

RCDC



THE ROYAL COLLEGE OF DENTISTS
OF CANADA

FELLOWSHIP EXAMINATION CANDIDATE STUDY GUIDE ENDODONTICS

Introduction

The intent of this guide is to provide the candidate with an understanding of the format used for the Fellowship Examination in Endodontics.

The example cases and questions are intended for candidates in Endodontics and are meant to demonstrate the various styles of questions that may appear in the exam. The content is meant for illustrative purposes only and **should not be construed as an example of the difficulty level of the examination.**

Fellowship Examination Format

The Fellowship Examination is a test of clinical decision-making. Specifically, the ability to assess, treat, and understand probable outcomes. The cases used in the Fellowship Examination tend to be “typical” cases that a practicing Endodontist would treat in clinical practice. These questions are case based. A typical clinical case protocol contains a hypothetical patient situation (a clinical vignette) developed from actual cases and may include a patient history, radiographs, and/or clinical photographs. The candidate is then questioned on how to manage the patient; emphasis is placed on patient care decisions, as if the candidate was caring for the patient.

As part of their preparation, it is highly recommended that candidates gain as much experience as possible working through case-based oral examination questions. While preparing for the oral examination it is also helpful to have other colleagues and/or mentors present the candidate with clinical cases using the aforementioned format. It is better still if the candidate is provided cases that they have never seen before or are unfamiliar with.

Here is a general description of a clinical case protocol on the Fellowship Examination; this is followed by a number of sample questions. Once again it should be stressed that the content used in these sample questions are used for illustrative purposes only and should not be construed as an example of the level of difficulty or content of the examination questions.

Clinical Case Protocol

A typical case starts with a clinical vignette that could include some or all of these elements:

Age and gender of the patient
Chief complaint
History of the chief complaint
Health history
Dental history
Other information as needed
Initial radiographs and/or photographs

Once the clinical vignette has been presented, the candidate is then questioned on how he/she will manage this clinical case. Additional clinical information, radiographs and/or photographs will be made available upon request or they may be provided automatically to the candidate. An example of the sequencing of questions follows.

1) Case Assessment, Data Gathering, Etiology and Diagnosis

In this section, some of the decision-making skills that may be assessed include:

Offer a final diagnosis
Systematically identify the existing problems
Use appropriate additional diagnostic modalities to aid in the diagnosis
Demonstrate a questioning strategy to investigate the chief complaint
Identify the etiology of the clinical problem
Develop a differential diagnosis if appropriate, and be able to discuss each of these legitimate possibilities based on the information provided

Possible questions that may be asked include:

Describe what you see?
How would you investigate your patient's chief complaint?
How would you manage the chief complaint?
What other information/test/image would you want to obtain for this patient?
How would you proceed?
What is your differential diagnosis?
What is your probable diagnosis?
How would you manage the chief complaint?

2) Treatment Plan, Therapy and Prognosis

In this section, some of the decision-making skills that may be assessed include:

Develop a treatment plan or management strategy for this clinical case

Discuss the advantages and disadvantages of the proposed treatment plan

Discuss the prognosis for the proposed treatment

Discuss the management of the case if key clinical information was modified such as a different chief complaint or medical history

Possible questions that may be asked include:

You now see these radiographs/photographs/clinical tests, how would you proceed?

What would be your treatment plan for this patient?

What would be the short and long-term prognosis?

How would you explain the treatment plan to the patient?

Describe the therapy most beneficial to the patient, indicate why you feel this is the best therapy?

The patient questions you about prognosis, how would you respond?

Once you have completed the first phase of treatment, what would you do next?

The patient presents with a different medical history, for example asthma, how would you modify the treatment plan?

If the patient becomes uncooperative with your treatment, what would you do next?

3) Therapeutic Results, Complications and Maintenance

In this section, some of the decision-making skills that may be assessed include:

Management of the case following the completion of initial treatment

Development of a plan to assess the outcomes of treatment

Prevention of future complications and reoccurrence of disease

Identify and treat possible future complications

Discuss the long-term plan for this patient

Discuss alternative treatments when the patient demonstrates poor compliance

Possible questions that may be asked include:

What would be your criteria for successful treatment of this patient?

How would you follow this patient long-term?

Would you see this patient again? when? and how often?

Now that treatment is completed, would you have any concerns?

Is additional treatment indicated in the future?

What are the possible complications for this patient?

What signs and symptoms would you expect?

How would you treat this complication?

If the patient did not respond to treatment, what would be your next step?

What maintenance procedures would you provide for this patient?

Sample Cases

CASE #1

This healthy 19-year-old female is referred to your office for evaluation of a radiographic lesion noted during a routine dental examination. She has recently completed active orthodontic treatment.

Clinical test results and radiograph shown

1. Describe what you see radiographically regarding tooth 4.6.
2. What is your pulpal and periapical diagnosis for tooth 4.6? What process accounts for the radiographic appearance in tooth 4.6?
3. How would you proceed at this point?
4. What are the treatment options for tooth 4.6?
5. If the patient opts for orthograde treatment, what would you expect to see?
6. How would you manage the treatment?
7. What is the prognosis for this tooth and why?

CASE #2

This 67-year-old healthy female presents to you for evaluation of teeth 1.4 and 1.5. It has been uncomfortable to bite on for several months. There is no swelling or drainage from this area.

Clinical test results and radiograph shown

1. Based on the radiographic and clinical information provided, what are your diagnoses for teeth 1.4 and 1.5?
2. What is the etiology for the problems associated with teeth 1.4 and 1.5?
3. There is microbial contamination of the systems associated with teeth 1.4 and 1.5. How could this occur?
4. Vertical root fracture of 1.4 is confirmed clinically. What is your management for 1.4 for this patient? What are your recommendations for tooth 1.5?
5. What concerns do you have if apical surgery is to be performed on tooth 1.5?
6. What can you do to determine the presence of a root fracture during endodontic surgery?
7. The patient calls you two days after surgery reporting bruising, discolouration of her cheek, and moderate discomfort. How would you manage the patient?

CASE #3

The patient is a 12-year-old boy with a chief complaint of drainage from the mandibular right posterior over the past few months. He is taking insulin for his Type 1 diabetes, which is poorly controlled.

Clinical test results and radiograph shown

1. Provide a radiographic interpretation for tooth 4.5.
2. Based on the information provided, what is your diagnosis for tooth 4.5?
3. What are your treatment options?
4. Discuss the advantages and disadvantages of apexification using calcium hydroxide over several visits versus apical bridging with MTA cement.

5. What is your preferred treatment and why?
6. How does this patient's medical history affect your management?
7. After you administer your local anaesthetic, you notice your patient showing signs of pallor, tachycardia, and confusion. He is also sweating and trembling. What is likely happening?
8. What do you do?