



Alison Johnston BDS MSc ClinEd FDTFEd



### Three Cases

• Case 1 - a pain/emergency appointment

 Case 2 - molar endodontic case preferably with definitive restoration for that unit

Case 3 – completion of a case



Case 1 not uploaded to system but must be consented in same way

Anonymised PPP must be emailed to <a href="mailto:Dentalfoundation.nimdta@hscni.net">Dentalfoundation.nimdta@hscni.net</a> before 3pm on Tuesday 28<sup>th</sup> October.

Scheme 2 & 3 present to own scheme Tuesday 4<sup>th</sup> November Scheme 1 present on Wednesday 5<sup>th</sup> November



Introduction
Examination & special investigations
Study models, photographs, radiographs
Diagnosis
Treatment Plan
Treatment
Summary/Conclusions



Case 2- molar endo- obturation and definitive restoration for that unit

Submission Period 7<sup>th</sup> January to 23<sup>rd</sup> January, for upload window followed by feedback window

Presentation to own schemes 17<sup>th</sup> & 18<sup>th</sup> February 2026



## Security





#### Log in

Your account will have been created on your behalf by your Deanery. If you did not receive login details, click the "forgotten password" link and enter your email address to receive a password reset token.							
Email address	jason.atkinson@yh.hee.nhs.uk						
Password	•••••						
GDC No							
	Remember me?						
	Log in I've forgotten my password						



### Case format



#### <u>Case 1</u>39

<u>Summary</u>	Images
Presenting Complaint / History	Charting
Examination Findings	1503317 4 X 4 4 1
Special Test Results / Reports	
Diagnosis	Pre-Op
<ul> <li>Chronic generalised severe periodonitis with grade iii mobile 25, 32, 42</li> <li>Chronic apical perioniditis in 16, 17, 24, 31, 32</li> <li>Gross unrestorable caries 33</li> <li>Small carious lesion in 34</li> <li>Under extended and poorly retentive P/P</li> </ul>	
Treatment Options	China to
Treatment Plan	
Treatment Carried Out	
Change to Treament Plan / Prognosis / Follow Up	Radiographs
Deficación o Defenence	

### FD feedback



to the same of the										
Submission deadline: 17/04/2017										
Case	Trainee									
<u>139</u>	9	2	2	2	2					Compare
<u>195</u>		2	<u>3</u>	<u>3</u>	<u>3</u>	2	2	<u>3</u>		Compare
122	Native Laborator	2	2	<u>3</u>	<u>3</u>	<u>3</u>				Compare
<u>117</u>	Security Miles	3	2	<u>3</u>	<u>3</u>	<u>3</u>	2			Compare
<u>132</u>	STATE OF THE PARTY	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	2	2			Compare
<u>108</u>	Rocks Print	<u>3</u>	<u>3</u>	2	<u>3</u>	<u>3</u>	2	<u>3</u>	<u>3</u>	Compare
<u>136</u>	Control of the Control	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	2 *			Compare
<u>188</u>	just manual particular	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	2 *			Compare
<u>158</u>	B100-780,000	2	<u>3</u>	<u>3</u>	4	3	2	<u>3</u>		Compare
<u>135</u>		<u>3</u>	4	<u>3</u>	<u>3</u>	2	<u>3</u>			Compare
<u>175</u>	Anna San San San	<u>3</u>	3	3	3	3				Compare
<u>181</u>	Automotive party	<u>3</u>	2	3	4	3	3			Compare
<u>184</u>		1	4	3	2	4	4			Compare
<u>131</u>	Name and Address of the Owner	<u>3</u>	<u>3</u>	4 *	<u>3</u>	<u>3</u>				Compare

## Learning for all!



2	2	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>		
2	3 *	2	<u>2</u>	<u>2</u>	2		
2	2	2	4 *	1	2		
2	3 *	2	2	<u>2</u>	<u>2</u>		
<u>3</u>	2	<u>2</u>	<u>3</u>	<u>3</u>	<u>2</u>		
<u>3</u>	<u>2</u>	<u>3</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>3</u>	
<u>3</u>	<u>3</u>	<u>3</u>	2	<u>3</u>	2		
<u>3</u>	<u>3</u>	<u>2</u>	<u>3</u>	<u>2</u>	<u>3</u>		
<u>3</u>	<u>2</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>2</u>	<u>3</u>	
2	<u>4</u>	<u>3</u>	2	<u>3</u>	3		
<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	2 *		
4	<u>4</u>	<u>2</u>	<u>3</u>	<u>3</u>	3	<u>4</u>	

### Some very nice work but also...

- 1. Lack of rubber dam
- 2. Combinations of irrigants
- Lack of understanding of modified or conventional step-back with manual instrumentation
- 4. Radiograph quality
- 5. Questionable evaluation of outcome
- 6. No definitive restoration
- 7. No molar endo completed



Completed course of treatment

Submission period 1<sup>st</sup>-15<sup>th</sup> May 2026, for upload window followed by feedback window

Presentation all Schemes 9<sup>th</sup> June 2026 Presenting to own Scheme plus ES's



### What makes a good APLAN 3 case?

- Opportunity to showcase skills
- GDS work done well
- Evidence of appropriate decision making, all care aspects considered and managed, appropriate quality radiographs, evidence of best practice being implemented
- Consideration of long term maintenance
- A completed case!

### How will the final day in June look?

- FDs will present to their scheme and the ES's
- Provide <u>1</u> A4 sheet listing treatment carried out to the audience but <u>do not</u> present this verbally
- Present pre-op radiographs and photographs
- Present any interim radiographs or photographs
- Present any final radiographs and photographs
- Format is an informed <u>discussion</u> about decision making not a list of appointments
- Cases which are sub-optimal <u>can</u> be presentedit's evidence of learning which is important!!



# APLAN feedback resulted in me reviewing my own clinical practice:

• ESs 64.51%

• FDs 87.50%



# APLAN encouraged me to review the way in which I give feedback to others:

• ESs 80.64%

• FDs 81.25%

Receiving feedback was challenging: 59.38%



Receiving feedback from other colleagues through APLAN has been beneficial to my professional development:

84.38%

#### FD comments



- Enjoyed listening to other cases
- A lot of feedback focused on results
- Felt most positive comments came from FDs but ESs were highly critical
- APLAN is good to see the difference in cases other FDs are seeing/treating

#### ES comments



- Great way of seeing numerous trainees working and reviewing their work
- APLAN helped me critique my own work
- Good system, allows me to hear other clinicians' views