

# Assessment of Clinical Judgement 2019 Protocol

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# Table of Contents

- ACJ Format.....3
  - Prometric “Test Drive” .....3
- Check-in.....3
- Content.....4
  - Sample Questions.....5
- Reference Materials .....11
- Regulations .....12
  - General.....12
- Misconduct.....12
- Test Accommodations.....12
- Results.....13
- Passing Standard .....13
- Manual Rescore .....13
- Repeats .....13



## ACJ Format

The Assessment of Clinical Judgement (ACJ) is a 5 ½ hour assessment with one scheduled 30-minute break. The assessment consists of 120-150 single-answer and multi-answer multiple choice type questions.

The assessment will be administered electronically at Prometric test centres. The [NDEB's e-Exam Orientation](#) should be viewed prior to taking the ACJ.

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

## Prometric "Test Drive"

To reduce test anxiety, Prometric offers the ability to take a "test drive": a dry run of the experience you will have on test day. There are additional fees associated with a "test-drive". For information visit [www.prometric.com](http://www.prometric.com).

## Check-in

During check-in, you will be issued an NDEB ID card. To receive the NDEB card, you must show current government issued photo identification. Acceptable forms of government issued photo identification are:

- driver's license,
- passport, or
- provincial photo identification card.

The ID must be in English or French.

Photo identification must show your name exactly as it appears in your online profile and must not be expired. If the photo identification does not have an expiry date, it must have been issued within the last 10 years.

If you do not provide government photo identification you will not be admitted.

During check-in, you will be scanned with a metal detector wand, fingerprinted, required to raise your pant legs above your ankles, empty and turn all pockets inside-out, and raise shirt sleeves above your wrists prior to entry into the test room.

Prometric staff will inspect eyeglasses, jewelry, and other accessories. These inspections will occur each time you enter the testing room.

You are advised to refrain from wearing jewelry besides wedding rings. Any other jewelry including ornate hair accessories will need to be removed and placed in the locker provided.

You will be provided with scratch paper and a pencil. These items will be collected at the end of the assessment.

## Content

### **Diagnosis, Treatment Planning and Clinical Decision Making**

Multi-answer multiple choice questions evaluate your ability to formulate a diagnosis and to make clinical decisions. Case histories, dental charts, radiographic images, and photographs may be provided.

### **Radiographic Interpretation**

Multi-answer multiple choice questions evaluate your 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 percentage of questions in each area.

ACJ Blueprint	Approximate % of Questions
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
<b>Total</b>	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 answer that is most likely to be correct.

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

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

- Pyogenic granuloma.
- Hemangioma.
- Edema.
- Hematoma.
- Gingival cyst.
- Exostosis.
- Periodontal abscess.
- Acute apical abscess.
- Chronic apical abscess.

## 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.*

<b>Patient Information:</b> Jane Doe 123 Main Street Ottawa, Ontario			
Age:	57	Blood Pressure:	130/86 mmHg
Gender:	Female	Heart Rate:	80 bpm
Height:	167 cm	Respiration Rate:	15/min
Weight:	60 kg	Temperature:	37°C
<b>Chief Complaint:</b>		"My front tooth hurts."	
<b>History of Chief Complaint:</b>		Noticed pain for the last 3 days.	
<b>Dental History:</b>		Irregular visits.	
<b>Medical History:</b>			
Significant Findings:		None.	
Current Medication:		None.	
Allergies:		None.	
<b>Social/Family History:</b>			
Significant Findings:		None.	
<b>Clinical Examination:</b>			
Significant Findings:			
Extraoral:		None.	
Intraoral:		None.	

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

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

- Linea alba.
- Fordyce's granules.
- Leukoedema.
- Leukoplakia/hyperkeratosis with or without dysplasia.
- Frictional/traumatic keratosis.
- Mucosal burn.
- Lichen planus.
- Candidiasis.
- Hairy leukoplakia.
- Lupus erythematosus.
- White sponge nevus.
- Erythema migrans/geographic tongue.
- Mucous patches of secondary syphilis.
- Hairy tongue.
- Verrucous carcinoma.

#### 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. No question will receive a score less than zero ("0"). Some answers are neither definitely correct or 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 prognathic maxilla.
- a normally positioned maxilla.
- a retrognathic maxilla.
- a prognathic mandible.
- a normally positioned mandible.
- a retrognathic mandible.
- a flat (low) mandibular plane.
- a normal mandibular plane.
- a steep (high) mandibular plane.
- labially inclined maxillary incisors.
- normally inclined maxillary incisors.
- lingually inclined maxillary incisors.
- labially inclined mandibular incisors.
- normally inclined mandibular incisors.
- lingually inclined mandibular incisors.

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**

- 1 distal of tooth 3.3.
- 1 mesial of tooth 3.4.
- 1 distal of tooth 3.4.
- 1 mesial of tooth 3.5.
- .3 distal of tooth 3.5.
- 0 mesial of tooth 3.6.
- .3 distal of tooth 3.6.
- 0 mesial of tooth 3.7.
- 1 distal of tooth 3.7.
- 1 mesial of tooth 3.8.
- .4 distal of tooth 3.8.



## Periodontal chart

The following represents an example of a periodontal chart that may be used. 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 “-”.
- 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 3 mm 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 II 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	-	-	-	4	7	6
Recession				3	3	3	3	3	3	-	-	-	0	0	0
Bleeding on probing							•		•	-	-	-	•		•

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

Mobility															2
Furcation															B-II

# Reference Materials

## 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.

## Released Questions

The NDEB publishes a large volume of released questions which are available in the [Reference Material and Resources](#) section of the NDEB website.

## Tooth Numbering System

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

### FDI / UNIVERSAL NUMBERING SYSTEM

#### PERMANENT DENTITION

<b>FDI</b>	<b>1.8</b>	<b>1.7</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.2</b>	<b>1.1</b>		<b>2.1</b>	<b>2.2</b>	<b>2.3</b>	<b>2.4</b>	<b>2.5</b>	<b>2.6</b>	<b>2.7</b>	<b>2.8</b>	<b>FDI</b>		
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		
<b>FDI</b>	<b>4.8</b>	<b>4.7</b>	<b>4.6</b>	<b>4.5</b>	<b>4.4</b>	<b>4.3</b>	<b>4.2</b>	<b>4.1</b>		<b>3.1</b>	<b>3.2</b>	<b>3.3</b>	<b>3.4</b>	<b>3.5</b>	<b>3.6</b>	<b>3.7</b>	<b>3.8</b>	<b>FDI</b>		
					<b>RIGHT</b>											<b>LEFT</b>				

#### PRIMARY DENTITION

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

# Regulations

## General

- You must be punctual for all sessions. If you arrive late for a session you may be denied entry to the examination.
- You cannot bring devices with recording or transmitting/receiving abilities into the examination room.
- Outerwear of any kind is not permitted in the examination room.
- You will be required to empty all pockets before entering or leaving the examination room.
- You will be required to read and agree to a Confidentiality and Non-disclosure Agreement before you can begin the assessment. If you do not agree, you will not be able to start the assessment.  
  
NDEB examination content is confidential. All questions are property of the NDEB. Unauthorized disclosure of examination questions is prohibited under copyright laws. By signing the Confidentiality and Non-disclosure Agreement you agree to maintain the confidentiality of NDEB questions.
- You will have one scheduled break during the examination to use the washroom.
- You will not have access to your locker during the scheduled break.
- You must not attempt to recreate questions or share specific test items with examinees, potential examinees, or study groups.

## Misconduct

You must maintain the confidentiality of all NDEB content. You cannot discuss your examination with others or communicate about questions or answers before, during or after an examination.

If at any time you are suspected of compromising the security of the examination, including not complying with the regulations, you will be subject to the NDEB's By-laws regarding misconduct. Additional information on [misconduct](#) can be found 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 Appeals

For information regarding compassionate appeals view the [NDEB By-laws](#).

## Results

Results are normally released within six weeks from the date of the examination. You will receive an email notification when your results are available in your online profile. 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.

NDEB examinations may contain several questions that are being tested. These questions may not contribute to the result.

Results will not be released by telephone, email, or fax.

## Passing Standard

To assure a consistent level of difficulty, the NDEB uses test equating and re-scaling procedures to correlate raw scores to scores on a reference examination and to a standardized passing score of 75.

You must obtain a minimum test equated, re-scaled score of 75 to be successful on an NDEB examination.

## Manual Rescore

The appeal process for multiple choice style examinations is a manual rescore.

If you have received a failing grade on an examination, you have up to three months from the date results are released to request a manual rescore of your examination.

A manual rescore involves two NDEB staff members comparing your answers 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 occurred during the electronic scoring process.

## Repeats

Each of the NDEB's examinations and assessments can be taken three times, except for the DSCKE which can be taken twice.