

Assessment of Clinical Judgement 2018 Protocol



The National Dental
Examining Board of Canada

Le Bureau national d'examen
dentaire du Canada

80 Elgin Street, 2nd Floor
Ottawa, Ontario, Canada, K1P 6R2

Tel: 613-236-5912
Fax: 613-236-8386

www.ndeb-bned.ca

Table of Contents

Schedule	1
Check-in.....	1
Format.....	1
Content.....	2
Reference Material	9
Regulations	10
Misconduct.....	12
Test Accommodations	12
Compassionate Appeal	12
Results.....	12
Passing Standard	13
Manual Rescores.....	13
Repeats	13

Schedule

	Time
Check-in	7:45 a.m.
Orientation	8:15 a.m.
Book 1	8:30 a.m. to 11:30 a.m.
Afternoon check-in	1:00 p.m.
Book 2	1:30 p.m. to 3:30 p.m.

Check-in

During check-in, participants are issued an ID card. To receive the ID card, participants must show current government issued photo identification such as a driver's license, passport, or military identification. The ID must be in English or French.

Photo identification:

- must show the participant's name exactly as it appears in the participant's online profile.
- must be issued by a federal, provincial, territorial, state, or municipal authority.
- must not be expired. If the photo identification does not have an expiry date, it must have been issued within the last 10 years.

Participants who do not provide government photo identification will not be admitted.

Format

The Assessment of Clinical Judgement (ACJ) consists of two books administered on the same day.

The ACJ Question and Answer Framework containing examples of questions is available in the Reference Materials & Resources section of the [NDEB website](#). Participants are strongly encouraged to visit the website in preparation for the ACJ.

Content

Book 1 – Diagnosis, Treatment Planning and Clinical Decision Making

This multi-answer multiple choice component evaluates the participant’s ability to formulate a diagnosis and to make clinical decisions. Case histories, dental charts, radiographic images, and photographs may be provided for patients of all ages, including those with special needs.

Book 2 – Radiographic Interpretation

This multi-answer multiple choice component evaluates the participant’s knowledge in oral radiology and ability to make a radiographic interpretation and diagnosis using radiographic images.

The blueprint below shows the content areas and approximate number of questions in each area.

ACJ Blueprint	Approximate % of Questions
Diagnosis, Treatment Planning, and Clinical-Decision Making in:	
Pharmacotherapeutics, Medically-Complex Patients, Medical Emergencies	22
Oral Medicine/Oral Pathology, Oral Surgery	28
Periodontics	22
Endodontics	10
Orthodontics, Pediatric Dentistry	10
Restorative Dentistry	8
Total	100%

Sample Questions

Sample questions below illustrate the formats generally used in the ACJ.

Single Correct Answer

Some questions have one correct answer, indicated by the direction (Select **ONE** correct answer). Select the most likely answer or most appropriate answer.



Photograph _____

Sample Question: 1 (Select **ONE** correct answer.)

Which of the following is the most likely diagnosis for the entity shown in the above photograph?

- A. Pyogenic granuloma.
- B. Hemangioma.
- C. Edema.
- D. Hematoma.
- E. Gingival cyst.
- F. Exostosis.
- G. Periodontal abscess.
- H. Acute apical abscess (acute periradicular abscess).
- I. Chronic apical abscess (chronic periradicular abscess).

Answer: A B C D E F G H I J K L M N O

Case History

Many questions include patient case histories in the format illustrated below.

Using the information provided, answer questions 1 to 10 on the answer score sheet.

Patient Information:

Age:	57	Blood Pressure:	130/86 mmHg
Gender:	Female	Pulse Rate:	80 bpm
Height:	167cm (5'6")	Respiration Rate:	15/min
Weight:	60kg (132lbs.)	Temperature:	37°C (98.6°F)

Chief Complaint: "My front tooth hurts."

History of Chief Complaint: Noticed pain for the last 3 days.

Dental History: Irregular visits.

Medical History:

Significant Findings: None.

Current Medication: None.

Allergies: None.

Social/Family History:

Significant Findings: None.

Clinical Examination:

Significant Findings:

Extraoral: None.

Intraoral: None.



Photograph _____

Sample Question: 2 (Select **ONE** correct answer.)

Which of the following is the most likely diagnosis for the entity shown in photograph _____?

- A. Linea alba.
- B. Fordyce's granules.
- C. Leukoedema.
- D. Leukoplakia/hyperkeratosis with or without dysplasia.
- E. Frictional/traumatic keratosis.
- F. Mucosal burn.
- G. Lichen planus.
- H. Candidiasis.
- I. Hairy leukoplakia.
- J. Lupus erythematosus.
- K. White sponge nevus.
- L. Erythema migrans/geographic tongue.
- M. Mucous patches of secondary syphilis.
- N. Hairy tongue.
- O. Verrucous carcinoma.

Answer: A B C D E F G H I J K L M N O

One or More Correct Answers

Some questions have one or more correct answers, indicated by the direction "Select **ONE OR MORE** correct answers." Select all answers that are correct. The maximum score for any question is one ("1"). The minimum score for any question is zero ("0"). Part marks will be awarded if some, but not all correct answers are selected, provided no incorrect answer is selected. Marks will be deducted for incorrect responses, but no question will receive a score less than zero ("0"). Some answers are neither definitely correct nor incorrect and have been given a value of zero ("0"). Selecting one of these answers will not affect the score given to a participant. But, if a definitely incorrect answer is selected the participant will receive a zero ("0") score for the entire question.

Sample Question: 3 (Select **ONE OR MORE** correct answers.)

Based on the cephalometric values provided, the patient presents with

- A. a prognathic maxilla.
- B. a normally positioned maxilla.
- C. a retrognathic maxilla.
- D. a prognathic mandible.
- E. a normally positioned mandible.
- F. a retrognathic mandible.
- G. a flat (low) mandibular plane.
- H. a normal mandibular plane.
- I. a steep (high) mandibular plane.
- J. labially inclined maxillary incisors.
- K. normally inclined maxillary incisors.
- L. lingually inclined maxillary incisors.
- M. labially inclined mandibular incisors.
- N. normally inclined mandibular incisors.
- O. lingually inclined mandibular incisors.

Answer: A B C D E F G H I J K L M N O

The following is an illustration of the scoring system. The value for each answer is on the left.

Sample Question: 4 (Select **ONE OR MORE** correct answers.)

There is radiographic evidence of caries on the

Value		Value	
-1	A. distal of tooth 3.3.	.3	G. distal of tooth 3.6.
-1	B. mesial of tooth 3.4.	0	H. mesial of tooth 3.7.
-1	C. distal of tooth 3.4.	-1	I. distal of tooth 3.7.
-1	D. mesial of tooth 3.5.	-1	J. mesial of tooth 3.8.
.3	E. distal of tooth 3.5.	.4	K. distal of tooth 3.8.
0	F. mesial of tooth 3.6.		

Answer: A B C D E F G H I J K L M N O for full mark.

Periodontal chart

The following represents an example of a periodontal chart that may be used for questions in the Assessment of Clinical Judgement. Each chart will utilize the following notation:

- The upper part of the chart denotes the findings on the vestibular (buccal and/or labial) surfaces of the teeth being discussed for the case. Missing teeth are denoted by a large "X"
- Probing depths, in millimetres, are listed in the next row below the tooth number
- Recession is listed below the pocketing, in millimetres. If there is no number, there is no significant recession
- Bleeding on probing is denoted by "•", and is listed directly below the pocket where bleeding was found
- The middle part of the chart denotes the findings for the lingual surfaces, using the same categories as above
- Mobility and furcation involvement apply to the entire tooth and can be found on the bottom part of the chart
- Mobility for the tooth, if present, is listed as a "1, 2, or 3", using the Miller classification.
- The Class (I, II, III) of furcation involvement (if present) is listed with the surface indicated (B, L, M, D)

This example is a chart of the maxillary second quadrant, with tooth 2.6 missing. The probing depths, in millimetres, are listed, going from mesial on the left, to distal on the right. In this example, there is 3mm of recession all along the buccal of teeth 2.4 and 2.5. No other recession is noted. There is bleeding on probing on the mesiobuccal and distobuccal of teeth 2.5 and 2.7, and all along the lingual of tooth 2.7. No other bleeding is noted. Tooth 2.7 has a buccal furcation Class III and a Class 2 mobility. There are no other mobility or furcation involvements on any other teeth/surfaces.

Vestibular

Tooth	2.3	2.4	2.5	2.6	2.7
Probing depth	3 2 4	4 5 4	4 4 6	X	4 7 6
Recession		3 3 3	3 3 3	X	
Bleeding on probing			• •	X	• •

Lingual

Tooth	2.3	2.4	2.5	2.6	2.7
Probing depth	2 2 2	3 4 4	4 3 5	X	5 5 6
Recession				X	
Bleeding on probing				X	• • •

Mobility					2
Furcation					B-III

Reference Material

Reference texts

A list of reference material recommended in Faculties of Dentistry in Canada can be found in the Reference Materials & Resources section of the [NDEB website](#). The NDEB also references journal articles, clinical guidelines, and practice standards issued by specialty organizations.

Tooth numbering system

The FDI two-digit tooth numbering system below is used in all assessments.

FDI / UNIVERSAL NUMBERING SYSTEM

PERMANENT DENTITION

	FDI	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1		2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	FDI	
Universal		1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16		Universal
Universal		32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		Universal
	FDI	4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1		3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	FDI	
		RIGHT									LEFT									

PRIMARY DENTITION

	FDI	5.5	5.4	5.3	5.2	5.1		6.1	6.2	6.3	6.4	6.5	FDI
Universal		A	B	C	D	E		F	G	H	I	J	Universal
Universal		T	S	R	Q	P		O	N	M	L	K	Universal
	FDI	8.5	8.4	8.3	8.2	8.1		7.1	7.2	7.3	7.4	7.5	FDI
		RIGHT							LEFT				

Regulations

All participants appearing for the assessment must comply with the following regulations.

- The NDEB will provide all participants with an ID card, standard wood (No.2) pencils, block erasers, and disposable ear plugs.
- Participants must bring government issued photo identification.
- Participants are allowed to bring magnification or loupes without lights into the examination room.
- Participants are allowed to bring water in a transparent, plastic, disposable bottle with the label removed in to the examination room.

Prohibited items

- The following items are *not allowed* in the examination room:
 - devices with recording transmitting, or receiving abilities such as radios, smart glasses, and cameras
 - cell phones/ smart phones
 - watches
 - any electronic aid or device
 - dictionaries
 - calculators
 - mechanical pencils and erasers, highlighters, or pens
 - outerwear including coats, hats, wraps, and scarves (religious headwear is acceptable)
 - bags of any kind including purses
 - study materials
 - food

Items listed above must be placed in the area designated by the Test Administrator. The NDEB and individuals administering the examination are not responsible for lost, stolen or damaged items.

- Participants must be punctual for all sessions. Participants arriving late for a session may be denied entry to the assessment.
- Participants must have the ID card visible at all times and must return the card to the Assessment Administrator at the end of each session.
- Participants must read and sign the Confidentiality and Non-disclosure Agreement provided on the morning of the assessment. This agreement must be signed in order to receive results. A sample Confidentiality and Non-disclosure Agreement is available in the participant's online profile, under the "Information" tab.
- The ability of a participant to read, interpret, and comply with instructions and other written material is part of the assessment. Assessment Administrators and Invigilators will not answer questions involving content.

- Participants must stop writing at the indicated time. The transfer of answers from books to answer sheets must be completed within the session time. Additional time will not be allowed.

Leaving and Re-entering the Assessment Room

- Participants may use the washroom facilities during the assessment. An invigilator of the same gender will accompany participants. The Test Administrator may limit the number of participants leaving the room at the same time. Participants are not permitted to bring a bag or purse into the washroom during a washroom break. No extra time will be given.
- Once the assessment is in progress, any participant who leaves the assessment room for any reason, other than to use the washroom facilities, will not be allowed to re-enter.
- Participants leaving the assessment room prior to the end of the session time must leave quietly to respect those who are still completing their assessment. Participants may be asked to leave the assessment centre.
- To limit distraction, participants will not be allowed to leave the assessment room when there are 10 minutes remaining.

Food and Beverages

- Bottled water, in a transparent, plastic, disposable bottle, with the label removed, is allowed in the assessment room. Beverages other than water are not permitted. Bottled water must be placed on the floor. The NDEB is not responsible for the time lost as a result of a participant's water spills.
- Food is not allowed in the assessment room. Participants who require food, medicine, or medical equipment in the assessment room for medical reasons must submit a request pursuant to the NDEB test accommodations policy.

Misconduct

If during the administration of the assessment a participant has compromised, in any manner whatsoever, the integrity of the process or conduct of the assessment, including not complying with the regulations listed above, they will be subject to the NDEB's By-laws and policies regarding Misconduct. Find information about misconduct and consequences on the NDEB website.

Test Accommodations

Test accommodations are granted on an individual basis and are dependent on the nature and extent of the request, documentation provided, and requirements of the examination. Read the NDEB's policies and procedures for [Test Accommodations](#) on the NDEB website.

Compassionate Appeal

Participants who consider themselves disadvantaged by a personal circumstance beyond their control, occurring either immediately before or during the assessment, may within one week of this personal circumstance occurring, request that the NDEB make a special consideration to void the results of the assessment.

Compassionate Appeal requests must be submitted by email to appeals@ndeb-bned.ca. Requests should include details regarding the circumstances underlying the request, supporting documentation, and the desired outcome (e.g. void results, withdrawal from the session, refund).

Additional details regarding the submission of a Compassionate Appeal can be found in the *NDEB By-laws and Policies for Assessments and Examinations* available on the [NDEB website](#).

Results

The results of the Assessment of Clinical Judgement will normally be released within six weeks from the date of the assessment. Email notification will be sent when results are available in the participant's online profile. Results will not be released by telephone, email, or fax.

The results of the Assessment of Clinical Judgement will be sent to universities in Canada offering a Qualifying or Degree Completion Program. Results cannot be obtained from educational institutions or Provincial Licensing Authorities.

Passing Standard

In order to assure a consistent level of difficulty, the NDEB uses test equating and re-scaling procedures to correlate participant raw scores to scores on a reference assessment and to a standardized passing score of 75. Participants must obtain a minimum test equated, re-scaled score of 75 to be successful in the Assessment of Clinical Judgement.

The Assessment of Clinical Judgement may contain a number of questions that are being tested. These questions may not contribute to any participant's result.

Manual Rescores

Within three months of the release of results, participants can request a manual rescore. Two NDEB staff members perform a manual rescore by comparing the answers on the participant's answer sheet with the master answer key. The result of the manual rescore will be the final score. In most circumstances, this process confirms that no errors were made during the scanning and electronic scoring process.

Only participants who received a failing grade can request a manual rescore of their assessment.

Repeats

A participant can take the Assessment of Clinical Judgement a maximum of three times.