

2020

# Assessment of Clinical Judgement (ACJ) Protocol

Approved October 2019



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## Check-in

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During check-in at the Prometric test centre, 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.

## Format

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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.

## 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.

### One or More Correct Answers

For questions that have one or more correct answers, indicated by the direction "Select **ONE OR MORE** correct answers", select all answers that are correct. The minimum score for any question is zero ("0"). The maximum score for any question is one ("1"). Answers may have different weights. Part marks will be awarded if some, but not all correct answers are selected, provided that no incorrect answer is selected. If an incorrect answer is selected, the participant will receive a zero ("0") score for the entire question.

**Sample Question: 2** (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: 3** (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.

## 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.	

## Periodontal chart

The following represents an example of a periodontal chart that may be used. Each chart will utilize the following notation:

1. 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.
2. Missing teeth are denoted by “-”.
3. Probing depths, in millimetres, are listed in the next row below the tooth number
4. Recession is listed below the pocketing, in millimetres. If there is no number, there is no significant recession
5. Bleeding on probing is denoted by “•” and is listed directly below the pocket where bleeding was found
6. The middle part of the chart denotes the findings for the lingual surfaces, using the same categories as above
7. Mobility and furcation involvement apply to the entire tooth and can be found on the bottom part of the chart
8. Mobility for the tooth, if present, is listed as a “1, 2, or 3”, using the Miller classification.
9. 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



# Content

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Each section of the ACJ will contain case-based diagnosis, treatment planning and clinical decision making questions, and radiographic interpretation questions. Both question types will be found throughout the Assessment.

## 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.

## Terminology

Examination questions are updated on a regular basis as new knowledge becomes available.

The NDEB is aware that the American Academy of Periodontology (AAP) published a new disease classification in the Journal of Periodontology in June 2018. All NDEB examinations and assessments will use the previous AAP classification (1999).

## Blueprint

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	15
Endodontics	10
Orthodontics, Pediatric Dentistry	10
Cariology/Restorative Dentistry	15
<b>Total</b>	<b>100%</b>

## Reference Materials

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### 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 ACJ Question and Answer Framework containing examples of questions is available in the [Reference Materials & Resources](#) section.



## Regulations

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### 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 watches and/or 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

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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

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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

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Compassionate Appeals must be submitted in writing within seven days of the Assessment to [appeals@ndeb-bned.ca](mailto:appeals@ndeb-bned.ca).

Information regarding [Compassionate Appeals](#) can be found on the NDEB website and in the [NDEB By-laws](#).

## Results

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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.

Results will be reported as a Pass/Fail. Those who receive less than 75 will also receive their test equated rescaled score.

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

## Passing Standard

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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.

## Rescore

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If you receive a failing grade on the Assessment, you have one month from the date results are released to request a verification of your Assessment score.

## Repeats

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