

Dentistry — your content playbook

For our Dentistry field lead · what we're building together and how you can shape it

The short version

Thanks for helping build dentistry. This is a friendly guide to what we're making and the one thing we'd love your help with: **the content**. Think of it as a map, not a rulebook — you know this material and these students, so wherever you have a better idea, run with it.

Your link — start here (public, no login)

We built you a private pad to drop content into: dentistry-intake.pages.dev

Fill an entry, hit **Add**, and when you've done a few, **Download** and send us the file. Nothing there is connected to the live app.

What we're building

We're building the thing the NDEB Virtual OSCE actually tests — **image-first cases**. A radiograph or clinical photo, a short patient history, and a chain of questions that go interpret → diagnose → manage (several of them select-all-that-apply). Plus a **written multi-answer MCQ** bank. This is a brand-new surface — it never touches the frozen exam room.

What we'd love you to create

- **OSCE cases** — *describe* the radiograph/photo in words + the patient history + a 3–4 question chain (interpret → diagnose → manage) with the answers.
- **Written MCQs** — a stem + options + the answer(s) + why. Multi-answer (select-all) is great and true to the exam.

Here's one written out, so you can see the shape:

WORKED EXAMPLE · an OSCE case

Image (described). Periapical radiograph of tooth #36 — deep distal caries approaching the pulp; a circumscribed radiolucency at the apex of the mesial root.

History. 42-year-old, healthy. 4 days of dull lower-left ache, pain on chewing; last week a prolonged lingering pain to cold (now faded); tender to bite. #36 gives no response to cold or electric pulp testing; very tender to percussion.

Q1 interpret. The apical radiolucency = apical periodontitis / periapical granuloma (rarefying osteitis).

Q2 diagnose. Pulp necrosis with symptomatic apical periodontitis. **Q3 manage.** Non-surgical root canal, then a cuspal-coverage crown.

The vOSCE disciplines (roughly how the real exam weights them)

Aim for variety so the whole field fills in evenly — not a strict quota:

[] Operative / restorative (16%)

[] Periodontics (14%)

[] Oral medicine / pathology (12%)

[] Pain / endodontics (12%)

[] Prevention / medical emergencies (12%)

[] Endodontics (10%)

[] Prosthodontics (10%)

[] Surgery (8%) · Orthodontics (6%)

This is yours to shape

You have real freedom here — please use it

The recipe and checklist exist to help you move fast, not to box you in. If you want to add a kind of content we didn't think of, or you'd change how something works — **yes, tell us and we'll build it.**

The best version of this is the one that sounds like you.

A few practical notes

- **About images — please read.** For now, **describe** the radiograph/photo in words and note where it's from. **Do not upload patient radiographs or photos into the tool.** Real images come through a separate, proper consent-and-privacy channel we'll set up with you (patient consent + de-identification). This keeps everyone safe.
- **Write in French** when it's French content (the images are language-neutral, so this is cheap).
- **Accuracy + all original.** A licensed dentist signs off every case's diagnosis and management; write your own cases, don't copy Booster/DentalDecks/etc.
- **How to hand it in.** Use your link (dentistry-intake.pages.dev) — add entries, download the file, send it to us. Download often so you never lose work. We load it straight into the engine, no re-typing.

Your quick start

1. Open your link: dentistry-intake.pages.dev
2. Re-read the worked example above until the shape feels obvious.
3. Add your first **5 entries** (mix a few kinds).
4. Download and send them — we'll load them in, then you keep going.

Thank you

This field is being shaped by you. We're here to make it as easy as possible for you to fill it with great content — anything you need, ask. Everything you send is reviewed by a licensed dentist before it goes live.