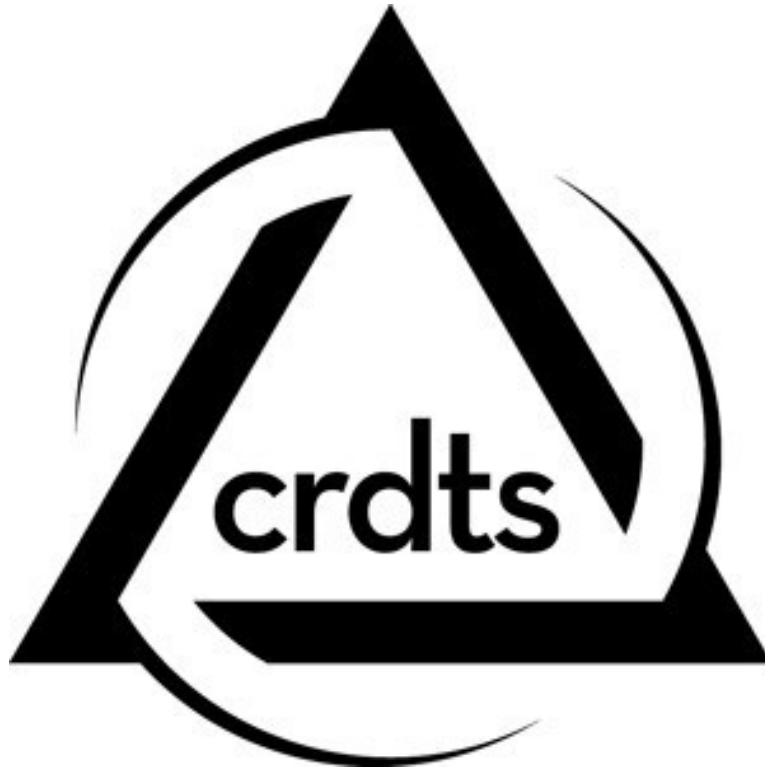


DENTAL THERAPY EXAMINATION PERIODONTAL SIMULATED PATIENT CANDIDATE MANUAL



A National Dental Examination
As administered by:

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Please read this candidate manual prior to attending the candidate orientation and bring it with you to the orientation and the examination.

Periodontal Examination

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CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

PART IV: PERIODONTAL SIMULATED PATIENT EXAMINATION - 100 POINTS

CONTENT	FORMAT
1. Extra/Intra Oral Assessment OSCE 2. Calculus detection 3. Periodontal Measurements 4. Subgingival Calculus Removal 5. Tissue and Treatment Management	- 15 Minute Written Exam - 2 Hour Clinical Exam Performed on a Simulated Patient

SCORING SYSTEM

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model.

Only State Boards of Dentistry are legally authorized to determine standards of competence for licensure in their respective jurisdictions. However, in developing the examination, CRDTS has recommended a score of 75 to be a demonstration of sufficient competence; and participating State Boards of Dentistry have agreed to accept that standard. In order to achieve “CRDTS status” and be eligible for licensure in a participating state, candidates must achieve a score of 75 or more in each Part of the examination.

Each examination score is based on 100 points. **If all sections of an examination are not taken, a score of “0” will be recorded for that specific examination.**

Clinical Skill	Scorable Items x	Points Scored Per Item =	Max Points
Extra/Intra Oral Assessment OSCE	16	1	16
Calculus Detection	12	1	12
Scaling/Subgingival Calculus Removal	12	5	60
Periodontal Measurements	12	1	12
TOTAL EXAM POINTS/MAX SCORE			100

Examination Timing

Candidates will have fifteen (15) minutes to complete the written Extra-Intra Oral Assessment OSCE section of the exam and will have two (2) hours to complete the calculus detection, scaling/subgingival calculus removal and periodontal probing sections of the exam.

SCORING SYSTEM FOR PART IV PERIODONTAL AND SIMULATED PATIENT PROCEDURES

The simulated patient examination is administered in two parts; the written Extra/Intra Oral Assessment Objective Structured Clinical Examination (OSCE) and the clinical skills examination performed on a typodont/manikin. Both parts of the examination will be reported as one comprehensive total score as shown above. CRDTS utilizes a criterion-based grading system to differentiate between acceptable and unacceptable performance. Criteria have been established for each clinical procedure. Three examiners independently evaluate all treatment and apply the criteria in assessing performance. For every scorable item that is confirmed as an error by at least two independent examiners, points will be deducted from the

100 possible points.

A description of Part IV and the number of criteria that are evaluated for the procedures in Part IV appear below:

PART IV: PERIODONTAL SIMULATED PATIENT EXAMINATION – 100 Points

1. Extra-Intra Oral Assessment Written OSCE exam – 16 points
 - Presented to candidates via a CRDTS computer tablet
 - Candidates will have 15 minutes to answer 16 questions appropriately
2. Calculus Detection-12 points
 - 12 items
 - 1 point awarded for each surface of correctly identified calculus
3. Periodontal Measurements– 12 points
 - 12 probing depths evaluated on two teeth
 - 1.0 points for each correctly measured probing depth
 - Gingival recession evaluated on two teeth
4. Scaling/Subgingival Calculus Removal – 60 points
 - 12 subgingival surfaces
 - 5 points awarded for each of the 12 required surfaces that are acceptably debrided of subgingival calculus

To compute the score for each individual procedure, the number of points the candidate has earned for each criterion is totaled, divided by the maximum number of possible points for that procedure and the results are multiplied by 100. This computation converts scores for each procedure to a basis of 100 points. Any penalties that may have been assessed during the treatment process are deducted **after** the total score for the Examination Part has been converted to a basis of 100 points.

PENALTY DEDUCTIONS

Throughout the examination, not only clinical performance will be evaluated, but also the candidate's professional demeanor will be evaluated by Clinic Floor Examiners. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards, as defined within this manual, or for certain procedural errors as described below:

Any of the following may result in a deduction of points from the score of the entire examination Part or dismissal from the exam in any of the clinical procedures:

1. Violation of universal precautions (1 point) or infection control; gross asepsis; operating area is grossly unclean, unsanitary or offensive in appearance; failure to dispose of potentially infectious material and clean the operatory after individual examinations (10 points)
2. Poor Professional Demeanor – unkept, unclean, or unprofessional appearance (1 point); inconsiderate or uncooperative with other candidates, examiners or testing site personnel (10 point)
3. Improper Operator/Manikin position (1 point)
4. Corroborated errors for Tissue Management on all Periodontal procedures – Penalty points are assessed for any unwarranted areas of tissue trauma caused by the candidate to extra/intra oral tissues resulting in injury to the simulated patient which are inconsistent with the procedures performed.
 - a. Tissue Trauma Error: 5 points for each area
 - i. **Unwarranted damage** caused by the candidate to the extra/intraoral simulated soft tissues.

- ii. **Obvious and avoidable mutilation** of simulated soft tissue caused by the candidate.
- iii. Simulated soft tissue damage caused by the candidate which demonstrates a **gross disregard** for instrumentation techniques as a result of the treatment.
- iv. A simulated soft tissue laceration 3mm or greater that does **NOT** allow for reflection of the simulated gingival tissue.
- b. **Critical Error:** A tissue trauma critical error, resulting in failure of the examination, will be assessed if any of the following exist:
 - i. Unwarranted damage to 3 or more areas of gingival tissue and or shroud.
 - ii. Gross iatrogenic damage to the simulated gingiva and/or typodont located anywhere within or near the treatment selection.
 - iii. An amputated/separated papillae.
 - iv. A laceration or damage of 3 mm or greater that allows for reflections of the simulated gingival tissue.
 - v. An unreported broken instrument tip found in the sulcus.
 - vi. Unwarranted damage to simulated tissue caused by ultrasonic
 - vii. **Critical Lack of Diagnostic/Clinical Judgment Skills** – This penalty would be applied when the prognosis of the treatment and/or the simulated patient's well-being is seriously jeopardized. Examples include but are not limited to:
 - Damage to the typodont outside of the assigned work area

The following infractions will result in a loss of **all** points for the entire examination Part:

1. Violation of Examination Standards, Rules or Guidelines
2. Treatment of teeth or surfaces other than those approved or assigned by examiners
3. Use of canned compressed air

Professional Conduct – All substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, or use of unwarranted assistance during the course of the examination shall automatically result in failure of the entire examination by any candidate.

In addition, there will be no refund of examination fees and that candidate cannot apply for re-examination for one full year from the time of the infraction. Any of the following will result in failure of the entire examination:

- a. Falsification or intentional misrepresentation of application requirements
- b. Cheating (Candidate will be dismissed immediately)
- c. Any candidate demonstrating complete disregard for the oral structures, welfare of the simulated patient and/or complete lack of skill and dexterity to perform the required clinical procedures
- d. Misappropriation of equipment (theft)
- e. Receiving unwarranted assistance
- f. Alteration of examination records

Periodontal Simulated Patient Examination Overview

Extra/Intra Oral Assessment OSCE

A simulated patient extra/intra oral assessment written OSCE will be presented to candidates via CRDTS tablets. Candidates will have fifteen (15) minutes to view and answer sixteen (16) multiple choice questions. Candidates will be required to sign and uphold the Candidate Statement of Understanding about CRDTS Oral Assessment OSCE Security Measures. This form is located at the back of this manual for candidates to read prior to their examination. An official form is included with the exam materials and is required to be signed and submitted on the day of the examination.

The purpose of this part of the examination is to evaluate the level of a candidate's competency in identifying gross head and neck anatomy, variations of normal anatomy, palpation techniques used to examine the head and neck extra and intraoral structures, and atypical or abnormal findings, whether pathologic or non-pathologic. The OSCE mirrors the Patient-Based Extra/Intra Oral Assessment Evaluation. In addition to the above, the following categories provide a guide for items to study and with which to be familiar:

EXTRAORAL	SIGNIFICANT FINDINGS
Head, Face, and Neck Lymph Nodes, TMJ	Asymmetry, Infected Piercings, Swellings, Lesions Description of Location, Restricted Opening
INTRAORAL	SIGNIFICANT FINDINGS
Oral Mucosa/Lips and Supporting Structures	Lesions, Chemical/Physical Irritations, Tattoos, Swellings, Hematomas, Nodules
Alveolar Ridge	Lesions, Chemical/Physical Irritations, Exostosis, Torus/Tori, Tattoos, Swellings, Hematomas, Nodules
Palate and Oral Pharynx (tonsils and tonsillar pillars)	Torus, Lesions, Chemical/Physical Irritation, Other Significant Findings
Tongue	Hairy Tongue, Fissured Tongue, Loss of Papilla, Geographic Tongue, Glossitis, Nodules, Lesions
Floor of the Mouth	Ankyloglossia, Hematomas, Lesions, Tattoos, Other Significant Findings

Calculus Detection

Performance Criteria for Calculus Detection

- The candidate will be assigned 12 random surfaces to explore on the maxillary arch.
- The candidate must accurately indicate by recording the presence ("Y"/Yes) or absence ("N"/No) of calculus on each of the 12 assigned surfaces.
- The maxillary arch is for calculus detection ONLY, not scaling.

Candidate Instructions for Calculus Detection

- Prior to completing the calculus detection exercise, explore several teeth circumferentially to become familiar with the anatomy of the tooth (i.e., root surface, CEJ).
- Deposits detected on a line angle should be marked on the closest interproximal surface.

Calculus Detection Example

Calculus Detection: 12 SURFACES assigned from maxillary quadrants.

2M	3L	4D	5M	7D	8M	9F	10D	12L	13F	14D	15D

Candidates: Explore assigned surfaces as listed above and indicate the presence of subgingival calculus by recording a **Y** (yes, present) or **N** (no, not present) in the shaded boxes.

Scaling/Subgingival Calculus Removal

Performance Criteria for Scaling/Subgingival Calculus Removal

- When completing the initial online application, the candidate will select either the right or left mandibular quadrant to scale.
- Twelve (12) surfaces will be evaluated by examiners in the quadrant selected for treatment.
- Since candidates do not know which 12 surfaces will be selected for evaluation, the candidate must treat (scale) all surfaces of all teeth in their selected quadrant.
- The candidate must effectively remove subgingival calculus so that no deposits are detectable with an #11/12 explorer. The presence of subgingival calculus constitutes a scaling error.
- Supragingival deposit/stain removal is not part of this examination, so no rubber cup polishing is needed nor required.
- Class I mobility may be noted on select teeth within the mandibular arch.

Tissue Management

Performance Criteria for Tissue Management

- All simulated tissues to include the extraoral oral cavity cover (shroud) and intraoral gingiva will be evaluated.
- The candidate must effectively utilize sonic/ultrasonic and hand instruments so that no unwarranted soft tissue trauma (abrasions, lacerations or ultrasonic burns) occurs as a result of the prophylaxis procedure to the simulated tissues.
- Acceptable performance will have been demonstrated if 100% of all simulated tissues exhibit no unusual mechanical damage and tissues are well managed.
- Tissue trauma errors are assessed individually if there are two or less. (-5 Points per incidence).

Periodontal Measurements

Performance Criteria for Periodontal Measurements

- The candidate will be assigned two (2) teeth to record probing depths.
- The candidate will be assigned two (2) teeth to record gingival recession.
- The candidate must accurately chart within +/- 1 mm the depth of the gingival sulcus on six aspects of the assigned teeth.
- The six aspects to probe on each tooth are: MF, F-midpoint, DF, ML, L-midpoint & DL.
- Candidates record their findings in the shaded boxes on the progress form

Periodontal Measurements		Probing Depths: 2 TEETH Assigned				Gingival Recession: 2 TEETH Assigned			
Probing Depth: Measure and record the depth of each sulcus on six aspects for the two assigned teeth Gingival Recession: Measure and record the point of greatest recession on two surfaces of the two assigned teeth Note measurements in the shaded boxes ONLY BLANK BOXES WILL BE RECORDED AS AN ERROR			mm		mm		mm		mm
		DF		DF		F		F	
		F		F		L		L	
		MF		MF					
		DL		DL					
		L		L					
		ML		ML					

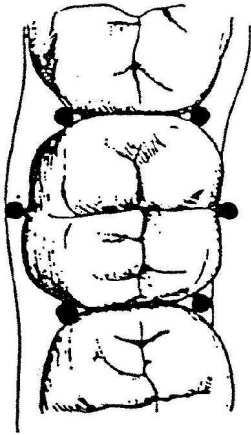
Candidate Instructions for Periodontal Probing Depths

- Probe readings can be taken and recorded prior to or after scaling but examiners probe readings will be evaluated post-scaling so candidates should consider doing the same.
- Direct facial and direct lingual readings should be taken at the MIDPOINT of the tooth with the probe positioned parallel to the root surface and the long axis of the tooth.
- Interproximally, the probe should be positioned with the shank against the contact point and the tip angled slightly into the col, so it is directly beneath the contact area.
- Record every measurement for the assigned teeth to the nearest millimeter.
- If a tooth is not in contact, the probe should be placed at the midpoint of the proximal surface and the same measurement recorded for both facial and lingual aspects.
- Using light pressure, the tip of the probe should be positioned to the depth of the sulcus.

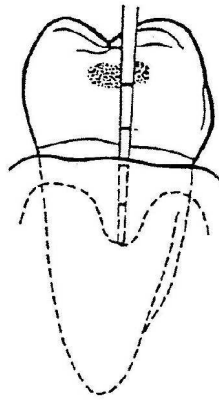
Candidate Instructions for Gingival Recession

Gingival recession is defined as the visible apical migration of the gingival margin, which exposes the cemento-enamel junction and root surface. On the teeth assigned for gingival recession, the candidate must measure the amount of gingival recession **at the point of the greatest recession on the facial and lingual surfaces**. The facial and lingual surfaces are defined as any point on those surfaces between the mesial and distal line angles of the tooth. The measurement should be rounded to the nearest millimeter and recorded in the boxes provided on the Progress Form. The candidate's findings must be accurate within 1 mm. If there is no recession present and you record a measurement of 1mm, an error will be recorded.

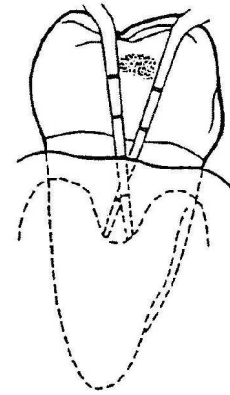
The illustrations that follow depict the proper placement of the probe, from both the occlusal and interproximal perspective:



*Probe Positions
from Occlusal*



*Probing When
No Contact*



*Interproximal
Angulation*

*Retake Policy: Please see Dental Examination Overview, Policy and Procedures Manual

SITE-YEAR:
CAND ID:

CRDTS

**PERIODONTAL SIMULATED PATIENT
EXAMINATION PROGRESS FORM**

STARTING TIME: _____ FINISH TIME: _____

CRDTS will provide the candidate a typodont to complete the Periodontal Procedures. When the typodonts are received, the candidate must check the correct candidate number is on the end cap of the mandibular arch and then the typodont may be inserted into the facial shroud. The typodont may be dismantled only with the authorization of a CFE.

SHADED TO BE COMPLETED BY CANDIDATES*

SELECTED BY CANDIDATE AT REGISTRATION - Scaling Quadrant: Mandibular Right **Mandibular Left**

Periodontal Measurements

Probing Depth: Measure and record the depth of each sulcus on six aspects for the two assigned teeth

Gingival Recession: Measure and record the point of greatest recession on two surfaces of the two assigned teeth

Note measurements in the shaded boxes ONLY
BLANK BOXES WILL BE RECORDED AS AN ERROR

**Probing Depths:
2 TEETH Assigned**

	mm		mm
DF		DF	
F		F	
MF		MF	
DL		DL	
L		L	
ML		ML	

**Gingival Recession:
2 TEETH Assigned**

	mm		mm
F		F	
L		L	

Calculus Detection: 12 SURFACES assigned from maxillary quadrants.

2M	3L	4D	5M	7D	8M	9F	10D	12L	13F	14D	15D

Candidates: Explore assigned surfaces as listed above and indicate the presence of subgingival calculus by recording a Y (yes, present) or N (no, not present) in the shaded boxes.

CRDTS Coordinator Initials

TYPODONT MOUNTING APPROVED
Correct Candidate ID# & Facial Shroud Mounted

CRDTS Coordinator Initials

CFE AUTHORIZES DISMANTLING TYPODONT
CFE Receives Typodont for Evaluation
CFE Collects Progress Form

FINAL EVALUATION PERIODONTAL PROCEDURES

Examiner #1 Examiner #2 Examiner #3

MUST BE COMPLETED IN BLACK OR BLUE INK



Candidate Statement of Understanding with regard to CRDTS Oral Assessment OSCE Security Measures

1. The Central Regional Dental Testing Service (CRDTS) simulated patient Oral Assessment Objective Simulated Clinical Examination (OSCE) is highly confidential. The examination questions are the property of CRDTS. Unauthorized disclosure of examination questions is prohibited under copyright laws. By signing this statement of understanding, you agree to maintain the confidentiality of the CRDTS simulated patient Oral Assessment OSCE.
2. You must therefore:
 - Keep the exam content confidential for a period for at least five (5) years as discussed below.
 - You will not give, receive or obtain any form of unauthorized assistance prior to or during the examination.
 - You will not disclose (in whole or in part) any examination questions or answers to anyone before, during or after the examination, whether orally, in writing, on Internet chat rooms, blogs or otherwise.
 - You will not reproduce or attempt to reproduce examination materials through memorization, recording or other means.
 - You will not provide information relating to examination content that may provide unfair advantage to other candidates.
 - You will not use or participate in the electronic posting of information regarding examination content or answers.
 - You will not discuss exam cases, content, questions or answer options with anyone (ie: family, friends, fellow colleagues, classmates, school faculty, etc.) who took the exam before you, with you or those who have not yet taken the exam.
 - You may not use or be in possession of any unauthorized electronic devices (such as cell phones, cameras, etc.) during the exam.
3. With regard to the CRDTS simulated-patient Oral Assessment OSCE, candidates agree to abide by all rules, as well as oral and written instructions controlling the conduct of the examination. These rules are intended to preserve the integrity of the examination process by providing standard test administration conditions that yield valid and reliable results.
4. Candidates will be observed at all times while they are taking the CRDTS simulated-patient Oral Assessment OSCE. This observation will include direct observation by proctors. Proctors may not necessarily inform you of their observations, but they are required to report behavior that may violate the terms and rules of the exam or other forms of irregular behavior.

5. Any cheating and/or breach of confidentiality/security or any attempt to subvert the examination process by any candidate violates the purpose and principles of the examination and is grounds for immediate dismissal from the examination.
6. Any candidate who witnesses or has knowledge of known exam security breaches must report it to the Proctor and/or CRDTS personnel as soon as possible. Morally and ethically, reporting known exam breaches allows CRDTS personnel the opportunity to investigate and take appropriate action.
7. CRDTS strives to report results that accurately reflect the skill and performance of each candidate and represent a valid measure of their knowledge or competence as sampled by the examination.
8. Accordingly, our standards and procedures for administering examinations have two related goals: giving candidates comparable opportunities to demonstrate their abilities, and preventing any of them from gaining an unfair advantage over others. To promote these objectives, CRDTS reserves the right to cancel or withhold any examination results when, in the sole opinion of CRDTS, a testing irregularity occurred; cheating has occurred; there is an apparent discrepancy in, or falsification of, a candidate's identification; a candidate engages in misconduct or plagiarism; when aberrancies in performance are detected for which there is no reasonable and satisfactory explanation; or the results are believed to be invalid for any other reason.
9. Conduct occurring before, during or after testing that violates these principles may result in invalidation of examination results and/or other penalties such as the revocation of exam scores which will be reported to State Dental Licensing Boards.
10. Any unauthorized disclosure of the examination's content could also result in civil liability and criminal penalties.
11. Candidates proven to violate examination security rules will have their exam scores voided and denied access to retesting for two years.

I have read, understand and agree to abide by the above statement.

Candidate Name

(Please Print):

Candidate Number:

Candidate Signature:

Date:



**Candidate Statement of Understanding with regard to
CRDTS Diagnosis and Comprehensive Treatment
Planning (DCTP) Written Examination Security Measures**

CANDIDATE #

1. The Central Regional Dental Testing Service (CRDTS) Diagnosis and Comprehensive Treatment Planning (DCTP) Written Examination is highly confidential. The examination questions are the property of CRDTS. Unauthorized disclosure of examination questions is prohibited under copyright laws. By signing this statement of understanding, you agree to maintain the confidentiality of the CRDTS Diagnosis and Comprehensive Treatment Planning (DCTP) Written Examination.
2. You must therefore:
 - Keep the exam content confidential for a period for at least five (5) years as discussed below.
 - You will not give, receive or obtain any form of unauthorized assistance prior to or during the examination.
 - You will not disclose (in whole or in part) any examination questions or answers to anyone before, during or after the examination, whether orally, in writing, on Internet chat rooms, blogs or otherwise.
 - You will not reproduce or attempt to reproduce examination materials through memorization, recording or other means.
 - You will not provide information relating to examination content that may provide unfair advantage to other candidates.
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3. With regard to the CRDTS Diagnosis and Comprehensive Treatment Planning (DCTP) Written Examination, candidates agree to abide by all rules, as well as oral and written instructions controlling the conduct of the examination. These rules are intended to preserve the integrity of the examination process by providing standard test administration conditions that yield valid and reliable results.
4. Candidates will be observed at all times while they are taking the CRDTS Diagnosis and Comprehensive Treatment Planning (DCTP) Written Examination. This observation will include direct observation by proctors. Proctors may not necessarily inform you of their observations, but they are required to report behavior that may violate the terms and rules of the exam or other forms of irregular behavior.

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I have read, understand and agree to abide by the above statement.

Candidate Name

(Please Print):

Candidate Number:

Candidate Signature:

Date: