

RCDC



THE ROYAL COLLEGE OF DENTISTS
OF CANADA

FELLOWSHIP EXAMINATION CANDIDATE STUDY GUIDE ORTHODONTICS

Introduction

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

The example questions are intended for candidates in Orthodontics 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 ability. Specifically, the ability to assess, treat, and understand probable outcomes and possible complications. A typical clinical case protocol contains a hypothetical patient situation developed from actual cases and may include a patient history, radiographs, and/or clinical photographs. The candidate is then questioned on how he/she will manage the patient.

As part of their preparation, it is also 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. 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 Fellowship Examination case protocol; this is followed by a number of sample questions. Once again it should be stressed that the content used in these sample questions is 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 Fellowship Examination case may start 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
- Pertinent medical 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 would 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:

- 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*
- Offer a final diagnosis*

Possible questions that may be asked include:

- Describe the most pertinent features of this case.*
- How can the patient's chief complaint be investigated?*
- How should the chief complaint be managed?*
- What additional information/test/images should now be recommended for this patient?*
- What is the most appropriate way to proceed?*
- What is the differential diagnosis?*
- What is the probable diagnosis?*

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:

Looking at these radiographs/photographs/clinical tests, what is the most appropriate way to proceed?

What is the most appropriate treatment plan for this patient?

What would be the short and long-term prognosis?

How should the treatment plan be explained to the patient?

Describe the therapy most beneficial to the patient; indicate why this is the best therapy.

If the patient has questions about prognosis, what should the patient be told?

Once the first phase of treatment has been completed, what needs to be done next?

The patient presents with a different medical history, for example asthma. How should the treatment plan be modified?

If the patient becomes uncooperative during treatment. What needs to be modified?

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 recurrence 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:

Define the criteria for successful treatment of this patient.

How should this patient be followed long-term?

How often should this patient be seen from this point?

Now that treatment is completed, are there any concerns?

Is additional treatment indicated in the future?

What are the possible complications for this patient?

What signs and symptoms are expected?

How should this complication be treated?

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

What maintenance procedures should be provided for this patient?

Sample Questions

CASE #1

This 9-year-old female patient who presents for an orthodontic consultation.

Images of the patient are presented

1. What are the significant findings shown on the radiograph?
2. Describe any treatment that is recommended at this time.
3. The patient has returned at age 12, and is interested in comprehensive orthodontic treatment. Canine substitution is being considered. What anatomical features of the existing tooth 1.3 make it a favourable option?
4. Is bilateral canine substitution an option and why?
5. During enameloplasty of the canine cusp tip, the patient experiences sensitivity. What can be done to reduce the sensitivity?
6. The patient has opted for prosthetic replacement of tooth 1.2 with an implant. Given that tooth 2.2 is a peg lateral, what factors need to be evaluated to establish the proper amount of space for tooth 1.2?
7. Implants need to be placed after vertical facial growth has ceased. What is the most predictable way to monitor facial growth?

CASE #2

An 11-year-old boy presents for a new patient examination. The chief complaint reported by his mother is _____.

1. How should one proceed?

Images of the patient are presented

2. What are the general clinical findings?
3. What should be done next?
4. After reviewing.... Discuss the differential diagnosis.
5. The diagnosis is _____. Discuss the ideal treatment plan for this child.
6. What should be reviewed with the parents at this time?
7. Discuss the short term and long term prognosis for this patient.
8. Discuss the long-term management for this child.
9. _____ is completed. The following month the patient is seen again and _____.
Is observed. How would one proceed?
10. Suppose after 2 months _____ was observed. How should the patient be managed?
11. How would the treatment differ if _____?