

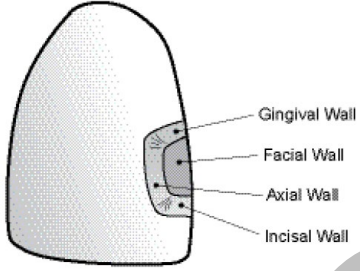
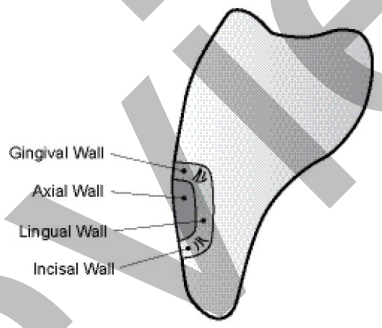
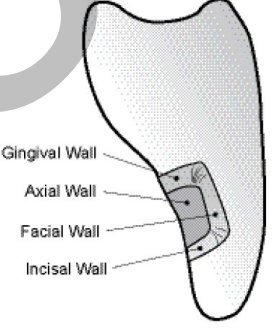
Case Selection Criteria

- Permanent tooth, must be on anterior
- Treatment must be performed in the correct treatment phase and sequence as described in treatment plan
- Tooth must be asymptomatic (pulpal dx = healthy/normal or reversible pulpitis; periapical dx = healthy/normal) with no pulpal or periapical pathology; cannot be previously endodontically treated or be in need of endodontic treatment.
- Tooth must have primary or recurrent caries involving the interproximal contact area.
 - o For primary caries:
 - Caries as shown on one required radiograph (PA) of an unrestored proximal surface, extending to or beyond the dento-enamel junction (DEJ). Radiographic images must reflect the current condition of the tooth and must not be older than one (1) year.
 - If caries does not extend beyond the DEJ radiographically, it must be clinically cavitated to qualify.
 - Caries wholly gingival to and not involving any part of the interproximal contact area does not qualify.
 - o For recurrent caries: Caries must be clinically or radiographically evident
- Tooth with bonded veneer, provisional restoration, missing restoration in the interproximal contact to restore, or orthodontic bracket is not acceptable.
- Must have an adjacent tooth to be able to restore a pre-existing proximal contact (no pre-existing diastemas); proximal surface of the dentition adjacent to the proposed restoration must be either enamel or a permanent restoration; provisional restorations are not acceptable, unless examiner agrees that the restoration was planned to be permanent/long term. Removable partial dentures are not acceptable adjacent surfaces.
- Approach (lingual vs. facial) must be appropriate for tooth.
- Must minimally be ML, DL, MF, or DF restoration
- Must not extend apically beyond the cemento-enamel junction (CEJ).

FACTOR 1: CASE PRESENTATION			
10 – Optimal	8	3	0 – Critical errors
<ul style="list-style-type: none"> • Identifies patient with name, age, and preferred gender • Provides reason for visit, diagnosis and rationale for proposed procedure • Presents vitals and interpretation, a review of medical and dental history, and modifications needed for care • Treatment is in the correct phase and sequence • Reviews RBACTs and obtains patient’s verbal consent • Proposes initial design of preparation and restoration • Demonstrates full understanding of the procedure 	<p>Some deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Patient presentation is adequate, but not comprehensive • Discussion of RBACTs is adequate, but not comprehensive • Does not identify potential complications with the procedure (e.g. extensive decalcification, poor contour on adjacent tooth, pre-existing restorations) 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Discussion about alternative restorative materials did not take place • Proposed initial design of preparation or restoration has major flaws • Ignores patient’s poor plaque management • Vitals were not taken 	<ul style="list-style-type: none"> • Diagnosis or rationale for treatment are missing or grossly in error • Misses medical condition or medication that would cause potential harm • Treatment is out of phase and/or sequence without rationale • Patient does not consent to be a part of the assessment <p>Any critical error results in failure of the exam.</p>
Score Awarded:	Comments: <i>points taken off for reasons not specified above must be written here</i>		

FACTOR 2: OPERATIVE ENVIRONMENT			
10 – Optimal	8	3	0 – Critical errors
<ul style="list-style-type: none"> • Proper patient comfort/pain management and adequate local anesthesia • Soft tissue free of unnecessary damage • Rubber dam has adequate number of teeth included to be stable • Rubber dam is fully inverted and has no leakage; if dam becomes damaged during procedure, asks approval to- and replaces dam- at a time that does not compromise quality of care • Tooth being treated can be accessed • Tooth is free of gross debris and calculus 	<p>Slight or moderate deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Rubber dam only extends to ipsilateral canine and/or does not include a molar • Dam is only not inverted away from the tooth of interest and leakage can be passively controlled • Dam inadequately covers upper and/or lower lips, or covers nose • Clamp is placed incorrectly, but is stable on the tooth 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> • Inadequate number of teeth isolated for a stable rubber dam • Dam not inverted on the tooth of interest, with major leakage in the field • Clamp displaces when pushed, impinges on tissue without regard, or will interfere in later steps of the procedure • Preparation cannot be accessed • Major tissue damage. • Tooth has gross debris and/or calculus • Instruments and/or other dental supplies are haphazardly placed throughout treatment 	<ul style="list-style-type: none"> • Unable to anesthetize • Anesthetic inadequate and not realized • Gross leakage from Rubber Dam • Gross soft tissue damage • Gross lack of concern for patient comfort • Uses Isovac for isolation • Rubber dam removed without approval from supervising faculty • Instruments and/or other dental supplies are haphazardly placed such that sharps are hidden from view
Score Awarded:	Comments: <i>points taken off for reasons not specified above must be written here</i>		

STOP! PROCEED ONLY AFTER RUBBER DAM HAS BEEN CHECKED – IF NOT DONE, THIS IS A CRITICAL ERROR

Extension Guide		
 <p>Lingual Access</p>	 <p>Facial Access</p>	 <p>Lingual Access</p>
<p>Extension requests need to briefly specify the following information:</p> <ul style="list-style-type: none"> • Type (External outline or internal form) • Location (see images at left) • Extent (in 0.5 mm increments) • Rationale (caries, unsound demineralized enamel, etc.) <p>External outline includes internal form that would support the new outline. Internal form changes internal form only and would have no effect on the preparation's outline form.</p> <p>Extension requests require physical evidence to be present at the time of request demonstrate why the extension is being requested.</p> <p>Total extent of the modification requests is referenced from the ideal form of the prep:</p> <ul style="list-style-type: none"> • 0.5 mm contact separation • 1.5mm axial wall depth (if premolar, 1.0mm) • 1.5mm pulpal floor for amalgam, 1.0mm depth for composite • 1.0mm isthmus 		

Type	Location	Extent (mm)	Reason

FACTOR 3: OUTLINES & EXTENSIONS			
10 – Optimal	8	3	0 – Critical errors
<p>Ideal preparation presented before requesting for modifications.</p> <ul style="list-style-type: none"> Requested modifications are appropriate. Rationale for removing versus retaining affected dentin and pulpal caries presented Contacts broken unless acceptable rationale can be given for why they are not <p>Final preparation has optimal outline and extensions:</p> <ul style="list-style-type: none"> Includes the lesion Smooth, flowing walls All margins free of caries and decalcification Internal affected dentin or caries identified with rationale presented if retaining. Does not weaken tooth Appropriate cavosurface angles Optimal treatment of fissures (outlined in case selection criteria) No damage to adjacent teeth 	<p>Slight or moderate deviation(s) from optimal while leaving the tooth clinically acceptable; may include but not limited to:</p> <ul style="list-style-type: none"> Isthmus is overextended without compromising the tooth Depth to support restoration is slightly shallow or deep ($\pm 0.5\text{mm}$) Angle of departure is $\pm 5^\circ$ from being square (90°) Proximal walls do not mechanically counteract rotational forces on restoration once tooth is restored Margin on sound decalcified enamel with strong, compelling rationale Requested extensions are slightly exceeded by 0.5mm Requested extension is not fully used when asking for another extension 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> Irregular outline Isthmus not centered Outline weakens the tooth Does not include the lesion Contacts not broken with weak or no rationale Proximal extensions excessive Inappropriate cavosurface angle(s) Inappropriate treatment of fissures (see case selection criteria) Adjacent tooth requires major recontouring Margin on decalcified enamel with weak or no rationale Requests for extensions with weak or no rationale Liner/base extends too close to cavosurface margin (w/i 0.5mm) 	<ul style="list-style-type: none"> Ideal preparation not presented Incorrectly or unable to identify decalcification, affected/infected dentin, and/or caries Internal affected dentin or caries left behind that compromises integrity of restoration Decision to remove or retain caries or affected dentin has weak or no rationale Damage to adjacent tooth that requires restoration Liner/base extends onto the cavosurface margin Asks for extension that would cross a line angle and/or permits explicit exposure of the pulp space <p>If the combined score of this factor and factor 4 is less than 11 pts, it is a critical error.</p>

Score Awarded:	Comments: <i>points taken off for reasons not specified above must be written here</i>
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FACTOR 4: INTERNAL FORM			
10 – Optimal	8	3	0 – Critical errors
<p>Optimal internal form includes:</p> <ul style="list-style-type: none"> Optimal pulpal and axial depth (composite shallower than amalgam) Optimal wall relationships Optimal axio-pulpal line angles Optimal internal refinement Optimal retention form All previous restorative material removed, or if retained, appropriate rationale provided. Requests appropriate use of base/liner Preparation is clean and free of fluids and/or debris. 	<p>Slight or moderate deviation(s) from optimal while leaving the tooth clinically acceptable; may include but not limited to:</p> <ul style="list-style-type: none"> Caries exposure that was managed Depth to support restoration is slightly shallow or deep ($\pm 0.5\text{mm}$) Axial wall has uneven depth at incisal and gingival wall differing no more than 0.5mm 	<p>Major deviation(s) from optimal; may include but not limited to:</p> <ul style="list-style-type: none"> Excessive or inadequate pulpal or axial depth Inappropriate wall relationships Inappropriate internal line angles Rough or uneven internal features Previous restorative material present without recognition or rationale Fluids and/or debris present. Inappropriate handling of liners and bases 	<ul style="list-style-type: none"> Non-carious pulp exposure Caries exposure that needs faculty input to manage <p>If the combined score of this factor and factor 3 is less than 11 pts, it is a critical error</p>

Score Awarded:	Comments: <i>points taken off for reasons not specified above must be written here</i>
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STOP! PROCEED ONLY AFTER IDEAL PREP HAS BEEN CHECKED

FACTOR 5: MATRIX			
5 – Optimal		3	
<ul style="list-style-type: none"> Band at correct height Correct wedge used Properly burnished Matrix placed is stable and adequately seals buccal, lingual, and gingival aspects appropriately 		Deviation(s) from optimal; may include but not limited to: <ul style="list-style-type: none"> Band is too light or low Matrix system is used inappropriately Not burnished Wedge has improper size to not adapt the matrix appropriately, provide tooth separation when warranted, and/or is broken Matrix without modification will result in an open contact 	
		0 – Critical errors <ul style="list-style-type: none"> Band is placed upside down Wedge is placed upside down Excess wedge used with weak or no rationale 	
Score Awarded:	Comments: <i>points taken off for reasons not specified above must be written here</i>		

STOP! PROCEED ONLY AFTER MATRIX HAS BEEN CHECKED

FACTOR 6: ANATOMICAL FORM			
10 – Optimal		8	
<ul style="list-style-type: none"> Harmonious, and consistent with adjacent tooth structure. Interproximal contour and shape are proper Interproximal contact area and position are properly restored Contact is closed Floss passes through with resistance. Height and shape of marginal ridge is appropriate Contour, embrasures, interproximal contact, and occlusal anatomy checked 		Slight or moderate deviation(s) from optimal while leaving the tooth clinically acceptable; may include but not limited to: <ul style="list-style-type: none"> Flattened or bulbous contour Embrasures are slightly deeper or shallower than indicated Contact is slightly broader or narrower than indicated Contact is located slightly buccal, lingual, and/or gingival than indicated Anatomy flows with the tooth, but lacks defined pits and grooves 	
		3 Major deviation(s) from optimal; may include but not limited to: <ul style="list-style-type: none"> Inconsistent with adjacent tooth structure Interproximal contour and shape are inappropriate Interproximal contact is excessively buccal, lingual, and/or gingival Interproximal contact is excessively light or tight Height and shape of marginal ridge is inappropriate Anatomy has no pit and groove pattern 	
		0 – Critical errors <ul style="list-style-type: none"> Critical errors that require restoration to be redone Contact is excessively closed that no floss can pass without risking tissue trauma Open Contact (visible separation, no resistance to waxed dental floss) Anatomy is non-existent Soft tissue damage will occur from gross gingival excess 	
Score Awarded:	Comments: <i>points taken off for reasons not specified above must be written here</i>		

FACTOR 7: MARGINS			
5 – Optimal		2	
Optimal margins with no deficiencies or excess		Deviation(s) from optimal; may include but not limited to: <ul style="list-style-type: none"> Slight “plus” or “sub” margins Minor reduction in surrounding enamel/dentin 	
		0 – Critical errors Critical errors that require restoration to be redone or repaired <ul style="list-style-type: none"> Open margin Grossly detectable “plus” or “sub” margins 	
Score Awarded:	Comments: <i>points taken off for reasons not specified above must be written here</i>		

STOP! PROCEED ONLY AFTER APPROVAL OBTAINED TO REMOVE RUBBER DAM – IF NOT DONE, THIS IS A CRITICAL ERROR

FACTOR 8: FINISH & FUNCTION				
10 – Optimal		8	3	0 – Critical errors
Optimal finish and function includes: <ul style="list-style-type: none"> • Smooth with no pits, voids, or irregularities in restoration • Occlusion is properly restored with no interferences • No damage to hard or soft tissue • Color match (composite) 		Slight or moderate deviation(s) from optimal while leaving the tooth clinically acceptable; may include but not limited to: <ul style="list-style-type: none"> • Slight roughness remains • Slightly heavy or light contact • Color match is slightly off for composite 	Major deviation(s) from optimal; may include but not limited to: <ul style="list-style-type: none"> • Significant pits, voids, or irregularities in the surfaces • Severe hyper-occlusion or hypo-occlusion • Moderate damage to hard or soft tissue • Applies glaze without approval from examiner 	<ul style="list-style-type: none"> • Rubber dam removed without permission • Critical errors that require restoration to be redone or adjacent teeth to be repaired • Unnecessary, gross damage to hard and soft tissue as related to finishing procedure
Score Awarded:		Comments: <i>points taken off for reasons not specified above must be written here</i>		

Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	TOTAL SCORE
___/10	___/10	___/10	___/10	___/5	___/10	___/5	___/10	___/70

If the combined score of factors 3 and 4 is less than 11, it is considered to be a critical error.

FACTOR A: CRITICAL THINKING							
5	4	3	2	1	0	Score	Comments
Identifies clinical problem; critically interprets available evidence and understands nuance; coherently analyzes and defends clinical choices; synthesizes clinical findings with evidence to provide a persuasive argument for the best option(s); has insight into his/her own reasoning and decision-making.	Identifies clinical problem; gathers and critiques valid evidence; makes inferences about how evidence will relate to patient outcomes; describes the implications of various choices based on evidence; identifies best options based on the above.	Identifies clinical problem; gathers and discusses valid evidence and rejects inferior evidence; describes his/her reasoning process superficially; elaborates some options based on findings the above.	Identifies clinical problem; gathers basic clinical information and scientific evidence to aid in decision-making.	Identifies problem or question of interest, but is unable to reason further.	Learner cannot identify the problem of interest, is unable to gather information that would aid in decision-making, and bases decisions on opinions OR anecdotes rather than evidence. <ul style="list-style-type: none"> Explains actions are simply due to being told or "this is what I was taught" 		<i>Points taken off for reasons not specified at left must be written down</i>
FACTOR B: COMMUNICATION & DIVERSE PATIENT POOL							
5	3	0	Score	Comments			
Does not turn back to patient. At or below eye level when speaking with patient. Communicates respectfully with patient taking into account health literacy. Recognizes need for and uses interpreter as appropriate. Discusses and incorporates patient's health-related beliefs- as related to culture, religion, etc.- into treatment plan or treatment.	Mostly does not turn back to patient. Mostly is at or below eye level when speaking with patient. Communicates respectfully with patient, taking into account health literacy. Does not recognize need for interpreter OR does not discuss or incorporate patient's health-related beliefs.	ANY of the following will result in a critical error: Overtly disrespectful OR recognizes need for interpreter and does not arrange for interpreter services OR disrespectfully discredits patient's beliefs. <ul style="list-style-type: none"> Ignores patient comfort during treatment 		<i>Points taken off for reasons not specified at left must be written down</i>			
FACTOR C: INFECTION CONTROL							
5	3	0	Score	Comments			
Provider PPE appropriately worn throughout procedure and during cubicle breakdown including mask, gloves, protective eyewear, tied gown, closed shoes. Hair out of working space. Nametag on. Hand hygiene performed. Clean and contaminated areas maintained. No cross- contamination. Sharps are capped when on table. <ul style="list-style-type: none"> Patient wears protective eyewear when clinical examination is occurring 	Provider PPE worn mostly appropriately, but gown untied OR eyewear worn after clean gloves OR eyewear is not fully enclosed OR hair in face but has not touched treatment area <ul style="list-style-type: none"> Uses patient as a tray Instruments are haphazardly organized on the working area or placed in a dirty area Clean materials are intermixed with contaminated materials 	ANY of the following will result in a critical error: Gross cross- contamination including clean items placed in area of trash receptacle. PPE for patient or provider not worn during cubicle breakdown or while instruments are being used. Hair touches treatment area. Nametag not worn. Sharps uncapped on table.		<i>Points taken off for reasons not specified at left must be written down</i>			

FACTOR D: PRIDE VALUES AND PROFESSIONALISM					
5	3	1	0	Score	Comments
<p>Treats patient, peers, staff, and faculty with respect & contributes to a positive work environment. Puts patients' needs before own. Punctual and prepared. Displays honesty, integrity, and accountability.</p> <ul style="list-style-type: none"> • <i>Informs patient they are a part of a competency exam</i> 	<p>Treats patient, peers, staff, and faculty with respect though may not contribute to a positive environment. Puts patients' needs first. Punctual and mostly prepared. Displays honesty, integrity, and accountability.</p>	<p>Prioritizes own needs ahead of patient care (patient safety is not compromised) or best practices, late or unprepared for patient care, disregards clinic safety measures.</p> <ul style="list-style-type: none"> • <i>Deflects blame when complications arise</i> 	<p>ANY of the following will result in a critical error: Academic dishonesty, unethical behavior OR Treats patient, peers, staff, or faculty with gross disrespect OR Breaches clinic safety measures (start checks, unsupervised practice, unauthorized change of treatment plan, etc).</p>		<p><i>Points taken off for reasons not specified at left must be written down</i></p>
FACTOR E: SELF-ASSESSMENT					
5	3	0	Score	Comments	
<p>Accurately assesses MOST strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.</p>	<p>Accurately assesses SOME strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.</p>	<p>Grossly inaccurate in ability to assess strengths and areas for improvement in clinical performance, including patient management, infection control, and professionalism.</p>		<p><i>Points taken off for reasons not specified at left must be written down</i></p>	
FACTORS A-E TOTAL SCORE				___/25	

SUMMARY OF SCORES/SUM OF SCORES:

Factors 1-8	Factors A-E
___/70	___/25
Pass ≥ 49	Pass ≥ 18

Any critical errors? Yes / No
If the combined score of factors 3 and 4 is less than 11, it is considered to be a critical error.

Exam completed on time? Yes / No

Both parts of this exam must be passed in order to pass the exam.
Any critical error or exam not completed on time will result in automatic failure of the exam.

Outcome (circle one)	
PASS	FAIL