



## **EQUINE Educational Training Document**

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## **Part 1: Resource Document Disclaimer**

The purpose of this document is to help guide residents and mentors on current criteria in common dental and oral surgical procedures supported by literature for the purpose of evaluating procedural performance on the Phase 2 test.

This document is meant to augment the information already available to residents and their mentors through DMS and is not meant to stand alone as the sole source that a candidate refers to for preparation for taking the Phase 2 exam. A complete list of possible Phase 2 examination procedures can be found on the Exam Information for Candidates document on the AVDC website.

***Examples of exam scoring sheets for a variety of procedures are provided. Phase 2 examination procedures are not limited to, or limited by, procedures included in this document.***

## **Part 2: Line Item Grade Sheets**

### **Core 1: Oral Surgery**

**Procedure: Stabilization of a rostral premaxillary fracture using interdental wiring and composite intraoral splint.**

1. Occlusion maintained lack of interference with splint
2. Adequate strength/stability/functionality
3. Appropriate wire selection and wiring technique
4. Appropriate composite shaping / minimal gingival coverage
5. Lack of hard and soft tissue trauma
6. Diagnostic postop radiographs
7. Major complications?

**Procedure: Perform a sinusotomy (bone flap, not a trephine) of the requested paranasal sinus system to allow exploration of the frontal, maxillary (rostral and caudal) and ventral conchal sinuses, establish drainage via the nares.**

1. Proper flap positioning
2. Appropriate size & orientation of flap
3. Lack of adjacent soft and hard tissue trauma
4. All paranasal sinuses accessed (septum break down / VCB removal)
5. Lack of free bony spicules and debris intra-sinus
6. Drainage establishment (septum break down and VCB) + Gauze
7. Soft tissue supported by bone flap
8. Appropriate skin closure
9. Major complications?

**Procedure: Surgical extraction of right mandibular second molar.**

1. All crown and roots removed
2. Lack of adjacent soft and hard tissue trauma
3. Appropriate placement of osteotomy site
4. Appropriate surgical approach/technique, closure, suture material, and +/-wound drainage
5. Socket protected for oral contamination
6. Lack of free bony spicules/debris and bone margins smoothed (alveoloplasty)
7. Diagnostic postoperative radiographs
8. Major complications?

## **Core 2: Endodontics and Restoration**

### **Procedure: Orthograde endodontic procedure on a fractured incisor.**

1. Appropriate obturation (e.g. overfills, underfills, and voids)
2. Acceptable working length
3. Canal appropriately instrumented & shaped
4. Appropriate size, shape and placement of access site
5. Diagnostic radiographs (minimum 3)
6. Access site prepared appropriately (clean walls etc.)
7. Written report
8. Major complications ?

### **Procedure: Crown-height reduction, partial coronal pulpotomy and vital pulp therapy of incisors or canine teeth**

1. Diagnostic postoperative radiographs
2. Appropriate level of coronal amputation
3. Appropriate depth of pulpectomy
4. Appropriate depth of direct pulp cap material
5. Appropriate placement of direct pulp cap material
6. Appropriate width of intermediate layer
7. Appropriate placement of intermediate layer
8. Appropriate placement/finish/retention of restorative material
9. Appropriate access site preparation (clean walls, etc.)
10. Lack of hard and soft tissue trauma
11. Major complications?

### **Procedure: Management of coronal defects on the incisors.**

1. Appropriate cleaning and cavity preparation (removal of “unsound” enamel and dentin)
2. No unsupported enamel
3. Appropriate choice of materials
4. Quality of finish/ recreate anatomical contours
5. Lack of hard and soft tissue trauma
6. Diagnostic postoperative radiograph
7. Written report
8. Major complications ?

### **Procedure: Perform an apicoectomy of a molar through an appropriately positioned maxillary flap.**

1. Appropriate location of trephine site
2. Appropriate size and design of incision and trephine site
3. All three roots and 1 cm of apical reserve crown removed
4. Lack of free bony spicules and debris, intra-sinus soft tissue management

5. Diagnostic intra-operative and postoperative radiographs
6. Major complications?