



Educational Training Document

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Part 1: Resource Document Disclaimer

The purpose of this document is to help guide mentees 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

Oral Surgery Core

Procedure: Extraction of all teeth in a mandibular quadrant.

1. Appropriate teeth and root removal
2. Lack of adjacent soft and hard tissue trauma
3. Appropriate flap design, tension-free closure, suture material and technique
4. Smooth bone margins (alveoloplasty)
5. Lack of free bony spicules and debris
6. Diagnostic postoperative radiographs
7. Major complications?

Procedure: Management of a caudal palatal defect in a dog.

1. Appropriate flap design/size
2. Preservation of vital anatomy (eg. major palatine artery)
3. Tension free closure
4. "Epithelial margins" debrided
5. Appropriate suture material & closure technique
6. Lack of soft & hard tissue trauma
7. Major complications?

Procedure: Surgical treatment to excise a simulated oral tumor on the mandible

1. All tooth roots removed
2. Lack of hard tissue trauma, Smooth bone margins
3. Lack of soft tissue trauma
4. Adequate margins
5. Diagnostic radiograph(s)
6. Tension-free closure, appropriate suture material
7. Preservation of and/or ligation of vessels
8. Major complications?

Procedure: Maxillectomy to manage a simulated maxillary oral tumor

1. *En bloc* excision including appropriate margins
2. Tension-free closure
3. All tooth roots removed
4. Appropriate suture material and technique
5. Smooth bone margins
6. Diagnostic radiograph(s)
7. Lack of hard and soft tissue trauma
8. Ligation of all severed maxillary vessels
9. Major complications?

Procedure: Stabilization of a simulated transverse fracture between two mandibular teeth using interdental wiring with reinforced composite intraoral splint.

1. Occlusion maintained, lack of interference with splint
2. Adequate strength/stability/functionality
3. Appropriate wire selection and wiring technique
4. Smooth composite edges with minimal gingival coverage
5. Lack of hard and soft tissue trauma
6. Diagnostic post-op rads (ventral cortex visible, entire repair)
7. Major complications?

Endodontic Core

Procedure: Crown-height reduction, partial coronal pulpectomy and vital pulp therapy of both 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: Orthograde endodontic procedure on a fractured canine tooth

1. 3 diagnostic radiographs
2. Appropriate size, shape, and placement of access site(s) if needed
3. Acceptable working length(s)
4. Canals appropriately instrumented & shaped
5. Acceptable obturation (e.g. overfills, underfills and voids)
6. Access/fracture sites prepared appropriately (clean walls etc.)
7. Major complications?

Procedure: Apicoectomy and retrograde endodontic procedure on a tooth.

1. Appropriate incision, exposure and bone management
2. Appropriate root preparation (apicoectomy, cavity prep)
3. (sufficient) filling material/appropriate fill/finish
4. Diagnostic radiographs
5. Site management prior to closure
6. Appropriate soft tissue closure
7. Lack of hard and soft tissue trauma
8. Major complications?

Periodontal Core

Procedure: Treatment of a mucogingival cleft

1. Appropriate flap design & creation
2. Appropriate suture material selection and technique
3. Appropriate prep of host site
4. Lack of soft and hard tissue trauma
5. Major complications?

Procedure: Perform an apically-repositioned flap with osteoplasty for Type II crown lengthening on a canine tooth.

1. Appropriate flap design/closure/adaptation
2. Appropriate suture selection and closure technique
3. Appropriate flap design, creation, & execution
4. Appropriate bone removal & finish
5. Adequate root planing
6. Lack of hard and adjacent soft tissue trauma
7. Diagnostic postoperative radiograph(s)
8. Major complications?

Procedure: Open curettage and apically-repositioned flap for the incisors

1. Appropriate full-thickness flap design and creation
2. Adequate bone removal
3. Adequate root planning
4. Appropriate, tension-free closure
5. Appropriate suture selection and technique
6. Lack of hard and soft tissue trauma
7. Diagnostic post-operative radiograph
8. Major complications?

Restorative/Prosthodontics/Orthodontics Core

Procedure: Full-mouth impressions, bite registration and active-force orthodontic appliance for treatment of mesioverted maxillary canine tooth.

1. Appropriate impression tray selection/design/size
2. Impression (anatomy visible)/Accurate bite registration
3. Appropriate type of orthodontic appliance
4. Appropriate anchorage/positioning of orthodontic devices
5. Appropriate activation of appliance
6. Appropriate installation of appliance (i.e. durability, occlusal interference, hard or soft tissue trauma)
7. Major complications?

Procedure: Restoration of a subgingival defect in an otherwise periodontally sound tooth. Also prepare the supragingival defect for restoration and LEAVE UNFILLED.

1. Appropriate closure technique
2. Flap design and execution (subgingival)
3. Lack of adjacent hard and adjacent soft tissue trauma
4. Alveolar bone management (biologic width)
5. Appropriate cavity preparation
6. Lack of unsupported enamel (supragingival)
7. Appropriate restorative material selection
8. Anatomical restoration/contouring/finish
9. Major complications?

Procedure: Management of pit and fissure caries on the occlusal surface of teeth.

1. Appropriate cavity preparation (removal of “unsound” enamel and dentin)
2. No unsupported enamel
3. Appropriate material selection
4. Quality of finish
5. Lack of hard tissue trauma
6. Diagnostic postoperative radiograph
7. Major Complications?

Procedure: Crown preparation and detailed impression(s) of a tooth.

1. Quality and appropriate cavosurface margin
2. Supragingival finish line ~1 mm from gingival margin
3. Adequate draw (angle of reduction)
4. Appropriate reduction (axial tooth structure) (0.5-1.0mm)
5. Quality of impression
6. Lack of soft and hard tissue damage
7. Major complications?

Procedure: Direct inclined plane fabrication to correct bilateral linguoversion of the mandibular canine teeth.

1. Occlusal contact points properly positioned
2. Appropriate pitch and direction of incline for desired tipping
3. Appliances secured adequately
4. Lack of occlusal interference of other teeth, Allowance for maxillary growth
5. Lack of hard and soft tissue trauma
6. Splint appropriate size
7. Appliance finish
8. Major complications?