2019

Assessment of Clinical Skills (ACS) Protocol

December 2019

Approved October 28, 2019

NDEB
BNED

Contents

Purpose

The purpose of the Assessment of Clinical Skills (ACS) is to assess the clinical competence of participants. During the two-day ACS, participants will perform 12 dental procedures on simulated patients (manikins) in a clinical setting. Participants must perform all procedures as if they were working with real patients. Participants are required to use their judgment and follow accepted clinical care guidelines/standards.

Schedule

Day 1	Time
Check-in	7:30 a.m.
Clinic and equipment orientation	8:00 a.m.
Setup	8:30 a.m.
Clinical procedures on simulated patients - Morning	9:00 a.m. to 1:15 p.m.
Mandatory Lunch Break	1:15 p.m. to 1:45 p.m.
Clinical procedures on simulated patients - Afternoon	1:45 p.m. to 4:45 p.m.*

Day 2	Time
Check-in	7:30 a.m.
Setup	8:00 a.m.
Clinical procedures on simulated patients - Morning	8:30 a.m. to 1:15 p.m.
Mandatory Lunch Break	1:15 p.m. to 1:45 p.m.
Clinical procedures on simulated patients - Afternoon	1:45 p.m. to 4:45 p.m.*

***** *Participants who are scheduled for their dental dam requirement will finish 30 minutes later.*

Participants must exit the clinic and remove all of their equipment and supplies no later than 5:45 p.m. each day.

Check-in

During check-in, participants are issued an ID badge. To receive the ID badge, 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.

Assessment Requirements

Restorative and Endodontic Requirements

Participants will be required to perform the following nine restorative and endodontic procedures on supplied typodonts:

- Class II amalgam preparation
- Class III composite resin preparation
- Full metal crown preparation
- Metal-ceramic crown preparation
- Endodontic access preparation
- Class II composite resin restoration on a supplied pre-prepared tooth
- Class IV composite resin restoration on a supplied pre-prepared tooth
- Class II amalgam restoration on a supplied pre-prepared tooth
- Provisional crown restoration for a supplied pre-prepared metal-ceramic crown preparation.

Other Requirements

- Record of procedures
- Infection control and safety
- Dental dam

Each day participants will receive the following documentation and scheduling information:

- List of teeth for practice preparations.
- Detailed list of requirements and dental dam instructions.

Equipment, Instruments, and Supplies

The dental clinic at the NDEB assessment centre will provide the following items:

- A typodont mounted in a manikin on a dental chair (the typodont will be labeled with the participant's ID number)
- An overhead dental operating light
- An operator stool
- Amalgamators
- Saliva ejectors
- Air/water syringe tips
- High volume suction tips
- Amalgam waste and sharps disposal containers

Participants must supply all other equipment, instruments, and supplies needed to complete the required procedures, including but not limited to:

- Handpieces and burs
- Curing lights
- All restorative materials including amalgam, composite resin and provisional crown materials
- Gloves, masks, and protective eyewear
- Dental hand instruments
- Dental dam, frames, clamps, forceps, and dental floss
- Materials to place and finish restorative materials (matrix bands, matrix holders, wedges, polishing supplies, etc.)
- Hand sanitizer

Participants are responsible for their own instruments and supplies. The NDEB assessment centre will not be held responsible for instruments or personal supplies left unattended.

If a problem occurs with the supplied equipment (including the typodonts and heads), an invigilator must be informed immediately. Time delays will be noted on participant Time Delay Forms posted in each operatory. A time extension will be given if a cumulative delay of 5 minutes or more is experienced.

No time extensions are given for:

- problems with participant equipment.
- tightening and/or repositioning teeth.

Information regarding handpiece configuration (connectors) and preset air pressure at each centre is available on the NDEB website. The air pressure delivery to hand pieces is set to that used in dental practice and university clinics in Canada and will not be altered.

The dental clinic at the assessment centre will not be accessible prior to the assessment.

Typodonts and Teeth

The NDEB uses the series 200 typodont and simulated teeth from Kilgore International.

Website: http://www.kilgoreinternational.com/
Phone: 1-800-892-9999

Series A21-200 pre-prepared teeth will be provided for the:

- Class II amalgam restoration
- Class IV composite resin restoration
- Class II composite resin restoration
- Provisional crown restoration

Series S12-200 teeth with simulated enamel, dentin and pulp will be provided for the:

- Endodontic access preparation

  Simulated enamel and dentin:

  The simulated enamel and dentin in the crown of the teeth are white in colour and are made of a uniform composite resin material with no demarcation between the simulated enamel and dentin. The simulated dentin in the root of the teeth is made of clear resin. The teeth have been manufactured so that procedures may be performed using normal pressure with a dental bur and, if desired, finishing can be done using normal pressure with sharp hand instruments. Fractures may occur if an attempt is made to remove a large section of tooth structure or if excessive force and/or dull instruments are used.

  Simulated pulp chamber and canal(s):

  The simulated dental pulp chamber and canal(s) are hollow spaces lined with red colouring.

Series A22-200 with simulated enamel, dentin and pulp will be provided for the:

- Full metal crown preparation
- Metal-ceramic crown preparation

  Simulated enamel:

  The simulated enamel is white in colour and is made of composite resin that is harder than the simulated dentin. The teeth have been manufactured so that procedures may be performed using normal pressure with a dental bur and, if desired, finishing can be done using normal pressure with sharp hand instruments. Fractures may occur if an attempt to remove a large section of enamel is made or if excessive force and/or dull instruments are used.

  Simulated dentin:

  The simulated dentin is light beige and is softer than the simulated enamel.

  Simulated pulp chamber and canals:

  The simulated dental pulp chamber and canals are hollow spaces lined with red colouring.

The series A22-200 may occasionally have small voids. Most of these voids will not affect tooth preparation or evaluation of the requirement. If a void is identified, an Invigilator must be notified immediately.

Series A27-200 teeth with simulated enamel, dentin and caries will be provided for the:

- Class II amalgam preparation
- Class III composite resin preparation

Simulated enamel:

The simulated enamel is white in colour and is made of composite resin that is harder than the simulated dentin and simulated caries. The teeth have been manufactured so that procedures may be performed using normal pressure with a dental bur and, if desired, finishing can be done using normal pressure with sharp hand instruments. Fractures may occur if an attempt to remove a large section of enamel is made or if excessive force and/ or dull instruments are used.

Simulated dentin:

The simulated dentin is yellow in color and is softer than the simulated enamel.

Simulated caries:

The NDEB uses custom caries teeth. The simulated caries in dentin is orange in colour. In anterior teeth, there is also a cavitation (hole) in the simulated enamel on the proximal surface. This cavitation extends through the simulated enamel into the simulated dentin and must be included as part of the preparation.

As a result of the manufacturing process, there is a small cement-filled space between the simulated enamel and the simulated dentin which may appear grey in colour. This is not simulated caries.

Information for Participants

General

1. Participants arriving late will not be given extra time.
2. The list of requirements for each day will be distributed at the assessment start time.
3. Participants may perform the requirements for the day in any sequence, except for the Dental Dam, Provisional Crown, and the Record of Procedures requirements.
4. Grading criteria will be provided to each participant on Day 1 and Day 2. Protocols will be available onsite for consultation.
5. The ability of a participant to read, interpret, and comply with instructions and other written material is part of the assessment.
6. Assessment supervisors and invigilators will not answer questions involving assessment content.
7. Assessment supervisors and invigilators may ask participants questions related to the assessment.
8. Clinical attire will not be assessed.
9. Open toed and perforated shoes should not be worn in clinics for safety reasons.
10. Participants may share dental instruments and unused dental materials.
11. Participants are permitted to use any method they wish to smooth or polish amalgam restorations as long as the method could be used in treating actual patients in the time frame of the assessment.
12. Magnification aids can be used.
13. It is not necessary to use the dental dam to perform any of the restorative or endodontic requirements.
14. If not specified, the margin chosen by the participant must be one that meets the requirements of the restorative material used at the margin.
15. The use of metal hand instruments in cavity preparations will leave a grey stain.
16. If used with excessive force, mechanical tooth separators and interproximal wedges may loosen or cause fractures to the simulated teeth.
17. Participants must leave their work areas clean at the end of each day. Barriers applied for Day 1 may be left in place for Day 2.
18. Participants are financially responsible for any damage caused to supplied equipment.
19. NDEB examiners use magnification and several methods of measuring including periodontal probes (Hu-Friedy QOW6) with millimeter markings, flexible clearance tabs, convergence gauges, and surveyors.

Requirement Specific

Class II amalgam preparation and Class III composite resin preparation

- The evaluation of the preparations will consider the extent of the caries present.

Class II composite resin restoration and Class IV composite resin restoration

- Shade matching is not part of the evaluation.

Provisional crown restoration:

- The provisional crown restoration is performed on Day 2 of the assessment. A series 200 study model with the unprepared tooth will be provided on Day 2.
- Participants may submit the provisional crown requirement prior to the submission deadline.
- Once submitted to an invigilator, the provisional crown will not be returned to the participant.

Infection control and safety:

- On Day 2, participants must remove all barriers from supplied equipment to prepare the operatory for the next patient. This must be completed during assessment time.

Record of procedures:

- Abbreviations can be used provided they meet North American standards, such as http://srmlibrary.weebly.com/uploads/1/3/7/3/13735714/__dentalpractice_abbreviations.pdf
- Draft notes can be made on the back of the Record of Procedures Form or the daily requirements sheet.
- The date recorded on the Record of Procedures Form should be the date the record of procedures is completed.
- Dental regulatory authorities require that the dentist's signature be located immediately adjacent to the last entry on the Record of Procedure. For the ACS, to preserve anonymity, participants must enter their NDEB ID number, instead of their signature, adjacent to the last entry in each requirement on the Record of Procedures Form.
- Participants may submit the record of procedures requirement prior to the submission deadline.
- Once submitted to an invigilator, the record of procedures will not be returned to the participant.

Dental dam requirement:

- Each participant will have an assigned time to apply the dental dam.
- Floss, small pieces of dental dam, wedges, Wedjets®, "O" rings or other similar materials can be used as ligatures for the dental dam requirement.
- The use of "Cushees" cushions is permitted.

Regulations

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

1. Cell phones and smart watches are prohibited in the clinic. Only analog watches will be permitted.
2. Devices with recording abilities such as radios, cameras, cell phones, smart watches, computers, or other electronic aids/devices are prohibited in the clinic.
3. Family or friends are not permitted in the assessment centre.
4. Participants must have their ID card and ID badge visible at all times and must return them as directed at the end of each day of the assessment.
5. Participants must wear appropriate treatment gloves while applying and removing putty to and from the typodont.
6. Participants are only permitted to use instruments, devices, products, techniques, and materials acceptable, approved, and consistent with dental treatment on patients. For instance, it is not permitted to:
    a. remove or alter the position of teeth in the typodont,
    b. remove the typodont from the manikin,
    c. move the torso of the manikin,
    d. have extra typodonts or extra typodont teeth in the clinic,
    e. bring any printed materials or hand-written notes into the clinic,
    f. modify the pre-set interocclusal distance on the typodonts,
    g. make impressions during setup time,
    h. share impressions,
    i. etc.
7. The use of flowable composite exclusively is not permitted for the Class IV composite resin restoration or for the Class II composite resin restoration.
8. The use of dental dam adjuncts such as "Liquidam™" is not permitted in the dental dam requirement.
9. Endodontic drilling guides are prohibited in the clinic.
10. Pre-fabricated templates/crown forms are prohibited in the clinic.
11. Participants are not permitted to glue fractured teeth. All fractured teeth must be reported to invigilators. Intentionally damaging teeth is misconduct.
12. Participants are not permitted to re-prepare the assessment pre-prepared teeth unless directed otherwise.
13. Participants are not permitted to use cheek retractors.
14. Participants are not permitted to use ContacEZ®.
15. The record of procedures requirement must be submitted by 9:00 a.m. on Day 2.
16. The provisional crown requirement must be submitted by 11:30 a.m. on Day 2 except for participants who have a dental dam application time on the morning of Day 2. Those participants must submit the provisional crown requirement by 12:15 p.m.
17. Participants must stop working on the dental dam requirement at the indicated end time.
18. Participants must stop working at the time of the mandatory lunch breaks.
19. Participants must stop working at the indicated end times of the assessment.
20. Participants must leave the clinic when asked to by invigilators.

Leaving and Re-entering the Clinic

Participants are encouraged to take breaks whenever needed. There is a mandatory 30 minute break between 1:15 p.m. and 1:45 p.m. on Day 1 and Day 2. Participants are required to leave the clinic during

this time. While food and beverages are not permitted in the clinic, participants may eat and drink outside of the clinic. Participants may use the washroom facilities at any time during the assessment.

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 they will be subject to the NDEB's By-laws and policies regarding Misconduct. Participants are prohibited from disrupting the conduct of the assessment. Participants are prohibited from removing assessment material from the clinic.

Find information about misconduct and consequences on the NDEB website.

Resources

The FDI two digit tooth numbering system below is used for 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**			

Grading of Requirements

Restorative and Endodontic Requirement Grading Descriptions

The restorative and endodontic requirements are graded using the four point grading system below.

Grade	Description	
A+	Excellent	Optimal. No errors.
A	Acceptable	Improvement(s) could be made but clinical outcome not affected.
D	Error(s) present	Error(s) must be corrected to achieve an acceptable clinical outcome and/or Overpreparation, underpreparation, or tissue trauma as defined in the criteria.
E	Error(s) present	Error(s) is/are correctable, but indicate(s) significant lack of clinical skills or judgement and/or Error(s) is/are not correctable and compromise clinical outcome and/or Error(s) require(s) alternative treatment (e.g. more extensive restoration, extraction, RCT) and/or Overpreparation, underpreparation, or tissue trauma as defined in the criteria.

Grading of Restorative and Endodontic Requirements

Each restorative and endodontic requirement is evaluated based on three criteria. Each criteria is assigned a grade. The requirement grade for the restorative and endodontic requirements is determined using the table below.

Criteria Grades	Requirement Grade
2 A+ and no D or E	**A+**
No more than 1 D and no E	**A**
2 D and no E	**D**
1 or more E or 3 D	**E**

Grading of Dental Dam Requirement

The dental dam requirement grade is determined by the number of errors using the table below.

Number of Errors	Requirement Grade
No errors	**A+**
1 or more errors in the A section of the criteria	**A**
1 or 2 errors in the D section of the criteria	**D**
3 or more errors in the D section of the criteria or 1 or more errors in the E section of the criteria	**E**

Grading of Infection Control and Safety Requirement

The infection control and safety requirement grade is determined by the number of infection control violations using the table below.

Number of Violations	Requirement Grade
No infection control and safety violations	**A+**
1 infection control and safety violation	**A**
2 infection control and safety violations	**D**
3 or more infection control and safety violations	**E**

Grading of Record of Procedures Requirement

The record of procedures requirement is determined by the number of errors using the table below.

Number of Errors	Requirement Grade
No errors	**A+**
1 error	**A**
2 or 3 errors	**D**
More than 3 errors or no entries	**E**

ACS Result

ACS results are determined by the 12 requirement grades using the table below.

Requirement Grades			ACS Result
A+/A	**D**	**E**	
12			**Pass**
11	1		**Pass**
11		1	**Pass**
10	2		**Pass**
10	1	1	**Pass**
9	3		**Pass**
9	2	1	**Pass**
8	4		**Pass**
Any other combination			**Fail**

Report of Results

Participants will receive a pass/fail result and a grade for each requirement.

The results of the ACS will normally be released according to the following schedule:

- June Assessment – Minimum of 6 weeks following the assessment
- December Assessment – Minimum of 10 weeks following 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.

Appeals

If you have received a failing grade on an assessment, you have up to three months from the date the results are released to make a written submission to the Board requesting to have the results changed.

Additional details can be found on the NDEB Website.

Compassionate Appeals

For information regarding compassionate appeals view the NDEB By-laws.

Repeats

You can take the ACS a maximum of three times.

Criteria

Criteria

Critical Errors

Critical errors automatically result in an E grade for the associated requirement.

Metal-ceramic crown preparation

- Unable to evaluate due to obstruction of assessment tooth
- No preparation performed
- Wrong tooth prepared

Class III composite resin preparation

- Unable to evaluate due to obstruction of assessment tooth
- No preparation performed
- Wrong tooth prepared
- Incorrect surface prepared

Class II amalgam restoration

- Unable to evaluate due to obstruction of assessment tooth
- No/incomplete restoration

Class II composite resin restoration

- Unable to evaluate due to obstruction of assessment tooth
- No/incomplete restoration

Endodontic access preparation

- Unable to evaluate due to obstruction of assessment tooth
- No access performed
- Wrong tooth accessed

Class II amalgam preparation

- Unable to evaluate due to obstruction of assessment tooth
- No preparation performed
- Wrong tooth prepared

Class IV composite restoration

- Unable to evaluate due to obstruction of assessment tooth
- No/incomplete restoration

Full metal crown preparation

- Unable to evaluate due to obstruction of assessment tooth
- No preparation performed
- Wrong tooth prepared

Provisional crown restoration

- Unable to evaluate due to obstruction of assessment tooth
- No provisional crown
- Restoration cannot be seated

Record of procedures

- No record of procedure(s)
- Incorrect procedure recorded

Dental dam application

- Dam not placed in allotted time

Metal-ceramic Crown Preparation for a Maxillary Anterior Tooth

Clearance for occlusion will be measured from opposing teeth in maximal intercuspation. The labial margin must be 90°.

		Criteria		
		Path of Draw and Axial Convergence	**Preservation of Tooth Vitality and Structural Durability**	**Finish and Margin**

Grade	**A+**	• Preparation allows the fabrication of a restoration with optimal retention and contour
		• No undercuts
		• Axial convergence 6° - 10°
			• Optimal preparation has been performed to permit the fabrication of an esthetic and functional restoration
			• Axial reduction:
			  ○ Labial, mesial, and distal: 1.2mm
			  ○ Lingual (gingival to cingulum) 0.5mm
			• Incisal reduction: 2.0mm
			• Clearance for occlusion (lingual concavity): 1.0mm - 1.5mm
			• Preparation has no sharp line angles
			• No damage to adjacent teeth
				• Margin is optimally placed, defined and identifiable
				• Margin is smooth, continuous and has no steps
				• Margin positioned 0.5mm supragingival
				• Preparation walls are smooth
				• No damage to soft tissue
				• Preparation is free of debris

	A	• Minor undercuts
		• Axial convergence 11° - 20°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: > 1.2mm and ≤ 1.5mm
			  ○ Lingual (gingival to cingulum): > 0.5mm and ≤ 0.8mm
			• Incisal reduction: > 2.0mm and ≤ 2.5mm
			• Minor damage to adjacent tooth corrected by enameloplasty
				• Margin continuous with minor irregularity
				• Located supragingival: < 0.5mm or > 0.5mm - 1.0mm
				• Located subgingival: < 0.5mm
				• Minor damage to soft tissue

	D	• Will not draw, modification required
		• Axial convergence 21° - 25°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: 0.5mm - < 1.2mm or > 1.5mm - 2.5mm
			  ○ Lingual (gingival to cingulum): > 0.8mm and ≤ 1.1mm
			• Incisal reduction: 1.0mm - < 2.0mm or > 2.5mm - ≤ 3.0mm
			• Clearance for occlusion (lingual concavity): 0.5mm - < 1.0mm or > 1.5mm - 2.0mm
			• Sharp line angle
			• Minor damage to adjacent tooth
				• Indistinct
				• Discontinuous
				• Rough
				• Incorrect margin type for material
				• Unsupported enamel (lipping)
				• Located supragingival: > 1.0mm - ≤ 2.0mm
				• Located subgingival: > 0.5mm - ≤ 1.0mm
				• Unacceptable roughness on axial wall(s)
				• Moderate damage to soft tissue
				• Debris

	E	• Will not draw, major modification required
		• Axial convergence > 25°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: < 0.5mm or > 2.5mm
			  ○ Lingual (gingival to cingulum): < 0.5mm or > 1.1mm
			• Incisal reduction: < 1.0mm or > 3.0mm
			• Clearance for occlusion (lingual concavity): < 0.5mm or > 2.0mm
			• Excessive damage to adjacent tooth
			• Pulpal blush or exposure
			• Tooth structure rebuilt with composite resin
			• Alternate preparation or RCT needed
				• Excessively indistinct
				• Excessively discontinuous
				• Excessively rough
				• No discernible margin
				• Excessive unsupported enamel (lipping)
				• Located supragingival: > 2.0mm
				• Located subgingival: > 1.0mm
				• Excessive damage to soft tissue
				• Excessive debris

Metal-ceramic Crown Preparation for a Mandibular Canine Tooth

Clearance for occlusion will be measured from opposing teeth in maximal intercuspation. The labial margin must be 90°.

		Criteria		
		Path of Draw and Axial Convergence	**Preservation of Tooth Vitality and Structural Durability**	**Finish and Margin**

Grade	**A+**	• Preparation allows the fabrication of a restoration with optimal retention and contour
		• No undercuts
		• Axial convergence: 6° - 10°
			• Optimal preparation has been performed to permit the fabrication of an esthetic and functional restoration
			• Axial reduction:
			  ○ Labial, mesial, and distal: 1.2mm
			  ○ Lingual (gingival to cingulum): 0.5mm
			  ○ Lingual (incisal to cingulum): 0.6mm - 1.2mm
			• Incisal reduction: 2.0mm
			• Preparation has no sharp line angles
			• No damage to adjacent teeth
				• Margin is optimally placed, defined and identifiable
				• Margin is smooth, continuous and has no steps
				• Margin positioned 0.5mm supragingival
				• Preparation walls are smooth
				• No damage to soft tissue
				• Preparation is free of debris

	A	• Minor undercuts
		• Axial convergence: 11°- 20°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: > 1.2mm - ≤ 1.5mm
			  ○ Lingual (gingival to cingulum): > 0.5mm - ≤ 0.8mm
			• Incisal reduction: > 2.0mm - ≤ 2.5mm
			• Minor damage to adjacent tooth corrected by enameloplasty
				• Margin continuous with minor irregularity
				• Located supragingival: < 0.5mm or > 0.5mm - 1.0mm
				• Located subgingival: < 0.5mm
				• Minor damage to soft tissue

	D	• Will not draw, modification required
		• Axial convergence: 21°- 25°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: 0.5mm - < 1.2mm or > 1.5mm - ≤ 2.5mm
			  ○ Lingual (gingival to cingulum): > 0.8mm - ≤ 1.1mm
			• Incisal reduction: 1.0mm - < 2.0mm or > 2.5mm - ≤ 3.0mm
			• Sharp line angle
			• Minor damage to adjacent tooth
				• Indistinct
				• Discontinuous
				• Rough
				• Incorrect margin type for material
				• Unsupported enamel (lipping)
				• Located supragingival: > 1.0mm - ≤ 2.0mm
				• Located subgingival: > 0.5mm - ≤ 1.0mm
				• Unacceptable roughness on axial wall
				• Moderate damage to soft tissue
				• Debris

	E	• Will not draw, major modification required
		• Axial convergence: > 25°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: < 0.5mm or > 2.5mm
			  ○ Lingual (gingival to cingulum): < 0.5mm or > 1.1mm
			  ○ Lingual (incisal to cingulum): < 0.6mm or > 1.2mm
			• Incisal reduction: < 1.0mm or > 3.0mm
			• Excessive damage to adjacent tooth
			• Pulpal blush or exposure
			• Tooth structure rebuilt with composite resin
			• Alternate preparation or RCT needed
				• Excessively indistinct
				• Excessively discontinuous
				• Excessively rough
				• No discernible margin
				• Excessive unsupported enamel (lipping)
				• Located supragingival: > 2.0mm
				• Located subgingival: > 1.0mm
				• Excessive damage to soft tissue
				• Excessive debris

Metal-ceramic Crown Preparation for a Premolar Tooth

Clearance for occlusion will be measured from opposing teeth in maximal intercuspation. The labial margin must be 90°.

		Criteria		
		Path of Draw and Axial Convergence	**Preservation of Tooth Vitality and Structural Durability**	**Finish and Margin**

Grade	**A+**	• Preparation allows the fabrication of a restoration with optimal retention and contour
		• No undercuts
		• Axial convergence 6° - 10°
			• Optimal preparation has been performed to permit the fabrication of an esthetic and functional restoration
			• Axial reduction:
			  ○ Labial, mesial, and distal: 1.2mm
			  ○ Lingual: 0.5mm
			• Clearance for occlusion: 1.5mm - 2.0mm
			• Preparation has no sharp line angles
			• No damage to adjacent teeth
				• Margin is optimally placed, defined and identifiable
				• Margin is smooth, continuous and has no steps
				• Margin positioned 0.5mm supragingival
				• Preparation walls are smooth
				• No damage to soft tissue
				• Preparation is free of debris

	A	• Minor undercuts
		• Axial convergence 11° - 20°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: > 1.2mm - ≤ 1.5mm
			  ○ Lingual: 0.1mm - < 0.5mm or > 0.5mm - ≤ 1.0mm
			• Minor damage to adjacent tooth corrected by enameloplasty
				• Margin continuous with minor irregularity
				• Located supragingival: < 0.5mm or > 0.5mm - 1.0mm
				• Located subgingival: < 0.5mm
				• Minor damage to soft tissue

	D	• Will not draw. Modification required
		• Axial convergence 21° - 25°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: 0.5mm - < 1.2mm or > 1.5mm - ≤ 2.5mm
			  ○ Lingual: > 1.0mm - ≤ 1.2mm
			• Clearance for occlusion: 1.0mm - < 1.5mm or > 2.0mm - ≤ 2.5mm
			• Sharp line angle
			• Minor damage to adjacent tooth
				• Indistinct
				• Discontinuous
				• Rough
				• Incorrect margin type for material
				• Unsupported enamel (lipping)
				• Located supragingival: > 1.0mm - ≤ 2.0mm
				• Located subgingival: > 0.5mm - ≤ 1.0mm
				• Unacceptable roughness on axial wall
				• Moderate damage to soft tissue
				• Debris

	E	• Will not draw. Major modification required
		• Axial convergence > 25°
			• Axial reduction:
			  ○ Labial, mesial, and/or distal: < 0.5mm or > 2.5mm
			  ○ Lingual: > 1.2mm
			• Clearance for occlusion: < 1.0mm or > 2.5mm
			• Excessive damage to adjacent tooth
			• Pulpal blush or exposure
			• Tooth structure rebuilt with composite resin
			• Alternate preparation or RCT needed
				• Excessively indistinct
				• Excessively discontinuous
				• Excessively rough
				• No discernible margin
				• Excessive unsupported enamel (lipping)
				• Located supragingival: > 2.0mm
				• Located subgingival: > 1.0mm
				• Excessive damage to soft tissue
				• Excessive debris

Class III Composite Preparation

The criteria below describe a preparation for a tooth with minimal caries. Because the NDEB varies the size and location of caries for each assessment, the evaluation of the preparation will consider the extent of caries present in the assessment tooth.

		Criteria		
		External Outline Form	**Internal Form**	**Finish**
Grade	**A+**	• Optimal extension based on location and extent of caries present • Gingival margin supragingival • No damage to adjacent teeth, assessment tooth beyond preparation or soft tissue	• Optimal resistance and retention form based on location and extent of caries present with no unnecessary removal of internal tooth structure	• No debris or caries
	A	• Minor overextension • Minor underextension • Minor damage to adjacent tooth corrected by enameloplasty • Minor damage to assessment tooth beyond preparation margin corrected by enameloplasty • Minor damage to soft tissue	• Minor overpreparation • Minor underpreparation	
	D	• Minor damage to adjacent tooth • Minor damage to assessment tooth beyond preparation margin • Moderate damage to soft tissue	• Too deep: 2.0mm - 3.0mm • Unacceptable underpreparation • Unnecessary removal of internal tooth structure	• Debris
	E	• Underextended: > 0.5mm • Overextended: > 0.5mm • Cavitation not included • Excessive damage to adjacent tooth • Excessive damage to assessment tooth beyond preparation margin • Excessive damage to soft tissue • Tooth structure rebuilt with composite resin	• Too deep: > 3.0mm • Excessive underpreparation • Excessive overpreparation, alternate design or RCT required • Tooth structure rebuilt with composite resin	• Excessive debris • Caries remaining on axial • Caries remaining at dentinoenamel junction

		Criteria		
		Surface Quality and Morphology	**Margin**	**Contours and Function**
Grade	**A+**	• Optimal	• Junction of tooth/restoration not detectable with explorer • No debris/loose amalgam in soft tissue • No damage to adjacent teeth, assessment tooth or soft tissue	• Physiologic tooth contours of occlusal and proximal surfaces optimally restored • Optimal proximal contact restored • Optimal occlusal contact
	A		• Margin slightly detectable • Minor damage to adjacent tooth corrected by enameloplasty • Minor damage to assessment tooth corrected by enameloplasty • Minor damage to soft tissue	• Undercontoured < 0.5mm • Overcontoured < 0.5mm • Proximal contact slightly too occlusal • Proximal contact slightly too gingival • Proximal contact slightly too broad • Slight marginal ridge disharmony
	D	• Roughness or scratches requiring correction • Poor occlusal morphology	• Amalgam beyond preparation margin requiring correction: ≤ 0.5mm • Disharmony of amalgam-enamel margin: ≤ 0.5mm • Debris/loose amalgam in soft tissue • Minor damage to adjacent tooth • Minor damage to assessment tooth • Moderate damage to soft tissue	• Undercontoured 0.5mm - 1.0mm • Overcontoured 0.5mm - 1.0mm • Light proximal contact • Proximal contact too occlusal • Proximal contact too gingival • Proximal contact too broad • Proximal contact too concave • Proximal contact too tight • Proximal contact too rough • Marginal ridge disharmony ≤ 1.0mm • Excessive occlusal contact
	E	• Excessive roughness or scratches • Deep or excessive voids other than at margin • Inappropriate material used	• Excess amalgam beyond preparation margin: > 0.5mm • Deficiency/void at margin requiring replacement of restoration • Excessive debris/loose amalgam in soft tissue • Excessive damage to adjacent tooth • Excessive damage to assessment tooth • Excessive damage to soft tissue	• Undercontoured > 1.0mm • Overcontoured > 1.0mm • No proximal contact • Marginal ridge disharmony > 1.0mm • Restoration fractured or loose

Class II Composite Resin Restoration

These criteria do not include shade matching, which is NOT part of the evaluation.

		Criteria		
		Surface Quality, Finish and Morphology	**Margin**	**Contours and Function**
Grade	**A+**	• Uniform polish matching tooth surface • No contamination of resin (no stain or inclusions) • No excess resin in/on soft tissue • No excess resin on hard tissue	• Junction of tooth/restoration not detectable with explorer • No excess resin past preparation margin • No damage to adjacent teeth, assessment tooth or soft tissue	• Physiologic tooth contours of occlusal and proximal surfaces optimally restored • Optimal proximal contact restored • Appropriate occlusal contact
	A	• Areas needing more polish • Minor contamination of resin not affecting durability or esthetics	• Junction of tooth/restoration slightly detectable with explorer • Minor amount of resin beyond preparation margin • Minor damage to adjacent tooth corrected by enameloplasty • Minor damage to assessment tooth corrected by enameloplasty • Minor damage to soft tissue	• Undercontoured < 0.5mm • Overcontoured < 0.5mm • Proximal contact slightly too occlusal • Proximal contact slightly too gingival • Proximal contact slightly too broad • Slight marginal ridge disharmony
	D	• Roughness or scratches requiring correction • Voids or porosities • Contamination of resin that needs correction • Poor occlusal morphology • Resin/debris in/on soft tissue • Resin/debris on hard tissue	• Deficiency/void at margin: ≤ 0.5mm • Resin beyond preparation margin requiring correction • Minor damage to adjacent tooth • Minor damage to assessment tooth • Moderate damage to soft tissue	• Undercontoured 0.5mm - 1.0mm • Overcontoured 0.5mm - 1.0mm • Light proximal contact • Proximal contact too occlusal • Proximal contact too gingival • Proximal contact too broad • Proximal contact too concave • Proximal contact too small • Proximal contact too tight • Proximal contact too rough • Marginal ridge disharmony ≤ 1.0mm • Excessive occlusal contact
	E	• Excessive roughness or scratches • Excessive voids or porosities • Excessive contamination of resin requiring replacement of entire restoration • Incomplete polymerization • Inappropriate material used • Excessive resin/debris in/on soft tissue • Excessive resin/debris on hard tissue	• Deficiency/void at margin: > 0.5mm • Excessive resin beyond preparation margin • Excessive damage to adjacent tooth • Excessive damage to assessment tooth • Excessive damage to soft tissue	• Undercontoured > 1.0mm • Overcontoured > 1.0mm • Lack of physiologic contour • No proximal contact • Floss will not pass through proximal contact • Marginal ridge disharmony > 1.0mm • Restoration fractured or loose

		Criteria		
		External Outline Form	**Internal Form**	**Finish**
Grade	**A+**	• Optimal extension to obtain straight line access to all canals • Optimal removal of any unsupported structures • No overextension • Adequate extension to permit removal of pulp horns	• Optimal internal tooth structure removed to allow straight line access to canal(s) • Canal(s) accessed to a depth of 2.0mm	• Optimal smoothness of walls and cavosurface • No pulp material present on wall or floor of chamber • No debris
	A	• Minor underextension < 1.0mm • Minor overextension < 1.0mm	• Minor overpreparation • Minor underpreparation	• Minor pulp material present on wall or floor of chamber • Minor debris present
	D	• Underextended: obstructed access to canals • Moderate overextension 1.0mm - 2.0mm	• Unacceptable overpreparation • Unacceptable underpreparation • Gouging of pulp chamber wall(s) • Canal(s) not accessed to depth of 2.0mm • Moderate over-instrumentation of canal(s)	• Unacceptable roughness • Significant pulp material present on wall or floor of chamber • Unacceptable debris
	E	• Chamber not accessed • Excessive underextension > 2.0mm • Excessive overextension > 2.0mm • Tooth structure rebuilt with composite resin	• Excessive removal of internal tooth structure • Perforation • Roof of pulp chamber not removed • Canal(s) not accessed • Excessive gouging of pulp chamber wall(s) • Excessive over-instrumentation of canal(s) • Separated instrument in canal(s) • Tooth structure rebuilt with composite resin	• Excessive roughness • Excessive pulp material present on wall or floor of chamber • Debris obstructing chamber or canal(s)

Class IV Composite Resin Restoration

These criteria do not include shade matching, which is NOT part of the evaluation.

		Criteria		
		Surface Quality and Finish	**Margin**	**Contours and Function**
Grade	**A+**	• Uniform polish matching tooth surface • No contamination of resin (no stains or inclusions) • No excess resin in/on soft tissue • No excess resin on hard tissue	• Junction of tooth/restoration not detectable with explorer • No excess beyond preparation margin • No damage to adjacent teeth, assessment tooth or soft tissue	• Physiologic tooth contours restored • Optimal proximal contact restored • Appropriate occlusal contact
	A	• Areas needing more polish • Minor contamination of resin not affecting durability or esthetics	• Junction of tooth/restoration slightly detectable • Minor excess resin beyond preparation margin • Minor damage to adjacent tooth corrected by enameloplasty • Minor damage to assessment tooth corrected by enameloplasty • Minor damage to soft tissue	• Undercontoured < 0.5mm • Overcontoured < 0.5mm • Proximal contact slightly too incisal • Proximal contact slightly too gingival • Proximal contact slightly too broad
	D	• Roughness or scratches requiring correction • Voids or porosities • Contamination of resin that requires correction • Resin/debris in/on soft tissue • Resin/debris on hard tissue	• Deficiency/void at margin ≤ 0.5mm • Resin beyond preparation margin requiring correction • Minor damage to adjacent tooth • Minor damage to assessment tooth • Moderate damage to soft tissue	• Undercontoured 0.5mm - 1.0mm • Overcontoured 0.5mm - 1.0mm • Light proximal contact • Proximal contact too incisal • Proximal contact too gingival • Proximal contact too broad • Proximal contact too concave • Proximal contact too small • Proximal contact too tight • Proximal contact too rough • Excessive occlusal contact
	E	• Excessive roughness or scratches • Excessive voids or porosities • Excessive contamination of resin requiring replacement of entire restoration • Incomplete polymerization • Inappropriate material used • Excessive resin/debris in/on soft tissue • Excessive resin/debris on hard tissue	• Deficiency/void at margin > 0.5mm • Excessive resin beyond preparation margin • Excessive damage to adjacent tooth • Excessive damage to assessment tooth • Excessive damage to soft tissue	• Undercontoured > 1.0mm • Overcontoured > 1.0mm • Lack of physiologic contour • No proximal contact • Floss will not pass through proximal contact • Restoration fractured or loose

Class II Amalgam Preparation

The criteria below describe a preparation for a tooth with minimal caries. Because the NDEB varies the size and location of caries for each assessment, the evaluation of the preparation will consider the extent of caries present in the assessment tooth.

		Criteria		
		External Outline Form	**Internal Form**	**Finish**
Grade	**A+**	• Proximal and/or gingival margins clear adjacent teeth 0.5mm or less • Optimal extension based on location and extent of caries present • Cavosurface angle 90° • No damage to adjacent teeth, assessment tooth beyond preparation or soft tissue	• Optimal resistance and retention form based on location and extent of caries present with no unnecessary removal of internal tooth structure • Internal line angles rounded	• Smooth cavosurface margins • All unsupported enamel removed • No debris or caries
	A	• Proximal and/or gingival margin clears adjacent tooth > 0.5mm - ≤ 1.0mm • Proximal and/or gingival margin clears adjacent tooth < 0.5mm • Minor occlusal overextension • Minor damage to adjacent tooth corrected by enameloplasty • Minor damage to assessment tooth beyond preparation margin corrected by enameloplasty • Minor damage to soft tissue	• Minor overpreparation occlusally • Minor overpreparation axially	
	D	• Proximal and/or gingival margin does not clear adjacent tooth • Proximal and/or gingival margin clears adjacent tooth > 1.0mm - ≤ 1.5mm • Proximal wall flared • Unacceptable isthmus junction • Buccal-lingual width too wide • Buccal-lingual width too narrow • Minor damage to adjacent tooth • Minor damage to assessment tooth beyond preparation margin • Moderate damage to soft tissue	• Pulpal floor too deep 2.5mm - 3.0mm • Pulpal floor too shallow 1.0mm - 1.5mm • Axial wall too deep 1.5mm - 3.0mm • Axial wall too shallow < 0.5mm • Divergent walls • Sharp line angle • Undefined line angle	• Unacceptable roughness • Unacceptable unsupported enamel • Unacceptable debris
	E	• Proximal and/or gingival margin clears adjacent tooth > 1.5mm • Excessive occlusal overextension • Excessive occlusal underextension • Excessive damage to adjacent tooth • Excessive damage to assessment tooth beyond preparation margin • Excessive damage to soft tissue • Tooth structure rebuilt with composite resin	• Pulpal floor too deep > 3.0mm • Pulpal floor too shallow < 1.0mm • Axial wall too deep > 3.0mm • Excessive overpreparation, alternate design or RCT required • Tooth structure rebuilt with composite resin	• Excessive roughness • Excessive unsupported enamel • Excessive debris • Caries remaining on axial or pulpal • Caries remaining at dentinoenamel junction

Full Metal Crown Preparation

Clearance for occlusion will be measured from opposing teeth in maximal intercuspation and excursions.

		Criteria		
		Path of Draw and Axial Convergence	**Preservation of Tooth Vitality and Structural Durability**	**Finish and Margin**
Grade	**A+**	• Preparation allows the fabrication of a restoration with optimal retention and contour • No undercuts • Axial convergence 6° - 10°	• Optimal preparation has been performed to permit fabrication of a functional restoration • Axial reduction 0.5mm - 1.5mm • Clearance for occlusion 1.5mm	• Margin optimally placed, defined, and identifiable • Margin smooth, continuous and has no steps • Positioned 0.5mm supragingival • Preparation walls are smooth • No damage to soft tissue • Preparation is free of debris • No sharp cusps or line angles • No damage to adjacent teeth
	A	• Minor undercuts • Axial convergence 11° - 20°	• Clearance for occlusion 1.0mm - < 1.5mm or > 1.5mm - 2.0mm • Minor damage to adjacent tooth corrected by enameloplasty	• Margin continuous with minor irregularity • Located supragingival < 0.5mm or > 0.5mm - 1.0mm • Located subgingival < 0.5mm • Minor damage to soft tissue
	D	• Will not draw, modification required • Axial convergence 21° - 25°	• Axial reduction > 0mm - < 0.5mm or > 1.5mm - ≤ 2.0mm • Clearance for occlusion 0.5mm - < 1.0mm or > 2.0mm - ≤ 3.0mm • Minor damage to adjacent tooth	• Indistinct • Discontinuous • Rough • Located supragingival > 1.0mm - ≤ 2.0mm • Located subgingival > 0.5mm - ≤ 1.0mm • Incorrect margin type for metal crown • Sharp cusp • Sharp line angle • Unsupported enamel (lipping) • Unacceptable roughness of axial wall • Moderate damage to soft tissue • Unacceptable debris
	E	• Will not draw, major modification required • Axial convergence >25°	• Axial reduction – no reduction or > 2.0mm • Clearance for occlusion < 0.5mm or > 3.0mm • Pulpal blush or exposure • Excessive damage to adjacent tooth • Tooth structure rebuilt with composite resin • Alternative preparation or RCT needed	• Excessively indistinct • Excessively discontinuous • Excessively rough • No discernible margin • Located supragingival > 2.0mm • Located subgingival > 1.0mm • Excessive unsupported enamel (lipping) • Excessive damage to soft tissue • Excessive debris

Provisional Crown Restoration

		Criteria		
		Margin Contour and Adaptation	**Morphology and Occlusion**	**Finish**
Grade	**A+**	• Margin not over/underextended • Margin not over/undercontoured • Restoration is stable and retentive • Preparation margin, adjacent teeth and soft tissue intact	• Optimal contour for gingival health and esthetics • Optimal interproximal contacts • Optimal occlusal contact • Optimal strength • Restoration can be removed	• Optimal polish • No roughness or porosities • No excess material in/on soft tissue • No excess material on hard tissue • Restoration material is hard setting, tooth-coloured plastic resin
	A	• Overextended < 0.5mm • Underextended < 0.5mm • Overcontoured < 0.5mm • Undercontoured < 0.5mm • Minor damage to adjacent tooth corrected by enameloplasty • Minor damage to soft tissue	• Slightly overcontoured • Slightly undercontoured • Slight infraocclusion	• Polish not optimal
	D	• Overextended 0.5mm - 1.0mm • Underextended 0.5mm - 1.0mm • Overcontoured 0.5mm - 1.0mm • Undercontoured 0.5mm - 1.0mm • Damage to preparation margin • Minor damage to adjacent tooth • Moderate damage to soft tissue	• Overcontoured • Undercontoured • Proximal contact too light • Proximal contact too occlusal • Proximal contact too gingival • Proximal contact too tight • No proximal contact (≤ 0.5mm open) • Supraocclusion ≤ 1.0mm • Infraocclusion ≤ 1.0mm • Too thin, requires modification	• Unacceptable roughness • Porosities • Material in/on soft tissue • Material on hard tissue
	E	• Overextended > 1.0mm • Underextended > 1.0mm • Overcontoured > 1.0mm • Undercontoured > 1.0mm • Restoration is unstable or non-retentive • Excessive damage to adjacent tooth • Excessive damage to soft tissue • Tooth preparation altered • Needs major revision or new provisional	• Excessive overcontour • Excessive undercontour • No proximal contact (> 0.5mm open) • Supraocclusion > 1.0mm • Infraocclusion > 1.0mm • Too thin, requires replacement of restoration • Restoration cannot be removed • Restoration submitted broken or cracked • Restoration broken or cracked due to excessive occlusion or lack of structural integrity	• Excessive roughness • Excessive porosity • Excessive material in/on soft tissue • Excessive material on hard tissue • Inappropriate restorative material • Inappropriate material used

Record of Procedures

Participants will complete the record of procedures on one of the assessment days. For this requirement, participants will record selected procedures performed during the ACS (except the dental dam requirement), on the supplied Record of Procedures Form.

The record of procedures should be completed assuming that:

- each procedure is performed on a different patient.
- patients have no changes in medical history.
- local anesthesia has been administered for each procedure.
- any prepared teeth were restored during the session.
- any restored teeth were prepared during the session.
- provisional crowns were cemented during the session.
- for the endodontic access opening, the final obturation has not been completed.

In order to preserve anonymity, do not sign the record of procedures. Participants should use their NDEB ID number in place of a signature.

Record of procedures errors include:

Incorrect or incomplete record of procedures.	No or inappropriate date.
No or inappropriate record of updating medical history.	No or inappropriate record of type, quantity or location of local anesthesia.
No or incorrect tooth number identified.	No or incorrect restored surfaces identified.
No or inappropriate type and/or brand of restorative/provisional material or cement identified.	Incorrect technique, improper use of material or improper sequencing of procedures identified.
No shade recorded.	No cementation of provisional restoration recorded.
Record not written in ink.	Record not legible.
Inappropriate correction of entry (original entry not visible through correction) or addition to the record.	Blank spaces left in record.
No ID number or ID number in inappropriate location.	

	Criteria
CRITICAL ERROR ☐	Dam not placed in allotted time
A+ ☐	Appropriate and stable clamp
	Clamp secured with an appropriate length of dental floss
	Orientation provides an unrestricted airway
	Dam inverted on all isolated teeth
	All punch holes in appropriate positions
	Dam and frame positioned for optimal access, safety, moisture control and patient comfort
	Appropriate number of teeth isolated
A ☐	☐ Dam inverted on teeth in operative area only
	☐ Dam through contacts in operative area only, not affecting moisture control
	☐ Dam not optimally positioned for patient comfort
	☐ Minor deviations in punch hole locations
	☐ Minor tears or holes not affecting moisture control in operative area
	☐ Minor correction to ligature required
	☐ Clamp not optimally positioned for moisture control
	☐ Frame not optimally positioned for patient comfort and/or safety
	☐ Floss not optimally positioned for patient comfort and/or safety

	Criteria
D ☐ 1 or 2 errors	☐ Unnecessary trauma to gingiva or teeth
	☐ Too few teeth isolated
	☐ Inappropriate ligature(s)
	☐ Punch holes improperly positioned
	☐ Tears or holes compromising moisture control
	☐ Dam caught on wing(s) of clamp
	☐ Dam not inverted in operative area
	☐ Dam not through all interproximal contact points
	☐ Dam position does not allow proper access and/or safety
	☐ Dam position compromises patient comfort and/or safety
	☐ Unstable clamp
	☐ Clamp compromises moisture control
	☐ Unsecured or inadequately secured clamp
	☐ Frame position compromises patient comfort and/or safety
	☐ Floss position compromises patient comfort and/or safety
E ☐	☐ 3 or more errors defined above
	☐ No floss to secure clamp
	☐ Improper position of dam, frame, clamp, or floss not allowing treatment on indicated tooth

Infection Control & Safety

Participants will perform all requirements as if they were working on actual patients. Infection control and safety procedures will be observed by invigilators. Participants will not be informed of recorded violations.

Standards for infection control procedures differ across Canada. For the ACS, the following standard will be used:

- Participants must designate a portion of their operatory as the "operating" area and leave other areas for storage of instruments and materials not being used for the day.
- The "operating" area must only have:
  - instruments that can be sterilized,
  - single-use items and materials that will be discarded at the end of patient treatment consistent with the treatment of one patient, and
  - items covered by barriers.
- Hoses, tubing, and high/low volume on-off switches must not be covered with barriers.
- All items, including study models, that are located outside of the "operative" area may be handled without treatment gloves.
- It will be assumed that all instruments are sterile at the beginning of each day.
- If an instrument or treatment material is dropped during a procedure and needs to be retrieved, a participant must notify an invigilator who will ask the participant to describe how the situation should be handled in actual patient treatment.
- Participants must use handwashing procedures. The use of hand sanitizer/alcohol-based hand rub is permitted.

For the purposes of this assessment, participants are allowed to wear treatment gloves while:

- loosening the clamp that allows the patient's head position to be adjusted and adjusting the head,
- using the amalgamators,
- walking to and from the dental dam requirement operatories, and
- opening and closing the excursion hooks.

Participants must wear appropriate treatment gloves while applying and removing putty to and from the typodont.

On Day 2, participants must remove all barriers from supplied equipment to prepare the operatory for the next patient. This must be completed during assessment time.

Infection control and safety errors include:

Hand hygiene not performed	Unacceptable handling and disposal of amalgam
Gloves not worn	Unacceptable handling and disposal of sharps
Gloves worn outside of the operatory	No or insufficient cooling water used with high speed handpiece
Gloves have holes or tears	Use of materials not approved for intraoral use
Mask not worn or not worn appropriately	Use of materials in inappropriately labelled containers
Use of contaminated instruments or materials	Manikin head positioned so that a patient would be uncomfortable
Inappropriate use of barrier material	Manikin neck extended so that a patient would be uncomfortable
Contamination of operating area or instruments	Participant leaning on or inappropriately contacting the patient's torso or head
Eye protection not used	Damage to the oral cavity cover
Hair not appropriately controlled	Unacceptable infection control procedures involving gloves
Safety of patient or operator is jeopardized by handling or placement of materials or instruments	Barriers not completely removed from supplied equipment during assessment time on Day 2