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THE ROYAL COLLEGE OF DENTISTS
OF CANADA

FELLOWSHIP EXAMINATION CANDIDATE STUDY GUIDE ENDODONTICS

Introduction

This guide aims to provide candidates with valuable insights into the format of the Fellowship Examination in Endodontics. By offering example cases and questions, our goal is to familiarize candidates with the various question styles that may appear in the exam. **It's important to note that the content within this guide is intended purely for illustrative purposes and should not be considered indicative of the examination's difficulty level.**

Fellowship Examination Format

The Fellowship Examination primarily evaluates clinical decision-making skills, with a specific focus on the ability to assess, treat, and anticipate probable outcomes. The cases featured in the Fellowship Examination represent "typical" scenarios that an Endodontist would encounter in clinical practice. These questions are case-based, featuring a hypothetical patient situation (a clinical vignette) developed from actual cases. They **may** include a patient history, radiographs, clinical photographs, and other relevant information. Candidates will be questioned on how to manage the patient, with emphasis on making patient care decisions, simulating their role as the patient's healthcare provider.

As part of their preparation, candidates are highly encouraged to gain as much experience as possible in working through case-based oral examination questions. While preparing for the oral examination, it's also helpful to have colleagues and mentors present candidates with clinical cases using the aforementioned format. The experience is even more valuable if candidates work with cases they have never encountered before or are less familiar with.

In the following sections, we will provide a general description of a clinical case protocol

from the Fellowship Examination, followed by a selection of sample questions. It is essential to emphasize once again that the content in these sample questions is meant solely for illustrative purposes and should not be considered indicative of the examination's difficulty or content.

Clinical Case Protocol

A typical exam begins with a clinical vignette that may include some or all of the following elements:

- Patient's age and gender
- Chief complaint
- History of the chief complaint
- Medical and health history
- Dental history
- Additional relevant information
- Initial imaging (radiographs, CBCT slices, and/or photographs)

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?*

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?