

# **OPER/FIXED JUNIOR & SENIOR CLINICAL EXAMINATIONS CLASS OF 2005**

## **REQUIREMENTS**

The following describes the Junior and Senior examinations in Operative and Fixed Prosthodontics. Junior examinations must be completed by the end of Trimester IX. Senior Examinations may be started when the corresponding Junior Exam has been completed. All junior and senior exam requirements must be met to qualify for graduation.

Junior Exams - The prerequisites for taking the Junior Exams are described on page 8 of this document.

- 1 Class II amalgam restoration
- 1 Indirect type preparation including provisional restoration
- 1 Cementation of an indirect restoration
- 1 Composite restoration
- 1 Simulation examination

Senior Exams – The only prerequisite for taking a senior exam is that the corresponding junior exam has been completed to an acceptable grade of 68 or better.

The senior examinations are as follows:

1. Clinical examinations on patients – 50% of evaluation – All clinical examinations must be passed with an average grade of 68 or better. All examinations that are started will be recorded and will be counted toward the overall average.
  - a. 2 composites
  - b. 2 amalgams
  - c. 4 indirect type preparations including the impressions and provisionals
  - d. 2 cementations of indirect restorations
  - e. Mock board – Amalgam or Composite for a patient
2. Four (4) Simulation examinations – 35% of evaluation – All portions of the simulation exams must be passed with a grade of 68 or better or that portion of the exam will need to be retaken. All grades will be used to calculate the average for this portion of the evaluation.
3. Written examinations – 15% of evaluation
  - a. 2 comprehensive written examinations
    - a. 1<sup>st</sup> exam 5%

b. 2<sup>nd</sup> exam 10%

**A student's overall average on their senior examinations will be used to determine their competency in the area of Oper/Fixed. All students must demonstrate competency to qualify for graduation.**

### AMALGAM RESTORATIONS

This procedure may be done on any tooth requiring a CI II amalgam restoration provided one of the proximal surfaces to be treated is in contact with the adjacent tooth. A tooth with greater than minimal caries or requiring replacement of a defective restoration **is** acceptable for the exam.

### CASTING PREPARATIONS

The four (4) casting preparations must be done on teeth requiring extra-coronal restorations (Onlays, 3/4, 7/8, CVC or PFM). The teeth must be in occlusion and have at least one proximal contact. Endodontically treated teeth that have had a previous build-up are acceptable for this exam, **if the tooth has not been prepared (even minimally) for an indirect restoration.**

### CAST RESTORATION CEMENTATIONS

The two indirect restorations to be cemented may be any extra-coronal restoration. The student doing the cementation must have done the preparation and the daily evaluation form with all signatures must be presented at the time of the examination. The tooth must be in occlusion and have at least one proximal contacting tooth.

### COMPOSITE RESTORATIONS

The composite restorations may be a CI II, CI III, CI IV, CI V, diastema closure, or direct labial veneer. Very minimal facial, lingual or incisal restorations may not qualify for this exam. If in doubt you should check with a faculty person who is designated to evaluate clinical examinations. Class II, III and IV restorations must have a contacting proximal contact and the restoration must extend into the contact area to qualify for an exam.

### SIMULATION EXAMINATIONS

The simulation examination will be in the lab on the typodont and on extracted teeth. The typodont portion of the exam will be to do 3/4 cr., CVC and PFM preparations in the dental simulator. An amalgam preparation and an amalgam restoration will be done on extracted teeth. It is recommended you collect intact extracted teeth in preparation for these exams.

## **ORGANIZATION**

The examinations described above may be taken in any order you wish. Verify your treatment plan for appropriateness, proper sequencing, and perio status prior to the exam. You are encouraged to consult the examining faculty regarding case selection, preparation design, etc. prior to the date of your exam.

**These examinations may only be taken with designated faculty. The designated faculty are listed on the faculty schedule in bold with a @ after their name. Exams taken with un-designated faculty will not be counted as an exam.**

During the examination you are expected to be well organized and efficient. To accomplish this you will need to emphasize the following:

You are responsible to make sure that the cassette for the procedure has all of the burs, diamonds and instruments required for the procedure and that they are in good condition and sharp. As sterilization removes the sharp edge from the instruments, the instruments must be freshly sharpened to achieve a razor sharp edge at the proper angulation prior to the start evaluation for each procedure.

During the procedure you will be evaluated on your organization, efficiency and not violating the chain of cleanliness.

Set up your cubicle prior to the examination. Verify that all equipment in the cubicle works properly. If the equipment is not functioning properly turn in a repair slip prior to the examination. If necessary you may need to be transferred to a different cubicle.

Have all required paper work (computer card, examination evaluation sheets, daily work sheet), patient chart, current radiographs, study casts (mounted as required), and diagnostic wax up (when indicated) available prior to and during the exam.

## **TIME SCHEDULE**

Morning session	9:00 AM to 12:30 PM
Afternoon session	1:30 PM to 5:00 PM
Evening session	6:00 PM to 9:00 PM (Indirect preparation exams cannot be taken in the evenings as there is insufficient time.)

**All examinations will start promptly at 9:00 AM, 1:30 PM or 6:00 PM. Cubicles not set up by the beginning of the exam session will be made available to students on the waiting list. Likewise, unoccupied chairs 15 minute past the start of the exam, e.g. patient no show, will also be made available.**

**All examinations must be completed within the allowed time limit. Failure to complete the procedure within the time limit will result in a grade of "0" for the portion(s) not completed.**

<u>PROCEDURE</u>	<u>TIME LIMIT</u>
Amalgam restorations	3 hours
Casting preparations	3.5 hours
Casting cementations	2 hours
"Small" composite	2 hours
"Extensive" composite	3 hours

### **ASSISTANCE**

It is recommended that you have an assistant when taking your examination. However, the assistant is not permitted to do any of the procedures. Assistants are also not allowed to provide any consultation during the exam. Please remember that inappropriate help by the assistant is unethical behavior. Should this be observed by the faculty then the exam will be terminated with a "0" grade and the case turned over to the ethics committee.

### **EVALUATION**

Be familiar with your patient's medical conditions and medications and be prepared to discuss these with your examining instructors.

Each step will be evaluated according to the outline below. Please be familiar with the protocol so that you will sign up for faculty observation at the appropriate time and that you will have completed all that is expected of you prior to the observation.

The percentage of the grade for each segment of the examination is indicated. The evaluations from the segments are then weighted resulting in a final score for that exam. Time permitting, you may see the faculty evaluations at the end of your exam.

#### **AMALGAM RESTORATIONS – 3 hour time limit**

Steps to be evaluated: Examination evaluation form attached

1. Start - prior to administration of anesthetic. Describe the existing conditions and the proposed outline on the evaluation form and be prepared to discuss it with the instructor. Any situations that will require extensions beyond the minimal that are observable in the mouth or on the patient's casts should be described in detail before beginning the procedure. The proposed outline must be carefully drawn with a pencil on an accurate stone cast (not the original diagnostic cast). Additionally, all materials, supplies and instruments must be available prior to the examination.
2. Rubber dam\*

### 3. Preparation

#### Preparation with Minimal Depth

##### Completed Preparation

Preparation having caries and/or existing restorative material that does not extend deeper pulpally and/or axially than a minimal preparation should be completed prior to the preparation evaluation.

##### Extensions Beyond Minimal Permission

If the preparation requires extension of the outline beyond the minimal, the extension should be agreed to by an examiner either before the preparation is started or during the preparation of the tooth. Then proceed to final preparation.

#### Preparation With Greater Than Minimal Depth

##### Prior To Caries Removal Evaluation

Preparations having caries and/or existing restorative material that extends deeper pulpally and/or axially than a minimal preparation **must** be seen prior to removing the caries or restorative material.

After caries removal – All caries and/or restorative material must be removed and observed prior to basing or placing the restoration.

4. Completed preparation with proper pulpal protection (if indicated) -55%
5. Finished carving with rubber dam in place - 45%
6. Completed restoration after rubber dam removal and occlusal adjustment within the time limit,\*\*

If the final score is 68 or above and yet the final restoration has clinically unacceptable feature(s) (T or V in any category), it (they) must be corrected at the same or a subsequent appointment and the restoration shown to an examining instructor before receiving credit for the examination.

#### CASTING PREPARATIONS – 3 1/2 hour time limit

Steps to be evaluated: Examination evaluation form attached

1. Start - prior to administration of anesthetic. Describe the existing conditions and the proposed outline on the evaluation form and be prepared to discuss it with the instructor. Any situations that will require extensions beyond the minimal that are observable in the mouth or on the patient's casts should be described in detail before beginning the procedure. The proposed outline must be carefully drawn with a pencil on an accurate stone cast (not the original diagnostic cast). Additionally, all materials, supplies and instruments must be available prior to the examination. This should include two custom impression trays with proper occlusal stops and a form for making a provisional (putty or Ellman)
2. Rubber dam when indicated\*

3. Preparation - 60%
  - a. Prior to caries removal: 2 options.
    1. When doing a CVC or extensive PVC such as a 7/8 crown, the caries and/or existing restorative material should be removed prior to tooth preparation. The extensions should minimally circumscribe the caries and/or restorative material at the minimal pulpal or axial depth.  
OR,
    2. When doing preparations with internal retentive features such as onlays and 3/4 crowns, the occlusal isthmus and proximal box forms should be extended to minimally circumscribe caries and/or restorative material at minimal pulpal and/or axial depth.  
After achieving the appropriate extensions and minimal depth then authorization from the examiner should be requested prior to removal of the caries and/or restorative material that extends pulpally and/or axially.  
If the preparation requires extension of the outline beyond the minimal, the extension should be agreed to by an examiner either before the preparation is started or during the preparation of the tooth.
  - b. After caries removal
  - d. Completed preparation after proper basing or build-up, if indicated. The completed preparation should be properly debrided and isolated for visual evaluation, i.e., tongue, cheek, and tissue retraction. Inability to evaluate the preparation visually will be reflected in the evaluations.
4. Provisional restoration prior to cementation - 30% - The provisional should be started prior to taking the final impression.
5. Impression - 10%
6. Provisional after cementation within the time limit of the exam. \*\*

### CAST RESTORATION CEMENTATIONS – Two (2) hour time limit

Steps to be evaluated: Examination evaluation form attached

#### *Prior to seating patient*

Restoration evaluation on casts & dies – 20%

The restoration will be evaluated by a faculty person to verify it is acceptable (meets our criteria with an R,S or M) in all categories. If it is acceptable then you will receive 100% (20 points) credit. If the restoration is not acceptable then it will need to be corrected and you will receive 0% (0 points) credit. If the restoration can be corrected at that time then the corrections should be made and the exam will continue. If the restoration has to be sent back to the lab for re-fabrication or modification the exam will be terminated with a grade of "0". **Therefore, it is highly recommended that you carefully evaluate the restoration and make the necessary modification to make sure it is acceptable before bringing the patient in for the cementation appointment.**

*After seating patient*

Prior to cementation - 80%. Evaluation of the restoration in the mouth.

If **YOU** determine the restoration is not clinically acceptable prior to faculty evaluation you may terminate the exam without any penalty (the exam will not count). This can only be done if the restoration evaluation on the casts and dies was acceptable. After a faculty evaluation has been requested, you may no longer terminate the exam.

After cementation – Evaluate to insure the casting is properly seated and all excess cement has been removed. \*\*

To receive credit for the examination, the restoration must be cemented and be acceptable prior to dismissal of the patient.

COMPOSITE RESTORATIONS – 2 hours for a minimal restoration and 3 hours for a large restoration. The time limit will be determined by the faculty at the start of the exam and communicated to you at that time.

Steps to be evaluated: Examination evaluation form attached

1. Start - 10% - prior to administration of anesthetic. Describe the existing conditions and the proposed outline on the evaluation form and be prepared to discuss it with the instructor. Any situations that will require extensions beyond the minimal that are observable in the mouth or on the patient's casts should be described in detail before beginning the procedure. The proposed outline must be carefully drawn with a pencil on an accurate stone cast (not the original diagnostic cast). Additionally, all materials, supplies and instruments must be available prior to the examination.

Material and Shade selection - Indicate to the instructor the material and shade(s) selected. When doing a highly esthetic restoration, do a mock non-etched build up to approximate the proposed contours of the final restoration using the selected shade(s) and cure. If existing restoration and/or caries interfere with your ability to do the mock build up, ask permission from the faculty to remove them to facilitate shade matching.

2. Rubber dam\*
3. Preparation - 35% (20% for diastema closure)
  - a. Prior to caries removal
  - b. Caries removal
  - c. Final preparation, including pulpal protection, if needed, and acid etch
4. Completed restoration with rubber dam in place - 55% (70% for diastema closure)
5. Occlusion & final contours with the rubber dam off. \*\*

If the final score is 68 or above and yet the final restoration has clinical unacceptable features the restoration must be corrected at the same or a

subsequent appointment and the restoration shown to an examining instructor before receiving credit for the examination.

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**\*Rubber Dam** - For all procedures the rubber dam must be acceptable when the faculty is asked to evaluate and it must remain functional during the procedure. One to five points may be deducted from the final exam score if the rubber dam is unacceptable at any point in the procedure. The rubber dam may be changed any time during the procedure if it should become unacceptable.

\*\* If this step is unacceptable the faculty will deduct from 1 to 5 points, depending on the severity of the error, from the total score of the exam.

**A copy of your examination evaluation will be available in the Group Practice Office within 1 week from the day of taking the exam. If you have not received the results of your exam after one week please check with the personnel in Rm. 4366 to see the status of your exam.**

## PREREQUISITE PROCEDURES – Junior Comps

Examinations may be taken in any order you wish, as long as you do the following:

1. Complete a minimum of two comparable patient procedures before the examination and provide documentation (copies of your signed off computer slips) to the faculty member evaluating your practice procedure. The faculty member will verify completion of prerequisite procedures and initial the space next to your student number on the “Pre-examination Preparation Requirements” form (page 9). It is your responsibility to make sure the form is initialed before the examination in order to receive credit for the examination.
2. Review all notes, manuals and teaching materials that relate to the procedure.
3. Prior to the examination, you are required to review the selected case with an operative/fixed faculty person. The **Pre-examination Preparation Requirements Form** must be filled out and signed off by the faculty person at least the day prior to your exam. You will need the patient’s chart, diagnostic casts and completed practice procedures, described below, when requesting an evaluation from the faculty. The **Pre-examination Preparation Requirements Form** must be available when requesting to start a junior exam.

## PRACTICE PROCEDURES

You are required to practice the procedure on an extracted tooth set up (block or manikin) to simulate the clinical situation you will be treating. A typodont tooth may be used for the casting and PFM preparation practice procedures.

All practice procedures must be completed, self-evaluated and evaluated by a clinical operative or fixed faculty member, depending upon the examination to be taken, at least one day before the examination. All practice procedures must be evaluated at an acceptable level in all categories, or corrected and re-done until they are acceptable.

The following are the **practice procedures** required for each examination:

Amalgam	1 class II preparation & 1 class II restoration, separate teeth
Casting/PFM prep	1 preparation & 1 provisional
Composite	1 preparation & 1 restoration, separate teeth
Cementation	No practice procedures required

**PRE-EXAMINATION PREPARATION REQUIREMENTS  
OPERATIVE DENTISTRY & FIXED PROSTHODONTICS CLINICAL EXAMINATIONS**

Student Name \_\_\_\_\_ No. \_\_\_\_\_ Pre-req. Proc. (2) \_\_\_\_\_

Procedure \_\_\_\_\_ Tooth No. \_\_\_\_\_ Date of Exam \_\_\_\_\_

**1. PATIENT RECORD REVIEWED**

- Medical history reviewed and any treatment modifications discussed
- Student doing procedure is assigned to the patient
- Treatment plan complete and signed by the patient and Group Practice Director
- Periodontal pink slip indicates perio. Complete or permission for limited treatment
- Procedure to be done in proper sequence (may be done out of sequence for exam  
If patient's oral health not jeopardized)

**2. RADIOGRAPHS AND PATIENT DIAGNOSTIC CASTS EVALUATED AND DESIGN OF RESTORATION**

**DISCUSSED** (Thoroughly discuss preparation design and restoration placement, then describe the restoration design below.)

**3. SEQUENCE OF PROCEDURE REVIEWED** (Outline the sequence of the procedure, including any materials required and a time frame to allow timely completion of the procedure.)

Steps 1-3 Completed to Acceptable Level \_\_\_\_\_  
Faculty Signature

**4. PRACTICE PREPARATIONS EVALUATED** (Include student self-evaluation)  
Comments:

Step 4 Completed to Acceptable Level \_\_\_\_\_  
Faculty Signature

**5. PRACTICE RESTORATIONS EVALUATED** (Include student self-evaluation)  
Comments:

**Step 5 Completed to Acceptable Level**

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**Faculty Signature**

**COMPLETED FORM MUST BE PRESENTED AT THE TIME OF YOUR EXAMINATION.  
PRACTICE PROCEDURES MUST BE EVALUATED A MINIMUM OF 24 HOURS BEFORE  
EXAM.**