

# PORTFOLIO EXAMINATION EXAMINER TRAINING MANUAL



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# Chapter 1 – Introduction

This Examiner Training Manual is designed to provide information for examiners who will assess candidates' competencies in standardized competency examinations.

The manual includes detailed information about the Portfolio Examination ("Portfolio") and its evaluation system including patient criteria, subject matter areas assessed by the examination and grading criteria. Designated Portfolio examiners from each of the six dental schools are expected to follow the standardized procedures and rating (grading) criteria set forth in this manual.

# Chapter 2 – Background

## **Premise**

The Portfolio Examination allows candidates to build a portfolio of completed clinical experiences *and* clinical competency examinations in six subject areas over the normal course of clinical training. Both clinical experiences and clinical competency examinations are performed on patients of record within the normal course of treatment. The primary difference between clinical experiences and clinical competency examinations is that the clinical competency examinations are performed independently without faculty intervention unless patient safety issues are imminent.

The Portfolio Examination is conducted while the applicant is enrolled in a dental school program at a California Board approved dental school. A student may elect to begin the Portfolio Examination process during the clinical training phase of their dental education, with the approval of his/her clinical faculty.

The Portfolio Examination follows a similar structure for candidate evaluation that currently exists within the schools to assess minimum competence. The faculty observes the treatment provided and evaluates candidates according to standardized criteria developed by a consensus of key faculty from all of the dental schools. Each candidate prepares and submits a portfolio of documentation that provides proof of completion of competency evaluations for in six subject matter areas: oral diagnosis and treatment planning, direct restoration (amalgam/composite), indirect restoration (fixed prosthetics), removable prosthodontics, endodontics and periodontics.

If a candidate fails to pass any of the six Portfolio competency examinations after three (3) attempts, the applicant is not eligible for re-examination in that competency until he or she has successfully completed the minimum number of required remedial education hours in the failed competency. The remedial course work content may be determined by his or her school and may include didactic, laboratory or clinical patients to satisfy the Board requirement for remediation before an additional Portfolio competency examination may be taken. When a candidate applies for re-examination he or she must furnish evidence of successful completion of the remedial education requirements for re-examination to the examiner. The remediation form must be signed and presented prior to re-examination.

The Portfolio Examination is an alternative examination that each individual school may elect at any time to implement or decline to implement.

## ***Distinguishing characteristics***

There are 10 distinguishing characteristics of the Portfolio Examination:

- *First*, the Portfolio Examination is considered a performance examination that assesses candidates' skills in commonly encountered clinical situations. Consequently, the Portfolio Examination must meet legal standards (Sections 12944 of the Government Code, Section 139 of the Business and Professions Code) and psychometric standards set for by the Standards for Educational and Psychological Testing.
- *Second*, the Portfolio Examination is a summative assessment of a candidate's competence to practice independently. Therefore, candidates perform clinical procedures without faculty intervention in the competency examinations. If a candidate commits a critical error at any time during a competency examination, the examination is terminated immediately in the interests of patient safety.
- *Third*, it includes components of clinical examinations similar to other clinical examinations, and, is administered in a manner that is similar to other clinical examinations encountered in the candidates' course of study. The multiple clinical examinations allow for an evaluation of the full continuum of competence. No additional resources are required from candidates, schools or the Board.
- *Fourth*, treatments for candidates' clinical experience and competency examinations are rendered on patients of record. This means that candidates' competence is not evaluated in an artificial or contrived situation, but on patients who require dental interventions as a normal course of treatment and their progress can be monitored beyond the scope of the clinical experiences or competency examinations.
- *Fifth*, candidates must complete a minimum number of clinical experiences as required for each of six competency domains.
- *Sixth*, readiness for the Portfolio competency examinations is determined by the clinical faculty at the institution where the candidate is enrolled.
- *Seventh*, each of the schools will designate faculty as Portfolio competency examiners and is responsible for administering a Board approved standardized calibration training course for said examiners. The schools are also responsible for the calibration of Portfolio examiners' performance to ensure consistent implementation of the examination and a standardized examination experience for all candidates.

- *Eighth*, candidates' performance is measured according to the information provided in competency evaluations conducted in the schools by clinical faculty within the predoctoral program of education.
- *Ninth*, it produces documented data for outcomes assessment of results, thereby allowing for verification of validity evidence. The data provides the foundation of periodic audits of each school conducted by the Board to ensure that each school is implementing the Portfolio Examination according to the standardized procedures.
- *Tenth*, there are policies and procedures in place to treat candidates fairly and professionally, with timely and complete communication of examination results.

## ***Summative assessment***

As mentioned earlier, the Portfolio Examination is considered a summative assessment to make an overall judgment about a candidate's fitness to practice independently. This means that candidates perform clinical procedures without faculty intervention unless there are patient safety issues.

## ***Development***

The Portfolio Examination has been developed by psychometric consultants for the Dental Board of California in collaboration with committees of dental faculty knowledgeable in the six subject areas. The Portfolio Examination meets the Standards for Educational and Psychological Testing (1999) set forth by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education. The Standards are used as a benchmark by the measurement profession as the psychometric standards for validating all examinations, including licensing and certification examinations.

Because the Portfolio Examination is a state licensure examination, it also meet legal standards as explicated in Sections 12944 of the California Government Code and Section 139 of the California Business and Professions Code. Section 12944 relates to establishment of qualifications for licensure that do not adversely affect any class by virtue of race, creed, color, national origin/ancestry, sex, gender, gender identity, gender expression, age, medical condition, genetic information, physical disability, mental disability, or sexual orientation. Section 139 of the California Business and Professions Code states occupational licensure examination programs must be based upon occupational (job/practice) analyses and examination validation studies.

# Chapter 3 – Overview of Portfolio

## ***Summary of requirements***

<b>AGE</b>	<ul style="list-style-type: none"><li>• At least 18 years old</li></ul>
<b>IDENTIFICATION NUMBER</b>	<ul style="list-style-type: none"><li>• School will request a Portfolio Candidate Identification number.</li></ul>
<b>APPLICATION</b>	<ul style="list-style-type: none"><li>• Complete the Board “Application for Law and Ethics Examination.</li><li>• Complete the Board “Application for Determination of Licensure Eligibility (Portfolio)”</li></ul>
<b>REQUIREMENTS</b>	<ul style="list-style-type: none"><li>• Successful completion of all competency examinations specified for the Portfolio Examination</li><li>• Certification of good academic standing by the dean of the dental school attended by the candidate such that the candidate is expected to graduate from said dental school; no pending ethical issues</li><li>• Minimum number of clinical experiences</li><li>• NBDE Passing Results</li><li>• Passing the Dentistry Law and Ethics Examination</li><li>• Certification of Licensure (If licensed in another country)</li><li>• Submission of fingerprints</li></ul>

## ***Certification of good standing***

An application for determination of licensure eligibility (Portfolio) may be submitted prior to graduation, if the application is accompanied by a certification from the school that the applicant is expected to graduate. The Board will not issue a license, until receipt of a certification letter from the dean of the school attended by the applicant, certifying the date the applicant graduated on school letterhead with the school seal.

## ***Submission of Portfolio to the Board***

A candidate must arrange with the school to have his or her completed Portfolio submitted to the Board. The earliest date that a candidate may submit his/her portfolio for review by the Board will be determined by each individual school. The Portfolio will not reviewed by the Board until the “Application for Determination of Licensure Eligibility (Portfolio) has been received along with the required fee.

The Application and completed Portfolio may be submitted for review within 90 days of graduation. The latest date upon which an Application and completed Portfolio may be submitted for review shall be no more than 90 days after graduation.

### ***Issuance of license***

The Board will review the submitted Portfolio materials to determine that it is complete and that the candidate has met the requirements. Once approved, the candidate will be sent an “Application for Issuance of License Number and Registration of Place of Practice”. A license will be issued in 7-10 days once the completed application and required fee has been received by the Board.

### ***Demonstrations of clinical experience***

Each candidate must satisfactorily complete at least the minimum number of clinical experiences in the competencies prior to submission of their portfolio to the Board. (Competency examinations may be taken prior to completion of clinical experiences at the discretion of the dental school in which the candidate is enrolled.) Clinical experiences have been determined as a minimum number in order to provide a candidate with sufficient understanding, knowledge and skill level to reliably demonstrate competency.

<b>Competency Examination</b>	<b>Minimum Required Experiences</b>
Oral Diagnosis and Treatment Planning (ODTP)	20
Direct Restorations (DR)	60
Indirect Restorations (IR)	14
Removable Prosthodontics (RP)	5
Endodontics (E)	5
Periodontics (P)	25

All clinical experiences must be performed on patients under the supervision of dental school faculty and must be included in the portfolio submitted to the Board. Clinical experience may be obtained at the dental school clinic, any extramural dental facility or a mobile dental clinic approved by the Board.

## ***Portfolio competency examinations vs. clinical experiences***

A competency examination is performed without faculty intervention; however, completion of a successful competency examination may be counted as a clinical experience for the purposes of the Portfolio Examination at the discretion of the dental school at which the candidate is enrolled.

### ***Guidelines***

- Candidates perform Portfolio competency examinations independently without faculty intervention.
- Schools have the option of using the same faculty to grade each competency examination.
- Each of the schools will designate faculty as competency examiners and is responsible for administering the Board approved calibration course for said examiners.
- Each competency examination will be graded by two (2) examiners.
- If a candidate fails a Portfolio competency examination three times, the candidate cannot take the same Portfolio competency examination until remediation has been completed.
- Readiness for Portfolio competency examinations may be determined by clinical faculty.

### ***Portfolio examiners***

The Board has outlined a process for selection of dental school faculty who wish to serve as a Portfolio examiner. Each Portfolio examiner will undergo calibration training in the Board's standardized evaluation system through didactic and experiential methods.

- a) At the beginning of each school year, each school submits the names, credentials and qualifications of the dental school faculty to be appointed by the Board as Portfolio examiners. Documentation of qualifications must include but is not limited to, evidence the dental school faculty examiner satisfies the dental school criteria and standards established by his/her school to conduct Portfolio competency examinations. The school faculty examiner must have documented experience in conducting examinations in an objective manner.

- b) In addition to the names, credentials and qualifications, the Board approved school must submit documentation the appointed dental school faculty examiners have been trained and calibrated in compliance with the Board's requirements. Changes to the list of school faculty examiners must be reported to the Board. The school must provide the Board an annual updated list of their faculty examiners.
- c) The Board reserves the right to approve or disapprove dental school faculty who wish to serve as Portfolio examiners.

### ***Portfolio examiner calibration***

Each Portfolio examiner will undergo calibration training in the Board's standardized evaluation system through didactic and experiential methods.

- a) Calibration of Portfolio examiners shall be conducted at least annually.
- b) Portfolio examiners will receive hands-on calibration sessions with feedback on their performance.
- c) Hands-on calibration sessions will include, but are not limited to, an overview of the rating process, examples of rating errors, examples of how to complete the grading forms, several sample cases in each of the competency domains, and ongoing feedback to individual examiners.
- d) All Portfolio examiners will be trained and calibrated to use the same rating (grading) criteria.
- e) Calibration sessions will be conducted on an ongoing basis, with the expectation that examiners participating in the Portfolio Examination process will have opportunity to participate in Portfolio competency examinations conducted at schools other than their own.

### ***Scoring***

Each Portfolio competency examination will be graded by two (2) independent competency examiners in accordance with the Board's standardized rating (grading) criteria on forms prescribed by the Board. The Portfolio Examination must be signed by the school faculty Portfolio examiner for the prescribed competency.

## ***Patient safety***

If the patient's well-being is put into jeopardy at any time during the examination, the examination will be terminated. The candidate fails the examination, regardless of performance on any other part of the examination.

## ***Critical errors***

A critical error is a gross error that is irreversible, may impact patient safety and well-being. If a candidate commits a critical error, the candidate cannot proceed with the examination.

If the candidate makes a critical error at any point during a Portfolio competency examination, a score of "0" is assigned and the Portfolio competency examination is terminated immediately.

## ***Minimum competence level of performance***

The minimum competence ratings for Portfolio competency examinations are identified in the description of the rating scales.

- For Oral Diagnosis and Treatment Planning, Endodontics, and Periodontics, a rating of "2" (rating scale 0, 1, 2, 3, 4) is considered minimum competence level performance.
- For Direct Restoration and Indirect Restoration, a rating of "3" (rating scale 0, 1, 2, 3, 4, 5) is considered minimum competence level performance.
- For Removable Prosthodontics, a rating of "3" (rating scale 1, 2, 3, 4, 5) is considered minimum competence level performance.

## ***Scaled scores***

- Ratings for each Portfolio competency examination based on a total of rating points, rather than an average of rating points.
- Total points for each Portfolio competency examination will be converted to scaled scores to place them on a common metric.
- A scaled score of 75 is considered a passing score for each Portfolio competency examination.

- Staff will be designated by each dental school to convert total points for each Portfolio competency examination to scaled scores. This activity will be performed independent of the examiners.

### ***Compensatory model***

Within a given competency examination, a low rating in one area can be compensated by a higher score in another area.

For example, a candidate who achieves a scaled score 76 from one examiner and 74 from another examiner will be credited for a scaled score 150 based on total points.

Likewise, a candidate who achieves a scaled score of 75 from one examiner and 75 from another examiner will be credited with a scaled score 150 based on total points.

## Chapter 4 – Board policies

The following rules are in addition to any other examination rules set forth elsewhere in this guide and are adopted for the uniform conduct of the Portfolio examination.

### ***Radiographs***

Radiographs for Portfolio competency examinations must be of diagnostic quality either digital or conventional.

### ***Infection control***

Candidates are responsible for maintaining all of the standards of infection control while treating patients. This includes the appropriate sterilization and disinfection of the cubicle, instruments and handpieces, as well as, the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) as required by OSHA and the Dental Practice Act.

### ***Use of local anesthetics***

Local anesthetics must be administered according to school protocol and standards of care. The type and amount of anesthetics must be consistent with the patient's health and other factors.

### ***Use of dental dams***

Dental dams must be used during endodontic treatment and the preparation of amalgam and composite restorations. Finished restorations will be graded without the dental dam in place.

### ***Personal protective equipment***

Candidates must wear masks, gloves and eye protection during this section of the examination.

### ***Patients of record***

Candidates will provide clinical services upon patients of record who fulfill the patient selection criteria for each of the six types of Portfolio competency examinations.

## ***Identification numbers***

Candidates will be assigned by the Board an identification number to be used for all Portfolio competency examinations prior to completing any competency examination.

## ***Patient treatment session time limits***

Candidates will be allowed 3 hours, 30 minutes for each patient treatment session.

# Chapter 5 – Documentation

## ***Grading worksheets***

Each Portfolio examiner is expected to complete all sections in the rating (grading) worksheet with the following information:

<b>CANDIDATE ID#</b>	This number is the identification number that the Board assigns to each student participating in the Portfolio Examination pathway.
<b>PATIENT CHART#</b>	This number corresponds to the chart number associated with a patient who is receiving treatment at a given dental school clinic.
<b>TOOTH#</b>	This number corresponds to the tooth or teeth numbers associated with the treatment site.
<b>FINAL SCORE</b>	The total number of points for all scoring factors from two (2) examiners.
<b>FACTOR SCORE</b>	Each factor within a competency examination should receive a score, e.g., 1, 2, 3, 4, etc.
<b>COMMENTS</b>	Any noteworthy comments justifying the factor score rating.
<b>DATE</b>	The date that competency examination was administered.
<b>EXAMINER SIGNATURE</b>	The signature of the Portfolio examiners who administered a given factor (subsection) of the Portfolio competency examination.

## Example of a rating (grading) worksheet

Candidate ID #	Factor Scores	Tooth number	Patient Chart #	Final Score
 Candidate ID# <b>14532</b> Candidate Name: _____			Patient's Chart #: <b>9085</b>	
<p>[3] – Misses <u>one</u> item that would NOT cause</p> <p>[2] – Misses <u>two</u> items that would NOT cause</p> <p>[1] – Misses <u>more than two</u> items that would</p>			<p>[3] – Misses <u>one</u> item that would NOT cause</p> <p>[2] – Misses <u>two</u> items that would NOT cause</p> <p>[1] – Misses <u>more than two</u> items that would</p>	

# Summary of competency examinations

The Summary of Competency Examinations is a required document submitted to the Board as proof of completion of the Portfolio Competency Examination. The Summary can be completed after the rating (grading) worksheets have been compiled for a given candidate.

**DENTAL BOARD OF CALIFORNIA  
PORTFOLIO EXAMINATION  
SUMMARY OF COMPETENCY EXAMINATIONS**

**Candidate ID# 14532**

Competency Examination	Scaled Score	Status	Date Completed
Oral Diagnosis and Treatment Planning	152	P	12/12/12
Direct Restoration	150	P	12/13/12
Indirect Restoration	168	P	9/3/12
Removable Prosthodontics	153	P	12/15/12
Endodontics	178	P	10/9/12
Periodontics	150	P	11/20/12

Highest scaled score is 200  
Scaled score of 150 or above is passing

I, \_\_\_\_\_, hereby attest that the information provided in the Summary is true and correct.

Signature of Dean \_\_\_\_\_

Date \_\_\_\_\_

# Chapter 6 – Oral Diagnosis and Treatment Planning

## ***Minimum competence level of performance***

The minimum competence ratings for Portfolio competency examinations are identified in the description of the rating scales.

For Oral Diagnosis and Treatment Planning, a rating of “2” (rating scale 0, 1, 2, 3, 4) is considered minimum competence level performance.

## ***ODTP grading worksheet***

The grading worksheets on the following pages contain the grading criteria for the examiners to make ratings of the candidate for a Portfolio competency examination.

## ***Overview***

- Fifteen (15) scoring factors.
- Initiation and completion of one (1) multidisciplinary Portfolio competency examination.
- Treatment plan must involve at least three (3) of the following six disciplines:
  - > Periodontics
  - > Endodontics
  - > Operative (direct and indirect restoration)
  - > Fixed and removable prosthodontics
  - > Orthodontics
  - > Oral surgery



DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
ORAL DIAGNOSIS/TREATMENT PLANNING COMPETENCY EXAM

<b>Candidate ID#</b> _____ <b>Candidate Name:</b> _____	<b>Patient's Chart #:</b> _____
<b><u>Factor 1: Medical issues that impact dental care</u></b> – Score [ ]	<b><u>Factor 2: Treatment modifications based on medical conditions</u></b> – Score [ ]
<b>[4]</b> – Identifies and evaluates all medical issues; Explains dental implications of systemic conditions; Identifies and assesses patient's medications.	<b>[4]</b> – Identifies all treatment modifications.
<b>[3]</b> – Misses <u>one</u> item that would NOT cause harm.	<b>[3]</b> – Misses <u>one</u> item that would NOT cause harm.
<b>[2]</b> – Misses <u>two</u> items that would NOT cause harm.	<b>[2]</b> – Misses <u>two</u> items that would NOT cause harm.
<b>[1]</b> – Misses <u>more than two</u> items that would NOT cause harm.	<b>[1]</b> – Misses <u>more than two</u> items that would NOT cause harm.
<b>[0] – Critical errors –</b> <ul style="list-style-type: none"><li>• Misses medical or medication items that would cause potential harm.</li></ul>	<b>[0] – Critical errors-</b> <ul style="list-style-type: none"><li>• Misses treatment modifications that would cause potential harm.</li></ul>
<b>Comments:</b>	<b>Comments:</b>
<b>Date:</b> _____	<b>Date:</b> _____
<b>Examiner signature:</b> _____	<b>Examiner signature:</b> _____

ODTP

<p><b><u>Factor 3: Patient concerns/chief complaint</u> – Score [ ]</b></p> <p><b>[4]</b> – Identifies all patient concerns including chief complaint.</p> <p><b>[3]</b> – Identifies chief complaint <u>but</u> misses <u>one</u> patient concern.</p> <p><b>[2]</b> – Identifies chief complaint <u>but</u> misses <u>two</u> patient concern.</p> <p><b>[1]</b> – Identifies chief complaint <u>but</u> misses <u>more than two</u> patient concerns.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Chief complaint not identified.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b><u>Factor 4: Dental history</u> – Score [ ]</b></p> <p><b>[4]</b> – Identifies all parameters in dental history.</p> <p><b>[3]</b> – Misses <u>one</u> parameter in dental history.</p> <p><b>[2]</b> – Misses <u>two</u> parameters in dental history.</p> <p><b>[1]</b> – Misses <u>more than two</u> parameters in dental history.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Neglects to address dental history.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p style="text-align: right;"><b>ODTP</b></p>
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**Factor 5: Significant radiographic findings – Score [ ]**

**[4]** – Identifies all radiographic findings.

**[3]** – Misses one radiographic finding that does NOT substantially alter treatment plan.

**[2]** – Misses two radiographic findings that do NOT substantially alter treatment plan.

**[1]** – Misses more than two radiographic findings that do NOT substantially alter treatment plan.

**[0] – Critical findings –**

- Misses radiographic findings that substantially alter treatment plan.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

\_\_\_\_\_

**Factor 6: Clinical findings – Score [ ]**

**[4]** – Identifies all clinical findings.

**[3]** – Misses one clinical findings that does NOT substantially alter treatment plan.

**[2]** – Misses two clinical findings that do NOT substantially alter treatment plan.

**[1]** – Misses more than two clinical findings that do NOT substantially alter treatment plan.

**[0] – Critical errors –**

- Misses clinical findings that substantially alter treatment plan.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

\_\_\_\_\_

**ODTP**

<p><b>Factor 7: Risk level assessment – Score [ ]</b></p> <p><b>[4]</b> – Risk level (risk factors/indicators and protective factors) identified; Relevance of risk level identified.</p> <p><b>[3]</b> – Risk level and relevance of risk level identified but misses <u>one</u> item. (risk factors/indicators and protective factors)</p> <p><b>[2]</b> – Risk level and relevance of risk level identified but misses <u>two</u> items. (risk factors/indicators and protective factors)</p> <p><b>[1]</b> – Risk level identified but misses <u>more than two</u> items (risk factors/indicators and protective factors); Relevance of risk level NOT identified.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Risk level NOT identified.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b>Factor 8: Need for additional diagnostic tests/referrals – Score [ ]</b></p> <p><b>[4]</b> – Prescribes/acquires all clinically necessary diagnostic tests and referrals with comprehensive rationale.</p> <p><b>[3]</b> – Identifies need for clinically necessary diagnostic tests and referrals with limited rationale.</p> <p><b>[2]</b> – Identifies need for additional diagnostic tests and referrals without rationale.</p> <p><b>[1]</b> – Identifies need for additional diagnostic tests and referrals without rationale <u>and</u> prescribes non-contributory tests or referrals.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Does NOT identify clinically necessary diagnostic tests or referrals.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p style="text-align: right;"><b>ODTP</b></p>
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**Factor 9: Findings from mounted diagnostic casts – Score [ ]**

**[4]** – Casts and mounting reflect patient's oral condition; Identifies all diagnostic findings from casts.

**[3]** – Casts and mounting reflects patient's oral condition; Misses one diagnostic finding that does NOT substantially alter treatment plan.

**[2]** – Casts and mounting reflect patient's oral condition but misses two diagnostic findings that do NOT substantially alter treatment plan.

**[1]** – Casts and mounting reflect patient's oral condition but misses more than two diagnostic findings that do NOT substantially alter treatment plan.

**[0] – Critical errors –**

- Casts and mounting do NOT reflect patient's oral condition.
- Misses diagnostic cast findings that substantially alter treatment plan.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

\_\_\_\_\_

**Factor 10: Comprehensive problem list – Score [ ]**

**[4]** – All problems listed.

**[3]** – One problem NOT identified without potential harm to patient.

**[2]** – Two problems NOT identified without potential harm to patient.

**[1]** – Two or more problems NOT identified without potential harm to patient.

**[0] – Critical errors –**

- Problems with potential harm to patient NOT identified.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

\_\_\_\_\_

**ODTP**

**Factor 11: Diagnosis and interaction of problems – Score [ ]**

**[4]** – All diseases correctly diagnosed; All interactions identified.

**[3]** – One missed diagnosis or interaction without potential harm to patient.

**[2]** – Two missed diagnoses or interactions without potential harm to patient.

**[1]** – More than two missed diagnoses or interactions without potential harm to patient.

**[0] – Critical errors –**

- Missed diagnosis or interaction resulting in potential harm to patient.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**Factor 12: Overall treatment approach – Score [ ]**

**[4]** – All treatment options identified within standard of care; Provides rationale which is optimal.

**[3]** – All treatment options identified within standard of care; Provides acceptable rationale.

**[2]** – All treatment options identified within standard of care and lacks sound rationale for treatment.

**[1]** – Incomplete treatment options and lacks sound rationale for treatment.

**[0] – Critical errors –**

- Treatment options presented are NOT within standard of care.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**ODTP**

**Factor 13: Phasing and sequencing of treatment – Score [ ]**

**[4]** – Treatment optimally phased and sequenced.

**[3]** – Treatment phased correctly but one procedure out of sequence with no harm to patient.

**[2]** – Treatment phased correctly but two procedures out of sequence with no harm to patient.

**[1]** – Treatment NOT phased correctly but no potential harm to patient.

**[0] – Critical errors –**

- Treatment NOT phased nor sequenced correctly with potential harm to patient.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**Factor 14: Comprehensiveness of treatment plan – Score [ ]**

**[4]** – Treatment plan addresses all problems; All treatment procedures are indicated.

**[3]** – One treatment procedure that is NOT indicated but will NOT result in harm to patient but treatment plan address all problems.

**[2]** – Two or more treatment procedures that are NOT indicated but reflect problem list; but treatment plan addresses all problems.

**[1]** – Two or more treatment procedures that are NOT indicated and do NOT reflect problem list; Treatment plan is incomplete but does not cause harm to patient.

**[0] – Critical errors-**

- Treatment plan is incomplete and causes potential harm to patient.
- Treatment procedures included that are NOT indicated resulting in harm to patient.
- Treatment procedures are missing from treatment plan resulting in harm to patient.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**ODTP**

**Factor 15: Treatment record –  
Score [ ]**

**[4]** – Summarized all data collected, diagnoses, and comprehensive rationale for treatment options; Documents presentation of risks and benefits of all treatment options.

**[3]** – Summarized all data collected, diagnoses, and treatment options; Documents presentation of risks and benefits of all treatment options and provides limited rationale.

**[2]** – Summarized all data collected, diagnoses and treatment options; Documents presentation of risks and benefits of all treatment options but provides no rationale.

**[1]** – Summarized all data collected, diagnoses and treatment options; And documents presentation of risks and benefits only for preferred option(s).

**[0] – Critical errors –**

- Does NOT summarize all data collected, diagnoses and/or treatment options.
- Does NOT document presentation of risks and benefits of all treatment options.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**ODTP**

# Chapter 7 – Direct Restoration

## ***Minimum competence level of performance***

The minimum competence ratings for Portfolio competency examinations are identified in the description of the rating scales.

For Direct Restoration, a rating of “3” (rating scale 0, 1, 2, 3, 4, 5) is considered minimum competence level performance.

## ***Direct Restoration grading worksheet***

The grading worksheets on the following pages contain the grading criteria for the examiners to make ratings of the candidate for a Portfolio competency examination.

## ***Overview***

- Seven (7) scoring factors.
- Two (2) restorations:
  - > Class II amalgam or composite; maximum one slot preparation, and,
  - > Class III or IV composite
- Restoration can be performed on an interproximal lesion on one interproximal surface in an anterior tooth that does not connect with a second interproximal lesion which can be restored separately.
- Requires a case presentation for which the proposed treatment is appropriate for patient’s medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.
- Requires patient management. Candidate must be familiar with patient’s medical and dental history.
- Medical conditions must be managed appropriately.



DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
DIRECT RESTORATION COMPETENCY EXAM

<b>Candidate ID#</b> _____	<b>Patient's Chart #:</b> _____
<b>Candidate Name:</b> _____	<b>Tooth #:</b> _____
	<b>Restoration type:</b> _____
<b><u>Factor 1: Case presentation</u> –</b> <b>Score [ ]</b> <b>[5]</b> – Obtains informed consent; Presents a comprehensive review of medical and dental history; Provides rationale for restorative procedure; Proposes initial design of preparation and restoration; Demonstrates full understanding of the procedure.  <b>[4]</b> – <u>Slight</u> deviation from optimal case presentation.  <b>[3]</b> – <u>Moderate</u> deviation from optimal case presentation.  <b>[2]</b> – <u>Major</u> deviation from optimal case presentation.  <b>[1]</b> – <u>Multiple</u> deviations from optimal case presentation.  <b>[0] – Critical errors –</b> <ul style="list-style-type: none"><li>• Critical errors in assessing patient's medical and/or dental history.</li><li>• Unable to justify treatment.</li><li>• Proposed treatment would cause harm to patient.</li><li>• Proposed treatment not indicated.</li><li>• Misses critical factors in medical and/or dental review that affect treatment of patient's well being.</li></ul> <b>Comments:</b>     <b>Date:</b> _____  <b>Examiner signature:</b> _____	

DR



DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
DIRECT RESTORATION COMPETENCY EXAM

**Factor 2: Outline and extensions –**

**[5]** – Optimal outline and extensions such as: Smooth flowing; Does not weaken tooth; Includes the lesion; Breaks proximal contact as appropriate; Appropriate cavosurface angles; Optimal treatment of fissures; No damage to adjacent teeth; Optimal extension for caries; Decalcification; Appropriate extension requests.

**[4]** – Slight deviation(s) from optimal minimal impact on treatment.

**[3]** – Moderate clinically acceptable deviation(s) from optimal minimal impact on treatment.

**[2]** – Major deviations from optimal such as; Irregular outline; Outline weakens the tooth; Does not include the lesion; Contacts not broken where appropriate; Proximal extensions excessive; Inappropriate cavosurface angle(s); Inappropriate treatment of fissures; Adjacent tooth requires major recontouring; Inappropriate extension requests.

**[1]** – Multiple major deviations from optimal including: Irregular outline; Outline weakens the tooth; Does not include the lesion; Contacts not broken where appropriate; Proximal extensions excessive; Inappropriate cavosurface angle(s); Inappropriate treatment of fissures; Adjacent tooth requires major recontouring; Inappropriate extension requests.

**Factor 2: Outline and extensions – Continued**  
Score [ ]

**[0] – Critical errors –**

- Critical errors in outline and extensions.
- Deviations from optimal that are irreversible and have a significant impact on treatment.
- Damage to adjacent tooth that requires restoration.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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<p><b>Factor 3: Internal form – Score [ ]</b></p> <p><b>[5]</b> – Optimal internal form <u>such as</u>: Optimal pulpal and axial depth; Optimal wall relationships; Optimal axio-pulpal line angles; Optimal internal refinement; All previous restorative material removed; Optimal caries removal; Preparation is clean and free of fluids and/or debris; Appropriate liners and bases; Appropriate extension requests.</p> <p><b>[4]</b> – <u>Slight</u> deviation(s) from optimal</p> <p><b>[3]</b> – <u>Moderate</u>, clinically acceptable deviation(s) from optimal.</p> <p><b>[2]</b> – <u>Major</u> deviation from optimal <u>such as</u>: Excessive or inadequate pulpal or axial depth; Inappropriate wall relationships; Inappropriate internal line angles; Rough or uneven internal features; Previous restorative material present; Inappropriate caries removal; Fluids and/or debris present; Inappropriate handling of liners and bases; Inappropriate extension requests.</p> <p><b>[1]</b> – <u>Multiple major</u> deviations from optimal <u>including</u>: Excessive or inadequate pulpal or axial depth; Inappropriate wall relationships; Inappropriate internal line angles; Rough or uneven internal features; Previous restorative material present; Inappropriate caries removal; Fluids and/or debris present; Inappropriate handling of liners and bases; Inappropriate extension requests..</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Critical errors from optimal internal form.</li> <li>• Noncarious pulp exposure.</li> </ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b>Factor 4: Operative environment – Score [ ]</b></p> <p><b>[5]</b> – Soft tissue free of unnecessary damage; Proper patient comfort/pain management; Optimal isolation; Correct teeth isolation; Dam fully inverted; Clamp stable with no tissue damage; No leakage; Preparation can be accessed and visualized.</p> <p><b>[4]</b> – <u>Slight</u> deviation(s) from optimal.</p> <p><b>[3]</b> – <u>Moderate</u>, clinically acceptable deviation(s) from optimal.</p> <p><b>[2]</b> – <u>Major</u> deviation from optimal <u>such as</u>: Incorrect teeth isolated; Dam not inverted, causing leakage that may compromise the final restoration; Clamp is not stable or impinges on tissue; Preparation cannot be accessed or visualized to allow proper placement of restoration; Major tissue damage.</p> <p><b>[1]</b> – <u>Multiple</u> deviations from optimal <u>including</u>: Incorrect teeth isolated; Dam not inverted, causing leakage that may compromise the final restoration; Clamp is not stable or impinges on tissue; Preparation cannot be accessed or visualized to allow proper placement of restoration; Major tissue damage.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Critical errors from optimal in operative environment.</li> <li>• Gross soft tissue damage.</li> <li>• Gross lack of concern for patient comfort.</li> </ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p style="text-align: right;"><b>DR</b></p>
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**Factor 5: Anatomical form: - Score [ ]**

**[5]** – Optimal anatomic form such as: 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 though with resistance; Height and shape of marginal ridge is appropriate.

**[4]** – Slight deviation(s) from optimal.

**[3]** – Moderate, clinically acceptable deviation(s) from optimal.

**[2]** – Major deviation from optimal such as: Inconsistent with adjacent tooth structure; Interproximal contour and shape are inappropriate; Height and shape of marginal ridge is inappropriate.

**[1]** – Multiple major deviations from optimal including: Inconsistent with adjacent tooth structure; Interproximal contour and shape are inappropriate; Height and shape of marginal ridge is inappropriate.

**[0]** – **Critical errors** –

- Critical errors that require restoration to be redone.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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**Factor 6: Margins: - Score [ ]**

**[5]** – Optimal margins with no deficiencies or excesses.

**[4]** – Slight deviation(s) from optimal.

**[3]** – Moderate, clinically acceptable deviation(s) from optimal.

**[2]** – Major deviation from optimal such as: Open margin; Subgingival and/or excess restorative material.

**[1]** – Multiple major deviations from optimal.

**[0]** – **Critical errors** –

- Critical errors that require restoration to be redone.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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**DR**

**Factor 7: Finish and function: -**

**Score [ ]**

**[5]** – Optimal finish and function such as:  
Smooth with no pits, voids or irregularities in restoration; Occlusion is properly restored with no interferences; No damage to hard or soft tissue.

**[4]** – Slight deviation(s) from optimal.

**[3]** – Moderate, clinically acceptable deviation(s) from optimal.

**[2]** – Major deviation from optimal such as:  
Significant pits, voids or irregularities in the surfaces; Severe hyper-occlusion or hypo-occlusion; Moderate damage to hard or soft tissue.

**[1]** – Multiple major deviations from optimal.

**[0]** – **Critical errors** –

- Critical errors that require restoration to be redone.
- Procedure is not completed within allotted time.
- Unnecessary, gross damage to hard and soft tissue as related to finishing procedure.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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**DR**

# Chapter 8 – Indirect Restoration

## ***Minimum competence level of performance***

The minimum competence ratings for Portfolio competency examinations are identified in the description of the rating scales.

For Indirect Restoration, a rating of “3” (rating scale 0, 1, 2, 3, 4, 5) is considered minimum competence level performance.

## ***Indirect Restoration grading worksheet***

The grading worksheets on the following pages contain the grading criteria for the examiners to make ratings of the candidate for a Portfolio competency examination.

## ***Overview***

- Seven (7) scoring factors.
- One (1) indirect restoration which may be a combination of the following procedures:
  - > Ceramic restoration must be onlay or more extensive
  - > Partial gold restoration must be onlay or more extensive
  - > Metal ceramic restoration (PFM)
  - > Full gold restoration
- Requires a case presentation for which the proposed treatment is appropriate for patient’s medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.
- Requires patient management; candidate must be familiar with the patient’s medical and dental history.
- Medical conditions must be managed appropriately.



**DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
INDIRECT RESTORATION COMPETENCY EXAM**

<p><b>Candidate ID#</b> _____</p> <p><b>Candidate Name:</b> _____</p>	<p><b>Patient's Chart #:</b> _____</p> <p><b>Tooth #:</b> _____/Type of Restoration _____</p> <p><b>Final Score:</b> _____</p>
<p><b>Factor 1: Case presentation – Score [   ]</b></p> <p><b>[5]</b> – Obtains informed consent; Presents a comprehensive medical and dental review; Provides rationale for restorative procedure; Proposes initial design of restoration; Provides method for provisionalization; Demonstrates full understanding of the procedure; Sequencing of treatment follows standards of care.</p> <p><b>[4]</b> – <u>Slight</u> deviation from optimal case presentation.</p> <p><b>[3]</b> – <u>Moderate</u> deviations from optimal case presentation.</p> <p><b>[2]</b> – <u>Major</u> deviation from optimal case presentation; Provides inappropriate justification for treatment; Sequencing of treatment does not follow standards of care.</p> <p><b>[1]</b> – <u>Multiple major</u> deviations from optimal case presentation.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Critical errors in assessing patient's medical and/or dental history.</li> <li>• Unable to justify treatment.</li> <li>• Proposed treatment would cause harm to patient.</li> <li>• Proposed treatment not indicated.</li> <li>• Misses critical factors in medical and dental review that affect treatment or patient well being.</li> </ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b>Factor 2: Preparation – Score [   ]</b></p> <p><b>[5]</b> – Meets all accepted criteria for optimal preparation: Occlusal/incisal reduction; Axial reduction; Finish lines; Caries removal; Pulpal protection; Soft tissue management; No damage to soft and hard tissue; Resistance and retention; Debridement.</p> <p><b>[4]</b> – <u>Slight</u> deviations from optimal; minimal impact on treatment.</p> <p><b>[3]</b> – <u>Moderate</u>, clinically acceptable deviations from optimal; minimal impact on treatment.</p> <p><b>[2]</b> – <u>Major</u> deviation from optimal but correctable without significantly changing the procedure.</p> <p><b>[1]</b> – <u>Multiple</u> major deviations from optimal preparation.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Critical errors that are irreversible and have a significant impact on treatment.</li> <li>• Critical errors that require major modifications of the proposed treatment <u>such as:</u> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Onlay that must change to full crown.</li> <li><input checked="" type="checkbox"/> Overextension requiring crown lengthening.</li> </ul> </li> </ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p align="right"><b>IR</b></p>



**Factor 5: Student evaluation of laboratory work – Score [ ]**

**[5]** – Verifies that restoration meets all accepted criteria; Verifies errors in restoration and proposes changes, if needed.

**[4]** – Lack of recognition of slight deviations from accepted criteria and minimal impact on treatment.

**[3]** – Lack of recognition of moderate deviations from accepted criteria with minimal impact on treatment.

**[2]** – Lack of recognition of a major deviation from optimal that can be corrected.

**[1]** – Lack of recognition of multiple major deviations from optimal.

**[0] – Critical errors –**

- Critical errors that require restoration to be redone.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**Factor 6: Pre-cementation – Score [ ]**

**[5]** – Meets all accepted criteria for pre-cementation: Occlusal form and function; Proximal contact; Axial contours; Marginal fit; External surface smooth and polished without pits, voids, or debris; Optimal internal adaptation; Retention; Esthetics; Patient acceptance.

**[4]** – Lack of recognition of slight deviations from accepted criteria and minimal impact on treatment.

**[3]** – Lack of recognition of moderate deviations from accepted criteria with minimal impact on treatment.

**[2]** – Lack of recognition of major deviation that can be corrected.

**[1]** – Lack of recognition of multiple major deviations from optimal.

**[0] – Critical errors –**

- Lack of recognition of critical errors which cannot be corrected.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**Factor 7: Cementation and finish –  
Score [ ]**

**[5]** – Meets all accepted criteria for optimal cementation: Occlusal form and function; Proximal contact; Axial contours; Marginal fit; External surfaces smooth and polished without pits, voids, or debris; Optimal internal adaptation; Retention; Esthetics; All excess cement removed; No unnecessary tissue trauma; Appropriate postoperative instructions.

**[4]** – Slight deviations from optimal; minimal impact on treatment.

**[3]** – Moderate deviations from accepted criteria; minimal impact on treatment.

**[2]** – Major deviation from accepted that can be corrected.

**[1]** – Multiple major deviations from optimal.

**[0] – Critical errors –**

- Critical errors which require restoration to be redone.
- Procedure is not completed within allotted time.
- Unnecessary, gross damage to hard and soft tissue as related to finishing.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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# Chapter 9 – Removable Prosthodontics

## ***Minimum competence level of performance***

- The minimum competence ratings for Portfolio competency examinations are identified in the description of the rating scales.
- 
- For Removable Prosthodontics, a rating of “3” (rating scale 1, 2, 3, 4, 5) is considered minimum competence level performance.

## ***Removable Prosthodontics grading worksheet***

The grading worksheets on the following pages contain the grading criteria for the examiners to make ratings of the candidate for a Portfolio competency examination.

## ***Overview***

- Twelve (12) scoring factors.
- One (1) of the following prosthetic treatments from start to finish on the same patient
  - > Denture or overdenture for a single edentulous arch, or,
  - > Cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch
- An immediate or interim denture.
- No patient sharing; cannot split patients between candidates.
- Requires patient management. Candidate must be familiar with patient’s medical and dental history.
- Medical conditions must be managed appropriately.
- Case complexity is not a criteria.



**DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
REMOVABLE PROSTHODONTICS COMPETENCY EXAM**

<p><b>Candidate ID#</b> _____</p> <p><b>Candidate Name:</b> _____</p>	<p><b>Patient's Chart #:</b> _____</p> <p><b>Final Score:</b> _____</p> <p><b>Type of prosthesis:</b> _____</p>
<p><b><u>Factor 1: Patient evaluation and diagnosis – Score [ ]</u></b></p> <p><b>[5]</b> – Evaluation and diagnosis is comprehensive and discriminating; Recognizes significant diagnostic implications of all findings.</p> <p><b>[4]</b> – Recognizes significant diagnostic implications but misses some findings that do NOT affect diagnosis.</p> <p><b>[3]</b> – Recognized significant findings <u>but</u> there are errors in findings or judgment that do NOT compromise diagnosis.</p> <p><b>[2]</b> – Does NOT recognize significant findings or diagnostic implications; Diagnosis is jeopardized.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Gross errors in evaluation or judgment.</li> <li>• Gross errors in diagnosis.</li> </ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b><u>Factor 2: Treatment plan and sequencing – Score [ ]</u></b></p> <p><b>[5]</b> – Presents/formulates all treatment options and understands clinical nuances of each option; Presents comprehensive treatment plan based on clinical evidence, patient history and direct examination; Performs risk-based analysis to present appropriate treatment options and prognosis; Demonstrates critical thinking as evidenced in steps in treatment plan; No errors in planning and sequencing.</p> <p><b>[4]</b> – Presents/formulates most treatment options and understands rationale of each option; Treatment plan is appropriate some contributing factors NOT considered; <u>Minor</u> errors that do NOT affect planning and sequencing.</p> <p><b>[3]</b> – Presents/formulates appropriate treatment options with less than ideal understanding of chief complaint, diagnosis, and prognosis; <u>Moderate</u> errors that do NOT compromise planning and sequencing.</p> <p><b>[2]</b> – Does NOT address patient's chief complaint; Treatment plan NOT based on diagnosis; <u>Major</u> errors in evidence based, critical thinking, risk-based, and prognostic assessment; Treatment sequence inappropriate.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Treatment plan NOT based on diagnostic findings or prognostic information.</li> <li>• Treatment plan grossly inadequate.</li> <li>• Treatment sequence grossly inappropriate.</li> </ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b> _____</p> <p align="right"><b>RP</b></p>

<p><b>Factor 3: Preliminary impressions –</b>  <b>Score [ ]</b></p> <p><b>[5]</b> – Perform and recognize adequate capture of anatomy; Free or distortions and voids.</p> <p><b>[4]</b> – Performs impression with <u>minor</u> errors that do NOT affect final outcome.</p> <p><b>[3]</b> – Performs impression with <u>moderate</u> errors that do NOT compromise final outcome.</p> <p><b>[2]</b> – Performs impression with <u>major</u> errors; <u>or</u> fails to recognize that final outcome is compromised.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Inadequate capture of anatomy or Gross distortion/voids.</li> <li>• Fails to recognize that subsequent steps are impossible.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b>Factor 4: RPD design (if applicable) –</b>  <b>Score [ ]</b></p> <p><b>[5]</b> – Design demonstrates understanding of biomechanical and esthetic principles; Casts are surveyed accurately; Design is drawn with detail.</p> <p><b>[4]</b> – Design demonstrates understanding of biomechanical and esthetic principles with <u>minor</u> errors; Minor errors in cast survey and design.</p> <p><b>[3]</b> – Design is functional but includes rests, clasp assembly or major connector that is NOT first choice; <u>Moderate</u> errors in survey and design; Moderate errors in understanding of RPD design principles.</p> <p><b>[2]</b> – Demonstrates lack of understanding of biomechanical or esthetic principles; <u>Major</u> errors in cast survey and design.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Design is grossly inappropriate.</li> <li>• Inaccurate survey.</li> <li>• Illegible drawing.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p style="text-align: right;"><b>RP</b></p>
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<p><b><u>Factor 5: Tooth modification (if applicable)</u></b>  <b>– Score [ ]</b></p> <p><b>[5]</b> – Parallel guiding planes; Optimal size and location of rest preparations; Conservative recontouring of abutment teeth for optimal location of clasp and to optimize occlusal plane; Survey crowns as needed.</p> <p><b>[4]</b> – <u>Minor</u> deficiencies in tooth modification; RPD fit and service unaffected.</p> <p><b>[3]</b> – <u>Moderate</u> deficiencies in tooth modifications; But NO compromise in RPD fit and service.</p> <p><b>[2]</b> – <u>Major</u> errors in tooth modifications leading to compromised RPD fit and service; Tooth modifications may require restorations.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• RPD abutment teeth are grossly over-prepared.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b><u>Factor 6: Border molding and final impression</u></b> – Score [ ]</p> <p><b>[5]</b> – Obtain optimal vestibular extension and peripheral seal; Perform and recognize adequate capture of anatomy; Impression free of distortions/voids.</p> <p><b>[4]</b> – Border molding and/or impression have <u>minor</u> errors that do NOT affect final outcome.</p> <p><b>[3]</b> – Border molding and/or impression have <u>moderate</u> deviations that do NOT compromise final outcome.</p> <p><b>[2]</b> – Border molding and/or impression have <u>major</u> errors that affect final outcome.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Border molding and/or impression do NOT adequately capture of anatomy.</li> <li>• Gross distortion/voids so that final outcome is impossible.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p style="text-align: right;"><b>RP</b></p>
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<p><b>Factor 7: Framework try-in (if applicable) – Score [ ]</b></p> <p><b>[5]</b> – Perform and recognize functional and occlusal adjustments; Complete seating of framework is achieved; Determine sequence for establishing denture-base support.</p> <p><b>[4]</b> – <u>Minor</u> deficiencies in ability to recognize and correct minor discrepancies in framework fit; but do NOT affect RPD service.</p> <p><b>[3]</b> – <u>Moderate</u> deficiencies in ability to recognize or correct discrepancies in framework fit; but no significant compromise to RPD service.</p> <p><b>[2]</b> – <u>Major</u> errors in framework fit NOT recognized; Errors in judgment regarding sequence of correction.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• <u>Gross</u> errors in framework fit NOT recognized.</li> <li>• Unable to determine sequence of correction.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b>Factor 8: Jaw relation records – Score [ ]</b></p> <p><b>[5]</b> – Smooth record bases with appropriate peripheral extensions/thickness; Smoothly contoured wax rim establishes esthetic parameters; Vertical dimension is physiologically appropriate; Accurately captures centric relation; Relates opposing casts without interference.</p> <p><b>[4]</b> – <u>Minor</u> deficiencies in jaw relation records that do NOT adversely affect prosthetic service.</p> <p><b>[3]</b> – <u>Moderate</u> discrepancies in jaw relation records that do NOT compromise prosthetic service; Records do NOT require repeating.</p> <p><b>[2]</b> – <u>Major</u> errors in jaw relation records that adversely affect prosthetic service; Records should be redone.</p> <p><b>[1] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• <u>Gross</u> error in jaw relations records with poor understanding and judgment.</li> <li>• Records should be redone.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p style="text-align: right;"><b>RP</b></p>
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**Factor 9: Trial dentures – Score [ ]**

**[5]** – Recognized optimal esthetics (midline, incisal length, tooth mold and shade, arrangement); Occlusal (MIP=CR, VDO < VDR, bilateral posterior contact); Speech and contour aspects of trial denture; Deviations from the optimal are corrected or managed appropriately.

**[4]** – Minor deficiencies in ability to recognize and correct discrepancies in esthetics; Vertical dimension; Occlusion; Phonetics; and contour.

**[3]** – Moderate deficiencies in ability to recognize or correct discrepancies in esthetics; Vertical dimension; Occlusion; and phonetics which do NOT compromise final outcome.

**[2]** – Major errors in ability to recognize or correct discrepancies in esthetics; Vertical dimension; Occlusion and phonetics which adversely affect final outcome.

**[1]** – **Critical errors** –

- Demonstrates inability to recognize or correct gross errors which will result in failure of final outcome.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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**Factor 10: Insertion of removable prosthesis – Score [ ]**

**[5]** – Optimize definitive prosthesis, recognizing errors and correcting if necessary, including the following:

- Tissue fit.
- Prosthetic support, stability and retention.
- RPD extension base tissue support.
- Vestibular extension and bulk.
- Occlusion; clinical remount required.
- Phonetics.
- Contours and polish.
- Patient home care instructions.

**[4]** – Minor discrepancies in judgment and/or performance of optimizing prosthesis fit and function; No adverse effect on prosthesis service.

**[3]** – Moderate discrepancies in judgment and performance of optimizing prosthesis fit/function; No compromise on prosthesis service.

**[2]** – Major errors in judgment and performance of optimizing prosthesis fit/function; prosthesis service adversely affected; May require significant correction or prosthesis.

**[1]** – **Critical errors** –

- Gross errors in judgment and performance results in failure of prosthesis with no possibility to correct; Prosthesis must be redone.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:** \_\_\_\_\_

**RP**

**Factor 11: Post insertion (1 week) –  
Score [ ]**

**[5]** – Perform an appropriate recall sequence to evaluate and diagnose prosthesis problem and make adjustments until patient is satisfied with fit, form and function of new prosthesis; Enroll patient in maintenance program; Demonstrate familiarity with common prosthesis complications and solutions.

**[4]** – Minor discrepancies in ability to evaluate and solve prosthesis problems; no affect on patient comfort and function.

**[3]** – Moderate discrepancies in ability to evaluate and solve prosthesis problems that do NOT compromise patient comfort and function.

**[2]** – Major errors in ability to evaluate and solve prosthesis problems that adversely affect patient comfort and function.

**[1]** – Gross errors in ability to evaluate and solve prosthesis problems; patient confidence is compromised

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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**Factor 12: Laboratory services –  
Score [ ]**

**[5]** – Prescription clearly communicates desired laboratory work and materials; Complies with infection control protocols between clinic and laboratory environments; Accurately evaluates laboratory work products.

**[4]** – Prescription, or management of laboratory services has minor errors that do NOT adversely affect prosthesis.

**[3]** – Prescription, or management of laboratory services has moderate discrepancies that do NOT compromise prosthesis.

**[2]** – Prescription, or management of laboratory services, has major errors that adversely affect prosthesis.

**[1]** – Prescription, or management of laboratory services has gross errors that result in prosthesis failure.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:** \_\_\_\_\_

RP

# Chapter 10 – Endodontics

## ***Minimum competence level of performance***

The minimum competence ratings for Portfolio competency examinations are identified in the description of the rating scales. For Endodontics, a rating of “2” (rating scale 0, 1, 2, 3, 4) is considered minimum competence level performance.

## ***Endodontics grading worksheet***

The grading worksheets on the following pages contain the grading criteria for the examiners to make ratings of the candidate for a Portfolio competency examination.

## ***Overview***

- Ten (10) scoring factors.
- One (1) clinical case.
- Requires patient management; therefore, candidate must be familiar with the patient’s medical and dental history.
- Medical conditions must be managed appropriately.



DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
ENDODONTICS COMPETENCY EXAM

<b>Candidate ID#</b> _____	<b>Patient's Chart #:</b> _____
<b>Candidate Name:</b> _____	<b>Tooth #:</b> _____
<b>Final Score:</b> _____	<b>Final Score:</b> _____
<b><u>Factor 1: Pretreatment clinical testing and radiographic imaging</u> – Score [ ]</b>	<b><u>Factor 2: Endodontic diagnosis</u> – Score [ ]</b>
<p><b>[4]</b> - Clinical tests and radiographic imaging completed and recorded accurately; radiographic images are of diagnostic quality.</p> <p><b>[3]</b> – Clinical tests and radiographic imaging completed and recorded accurately with minor discrepancies.</p> <p><b>[2]</b> – Some clinical tests and radiographic images are lacking <u>but</u> diagnosis can be determined.</p> <p><b>[1]</b> – Some clinical tests and radiographic images are lacking <u>and</u> diagnosis is questionable.</p> <p><b>[0] – Critical errors -</b></p> <ul style="list-style-type: none"><li>• Clinical tests and radiographic images are lacking and diagnosis CANNOT be determined.</li><li>• Radiographic images are missing or are NOT of diagnostic quality</li></ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b>[4]</b> – Establishes correct pulpal and periapical diagnosis with accurate interpretation of clinical tests and radiographic images.</p> <p><b>[3]</b> – Establishes correct pulpal and periapical diagnosis with accurate interpretation, <u>but</u> missing <u>one</u> clinical test and/or radiographic image.</p> <p><b>[2]</b> – Establishes correct pulpal and periapical diagnosis with adequate interpretation, <u>but</u> missing <u>multiple</u> clinical tests and/or radiographic images that do NOT impact diagnosis.</p> <p><b>[1]</b> - Establishes inaccurate pulpal or periapical diagnosis, <u>and</u> missing <u>multiple</u> clinical tests and radiographic images that impact diagnosis.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"><li>• Demonstrates lack of understanding of endodontic diagnosis.</li><li>• No clinical tests were done.</li></ul> <p><b>Comments:</b></p> <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>

E

**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 and adequate evaluation of medical and dental history; Selects appropriate treatment(s); Significant treatment risks identified; Informed consent obtained.

**[2]** – Prognosis of treatment outcomes determined and minimal evaluation of one 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.

**[0] – Critical errors –**

- 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.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:** \_\_\_\_\_

**Factor 4: Anesthesia and pain control –  
Score [ ]**

**[4]** – Thorough knowledge of technique and materials used; Monitors vital signs and patient response throughout anesthesia; Anesthesia administration effective.

**[3]** – Thorough knowledge of technique; Profound anesthesia achieved; Monitors patient response throughout anesthesia.

**[2]** – Can proceed with treatment without faculty assistance; Adequate anesthesia achieved.

**[1]** – Elements of anesthesia or pain control absent but patient care NOT compromised.

**[0] – Critical errors –**

- Incorrect anesthetic technique.
- Inadequate pain control and patient care compromised.
- Required faculty assistance.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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**E**

**Factor 5: Caries removal, removal of failing restorations, evaluation of restorability and site isolation – Score [ ]**

**[4]** – Compete removal of visible caries; Removal of failing restoration; Establishes complete structural restorability; Achieves complete isolation with dental dam.

**[3]** – No visible caries and failing restorations removed; Establishes significant aspects of structural restorability and achieves effective isolation with dental dam.

**[2]** – No visible caries present; Establishes likely restorability and achieves adequate isolation with dental dam.

**[1]** – Caries removal compromised that potentially impacts procedure; Compromised coronal seal.

**[0] – Critical errors –**

- Gross visible caries
- Failing restoration present
- Non-restorable excluding medical indications
- Ineffective isolation

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
\_\_\_\_\_

**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 but walls smooth but all canals identified and roof and pulp horns removed.

**[2]** – Moderate under- or over-extension of outline form; Minor irregularities for wall smoothness but all canals identified and roof and pulp horns removed.

**[1]** – Crown integrity compromised by over-extension but tooth remains restorable; All canals identified but 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:**

**Date:** \_\_\_\_\_

**Examiner signature:** \_\_\_\_\_

**E**

**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 –**

- 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.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

\_\_\_\_\_

**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.

**Comments:**

**Date :** \_\_\_\_\_

**Examiner signature:**

\_\_\_\_\_

**E**



# Chapter 11 – Periodontics

## ***Minimum competence level of performance***

The minimum competence ratings for Portfolio competency examinations are identified in the description of the rating scales.

For Periodontics, a rating of “2” (rating scale 0, 1, 2, 3, 4) is considered minimum competence level performance.

## ***Periodontics grading worksheet***

The grading worksheets on the following pages contain the grading criteria for the examiners to make ratings of the candidate for a Portfolio competency examination.

## ***Overview***

- Nine (9) scoring factors.
- One (1) case to be scored in three parts:
  - Part A. Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, treatment plan
  - Part B. Calculus detection, effectiveness of calculus removal
  - Part C. Periodontal re-evaluation
- Ideally, all three parts are to be performed on the same patient.
- In the event that the patient does not return for periodontal re-evaluation, Part C may be performed on a different patient.



**DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
PERIODONTICS COMPETENCY EXAM**

<b>Candidate ID#</b> _____ <b>Candidate Name:</b> _____	<b>Patient's Chart #:</b> _____ <b>Final Score:</b> _____
<p><b><u>Factor 1: Review of medical and dental history (Part A) – Score [ ]</u></b></p> <p><b>[4]</b> – Demonstrates complete knowledge and understanding of implications to dental care; Provides clear presentation of case.</p> <p><b>[3]</b> – Demonstrates complete understanding of implications to dental care <u>but</u> presentation could be improved.</p> <p><b>[2]</b> – Recognized significant findings: Misses some information but minimal impact on patient care.</p> <p><b>[1]</b> – Recognized medical conditions <u>but</u> fails to place in context of dental care; Unaware of medications or required precautions for dental appointment; Lack of information compromises patient care.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Lacks current information.</li> <li>• Endangers patient.</li> <li>• Does NOT include vital signs.</li> <li>• Leaves questions regarding medical or dental history unanswered.</li> <li>• Does NOT identify need for medical consult.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p>	<p><b><u>Factor 2: Radiographic findings (Part A) – Score [ ]</u></b></p> <p><b>[4]</b> – Identifies and interprets all radiographic findings.</p> <p><b>[3]</b> – Identifies and interprets significant radiographic findings.</p> <p><b>[2]</b> – Interprets radiographic findings with minor deviations that do NOT substantially alter treatment.</p> <p><b>[1]</b> – Misses significant radiographic findings.</p> <p><b>[0] – Critical errors –</b></p> <ul style="list-style-type: none"> <li>• Grossly misinterprets radiographic findings.</li> <li>• Fails to identify non-diagnostic radiographs.</li> <li>• Presents with outdated radiographs.</li> </ul> <p><b>Comments:</b></p>  <p><b>Date:</b> _____</p> <p><b>Examiner signature:</b></p> <p>_____</p> <p align="right"><b>P</b></p>

**Factor 3: Comprehensive periodontal data collection (Part A – Applies to one quadrant selected by examiner) – Score [ ]**

Quadrant: \_\_\_\_\_

**[4]** – Provides accurate assessment of all parameters in quadrant.

**[3]** – Deviations of pocket depth up to 1 mm; Correctly identifies all furcations; Correctly identifies all tooth mobility; Correctly identifies gingival recession; Correctly identifies area with no attached gingiva.

**[2]** – Not more than one deviation of 2 mm or more in pocket depth; Correctly identifies Class II or III furcation involvements; Incorrectly identifies tooth mobility by one step in no more than one tooth; Over/under-estimates gingival recession by  $\leq 1$  mm on any surface; Recognizes concept of clinical attachment level and differentiate from probing pocket depth.

**[1]** – More than one deviation of 2 mm or more in pocket depth; Fails to correctly identify Class II or III furcation involvement; Fails to identify areas with no attached gingiva; Overestimates Class 0 and 1 furcations; Over/under-estimates tooth mobility by two steps on any tooth; Fails to correctly identify Grade 2 or 3 mobility; Over/under-estimates gingival recession by more than 2 mm on any surface; Performs incomplete periodontal examination; Fails to recognize concept of clinical attachment level and differentiate from probing pocket depth.

**[0] – Critical errors –**

- Performs periodontal examination which has no diagnostic value.
- Provides inaccurate assessment of key parameters.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
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**Factor 4: Evaluate periodontal etiology/risk factors (Part A) – Score [ ]**

**[4]** – Identifies all systemic, local etiologic and risk factors.

**[3]** – Misses one risk factor.

**[2]** – Misses two risk factors but treatment is NOT substantially impacted.

**[1]** – Misses risk factors which compromise treatment planning and patient care.

**[0] – Critical errors –**

- Fails to identify all risk factors.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
\_\_\_\_\_

**P**

**Factor 5: Comprehensive periodontal diagnosis (Part A) – Score [ ]**

**[4]** – Provides accurate and complete diagnosis based on comprehensive clinical examination and findings; Demonstrates comprehensive understanding of periodontal diagnosis.

**[3]** – Provides accurate and complete diagnosis based on clinical examination and findings pertinent to the case.

**[2]** – Differentiates between periodontal health, gingivitis and periodontitis; Makes acceptable diagnosis with minimal deviations from ideal but treatment is NOT impacted.

**[1]** – Fails to diagnose periodontitis; Makes diagnosis with critical deviations from optimal; Provides a diagnosis which lacks rationale.

**[0] – Critical errors –**

- Fails to make a diagnosis.
- Provides diagnosis which is grossly incorrect.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**Factor 6: Treatment plan (Part A) – Score [ ]**

**[4]** – Provides comprehensive and clinically appropriate treatment plan including clear description of etiology, benefits of treatment, alternatives, and risk factors.

**[3]** – Provides comprehensive and clinically appropriate treatment plan including clinically appropriate alternative treatment plan (if any); Provides adequate description of risks and benefits or treatment and alternatives.

**[2]** – Provides clinically appropriate treatment plan but fails to address some factors that are unlikely to affect outcome; Does NOT provide clear description of risks and benefits of treatment and alternatives.

**[1]** – Provides treatment plan which fails to address relevant factors which are likely to affect outcome; Provides incomplete periodontal treatment plan that is below the standard of care and adversely affects outcome.

**[0] – Critical errors –**

- Provides clinically inappropriate treatment plan which could harm the patient.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**P**

**Factor 7: Calculus detection (Part B) –**

Score [ ]

Quadrant: \_\_\_\_\_

[4] – Demonstrates complete detection of all subgingival calculus present in quadrant(s).

[3] – Incorrectly identifies absence or presence of one area of clinically demonstrable subgingival calculus.

[2] – Incorrectly identifies absence or presence of two areas of clinically demonstrable subgingival calculus.

[1] – Misses three areas of clinically demonstrable subgingival calculus.

[0] – **Critical errors** –

- Misses or incorrectly identifies four or more areas of clinically demonstrable subgingival calculus.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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**Factor 8: Effectiveness of calculus removal (Part B) – Score [ ]**

[4] – Demonstrates complete removal of all calculus plaque and stains from tooth surfaces; Does NOT cause any tissue trauma; Does NOT cause any patient discomfort.

[3] – Demonstrates complete removal of all other deposits except for stains in pits and fissures; Minimizes patient discomfort.

[2] – Misses one area of clinically demonstrable subgingival calculus; Demonstrates removal of all other deposits but some remaining minor stains on accessible surfaces; Provides sufficient pain management for treatment.

[1] – Misses two areas of clinically demonstrable subgingival calculus; Causes major tissue trauma; Leaves moderate plaque and supragingival calculus; Inadequate pain management.

[0] – **Critical errors** –

- Misses three areas of clinically demonstrable subgingival calculus.
- Leaves heavy stains, plaque, and supragingival calculus.
- No pain management.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**

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P

**Factor 9: Periodontal re-evaluation (Part C) –  
Score [ ]**

**[4]** – Identifies all clinical changes of periodontal condition and describes the biological basis of changes; Evaluates patient’s oral hygiene, provides patient-specific oral hygiene instruction and educates patient on the significance of plaque removal and periodontal disease treatment; Evaluates and determines all of the patient’s specific periodontal needs with detailed rationale for further periodontal procedures.

**[3]** – Identifies all clinical changes of periodontal condition; Evaluates and determines specific needs for periodontal care with rationale for further periodontal procedures; Accurately assesses all of patient’s oral hygiene problems; Provides oral hygiene instructions that addresses all of patient’s needs; Evaluates and determines all of the patient’s specific periodontal needs without detailed rationale.

**[2]** – Identifies most clinical changes of periodontal condition but fails to identify minor changes; Accurately assesses most of patient’s oral hygiene problems; Provides oral hygiene instructions that only address most of the patient’s needs; Evaluates and determines general needs for periodontal care including recall intervals and referral, if indicated.

**[1]** – Fails to identify persistent signs and symptoms of periodontal disease; Fails to present an oral hygiene plan; Makes recommendations for further periodontal treatment that is inappropriate and demonstrates lack of understanding of patient’s periodontal needs.

**[0] – Critical errors –**

- Fails to recognize any clinical change in periodontal condition.
- Did NOT assess patient’s oral hygiene care or needs.
- Has NOT evaluated and/or determined patient’s periodontal needs.
- Fails to recognize need for referral.

**Factor 9: Periodontal re-evaluation  
(continued)**

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
\_\_\_\_\_

**P**

# Appendix A – Common rating errors

## ***Common rating errors***

Rating errors are systematic biases which may affect the examiner's ability to provide a fair and objective evaluation of candidates. By applying the established grading criteria systematically, rating errors can be avoided. Basically, examiners should use their professional judgment in applying the grading criteria for each grading factor and rate the candidates' performance accordingly.

1. **FIRST IMPRESSIONS.** First impressions can have a lasting and troublesome effect on the evaluation process. During the first few minutes of the examination, the examiner may form a favorable or unfavorable impression of the candidate. The end result is that the examiner may distort or ignore various aspects of candidates' performance.
2. **HALO/HORN EFFECT.** Halo or horn effect is a broader example of the type of influence which occurs during first impressions. Halo refers to positive overgeneralization based on a positive aspect of performance. Horn refers negative overgeneralization based on a negative aspect of performance. Thus, if the candidate exhibits good or poor performance for one grading factor, the ratings for all factors are distorted.
3. **STEREOTYPING.** Stereotyping refers to unfair bias towards a candidate without being aware of the bias. Examiners should be aware of individual differences of candidates rather than generalizations about a group of people.
4. **SIMILARITY EFFECTS.** Similarity effects are the tendency of examiners to rate candidates more favorably if because the candidates perform tasks in the same style or use the same process as they do.
5. **CONTRAST EFFECTS.** Contrast effects are the result of evaluating the candidate relative to other candidates rather than applying the established grading criteria.
6. **CENTRAL TENDENCY.** Central tendency is the inclination to “play it safe” and rate candidates in the middle.
7. **NEGATIVE AND POSITIVE LENIENCY.** Leniency (level) error is the tendency of an examiner to rate candidates too low or too high on a consistent basis.
8. **FRAME OF REFERENCE.** Frame of reference error occurs when examiners compare candidate performance to their personal standards of care.