Assessment of Clinical Judgement (ACJ™) Protocol
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About the Assessment of Clinical Judgement (ACJ™)

The purpose of the ACJ™ is to assess your ability to formulate a diagnosis and make clinical decisions, as well as evaluate your knowledge in oral radiology and ability to make a radiographic interpretation and diagnosis.

Check-in

Prior to the examination, read Prometric’s test centre policies including arrival and check-in procedures. These procedures may change at any time. It is your responsibility to know the test centre policies prior to your examination. If you do not comply with Prometric’s policies, you may be refused access to the test centre.

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 may 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 examination.
Format

The ACJ™ is a computer-based test consisting of 120-150 single and multi-answer multiple-choice questions given in a 5-hour session plus one optional scheduled 30-minute break during the examination.

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.
- Oedema.
- Hematoma.
- Gingival cyst.
- Exostosis.
- Periodontal abscess.
- Acute apical abscess.
- Chronic apical abscess.
One or More Correct Answers

Some examination questions will have more than one correct answer. These questions are identified by the direction “Select ONE OR MORE correct answers”.

The grade you receive on each question depends on if you select all the correct answers, some of the correct answers, or an incorrect answer. All questions have a maximum score of 1 and a minimum score of 0. Every answer in a multi-answer multiple-choice question has a value. You must select all the correct answers to receive the full mark for the question. If you select an incorrect answer, it does not matter if all your other answers are correct, you receive a score of zero.

The example below shows the responses of three different examinees and the score for each question based on their answers.

Examinee 1
(Select ONE or MORE correct answers)
There is radiographic evidence of caries on

- distal of tooth 2.3 -1
- mesial of tooth 2.4 -1
- distal of tooth 2.4 -1
- mesial of tooth 2.5 .3
- distal of tooth 2.5 .3
- mesial of tooth 2.6 .4
- distal of tooth 2.6 -1
- mesial of tooth 2.7 -1
- distal of tooth 2.7 -1
- mesial of tooth 2.8 -1
- distal of tooth 2.8 -1

Total mark: 1

Examinee 1 has selected the three correct answers for a total of 1 mark.
Examinee 2

(Select ONE or MORE correct answers)

There is radiographic evidence of caries on

- distal of tooth 2.3 -1
- distal of tooth 2.4 -1
- mesial of tooth 2.4 -1
- mesial of tooth 2.5 .3
- distal of tooth 2.5 .3
- mesial of tooth 2.6 .4
- distal of tooth 2.6 -1
- mesial of tooth 2.7 -1
- distal of tooth 2.7 -1
- mesial of tooth 2.8 -1
- distal of tooth 2.8 -1

Total mark: .6

Examinee 2 has selected two answers. They have not selected all the correct answers, so part marks are given for the question.

Examinee 3

(Select ONE or MORE correct answers)

There is radiographic evidence of caries on

- distal of tooth 2.3 -1
- distal of tooth 2.4 -1
- distal of tooth 2.4 -1
- mesial of tooth 2.5 .3
- distal of tooth 2.5 .3
- mesial of tooth 2.6 .4
- distal of tooth 2.6 -1
- mesial of tooth 2.7 -1
- distal of tooth 2.7 -1
- mesial of tooth 2.8 -1
- distal of tooth 2.8 -1

Total mark: 0

Examinee 3 has selected four answers. Three of the answers have a positive value but one has a value of -1. The examinee gets a total mark of zero.
Case History

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

<table>
<thead>
<tr>
<th>Patient Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td></td>
</tr>
<tr>
<td>123 Main Street</td>
<td></td>
</tr>
<tr>
<td>Ottawa, Ontario</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age:</th>
<th>57</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure:</td>
<td>130/86 mmHg</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Heart Rate:</td>
<td>80 bpm</td>
</tr>
<tr>
<td>Height:</td>
<td>167 cm</td>
</tr>
<tr>
<td>Respiration Rate:</td>
<td>15/min</td>
</tr>
<tr>
<td>Weight:</td>
<td>60 kg</td>
</tr>
<tr>
<td>Temperature:</td>
<td>37°C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Complaint:</th>
<th>“My front tooth hurts.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Chief Complaint:</td>
<td>Noticed pain for the last 3 days.</td>
</tr>
<tr>
<td>Dental History:</td>
<td>Irregular visits.</td>
</tr>
<tr>
<td>Medical History:</td>
<td></td>
</tr>
<tr>
<td>Significant Findings:</td>
<td></td>
</tr>
<tr>
<td>Current Medication:</td>
<td>None.</td>
</tr>
<tr>
<td>Allergies:</td>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social/Family History:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Findings:</td>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Examination:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Findings:</td>
<td></td>
</tr>
<tr>
<td>Extraoral:</td>
<td>None.</td>
</tr>
<tr>
<td>Intraoral:</td>
<td>None.</td>
</tr>
</tbody>
</table>
**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 a greyed out section and a dash “-“.
- 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.

<table>
<thead>
<tr>
<th>Vestibular</th>
<th>2.3</th>
<th>2.4</th>
<th>2.5</th>
<th>2.6</th>
<th>2.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probing depth</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Recession</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Bleeding on probing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lingual</th>
<th>2.3</th>
<th>2.4</th>
<th>2.5</th>
<th>2.6</th>
<th>2.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probing depth</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Recession</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bleeding on probing</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Mobility | - | 2 |
| Furcation | - | B-II |
Content

Each section of the ACJ™ will contain case-based diagnosis, treatment planning and clinical decision making questions, and radiographic interpretation questions.

Diagnosis, Treatment Planning and Clinical Decision Making

Questions will 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

Questions will evaluate your knowledge in oral radiology and ability to make a radiographic interpretation and diagnosis using radiographic images.

Blueprint

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

<table>
<thead>
<tr>
<th>ACJ™ Blueprint</th>
<th>Approximate % of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacotherapeutics, Medically-Complex Patients, Medical Emergencies, Geriatrics, Local Anesthesia</td>
<td>22</td>
</tr>
<tr>
<td>Oral Medicine/Oral Pathology, Oral Surgery</td>
<td>28</td>
</tr>
<tr>
<td>Periodontics</td>
<td>15</td>
</tr>
<tr>
<td>Endodontics</td>
<td>10</td>
</tr>
<tr>
<td>Orthodontics, Pediatric Dentistry</td>
<td>10</td>
</tr>
<tr>
<td>Cariology/Restorative Dentistry</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Preparation Materials

You are encouraged to use the resources available, including the released examination materials, on the NDEB website to prepare for the OSCE. These resources are for personal use only.

E-exam Orientation

The ACJ™ will be administered electronically at Prometric test centres. The NDEB’s e-Exam Orientation should be viewed prior to taking the ACJ™.

ACJ™ Question and Answer Framework

The ACJ™ Question and Answer Framework containing examples of questions is available in the How to Prepare section of the NDEB website. You are strongly encouraged to visit the website in preparation for the ACJ™.

Reference Texts

A list of reference materials recommended in Faculties of Dentistry in Canada can be found in the How to Prepare 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 is used in all examinations.

FDI / UNIVERSAL NUMBERING SYSTEM

PERMANENT DENTITION

<table>
<thead>
<tr>
<th>FDI</th>
<th>Universal</th>
<th>Universal</th>
<th>Universal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8</td>
<td>1.7</td>
<td>1.6</td>
<td>1.5</td>
</tr>
<tr>
<td>2.1</td>
<td>2.2</td>
<td>2.3</td>
<td>2.4</td>
</tr>
<tr>
<td>3.1</td>
<td>3.2</td>
<td>3.3</td>
<td>3.4</td>
</tr>
<tr>
<td>4.1</td>
<td>4.2</td>
<td>4.3</td>
<td>4.4</td>
</tr>
</tbody>
</table>

RIGHT

LEFT

PRIMARY DENTITION

<table>
<thead>
<tr>
<th>FDI</th>
<th>Universal</th>
<th>Universal</th>
<th>Universal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.5</td>
<td>5.4</td>
<td>5.3</td>
<td>5.2</td>
</tr>
<tr>
<td>6.1</td>
<td>6.2</td>
<td>6.3</td>
<td>6.4</td>
</tr>
<tr>
<td>7.1</td>
<td>7.2</td>
<td>7.3</td>
<td>7.4</td>
</tr>
<tr>
<td>8.1</td>
<td>8.2</td>
<td>8.3</td>
<td>8.4</td>
</tr>
<tr>
<td>T</td>
<td>S</td>
<td>R</td>
<td>Q</td>
</tr>
<tr>
<td>O</td>
<td>N</td>
<td>M</td>
<td>L</td>
</tr>
</tbody>
</table>

RIGHT

LEFT
### Training Courses

The NDEB is aware of third-party providers of test preparation courses. Be advised that the NDEB is not affiliated with, nor does it endorse any third-party providers of test preparation courses. The disclosure, distribution, solicitation and reconstruction of NDEB examination content is strictly prohibited, as is the use for commercial purposes of NDEB examination content, including the released examination material on the NDEB website.

### Examination Confidentiality, Security, and Integrity

All NDEB content, including examination content, is the property of the NDEB. Unauthorized use, disclosure, reproduction and publication of NDEB content is against the law and is strictly prohibited.

The NDEB has implemented security policies and measures to preserve the confidentiality and integrity of its examination content. These measures are in place to eliminate any unfair advantage among examinees and avoid the high costs associated with replacing compromised examination content.

See the NDEB’s Intellectual Property Statement for more information on how the NDEB protects and enforces its rights.

### Misconduct

All NDEB content, including examination content, is for personal use only. Any other use of NDEB content is strictly prohibited. Examples of prohibited use of NDEB content include but are not limited to receiving from or disclosing NDEB content, reproducing (through memorization or by any other means), and publishing any NDEB content in whole or in part. Conduct that compromises the confidentiality and integrity of the NDEB’s processes and examinations will be investigated and is subject to the NDEB’s By-laws regarding misconduct.

Additional information on misconduct can be found on the NDEB website.
Examination Day Regulations

Failure to comply with any regulation may result in an accusation of misconduct.

- You must be punctual for all sessions. If you arrive late for a session, you may be denied entry to the examination.
- Cell phones are prohibited in the examination room.
- All watches are prohibited in the examination room.
- Devices with recording or transmitting and/or receiving abilities are prohibited in the examination room.
- You must not wear a hat, hood, coat, hoodie with the hood up, scarf covering the head, or bulky clothing (except where same constitutes religious attire).
- You will be required to empty all pockets before entering or leaving the examination room.
- Food is not allowed in the examination room.
- Water is not allowed in the examination room.
- If you require water, food, medicine, or medical equipment in the examination room you must submit a request pursuant to the NDEB test accommodations policy.
- You will be required to read and agree to a Confidentiality and Non-disclosure Agreement before you can begin the examination. If you do not agree, you will not be able to start the examination. This agreement must be signed to receive results.
- You cannot write on anything other than the scratch paper provided. The scratch paper and pencil must be submitted to Prometric staff at the end of the examination.
- You can only use the washroom during the scheduled break.
- You will not have access to your locker during the scheduled break.

It may be necessary for the NDEB to introduce new regulations or modify existing regulations for specific examination administrations. Any new or modified regulations will supersede regulations published in the protocol.
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.

Exceptional Circumstances: Withdrawals, Compassionate Appeals, and Conduct of the Examination

Withdrawals

If, before the examination, you experience a serious medical circumstance or unanticipated exceptional circumstance beyond your control you must withdraw from the examination. Notice of such a withdrawal should be provided in writing using the Withdrawal form if possible before the examination, but no later than seven days following the examination. If applicable, supporting documentation must accompany the submission.

More information can be found in the NDEB By-laws.

Compassionate Appeals

If you believe you have been prevented from demonstrating your ability because of a serious medical circumstance or unanticipated medical circumstance during the examination, you can submit a compassionate appeal to have the results of the examination voided. Compassionate appeals must be submitted using the Compassionate Appeal Request form within seven days of the examination.

More information can be found on the NDEB website and in the NDEB By-laws.

Conduct of an Examination

If, during the examination, you believe there may have been an irregularity or inconsistency in the conduct of the examination that prevented you from demonstrating your ability it must be immediately reported to staff at the examination centre.

Should you want to submit an appeal based on the reported irregularity or inconsistency, it must be submitted in writing within seven days of the examination using the Appeal of the Conduct of an Examination Form.

More information is available in the NDEB By-laws.
Results

Results are normally released within 10 weeks 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

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.

Information on test equating and re-scaling is available on the NDEB website.

Appeals and Rescoring

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

Information can be found in the Appeals and Rescoring section of the NDEB website.

In no case will you have access to your answer score sheets or examination questions.

Repeats

The ACJ™ can be taken a maximum of three times.