

Candidate ID#	Patient's Chart #:
Candidate Name:	Tooth #:
Factor 1: Pretreatment clinical testing and radiographic imaging –	Factor 2: Endodontic diagnosis –  Score [ ]
Score [ ]	[/] – Establishes correct pulpal and perianical
[4] - Clinical tests and radiographic imaging completed and recorded accurately; radiographic images are of diagnostic quality.	[4] – Establishes correct pulpal and periapical diagnosis with accurate interpretation of clinical tests and radiographic images.
[3] – Clinical tests and radiographic imaging completed and recorded accurately with minor discrepancies.	[3] – Establishes correct pulpal and periapical diagnosis with accurate interpretation, but missing one clinical test and/or radiographic image.
[2] – Some clinical tests and radiographic images are lacking <u>but</u> diagnosis can be determined.	[2] – Establishes correct pulpal and periapical diagnosis with adequate interpretation, but missing multiple clinical tests and/or radiographic images that do NOT impact diagnosis.
<ul> <li>[1] – Some clinical tests and radiographic images are lacking <u>and</u> diagnosis is questionable.</li> <li>[0] – Critical errors -</li> <li>Clinical tests and radiographic images</li> </ul>	[1] - Establishes inaccurate pulpal or periapical diagnosis, and missing multiple clinical tests and radiographic images that impact diagnosis.
<ul> <li>are lacking and diagnosis CANNOT be determined.</li> <li>Radiographic images are missing or are NOT of diagnostic quality</li> </ul> Comments:	<ul> <li>[0] - Critical errors -</li> <li>Demonstrates lack of understanding of endodontic diagnosis.</li> <li>No clinical tests were done.</li> </ul>
Comments.	Comments:
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Date	Date



#### Factor 3: Endodontic treatment plan -

#### Score [ ]

- [4] Prognosis of treatment outcomes determined; Comprehensive evaluation of medical and dental history; Selects appropriate treatments based on clinical evidence; Understands complexities of the case such that all treatment risks identified; Informed consent obtained including alternative treatments.
- [3] Prognosis of treatment outcomes determined <u>and</u> adequate evaluation of medical and dental history; Selects appropriate treatment(s); Significant treatment risks identified; Informed consent obtained.
- [2] Prognosis of treatment outcomes determined <u>and</u> minimal evaluation of <u>one</u> of the following:
  - Medical or dental history
  - Appropriate treatment(s) selected
  - Most treatment risks identified
  - Informed consent obtained
- [1] Prognosis of treatment outcomes unclear; Inadequate evaluation of medical and dental history despite appropriate treatment selected; Key treatment risks NOT identified.

# <u>Factor 3: Endodontic treatment plan</u> – continued

#### [0] - Critical errors -

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- Demonstrates lack of evaluation of relevant medical and dental history.
- Inappropriate treatment planning.
- No treatment risks identified.
- No informed consent obtained.
- Demonstrates inappropriate case selection.
- Prognosis of treatment outcomes NOT determined.

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# DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION ENDODONTICS COMPETENCY EXAM

#### Factor 4: Anesthesia and pain control -Factor 5: Caries removal, removal of failing restorations, evaluation of restorability and Score [ ] site isolation -[4] - Thorough knowledge of technique and Score [ ] materials used: Monitors vital signs and patient response throughout anesthesia; [4] - Compete removal of visible caries; Anesthesia administration effective. Removal of failing restoration; Establishes complete structural restorability; Achieves complete isolation with dental dam. [3] – Thorough knowledge of technique; Profound anesthesia achieved: Monitors patient response throughout anesthesia. [3] - No visible caries and failing restorations removed; Establishes significant aspects of structural restorability and achieves effective isolation with dental dam. [2] - Can proceed with treatment without faculty assistance; Adequate anesthesia achieved. [2] – No visible caries present; Establishes likely restorability and achieves adequate isolation with dental dam. [1] – Elements of anesthesia or pain control absent but patient care NOT compromised. [1] - Caries removal compromised that [0] - Critical errors potentially impacts procedure; Compromised coronal seal. Incorrect anesthetic technique. Inadequate pain control and patient [0] - Critical errors care compromised. Gross visible caries Required faculty assistance. Failing restoration present Non-restorable excluding medical Comments: indications Ineffective isolation Comments: **Examiner Signature Examiner Signature Examiner Printed Name Examiner Printed Name**

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#### Factor 6: Access opening - Score [ ]

- [4] Optimum outline and access form with no obstructions; All canals identified; Roof and pulp horns removed.
- [3] Slight under-extension of outline form <u>but</u> walls smooth <u>but</u> all canals identified <u>and</u> roof and pulp horns removed.
- [2] Moderate under- or over-extension of outline form; Minor irregularities for wall smoothness <u>but</u> all canals identified <u>and</u> roof and pulp horns removed.
- [1] Crown integrity compromised by overextension but tooth remains restorable; All canals identified <u>but</u> minor roof and pulp horns remain.

#### [0] - Critical errors -

- Tooth is NOT restorable after access procedure or perforation.
- Structural compromise.
- Canal(s) missed or unidentified.

#### Comments:

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#### Factor 7: Canal preparation technique -

#### Score [ ]

- [4] Optimum canal length determination and preparation within 0.5-1.0 mm of radiographic apex; Maintenance of original canal position and integrity.
- [3] Adequate canal length determination and preparation within 1.5 mm short of radiographic apex; Mild deviations of original canal shape.
- [2] Acceptable canal length determination and preparation within 2.0 mm short of working length; Moderate deviations of original canal shape.
- [1] Canal length and preparation shorter than original working length; Canal length >2.0 mm short or 1.0 mm long of radiographic apex; Severe deviations of original canal shape but treatable; Separated instrument that does NOT prevent canal preparation.

#### [0] - Critical errors -

Comments:

- Working length determination >2.0 mm short or long of radiographic apex.
- Sodium hypochlorite accident.
- Canal perforated or NOT treatable.
- Separated instrument preventing canal preparation.

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#### Factor 8: Master cone fit - Score [ ]

- [4] Optimum cone fit and length verification within 0.5-1.0 mm of radiographic apex; Maintenance of canal position and integrity as demonstrated in cone fit.
- [3] Adequate cone fit and length verified within 1.5 mm short of radiographic apex; Mild deviations of original canal shape.
- [2] Acceptable cone fit and length verified within 2.0 mm short of radiographic apex; Moderate deviations of original canal shape; Achieves tugback before lateral obturation.
- [1] Cone length determination >2.0 mm short or long from radiographic apex; Cone fit >2.0 mm short or >1.0 mm long of radiographic apex.

#### [0] - Critical errors -

- Master cone too small.
- Master cone too large.
- Master cone fit >2.0 mm short or long of radiographic apex.

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#### Factor 9: Obturation technique – Score [ ]

- [4] Achieves dense fill within 0.5 1.0 mm short of radiographic apex; None or minor over-extension of sealer; No solid core material over-extended.
- [3] Achieves dense fill within the apical twothirds and less than 1.5 mm short of radiographic apex; Less than 1.0 mm of sealer extruded.
- [2] Achieves dense fill in apical third without voids; Solid core material 1.5 2.0 mm short or 1.0 mm long of radiographic apex; 1.0 2.0 mm of sealer extruded.
- [1] Apical third has slight to moderate voids; Solid core material 2.0 - 3.0 mm short or 1.0 -2.0 mm long; More than 2.0 mm of sealer extruded.

#### [0] - Critical errors -

- Solid core material greater than 3 mm short or greater than 2 mm long of radiographic apex. and/or
- Significant voids throughout fill.

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Factor 10: Completion of case – Score [ ]	
[4] – Optimum coronal seal placed prior to permanent restoration; Optimum evidence of documentation (e.g., radiographs, clinical notes, assessment of outcomes); Evidence of comprehensive and inclusive post-operative instructions.	
[3] – Effective coronal seal placed prior to permanent restoration; Thorough evidence of documentation (e.g., radiographs, clinical notes, assessment of outcomes) <u>and</u> evidence of post-operative instructions.	
[2] – Acceptable durable coronal seal placed; Acceptable documentation (e.g., radiographs, clinical notes, assessment of outcomes <u>and</u> evidence of post-operative instructions.	
[1] – Acceptable coronal seal placed with limited longevity; Evidence of incomplete documentation; Evidence of incomplete post-operative instructions.	
<ul> <li>[0] - Critical errors -</li> <li>Poor coronal seal.</li> <li>Prognosis likely impacted by iatrogenic treatment factors.</li> <li>Improper or no documentation.</li> <li>No evidence of post-operative instructions.</li> </ul>	
Comments:	
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