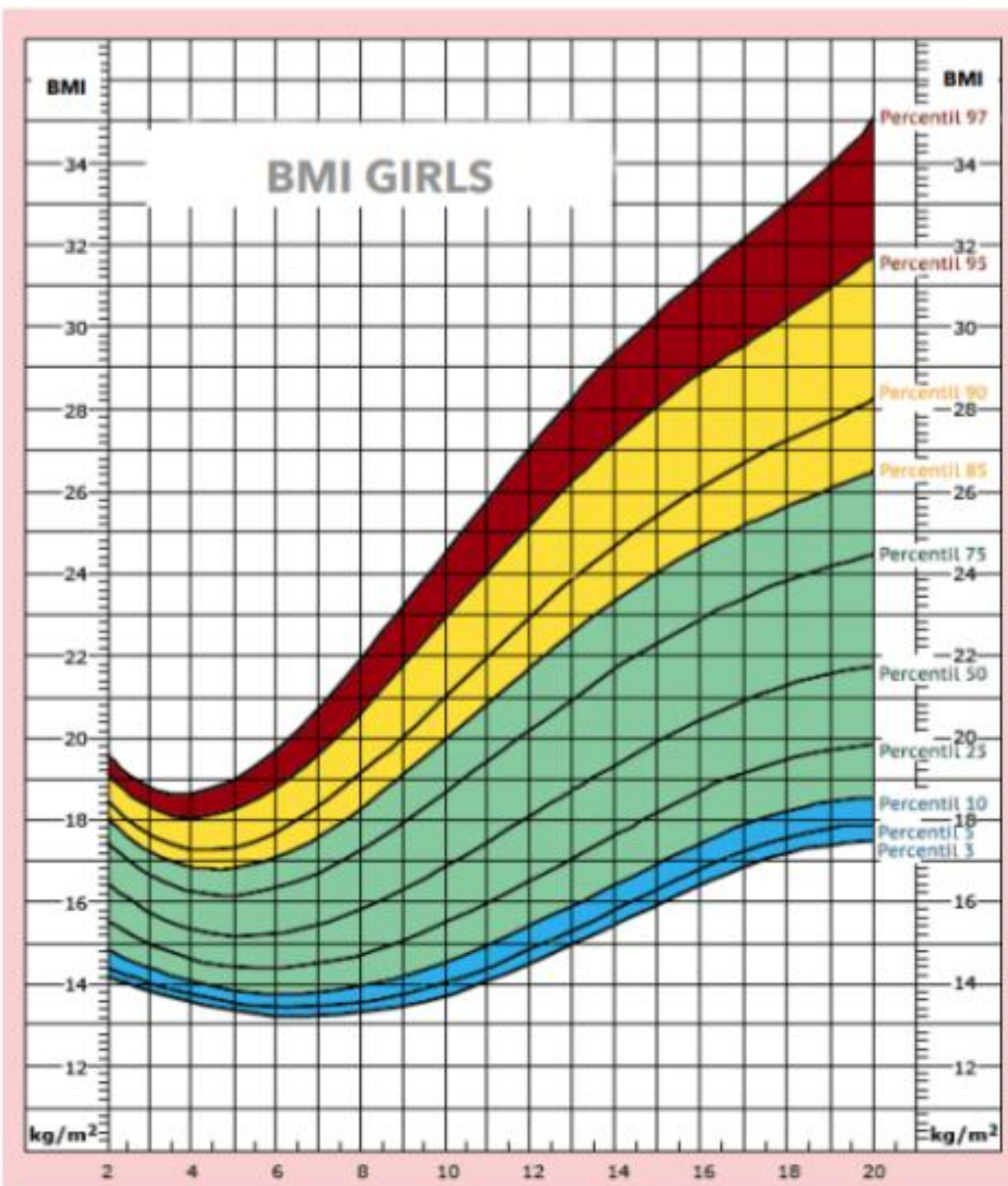


The formula is **BMI = kg/m<sup>2</sup>** where kg is a person's weight in kilograms and **m<sup>2</sup>** is their height in metres squared.

### ADULTS



### CHILDREN (2-16 years old)



AGE

AGE

## CHRONICAL DISORDERS

- Hypertension
- Diabetes
- High Colesterol
- Family history of sleep disorders
- CVA- Cerebrovascular accident
- Heart Attack
- Arrhythmia

## COMPLAINS

- Daytime sleepiness
- Fatigue
- Dry Mouth upon awakening
- Nasal congestion
- Oral breathing
- Headache
- Unintended sleep
- Insomnia
- Lack of concentration and memory
- Nycturia and Polyuria
- Non restorative sleep
- Report of Snoring
- Shocking and/or gasping during sleep
- Witnessed apneas
- Bruxism
- Symptoms when wakening:
  - Teeth clenched or mouth heart
  - Grinding tooth or reported sounds during night
  - Pain in the temple
  - Difficulty opening mouth/jaw and/or locking



## DENTAL RELATION



CLASS I



CLASS II



CLASS III

## GENERAL DATA

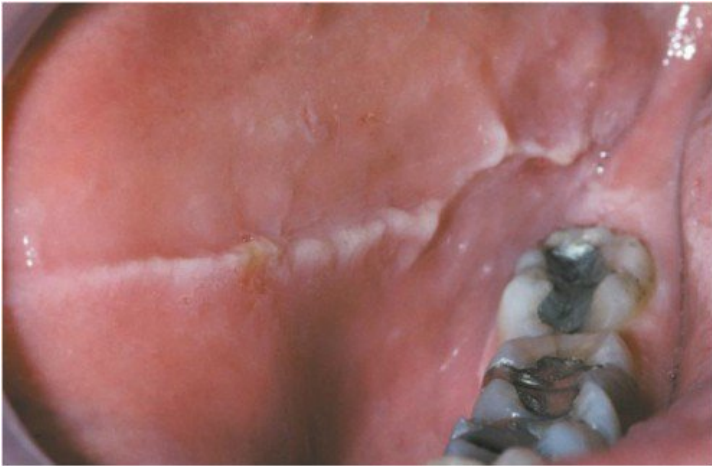
- Gender
- Age
- Height
- Weight

## HABITS/ CONSUMPTION

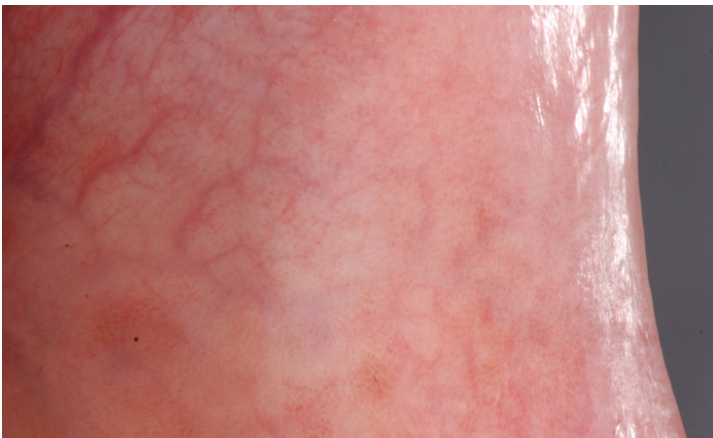
- Alcohol at bedtime
- Tobacco
- Drugs like sedatives or muscle relaxants

# Linea Alba

Present



Not present





**Incompetent lips**



**Partially competent**



**Competent lips**

Based on the oropharynx anatomy.

Performed with the **patient sit** and the **head in the neutral position**.

Then ask the patient to **open the mouth and put the tongue out**.

## The Mallampati Score



**CLASS I**  
Complete  
visualization of  
the soft palate



**CLASS II**  
Complete  
visualization  
of the uvula



**CLASS III**  
Visualization  
of only the  
base of the uvula



**CLASS IV**  
Soft palate  
is not  
visible at all

# MESURE NECK CIRCUNFERENCE

<b>SEX</b>	<b>More than</b>
<b>Men</b>	43
<b>Women</b>	41







## SKELETAL RELATION



CLASS I



CLASS II



CLASS III

According to lingual frenum mobility (Von Arx 2003)

Ask the patient to **open the mouth** and try to **put the tongue in contact with the palate near the anterior incisors;**

Evaluate the tongue mobility and classify.

Normal



Limited



Ask the patient to **open** the mouth with the **tongue resting inside the mouth**;  
Evaluate the tonsils and classify.



NORMAL



GRADE I



GRADE II



GRADE III



GRADE IV