PHASE 2 EXAMINATION OVERVIEW

Table of Contents

Part 1: Resource Document Disclaimer

This resource document was created to provide supplemental information about the Phase 2 examination (previously known as the "Practical Examination") for the American Veterinary Dental College certifying examination.

Part 2: AVDC Phase 2 Examination Overview

Venue Selection

The site for the examination must be of sufficient size to allow all candidates to sit for their examination at the same time. The site must also have significant storage facilities such that cadaver specimens can be acquired, assessed and prepared, and held after the examination date until all appeals, etc. can be conducted and resolved. The site must have adequate staffing to facilitate the above, be secure, discrete, and available yearly. Currently, that venue is the Oquendo Center in Las Vegas, Nevada. The Oquendo Center is a privately run facility with multiple human and veterinary educational labs and seminars scheduled years in advance. The AVDC must coordinate with the Oquendo Center to find an appropriate date that meets the requirements of the American Board of Veterinary Specialists (ABVS), the schedule of the privately run Oquendo Center, and the needs of the AVDC. The venue is contractually reserved in advance to ensure consistency yearly with residency training program requirements, credentials applications and the Phase 1 examination. The American Board of Veterinary Specialists (ABVS) requires pre-determined periods of time during which candidates must be notified of their Phase 1 test results and subsequent eligibility for taking the Phase 2 exam. ABVS also determines a pre-approved timeframe required for appealing the Phase 1 test results. Everything must be coordinated prior to the date held for the AVDC for our examination by the Oquendo Center.

Specimen Selection

Many months before the date of the Phase 2 examination the process of specimen acquisition and selection begins. All cadavers are ethically sourced and no animal is euthanized for the purpose of the examination. Support staff from the Oquendo Center and the Examination Committee Chair make the initial acquisitions and select as many as four times the anticipated final numbers needed. These specimens are then all held in the same cold-storage area so that they should all be of similar quality when further selection/processing occurs. Before any specimen is presented to an Examination Candidate they will have undergone the following steps:

1. Examination to eliminate any animal with pre-existing oral trauma/damage or degraded tissues that may specifically impact the tested procedure.
2. Full mouth charting to ensure sufficient, if not complete, dentition and that dentition is in appropriate health for the specimen's intended use. Animals with crowded dentition may be eliminated depending on the procedure for which they were intended. Any minor pre-existing damage that will not interfere with the intended use of the specimen is recorded. All charts and lists of recorded damage are archived for future reference.
3. Radiographs are taken to evaluate for adequate age and reasonably uniform pulp chamber/canal size across specimens. Depending on the intended procedure for a particular specimen, specimens may be eliminated that exhibit signs of ankylosis, tooth resorption, or excessively large and small pulp chambers/canals. These radiographs are screened by several members of the Exam Committee to ensure the specimen is appropriate for use. All radiographs are archived for future reference.
4. Attempts are made to standardize size of specimens and head type while recognizing that variability in practice will occur and an Examination Candidate should be able to perform the same procedure regardless of head size/skull type.
5. All specimens are individually tagged and grouped into their Exam session.
6. Any lesions which are to be created by the Examination Committee are made according to their Standard Operating Procedure (SOPs) for lesion creation. A single Exam Committee member is responsible for creating identical lesions in all specimens. The Exam Committee member responsible for creating a lesion is also a member of the grading team responsible for grading that lesion. Whenever possible, the Exam Committee member responsible for creating/grading the lesion is also responsible for performing a literature review on the procedure and updating the literature review document.
7. Following lesion creation, all specimens are photographed, documenting the sites of the lesions, and throughout the mouth with particular attention paid to photographing all sites where

specific procedures are to be completed. All photos are archived for future reference and provide verification of pre-existing lesions, tissue quality or trauma in the oral cavity prior to testing.

8. All specimens are rinsed (again) in a solution to minimize degradation and are vacuum sealed before returning to cold storage.

9. All specimens are removed from cold storage prior to administration of the examination to permit tissues to approach room temperature.

10. All archived charts, lists, photographs and radiographs have specimen-specific identifiers included with every item, i.e. ear tag, lead marker etc. and this archived information is then grouped together for each specimen and can be made available to the Grading Teams as needed.

Note: ALL specimens are subjected to similar freezing times, freeze/thaw cycles, and tissue handling.

Lesion Creation
There are Standard Operating Procedures (SOPs) for all lesions created by the Examination Committee. The SOPs ensure that the lesions are equivalent/repeatable between specimens of that year, and between years. All lesions are made relative to anatomic (dental or hard/soft tissue) points of reference. The person creating the lesions will be a senior member of the Examination Committee who has either created the lesions in previous years, or has worked with that person in a previous exam preparation and are therefore already trained in the technique. The same person makes the lesions in all the specimens. All lesions are photographed and/or radiographed and these images are archived for future reference.

Example 1: Crown lengthening
The crown will be amputated at a specific height relative to the cementoenamel junction, as the cementoenamel junction does not change despite tissue manipulation/re-contouring during this procedure. This allows the Grading Team to accurately measure whether the number of millimeters of required crown lengthening has been achieved. Archived photos and radiographs may also be referenced as needed.

Example 2: Lesion for restoration
The lesion is made at a specific location (relative to the cementoenamel junction, alveolar bone, major cusps, etc), to a specific size (relative to that individual specimen), and to a specific depth (measured in millimeters). Grading teams have access to archived photos and radiographs as needed.

Specimen Grading
Following completion of the examination, all collected specimens are returned to the grading room. Grading occurs in teams. Four Exam Committee members comprise a grading team of three graders and one archivist. Prior to evaluating any procedure, the specimen is photographed extensively to photo document the state of the specimen, the identity of the specimen and the presentation of the pre-graded procedure area. Grading occurs independently by the grading team and only involves the grading of the specific procedure to be graded by that team. Discussion is not permitted between graders during the grading process. If a team member identifies a point of interest that could be altered/disrupted before all members of the team have had a chance to observe that point of interest, then the initial grader may draw the other team members' attention to that item but must use neutral language that does not imply a negative or positive connotation to that point of interest. Any items that are directed to be turned in are reviewed by the grading team (including radiographs, impressions, teeth, oncologic resections, etc.) Points for specific grading criteria line items are assessed independently by each grader on their personal grading sheet. Justification for non-passing scores are documented on the grading sheet. Should a procedure not secure a passing grade these reasons can be accessed by the Exam Committee, Appeals Committee and Board members as needed. Grading sheets are triple checked (tallied by the grader, verified by the lead archivist and verified by the examination consultant) to verify it is added correctly. Original grading sheets are scanned and remain on record with the Exam Committee.