

Certification Exam Evaluation Categories and Criteria

The American Board of Prosthodontics

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This document represents the criteria as of the above listed dates, but is subject to change at the discretion of the American Board of Prosthodontics. The most current Criteria are available on the American Board of Prosthodontics website (www.abpros.org). Interested parties are strongly encouraged to visit this online resource.

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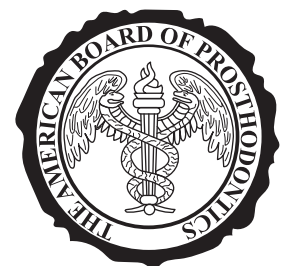


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For questions about the examination process or logistics that are not covered in these Guidelines, contact the ABP Chief Professional Officer at exams@abpros.org. **PLEASE NOTE**, ABP and its Directors will not address questions related to Section-B patient selection, patient treatment decisions, or patient examination presentation. Candidates must refer to the most current published “Guidelines for the Certification Process” for appropriate answers to all questions. The American Board of Prosthodontics will not provide guidance regarding specific therapies. Determination, justification, and defense of specific therapies and all related matters are the responsibility of the candidate during the examination.

1. The American Board of Prosthodontics Exams



1.1 ROLE OF THE ABP AND ITS EXAMINERS IN THE EVALUATION PROCESS

Examiners evaluate records and candidates and carefully question in order to ascertain the candidates knowledge, skill, competency, proficiency, or qualifications. Since its inception, the primary objective of the ABP has been, and will continue to be, the protection of the public through determination of the competency of eligible candidates who desire certification as a specialist in prosthodontics. The ABP is an examining and certifying body that remains independent from political issues and is not directly responsible for the education of candidates.

Certification by the American Board of Prosthodontics reflects the broad scope and scientific basis for prosthodontics. Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes (ADA, adopted April 2003). Determination of and examination to the broad scope and scientific basis of prosthodontics is the responsibility of the ABP Board of Directors. The certification examination reflects, but is not limited to, the Commission

of Dental Accreditation (CODA) Standards for Advanced Specialty Education Programs in Prosthodontics.

The ABP is not static or unchanging; changes occur regularly and when indicated. However, change is implemented only after substantial consideration. The ABP strives to be fair, objective and consistent with all candidates. The existing Guidelines and examination procedures may be modified when such change is determined to benefit those it serves: the public, the profession, the specialty, the Diplomates, and the candidates seeking diplomate status.

1.2 VALIDITY AND RELIABILITY OF CRITERION-BASED EXAMINATIONS

Individuals knowledgeable in testing have emphasized that any system of evaluation must be objective if it is to be considered valid and reliable. The ABPs dedication to improving the examinations is ongoing. Criterion-based evaluation is a method of increasing the validity and reliability of an examination. The ABP has developed criterion statements for the different oral examination phases of the certification process. The criterion statements developed for patient presentation examinations critically assess areas of clinical practice and didactic knowledge. For Section B and D, ABP examiners evaluates candidate performance in each applicable category using criterion statements

developed as objective descriptions of varying performance levels. To qualify performance, examiners consider performance levels (i.e., acceptable, marginal, or unacceptable) that best reflect candidate skill and knowledge as demonstrated during the examination.

Each examiner then calculates and submits a numerical value that corresponds to candidate performance (i.e., 1 or 2 for acceptable, 3 for marginal, and 4 or 5 for unacceptable). The performance criteria for Section B (Parts 2, 4 and 4) and Section D are presented in this document.

2. Section A: Computerized Written Examination Grading



The ABP Section A examination is a criterion referenced examination constructed through the coordinated efforts of the ABP and psychometric experts. This computer-based examination is offered once a year, usually early in April, at PearsonVUE professional testing facilities located throughout the United States and internationally. Information on the computer-based testing process can be found at www.measurementresearch.com.

The examination is constructed using accepted psychometric methods and designed to identify candidates capable of achieving cognitive levels commensurate with the broad scope

and scientific basis for prosthodontics. The ABP has established the criterion-referenced standard based upon acceptable knowledge and understanding. Measurement Research Associates (MRA), a division of Measurement, Inc., conducts statistical analysis of examination results based upon established examination parameters. A candidate's test score is a measure of how well that candidate performed in relation to the test items, rather than a performance comparison of candidates challenging the same examination. The ABP Chief Operations Officer communicates examination results to candidates after ABP approval of the statistical report developed by MRA.

3. Section B: Treatment-Based Presentations and Oral Examinations

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3.1 SECTION B GRADING

Successful completion of Part 2, 3, or 4 of Section B requires acceptable performance in all three categories: (1) patient presentation, (2) general prosthodontics, and (3) related dental sciences. All candidates are scored according to published criteria that include both major and minor categories. **Major** categories are scored on a numerical scale of 1 to 5 (1 being superior performance). **Minor** categories are scored from 2 to 4 (2 being superior performance). Examination failure occurs when the candidate receives any of the following:

- a single (1) score of 5 in a major category;
- two (2) scores of 4 in major categories; or
- four (4) scores of 4 in any categories.

After all candidates have been examined, the Board meets in executive session to consider each candidate. Candidate anonymity is maintained throughout the process. Each examination team provides a “pass” or “defer” performance evaluation for each of the candidates examined based on published criteria. For deferred candidates, a review of patient documentation, presentation and oral examination is provided to the entire Board by the examiner team that conducted the oral examination in question.

Following thorough discussion of a deferred candidate, each member of the Board registers an anonymous vote of “pass” or “fail.” No candidate can fail the examination based exclusively on the opinion of one examiner or one examination team. A simple majority of examiners must reach consensus before a candidate is determined to have failed the Section B examination. In the event of a tie vote, the candidate passes the examination.

A candidate who provides a satisfactory patient presentation during a Part 2, 3, or 4 examination, but performs unsatisfactorily on the oral examination, will be required to return to a future examination session to complete a 40-minute comprehensive oral-only examination on general prosthodontics and related sciences.

3.2 SECTION B EVALUATION CATEGORIES

As part of the examination process, candidates are expected to provide comprehensive assessment of existing oral conditions and appropriate referrals for necessary therapy when indicated. Additionally, candidates must assess outcomes of all referred therapy and ensure that it was accomplished at a satisfactory level. Candidates are responsible for, and will be evaluated on, comprehensive patient management including justification of all care provided and/or not provided by other clinicians. Failure to comprehensively manage

patients in this manner will result in failure of the examination.

3.2.1 EVALUATION CATEGORIES: SECTION B, PART 2 TREATMENT

- Records
- Patient Presentation
- Fixed Prosthodontics/Natural Teeth
- Fixed Prosthodontics/Implants
- Removable Partial Denture/Overdenture Prosthodontics
- Maxillofacial Prosthodontics
- Occlusion
- Prognosis, Outcomes and Maintenance Plan
- Work Authorization Form(s)
- Oral Examination

3.2.2 EVALUATION CATEGORIES: SECTION B, PART 3 TREATMENT

- Record
- Patient Presentation
- Fixed Prosthodontics/Natural Teeth
- Fixed Prosthodontics/Implants
- Removable Prosthodontics/Implants
- Occlusion
- Prognosis, Outcomes and Maintenance Plan
- Work Authorization Form(s)
- Oral Examination

3.2.3 EVALUATION CATEGORIES: SECTION B, PART 4 TREATMENT

- Record
- Patient Presentation
- Fixed Prosthodontics/Natural Teeth
- Fixed Prosthodontics/Implants
- Removable Prosthodontics/Implants
- Removable Partial Denture/Overdenture Prosthodontics
- Complete Denture/Overdenture Prosthodontics
- Maxillofacial Prosthodontics
- Occlusion

- Prognosis, Outcomes and Maintenance Plan
- Work Authorization Form(s)
- Oral Examination

3.3 SECTION B EVALUATION CATEGORIES WITH CRITERIA

3.3.1 RECORDS

MINOR CATEGORY:

Pre-operative Radiographs, Casts, Dies and Photographs

Level 2

Pre-operative radiographs are originals, properly processed and mounted with no evidence of cone cuts, distortions, improper film placement and apical areas “cut off.” Casts are clean, securely articulated and accurately reproduce oral structures. Casts are free of any elements that would introduce error. Photographs conform to size requirements and have been properly exposed and printed. All required views are present.

Level 3

Radiographs are adequate but demonstrate slight variations in contrast. Casts are adequate but lack optimal quality. Photographs meet basic requirements though with less than ideal contrast and sharpness.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Radiographs are improperly processed and mounted. Cone cuts, distortions, improper film placement or apical “cut off” severely compromise diagnostic quality. Casts are incomplete, lack essential elements for proper articulation or are insecurely articulated. Casts are porous, dirty. The articulated casts are not smooth and neat. Articulation instrument is inadequately programmed or inappropriately used. Photographs exhibit poor contrast and sharpness. One or more required views are missing.

MINOR CATEGORY:

Post-operative Radiographs, Casts, Dies and Photographs

Level 2

Post-operative radiographs are originals properly processed and mounted with no evidence of cone articulated and accurately reproduce oral structures. Casts are free of any elements which would introduce error. Photographs conform to size requirements and have been properly exposed and printed. All required views are present.

Level 3

Post-operative radiographs are adequate but demonstrate slight variations in contrast. Casts are adequate but lack optimal quality. Photographs meet basic requirements with less than ideal contrast and sharpness.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Post-operative radiographs are improperly processed and mounted. Cone cuts, distortions, improper film placement or apical “cut off” seriously compromise diagnostic quality. Casts are incomplete, lack essential elements for proper articulation or are insecurely articulated. Casts are porous, dirty. The articulated casts are not smooth and neat. Photographs exhibit poor contrast and sharpness. One or more required views are missing.

3.3.2 PATIENT PRESENTATION

MINOR CATEGORY:

History and Clinical Examination

Level 2

History records chief complaint, an account of current problems, past history of dental and general health, family history, personal history and a review of systems. Clinical examination includes a general survey of patient condition,

examination of the head and neck, examination of soft tissues of the mouth, and detailed information gained from a comprehensive dental examination.

Level 3

History is adequate though in-depth coverage of some elements is marginal. Clinical examination is adequate though some aspects of the examination are marginally covered.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Dental history is not organized and fails to elicit pertinent information. Omissions compromise the formulation of an accurate diagnosis. Clinical examination is deficient resulting in a lack of needed diagnostic information.

MAJOR CATEGORY:

Diagnosis and Treatment Plan

Level 1

Diagnosis is appropriate and supported by a thorough systemic method of identifying oral disease. Treatment plan is well organized and chronologically sequenced to prevent and correct oral disease.

Level 2

Diagnosis is appropriate and supported by a systematic method of identifying oral disease. Treatment plan is organized and chronologically sequenced to prevent and correct oral disease.

Level 3

Diagnosis is adequate though method used to formulate it is questionable. Treatment plan is marginally adequate but not well organized.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Diagnosis is incomplete, inappropriate, or not supported by clinical findings. Treatment plan is inappropriate. Treatment plan is incomplete,

inappropriate, not supported by clinical findings, not organized or improperly sequenced.

Level 5 (more than one aspect from the following constitute Level 5 performance)

Diagnosis is incomplete, inappropriate, or not supported by clinical findings. Treatment plan is inappropriate. Treatment plan is incomplete, inappropriate, not supported by clinical findings, not organized or improperly sequenced.

3.3.3 FIXED PROSTHODONTICS/NATURAL TEETH

**MAJOR CATEGORY:
Overall Design Concept**

Level 1

All basic components of accepted design concepts have been addressed and optimally applied.

Level 2

All basic components of accepted design concepts have been considered, but some aspect of the design may be considered controversial.

Level 3

Most basic components of accepted design concepts have been considered and those not addressed have been justified upon oral examination.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Some of the basic components of accepted design concepts have not been considered or addressed.

Level 5 (more than one aspect from the following constitute Level 5 performance)

Most basic components of accepted design concepts have not been considered or addressed. Components not addressed cannot be justified in the light of current knowledge.

MAJOR CATEGORY: Abutment Preparation

Level 1

Reduction is optimal for restorative material. The retention form is optimal. The resistance form has been incorporated. Finish line design and location are optimal for the preparation. Finish of the preparation displays finesse.

Level 2

Reduction is generally adequate but not optimal. The retention form is generally adequate but not optimal. Finish line design and location are generally adequate but not optimal. Finish of the preparations generally is adequate but not optimal.

Level 3

Reduction is marginally acceptable. The retention and resistance forms are marginally acceptable. Finish line design or location is questionable. Finish of the preparations is marginally adequate.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Preparation is over or under reduced. Retention or resistance form is lacking or ill-defined. Finish line design or location is inappropriate. Undercut(s) present, not recognized. Preparation finish is inadequate. Adjacent teeth were damaged. Existing restorations that have deficiencies were not removed/replaced prior to or in conjunction with tooth preparation.

Level 5 (more than one aspect from the following constitute Level 5 performance)

Preparation is over or under reduced. Retention or resistance form is lacking or ill-defined. Finish line design or location is inappropriate. Undercut(s) present, not recognized. Preparation finish is inadequate. Adjacent teeth were damaged. Existing restorations that have deficiencies were not removed/replaced prior to or in conjunction with tooth preparation.

MINOR CATEGORY:
Interim Restorations

Level 2

The interim restorations are esthetic, well contoured, with proper fit, proper occlusion, and are not irritating to the tissues.

Level 3

The interim restorations are generally acceptable but differences exist in esthetics, occlusion, contour, or tissue reaction.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The interim restorations are poorly contoured, unesthetic, lack proper fit, are irritating to the tissues, or lack adequate occlusion. Interim restoration was not integrated into comprehensive care.

MINOR CATEGORY:
Pontic(s)

Level 2

Pontic type, contour, and/or tissue relationship are well designed. Patient presentation clearly demonstrates appropriateness of pontic design.

Level 3

Pontic type, design, contour, and/or tissue relationship are marginally acceptable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

There are inadequacies in pontic design, contour, and/or tissue relationships. Demonstration of the appropriateness of pontic design is not available in the patient presentation.

MINOR CATEGORY:
Other Restorative Procedures

Level 2

Restorative materials are appropriately selected and applied. Restorative margins are properly designed and well adapted. Restoration contours are physiologic and appropriate. Post and cores are adequately dimensioned, designed, and applied (if employed).

Level 3

Restorative materials, margin design/adaptation/contours, and post and core dimensions and applications are marginally acceptable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Other restorative procedures are poorly integrated into comprehensive patient care. Restorative material selection and application are inappropriate for existing conditions. Restorative margins are improperly designed or poorly adapted. Restorative contours are inappropriate and non-physiologic. Post and core dimensions, designs and applications are inappropriate.

MAJOR CATEGORY:
Completed Restorations

Level 1

Restoration is physiologically compatible and well integrated with other elements of care. Completed restorations appear esthetic.

Level 2

Restoration is generally physiologically compatible and integrates with other elements of care, but exhibits some compromise. Completed restorations appear esthetic.

Level 3

Restoration is physiologically marginally acceptable. Some aspects exhibit less than desired physiologic compatibility. Other elements of care are considered, but desired integration is lacking. Completed restorations are not consistent with accepted esthetic standards.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Adverse outcomes may potentially occur. Physiologic or esthetic integration with other elements of care is lacking.

Level 5 (more than one aspect from the following constitute Level 5 performance)

Adverse outcomes have occurred. Physiologic integration with other elements of care is lacking. Esthetic appearance of completed restorations is unacceptable.

3.3.4 FIXED PROSTHODONTICS/IMPLANTS

MAJOR CATEGORY:

Overall Design Concept

Level 1

All basic components of accepted design concepts have been addressed and optimally applied.

Level 2

All basic components of accepted design concepts have been considered, but some aspect of the design may be considered controversial.

Level 3

Most basic components of accepted design concepts have been considered and those not addressed have been justified upon oral examination.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Some of the basic components of accepted design concepts have not been considered or addressed.

Level 5 (more than one aspect from the following constitute Level 5 performance)

Most basic components of accepted design concepts have not been considered or addressed. Components not addressed cannot be justified in the light of current knowledge.

MAJOR CATEGORY:

Implants and Implant Abutments

Level 1

An appropriate number of implants (and associated abutments) of proper length and diameter have been well placed in the edentulous area, demonstrating excellent adaptation (implant to abutment and/or restoration) and appear to be physiologically compatible.

Level 2

An appropriate number of implants (and associated abutments) with generally adequate length and diameter have been placed in the edentulous area, demonstrating adequate adaptation (implant to abutment and/or restoration) and appear to be physiologically compatible.

Level 3

The number, length, diameter, placement of the implants (and associated abutments) is marginal but they appear to be physiologically compatible.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The number, length, diameter, placement of the implants (and associated abutments) is unacceptable and that may affect their

physiologic compatibility. There is soft tissue inflammation (peri-implant mucositis) that may be the result of retained cement, inadequate abutment contour, or other factors.

Level 5 (more than one aspect from the following constitute Level 5 performance)

The number, length, diameter, distribution of the implants (and associated abutments) is unacceptable and/or the implants appear to not be physiologically compatible. There is soft tissue inflammation and bone loss (peri-implantitis) that may be the result of retained cement, inadequate abutment contour, or other factors.

MINOR CATEGORY:

Pontic(s)

Level 2

Pontic type, contour, and/or tissue relationship are well designed. Patient presentation clearly demonstrates appropriateness of pontic design.

Level 3

Pontic type, design, contour, and/or tissue relationship are marginally acceptable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

There are inadequacies in pontic design, contour, and/or tissue relationships. Demonstration of the appropriateness of pontic design is not available in the patient presentation.

MAJOR CATEGORY:

Completed Restorations

Level 1

Restoration is physiologically compatible and well integrated with other elements of care. Completed restorations appear esthetic.

Level 2

Restoration is generally physiologically compatible and integrates with other elements of care, but exhibits some compromise. Completed restorations appear esthetic.

Level 3

Restoration is physiologically marginally acceptable. Some aspects exhibit less than desired physiologic compatibility. Other elements of care are considered, but desired integration is lacking. Completed restorations are not consistent with accepted esthetic standards.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Adverse outcomes may potentially occur. Physiologic or esthetic integration with other elements of care is lacking.

Level 5 (more than one aspect from the following constitute Level 5 performance)

Adverse outcomes have occurred. Physiologic integration with other elements of care is lacking. Esthetic appearance of completed restorations is unacceptable.

**3.3.5 REMOVABLE PARTIAL DENTURE/
OVERDENTURE PROSTHODONTICS**

MINOR CATEGORY:

Overall Design Concept as Defined on Surveyed Cast

Level 2

All basic components of accepted design have been addressed on a surveyed cast for edentulous and the dentate areas.

Level 3

Most basic components of accepted design have been addressed on a surveyed cast for both the edentulous and dentate areas. Those components not addressed might be justified upon oral examination. Specific aspects of the design implemented may be controversial.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Basic components of accepted design have not been addressed on a surveyed cast for edentulous and the dentate areas. The design implemented is clearly controversial.

MINOR CATEGORY:

Clasp Assemblies

Level 2

An acceptable number of clasp assemblies have been selected and placed according to accepted philosophies of prosthesis retention, reciprocation, and support.

Level 3

The type, number, and placement of most clasp assemblies are adequate, but at least one clasp assembly is inappropriate in type and/or placement.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The type, number, and placement of most clasp assemblies are unacceptable.

MAJOR CATEGORY:

Rest Seats and Rests

Level 1 and 2

Occlusal, cingulum, or incisal rests and rest seats have been properly prepared, located and fabricated to facilitate optimal prosthesis support.

Level 3

Most of the occlusal, cingulum, or incisal rests and rest seats have been properly prepared, located and fabricated to facilitate optimal prosthesis support.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Most of the occlusal, cingulum, or incisal rests

or rest seats have been improperly prepared, located or fabricated providing suboptimal prosthesis support.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Most of the occlusal, cingulum, or incisal rests or rest seats have been improperly prepared, located or fabricated providing suboptimal prosthesis support.

MINOR CATEGORY:

Retention/Reciprocation

Level 2

Reciprocating and retentive components of all clasp assemblies have been acceptably placed to facilitate tooth stability while the prosthesis is placed and removed. The material used and the contours of the reciprocating and retentive components are proper for the type of prosthesis.

Level 3

Reciprocating and retentive components of some clasp assemblies have been acceptably placed to facilitate tooth stability while the prosthesis is placed and removed. The material used and the contours of the reciprocating and retentive components are marginal for the type of prosthesis.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Reciprocating and retentive components of most clasp assemblies have been unacceptably placed to facilitate tooth stability. The size, contour, location, or material used for the reciprocating and retentive components is/are unacceptable for the type of prosthesis.

MINOR CATEGORY:

Indirect Retainer(s)

Level 2

An indirect retainer(s) has been optimally placed to resist rotation of the prosthesis around the fulcrum line.

Level 3

An indirect retainer(s) has been placed but its location does not provide the optimal resistance to rotation around the fulcrum line or is less than optimal from a rest seat position/preparation standpoint.

Level 4 (any one aspect from the following constitutes Level 4 performance)

An indirect retainer(s) has not been placed to resist rotation around the fulcrum line, or the prosthesis lacks elements to resist rotation occlusally around the fulcrum line. The size of the indirect retainer is inadequate or is less than optimal from a rest seat position/preparation standpoint.

MAJOR CATEGORY:

Major Connector Selection/Placement/Size

Level 1 and 2

The major connector selection is appropriate, it is placed within the scope of acceptable principles, appears to be rigid, and will provide adequate stabilization and support to the prosthesis and remaining oral structures.

Level 3

The major connector is acceptable, it appears to be rigid, but the placement and selection are questionable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Aspects of major connector selection, placement and/or rigidity are inadequate.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Aspects of major connector selection, placement and/or rigidity are inadequate.

MINOR CATEGORY:

Base(s) Coverage/Contour

Level 2

The denture bases are extended and contoured properly within physiologic limits facilitating maximum stability and support for the prosthesis. Denture base contour is appropriate.

Level 3

Denture base extension and contour are marginally acceptable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Denture bases are over-extended or under-extended and denture base contour is inappropriate.

MINOR CATEGORY:

Denture Finish, Contour and Esthetics

Level 2

Denture base resin exhibits no porosity. Cameo denture surface is highly polished, properly contoured, free of scratches, and free of plaster inclusions. Stippling, if present, is appropriately textured and positioned. Denture base color is appropriate for the patient. Adjusted occlusal surfaces have been restored to a high polish. Completed restorations appear esthetic.

Level 3

Denture base resin exhibits minor areas of porosity. Cameo surfaces of dentures contain minor scratches and blemishes. Limited gypsum inclusions are apparent. The cameo denture surface is over or under contoured. Denture

base color is acceptable for the patient. Occlusal surfaces of modified denture teeth may not be polished. Completed restorations are not consistent with accepted esthetic standards.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Denture base resin is porous throughout. Cameo surfaces of denture have numerous scratches and blemishes. Significant gypsum inclusions are apparent. The cameo denture surface is significantly over or under contoured. Denture base color is inappropriate for the patient. Occlusal surfaces of modified denture teeth are irregular and not polished. The denture base or denture teeth have been fractured and not repaired or inadequately repaired. Esthetic appearance of completed restorations is unacceptable.

**MAJOR CATEGORY:
Abutment Restoration(s)**

Level 1

Abutment restorations have good margin integrity, incorporate appropriate material, and demonstrate survey contours that permit placement of retainer assemblies.

Level 2

Abutment restorations have good margin integrity, incorporate appropriate material, but demonstrate less than ideal survey contours for the chosen retainer assemblies.

Level 3

Abutment restorations lack ideal margin integrity. Material used or survey contours present are less than ideal for properly designed retainer assemblies.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Abutment restorations lack margin integrity. Materials used or contours present are inadequate for properly designed retainer assemblies.

Level 5 (more than one aspect from the following constitute Level 5 performance)
Abutment restorations lack margin integrity. Materials used or contours present are inadequate for properly designed retainer assemblies.

3.3.6 COMPLETE DENTURE/NATURAL TOOTH OVERDENTURE PROSTHODONTICS

**MAJOR CATEGORY:
Overdenture/Natural Tooth Abutment Preparations (without copings)**

Level 1

Reduction is optimal. Contours are smooth with no undercuts. Occlusal or incisal restorations sealing the root canal and tooth surfaces are smooth and polished. Margins are supragingival with no ledging. Casts clearly document all of these requirements.

Level 2

Reduction is generally adequate though not optimal. Occlusal or incisal restorations sealing the root canal are generally smooth and polished. Margins are supragingival with areas slightly roughened. Casts clearly document these requirements.

Level 3

Reduction is marginally acceptable with abutment(s) being over or under reduced. Occlusal or incisal restorations sealing the root canal and abutment surface are not smooth. Margins are mostly supragingival though some are subgingival. Casts marginally document requirements.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Abutments have been over or under prepared to an extent that will compromise treatment outcome. Occlusal or incisal restorations and abutment surfaces are rough and poorly

contoured. Significant portions of the margins are subgingival leaving marginal gingiva unsupported. Casts do not document requirements.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Abutments are over or under reduced decidedly compromising treatment outcome. Abutment restorations and surfaces are very rough and poorly contoured. Most margins are subgingival resulting in unsupported marginal gingiva.

**MAJOR CATEGORY:
Overdenture/Natural Tooth Abutment Preparations (for copings)**

Level 1

Reduction is optimal for restorative material. The retention form is optimal. The resistance form has been incorporated. Margin design is optimal for the preparation. Finish of the preparation displays finesse.

Level 2

Reduction is generally adequate but not optimal. The retention form is generally adequate but not optimal. The resistance form is generally adequate but not optimal. Margin design is generally adequate but not optimal. Finish of the preparations generally is adequate but not optimal.

Level 3

Reduction is marginally acceptable. The retention and resistance forms are marginally acceptable. Margin design is questionable. Finish of the preparations is marginally adequate.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Preparation is over or under reduced. Retention and resistance form is lacking or ill-defined. Margin design is inappropriate. Preparation finish is inadequate.

Level 5 (more than one aspect from the following constitutes Level 5 performance)
Reduction, retention, resistance form, margin design, and/or finish of the preparations are inadequate.

**MAJOR CATEGORY:
Completed Overdenture Abutment Restorations**

Level 1

Restoration is physiologically compatible and well integrated with other elements of care.

Level 2

Restoration is generally physiologically compatible and integrates with other elements of care but exhibits some compromising aspects.

Level 3

Restoration is marginally acceptable. Some aspects exhibit less than desired physiologic compatibility. Other elements of care considered but desired integration is lacking.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Integration with other elements of care is lacking. Future damage to surrounding tissues may occur.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Neglect of integration with other elements of care is evident. Future damage to surrounding tissues is very likely to occur or damage has occurred.

MAJOR CATEGORY:
Maxillary Impression

Level 1

The impression borders extend into the vestibule without impinging on movable tissue. The surface of the impression accurately reproduces the anatomy of the supporting tissues. The posterior extension of the impression includes the soft tissue overlying the pterygomaxillary fissure and the posterior junction of the hard and soft palate.

Level 2

The border extensions are generally acceptable. There are some localized areas of over extension that can be corrected. The impression records the anatomy of the supporting tissues. The posterior extension includes the anatomic guides.

Level 3

Some of the border extensions are generally acceptable with local areas of over or under extension. The impression records the anatomy of the tissues. The posterior extension of the impression includes the anatomic guides. Some voids present in impression. The border extensions are generally acceptable, with localized areas of over or under extension. The impression records the anatomy of the tissues. There are some voids.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The border extensions are generally over or under extended with the potential for loss of stability and/or retention. The impression lacks detail, and there are several voids.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

The border extensions are under or over extended. The tissue registered by the impression lacks detail. There are voids and/or distortions evident.

MAJOR CATEGORY:
Mandibular Impression

Level 1

The impression borders extend into the vestibule without impinging on movable tissue. The tray covers, but does not extend beyond the retromolar pads. The surface of the impression contacting the supporting oral mucosa accurately reproduces the anatomy of these tissues. The impression material is uniformly distributed in the impression tray.

Level 2

The border extensions are generally acceptable. There are also some localized areas that are over extended, but the conditions are correctable with minor alterations. The impression records the anatomy of the tissues. The impression material is uniformly in the impression tray.

Level 3

The border extensions are generally acceptable, with local areas of over or under extension. The retromolar pads are only partially covered. The impression records the anatomy of the tissues. The impression material is uniformly in the impression tray; however, there are a few small voids.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The border extensions are generally over or under extended, with the potential for loss of stability and/or retention. The tray does not contact the retromolar pads. The impression lacks tissue detail, and there are several voids. The impression material is unevenly distributed in the impression tray.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

The border extensions are under or over extended. The tissues registered lack detail. The impression material is unevenly distributed in the impression tray, and there are several areas where the tray has distorted tissue.

MINOR CATEGORY:

Maxillomandibular Relationship Records

Level 2

The methods used to make centric relation records follow acceptable techniques. Casts are properly poured, trimmed, and articulated. Record bases properly contoured. Articulated casts clearly show that these requirements have been met.

Level 3

The methods used to make centric relation records follow acceptable techniques. Casts show minor discrepancies that will produce errors correctable with minor adjustments on the finished denture.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The methods used to make centric relation records do not follow acceptable techniques. Casts show major discrepancies. Record bases are unacceptable.

MAJOR CATEGORY:

Trial Dentures

Level 1

The prosthetic teeth have been optimally arranged for function and esthetics with appropriate and smooth contours.

Level 2

The prosthetic teeth are arranged for good function and esthetics with appropriate and smooth contours.

Level 3

The tooth arrangement is marginal and/or the contours and smoothness lack finesse.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The teeth are not acceptably arranged for function or esthetics. General contours or surface smoothness are unacceptable.

Level 5

There are discrepancies in tooth arrangement or contours.

MAJOR CATEGORY:

Bilateral (Cross-Arch) Balanced Articulation

Level 1 and 2

Centric occlusion and maximal intercuspal contacts are coincident. Most teeth participate in bilateral, simultaneous, anterior and posterior occlusal contact through all excursive movements. Occlusal contact of posterior teeth is bilateral and simultaneous when the articulator is closed in centric occlusion. An identical occlusal contact relationship is demonstrated in the photographs presented.

Level 3

Centric occlusion and maximal intercuspal contacts are coincident. Some, but not all, teeth participate in bilateral, simultaneous, anterior and posterior occlusal contact through all excursive movements. Occlusal contact of posterior teeth demonstrates minor deflections that are within a correctable range. An identical occlusal contact relationship is demonstrated in the photographs presented.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Centric occlusion and maximal intercuspal contacts are not coincident. Bilateral, simultaneous, anterior and posterior occlusal contact through all excursive movements is minimally present and inadequate to establish balanced articulation.

Level 5

Bilateral, simultaneous, anterior and posterior occlusal contact through all excursive movements is absent.

MAJOR CATEGORY:

Occlusal Vertical Dimension

Level 1 and 2

The restored patient demonstrates acceptable occlusal vertical dimension and acceptable interocclusal rest distance.

Level 3

The restored patient demonstrates an occlusal vertical dimension that is acceptable but less than ideal (slightly open or slightly closed).

Level 4

The restored patient demonstrates an occlusal vertical dimension that is unacceptable (open or closed), but correctable by conservative means.

Level 5

The restored patient demonstrates an occlusal vertical dimension that is unacceptable (open or closed) and correctable only by prosthesis remake.

MAJOR CATEGORY:

Centric Occlusion/Maximal Intercuspal Contacts

Level 1 and 2

Centric occlusion and maximal intercuspal contacts are coincident. Posterior occlusal contacts are bilateral and simultaneous in centric occlusion.

Level 3

Contacts in centric occlusion show minor but correctable errors. Clinical remount and minor occlusal adjustment is necessary.

Level 4

Centric occlusion and maximal intercuspal contacts are not coincident. Clinical remount and considerable occlusal adjustment is necessary.

Level 5

Centric occlusion and maximal intercuspal contacts are not coincident. Occlusal discrepancies are not correctable by clinical remount or other conventional means. Prosthesis remake appears to be necessary.

MINOR CATEGORY:

Denture Finish, Contour and Esthetics

Level 2

Denture base resin exhibits no porosity. Cameo denture surface is highly polished, properly contoured, free of scratches, and free of plaster inclusions. Stippling, if present, is appropriately textured and positioned. Denture base color is appropriate for the patient. Adjusted occlusal surfaces have been restored to a high polish. Completed restorations appear esthetic.

Level 3

Denture base resin exhibits minor areas of porosity. Cameo surfaces of dentures contain minor scratches and blemishes. Limited gypsum inclusions are apparent. The cameo denture surface is over or under contoured. Denture base color is acceptable for the patient. Occlusal surfaces of modified denture teeth may not be polished. Completed restorations are not consistent with accepted esthetic standards.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Denture base resin is porous throughout. Cameo surfaces of denture have numerous scratches and blemishes. Significant gypsum inclusions are apparent. Denture base color is inappropriate for the patient. The cameo denture surface is over or under contoured. Occlusal surfaces of modified denture teeth are irregular and not polished. The denture base or denture teeth have been fractured and not repaired or inadequately repaired. Esthetic appearance of completed restorations is unacceptable.

MAJOR CATEGORY:

Denture Extension

Level 1 and 2

Prosthesis extension into vestibules does not impinge on movable tissue. Border approximation to critical anatomy (e.g., pterygomaxillary fissure, junction of the hard and soft palate, retromolar pads, frenal attachments) is appropriate.

Level 3

Prosthesis extension into vestibules is generally acceptable with local areas of limited over or under extension that will not adversely affect prosthesis stability, support, and/or retention. Border approximation to critical anatomy is appropriate.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Prosthesis extension into vestibules is over or under extended with expected compromise in prosthesis stability, support and/or retention.

Level 5

Prosthesis extension is unacceptable.

3.3.7 REMOVABLE PROSTHODONTICS/ IMPLANTS

MAJOR CATEGORY:

Overall Design Concept

Level 1

All basic components of accepted design have been addressed and optimally applied.

Level 2

All basic components of accepted design have been considered, but some aspect of the design may be controversial.

Level 3

Most basic components of accepted design have been considered and those not addressed have been justified upon oral examination.

Level 4

Some of the basic components of accepted design have not been considered or addressed.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Most basic components of accepted design have not been considered or addressed. Those components not addressed cannot be justified in the light of current knowledge.

MAJOR CATEGORY:

Implants and Implant Abutments

Level 1

An adequate number of implants of proper length have been well distributed in the edentulous area and they appear to be physiologically compatible.

Level 2

An adequate number of implants with generally adequate length have been distributed in the edentulous area and they appear to be physiologically compatible.

Level 3

The number, length, distribution of the implants is marginal, but they appear to be physiologically compatible.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The number, length, distribution of the implants is unacceptable and that may affect their physiologic compatibility.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

The number, length, distribution of the implants is unacceptable and the implants appear not to be physiologically compatible.

MAJOR CATEGORY:

Completed Restorations

Level 1

Prostheses are properly contoured and finished and well integrated with other elements of care. Completed restorations appear esthetic.

Level 2

Prostheses are generally properly contoured, finished and integrated with other elements of care. Completed restorations appear esthetic.

Level 3

Prosthesis contours, finish or integration with other elements of care is marginal. Completed restorations are not consistent with accepted esthetic standards.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Prosthesis contours, finish, integration with other elements of care is unacceptable. Esthetic appearance of completed restorations is unacceptable.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Prosthesis contours, finish, integration with other elements of care is unacceptable. Esthetic appearance of completed restorations is unacceptable.

3.3.8 MAXILLOFACIAL PROSTHETICS

MAJOR CATEGORY:

Overall Design Concept

Level 1

All basic components of accepted design have been addressed for defect and the non-defect areas.

Level 2

All basic components of accepted design have been considered for defect and non-defect areas. Components not addressed were justified during oral examination.

Level 3

Most basic components of accepted design have been considered for defect and non-defect area. Methods used for component design may be controversial.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Basic components of accepted design have been considered for defect and non-defect areas. Failure to address specific design elements cannot be justified in the light of current knowledge.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Basic components of accepted design have not been addressed for defect and non-defect areas. Design elements not addressed cannot be justified in the light of current knowledge.

MINOR CATEGORY:

Clasp Assemblies

Level 2

An acceptable number of clasp assemblies have been selected and placed according to accepted philosophies of prosthesis retention, reciprocation and support.

Level 3

The type, number, and placement of most clasp assemblies are acceptable, but at least one clasp assembly is unacceptable in type and/or placement.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The type, number, and placement of most clasp assemblies are unacceptable.

MAJOR CATEGORY:

Rest Seats and Rests

Level 1 and 2

Occlusal, cingulum, or incisal rests and rest seats have been properly prepared, located and fabricated to facilitate optimal prosthesis support.

Level 3

Most of the occlusal, cingulum, or incisal rests and rest seats have been properly prepared, located and fabricated to facilitate optimal prosthesis support.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Most of the occlusal, cingulum, or incisal rests or rest seats have been improperly prepared, located or fabricated providing suboptimal prosthesis support.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Most of the occlusal, cingulum, or incisal rests or rest seats have been improperly prepared, located or fabricated providing suboptimal prosthesis support.

MINOR CATEGORY:

Retention/Reciprocation

Level 2

Reciprocating and retentive components of all direct retainers have been appropriately placed to facilitate tooth stability while the prosthesis is placed and removed. The material used and the contours of the reciprocating and retentive components are proper for the type of prosthesis.

Level 3

Reciprocating and retentive components of some direct retainers have been acceptably placed to facilitate tooth stability while the prosthesis is placed and removed. The material used and the contours of the reciprocating and retentive components are marginal for the type of prosthesis.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Reciprocating and retentive components of most direct retainers have been unacceptably placed to facilitate tooth stability. The size, contour, location or material used for the reciprocating and retentive components is/are unacceptable for the type of prosthesis.

MINOR CATEGORY:

Indirect Retainer(s)

Level 2

An indirect retainer(s) has been optimally placed to resist rotation of the prosthesis around the fulcrum line.

Level 3

An indirect retainer(s) has been placed but its location does not provide the optimal resistance to rotation around the fulcrum line or is less than optimal from a rest seat position/preparation standpoint.

Level 4 (any one aspect from the following constitutes Level 4 performance)

An indirect retainer(s) has not been placed to resist rotation around the fulcrum line, or the prosthesis lacks elements to resist rotation occlusally around the fulcrum line. The size of the indirect retainer is inadequate or is less than optimal from a rest seat position/preparation standpoint.

MAJOR CATEGORY:

Major Connector Selection/Placement/Size

Level 1 and 2

The major connector selection is appropriate, it is placed within the scope of acceptable principles, appears to be rigid, and will provide adequate stabilization and support to the prosthesis and remaining oral structures.

Level 3

The major connector is acceptable, it appears to be rigid, but the placement and selection are questionable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Aspects of major connector selection, placement and/or rigidity are inadequate.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Aspects of major connector selection, placement and/or rigidity are inadequate.

MINOR CATEGORY:

Base Coverage/Contour (non-defect area, if present)

Level 2

Denture bases extension in the non-defect area(s) is appropriate and results in maximum stability and support for the prosthesis. Denture base contour is appropriate.

Level 3

Denture base extension in the non-defect area(s) is marginally acceptable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Denture bases are over extended or under extended and denture base contour is inappropriate.

MINOR CATEGORY:

Obturator Extension/Contour

Level 2

The extent and contour of the bases in the defect areas are appropriate.

Level 3

The extent of the bases in the non-defect area or areas is marginally acceptable and the contour is questionable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The extent and contour of the bases are inadequate to provide support, stability, retention, and oral-nasal seal.

MAJOR CATEGORY:

Design

Level 1 and 2

The design and materials used are appropriate for the type of defect to be obturated.

Level 3

The design and materials used are generally appropriate, but not optimal for the defect to be obturated.

Level 4 (any one aspect from the following constitutes Level 4 performance)

The design or materials used are inappropriate for the type of defect to be obturated.

Level 5 (more than one aspect from the following constitute Level 5 performance)

The design and materials used are inappropriate for the type of defect to be obturated.

MAJOR CATEGORY:

Abutment Restoration(s)

Level 1

Abutment restorations have good margin integrity, incorporate appropriate material, and demonstrate survey contours that permit placement of retainer assemblies.

Level 2

Abutment restorations have good margin integrity, incorporate appropriate material, but demonstrate less than ideal survey contours for the chosen retainer assemblies.

Level 3

Abutment restorations lack ideal margin integrity. Material used or survey contours present are less than ideal for properly designed retainer assemblies.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Abutment restorations lack margin integrity. Materials used or contours present are inadequate for properly designed retainer assemblies.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Abutment restorations lack margin integrity. Materials used or contours present are inadequate for properly designed retainer assemblies.

3.3.9 MAJOR CATEGORY: OCCLUSION

Level 1

Centric occlusion and maximal intercuspal contacts are coincident. Occlusal contacts are harmonious in maximal intercuspal position and eccentric positions. The occlusal plane and type of teeth selected (material and cusp form) enhance the stability of the prosthesis.

Level 2

Occlusal contacts are generally harmonious in maximal intercuspal position and eccentric positions, but minor discrepancies exist.

Level 3

Occlusal discrepancies exist in either maximal intercuspal position or eccentric positions. The choice of teeth and position of the occlusal plane is suspect.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Occlusal discrepancies exist. Occlusal contacts may be lacking in maximal intercuspal position. Undesirable occlusal contacts are present and may result in potentially adverse outcomes. Occlusal plane irregularities, lack of uniform maximal intercuspal contacts, or inappropriate eccentric tooth contacts exist.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Occlusal discrepancies exist. Occlusal contacts are lacking in maximal intercuspal position. Undesirable occlusal contacts are present resulting in potentially adverse outcomes. Occlusal plane irregularities, lack of uniform maximal intercuspal contacts, or inappropriate eccentric tooth contacts exist.

3.3.10 MINOR CATEGORY: PROGNOSIS, OUTCOMES AND MAINTENANCE PLAN

Level 2

Prognosis is realistic, based on an appropriate diagnosis, a well-organized treatment plan, and appropriate treatment. The maintenance plan includes an appropriate patient recall regimen, professional maintenance regimen, and at-home maintenance regimen. Maintenance plan fully addresses specific patient treatment and prognosis.

Level 3

Prognosis is reasonable though slightly optimistic. The maintenance plan is not ideally suited to the patient's needs for a patient recall regimen, professional maintenance regimen, and/or at-home maintenance regimen. Maintenance plan partially addresses specific patient treatment and prognosis.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Prognosis is not realistic. The maintenance plan is deficient and will likely lead to biological and mechanical complications because of an inappropriate patient recall regimen, professional maintenance regimen, and/or at-home maintenance regimen. Maintenance plan is absent or does not support specific patient treatment and prognosis.

3.3.11 MINOR CATEGORY: WORK AUTHORIZATION FORM(S)

Level 2

All pertinent information is present and clearly described.

Level 3

Information is generally adequate but some aspects are marginally covered.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Pertinent information has not been written, information is confusing, incomplete or no form was used.

3.3.12 MAJOR CATEGORY: ORAL EXAMINATION PERFORMANCE

Level 1

The candidate responds well to questioning associated with the patient presentation. The candidate fully understands the rationale for treatment and the technical aspects of

care associated with the patient treatment. The candidate demonstrates a superior understanding of the broad scope of Prosthodontics.

Level 2

The candidate responds well to questioning associated with the patient presentation. The candidate fully understands the rationale for treatment and the technical aspects of care associated with the patient treatment. The candidate demonstrates an adequate understanding of the broad scope of Prosthodontics.

Level 3

The candidate responds adequately to questioning associated with the patient presentation. The candidate understands the rationale for treatment and the technical aspects of care associated with the patient treatment. The candidate's understanding of the broad scope of Prosthodontics is marginal.

Level 4 (any one aspect from the following constitutes Level 4 performance)

Although the candidate presents a technically acceptable patient presentation, he/she cannot justify the rationale for the specific treatment provided. The candidate's understanding of the broad scope of implant placement and prosthodontics is not adequate.

Level 5 (more than one aspect from the following constitutes Level 5 performance)

Although the candidate presents a technically acceptable patient presentation, he/she cannot justify the rationale for the specific treatment provided. The candidate's understanding of the broad scope of implant placement and prosthodontics is not adequate.

4

4. Section C: Scenario-Based Oral Examination

4.1 SECTION C GRADING

This scenario-based examination consists of three (3) separate 20-minute oral examinations in which two (2) examiners present scripted questions based on a clinical scenario created by the ABP. Each clinical scenario incorporates four (4) 5-minute themes: Diagnosis, Treatment Planning, Treatment, and Prognosis, Outcomes and Maintenance Plan. Within each theme, multiple questions are asked. The content of the examination is consistent with current Commission of Dental Accreditation (CODA) Standards for Advanced Specialty Education Programs in Prosthodontics. Scenarios serve to evaluate depth and breadth of candidate knowledge in prosthodontics and related disciplines and sciences. A video depicting the conduct of a mock examination may be found at <https://www.abpros.org/current-candidates>.

Different 2-examiner teams conduct each of the 3 scenario examinations for each candidate. Therefore, a total of 6 examiners enter scores for each candidate. The 4 themes within each scenario are scored separately, resulting in 24 data points per candidate for the Section C examination (2 examiners x 3 scenarios x 4 themes/scenario). An aggregate score derived from the 24 data points determines candidate performance.

Scenario questions and anticipated responses are specifically developed by the ABP to

standardize Section C content and grading. The ABP reaches agreement as to questions and anticipated responses before a scenario is offered in an examination. Questions and anticipated responses are scripted, such that every candidate challenging a particular scenario during any examination cycle faces the same questions, anticipated responses, and allotted time. Candidates responses should be expansive in nature to demonstrate the candidate's breadth of understanding, interpretation, and integration of prosthodontic knowledge.

4.2 SECTION C EVALUATION CATEGORIES

Candidate will be scored relative to the anticipated responses determined by the ABP. Scoring is recorded as:

1. Fail
2. Marginal Fail
3. Marginal Pass
4. Pass

4.3 EVALUATION OF EXAMINERS AND EXAMINATION: CONSISTENCY AND RELIABILITY

Intra-examiner scoring severity and consistency are compared within the examination cycle and between previous examination cycles. Inter-examiner scoring is compared in the same manner. Inter-scenario difficulty is

also calculated comparing present and past candidate pools. In doing so, individual scores and the pass-fail point for Section C examinations are statistically validated at several levels. Following extensive psychometric assessment via an outside agency, the ABP defines a pass-point reflecting a high confidence interval to assure that all candidates who should will indeed pass the examination.

Section D Evaluation Criteria

5.1 SECTION D GRADING

After all candidates have been examined, the Board meets in executive session to consider each candidate. Candidate anonymity is maintained throughout the process. Each examination team provides a “pass” or “defer” performance evaluation for each candidate examined based on published criteria. For deferred candidates, a review of patient documentation, presentation and oral examination is provided to the entire ABP by the examiner team that conducted the oral examination in question.

Successful completion of Section D requires acceptable performance in three categories: (1) patient presentation, (2) implant surgery and prosthodontics, and (3) related dental sciences. All candidates are scored according to the published criteria that include both major and minor categories. Major categories are scored on a numerical scale of 1 to 5. Minor categories are scored from 2 to 4. Examination failure occurs when the candidate receives any of the following:

- A single (1) score of 5 in a major category;
- Two (2) scores of 4 in major categories; or
- Four (4) scores of 4 in any categories.

Following thorough discussion of a deferred candidate, each member of the Board registers an anonymous vote of “pass” or “fail.” No candi-

date can fail the examination based exclusively on the opinion of one examination team or one ABP Examiner. A simple majority of ABP Examiners must reach consensus before a candidate is determined to have failed the Section D examination. In the event of a tie vote, the candidate passes the examination.

5.2 SECTION D EVALUATION CATEGORIES AND CRITERIA

MINOR CATEGORY:

Unaltered Preoperative Radiographs/Images, Casts, and Photographs (missing elements will result in candidate disqualification)

Level 2

Preoperative radiographs/images are originals of acceptable diagnostic quality with no evidence of cone cuts, distortions, improper film placement and apical areas “cut off.” Casts are clean, securely mounted and accurately reproduce oral structures. Casts are free of any elements that would introduce error. Photographs conform to size requirements and have been properly exposed. All required views and components as identified in checklist are present.

Level 3

Radiographs/images are adequate but demonstrate slight variations in contrast. Casts are adequate but lack optimal quality. Photographs meet basic requirements though with less than ideal

contrast and sharpness. All required views and components as identified in checklist are present.

Level 4 (any one of the following items constitutes Level 4 performance)

Radiographs/images are inadequate. Cone cuts, distortions, improper film placement or apical “cut off” severely compromise diagnostic quality. Casts are incomplete, lack essential elements for proper articulation or are insecurely mounted. Casts are porous, dirty. The mounting is not smooth and neat. Articulation instrument is inadequately programmed or inappropriately used. Photographs exhibit poor contrast and sharpness. One or more required views and components are missing.

MINOR CATEGORY:

Unaltered Post-operative Radiographs/Images, Casts, and Photographs (missing elements will result in candidate disqualification)

Level 2

Post-operative radiographs/images are originals of acceptable diagnostic quality with no evidence of cone cuts, distortions, improper film placement and apical areas “cut off.” Casts are clean, securely mounted and accurately reproduce oral structures. Casts are free of any elements that would introduce error. Photographs conform to size requirements and have been properly exposed. All required views and components as identified in checklist are present.

Level 3

Radiographs/images are adequate but demonstrate slight variations in contrast. Casts are adequate but lack optimal quality. Photographs meet basic requirements though with less than ideal contrast and sharpness.

Level 4 (any one of the following items constitutes Level 4 performance)

Radiographs/images are inadequate. Cone cuts, distortions, improper film placement or apical

“cut off” severely compromise diagnostic quality. Casts are incomplete, lack essential elements for proper articulation or are insecurely mounted. Casts are porous, dirty. The mounting is not smooth and neat. Articulation instrument is inadequately programmed or inappropriately used. Photographs exhibit poor contrast and sharpness. One or more required views and components are missing.

MAJOR CATEGORY:

Diagnosis and Treatment Plan

Level 2

Diagnosis is appropriate and supported by a systematic method of identifying oral disease. Treatment plan is organized and chronologically sequenced to prevent and correct oral disease.

Level 3

Diagnosis is adequate though method used to formulate it is questionable. Treatment plan is marginally adequate but not well organized.

Level 4 (any one of the following items constitutes Level 4 performance)

Diagnosis is incomplete or inappropriate and is not supported by clinical findings. Treatment plan is inappropriate. Treatment plan is poorly organized and improperly sequenced.

Level 5 (multiple items from the following constitute Level 5 performance)

Diagnosis is clearly incomplete or inappropriate and is not supported by clinical findings. Treatment plan is inappropriate or inadequate with errors in content and sequencing. Teeth have been inappropriately extracted or restored.

MAJOR CATEGORY:

Implant Placement Surgery

Level 1

Implant position ideally supports the prosthetic plan. Soft tissue management, flap design, tra-

jectory, depth, implant dimensions, implant site development, and osteotomy demonstrate ideal treatment.

Level 2

Implant position supports the prosthetic plan. Soft tissue management, flap design, trajectory, depth, implant dimensions, implant site development, and osteotomy demonstrate acceptable treatment.

Level 3

Implant position and angulation requires prosthetic modification to achieve prosthetic plan.

Level 4 (any one of the following items constitutes Level 4 performance)

Compromised implant position results in prosthetic modifications that lead to potential adverse outcomes. Soft tissue management, flap design, trajectory, depth, implant dimensions, implant site development, osteotomy or other considerations demonstrate unacceptable treatment.

Level 5 (multiple items from the following constitute Level 5 performance)

Compromised implant position results in prosthetic modifications that lead to potential adverse outcome. Soft tissue management, flap design, trajectory, depth, implant dimensions, implant site development, osteotomy or other considerations demonstrate unacceptable treatment that can produce adverse outcomes.

MAJOR CATEGORY:

Implants and Implant Abutments

Level 1

An appropriate number of implants (and associated abutments) of proper length and diameter have been well placed in the edentulous area, demonstrating excellent adaptation (implant to abutment or restoration) and appear to be physiologically compatible.

Level 2

An appropriate number of implants (and associated abutments) with generally adequate length and diameter have been placed in the edentulous area, demonstrating adequate adaptation (implant to abutment or restoration) and appear to be physiologically compatible.

Level 3

The number, length, diameter, placement of the implants (and associated abutments) is marginal but they appear to be physiologically compatible.

Level 4 (any one of the following items constitutes Level 4 performance)

The number, length, diameter, placement of the implants (and associated abutments) is unacceptable and that may affect their physiologic compatibility. There is soft tissue inflammation (peri-implant mucositis) that may be the result of retained cement, inadequate abutment contour, or other factors.

Level 5 (multiple items from the following constitute Level 5 performance)

The number, length, diameter, distribution of the implants (and associated abutments) is unacceptable or the implants appear to not be physiologically compatible. There is soft tissue inflammation and bone loss (peri-implantitis) that may be the result of retained cement, inadequate abutment contour, or other factors.

MINOR CATEGORY:

Pontic(s)

Level 2

Pontic type, contour, and/or tissue relationship are well designed. Patient presentation clearly demonstrates appropriateness of pontic design.

Level 3

Pontic type, design, contour, and/or tissue relationship are marginally acceptable.

Level 4 (any one aspect from the following constitutes Level 4 performance)

There are inadequacies in pontic design, contour, and/or tissue relationships. Demonstration of the appropriateness of pontic design is not available in the patient presentation.

MAJOR CATEGORY:

Occlusion

Level 1

The definitive occlusion is appropriate. Occlusal contacts are harmonious in maximal intercuspal and eccentric positions. The occlusal plane and occluding surfaces (material and morphology) enhance the stability of the prosthesis.

Level 2

The definitive occlusion is generally acceptable. Occlusal contacts are generally harmonious in maximal intercuspal and eccentric positions, but minor discrepancies exist.

Level 3

The definitive occlusion may be compromised. Occlusal contacts are compromised in either maximal intercuspal or eccentric positions. Clinical management of occlusal plane, tooth position(s), and occluding surfaces (material and morphology) is questionable.

Level 4 (any one of the following items constitutes Level 4 performance)

The definitive occlusion displays discrepancies. Occlusal contacts may be lacking in maximal intercuspal position. Undesirable occlusal contacts are present and may result in potential adverse outcomes. There is a lack of uniform occlusal contacts in maximal intercuspal position or inappropriate eccentric tooth contacts exist. Clinical management of occlusal plane, tooth position(s), and occluding surfaces (material and morphology) is inappropriate.

Level 5 (multiple items from the following constitute Level 5 performance)

The definitive occlusion displays major discrepancies. Occlusal contacts may be lacking in maximal intercuspal position. Undesirable occlusal contacts are present and may result in potential adverse outcomes. There is a lack of uniform occlusal contacts in maximal intercuspal position or inappropriate eccentric tooth contacts exist. Clinical management of occlusal plane, tooth position(s), and occluding surfaces (material and morphology) is inappropriate.

MAJOR CATEGORY:

Completed Restorations

Level 1

Restoration is physiologically or esthetically compatible and well integrated with other elements of care.

Level 2

Restoration is generally physiologically or esthetically compatible and integrates with other elements of care but exhibits some compromising aspects.

Level 3

Restoration is physiologically or esthetically marginally acceptable. Some aspects exhibit less than desired physiologic compatibility. Other elements of care considered but desired integration is lacking.

Level 4 (any one of the following items constitutes Level 4 performance)

Adverse outcomes may potentially occur. Physiologic or esthetic integration with other elements of care is lacking.

Level 5 (multiple items from the following constitute Level 5 performance)

Adverse outcomes have occurred. Physiologic or esthetic integration with other elements of care is lacking.

MINOR CATEGORY:

Prognosis, Outcomes and Maintenance Plan

Level 2

Prognosis is realistic, based on an appropriate diagnosis, a well-organized treatment plan, appropriate treatment, and planned maintenance.

Level 3

Prognosis and planned maintenance are acceptable.

Level 4 (any one of the following items constitutes Level 4 performance)

Prognosis is unrealistic. Planned maintenance is not compatible with the patient's needs.

MAJOR CATEGORY:

Oral Examination Performance

Level 1

The candidate responds well to questioning associated with the patient presentation. The candidate fully understands the rationale for treatment and the technical aspects of care associated with the patient treatment. The candidate demonstrates a superior understanding of the broad scope of Prosthodontics.

Level 2

The candidate responds well to questioning associated with the patient presentation. The candidate fully understands the rationale for treatment and the technical aspects of care associated with the patient treatment. The candidate demonstrates an adequate understanding of the broad scope of Prosthodontics.

Level 3

The candidate responds adequately to questioning associated with the patient presentation. The candidate understands the rationale for treatment and the technical aspects of care associated with the patient treatment. The candidate's understanding of the broad scope of Prosthodontics is marginal.

Level 4 (any one of the following items constitutes Level 4 performance)

Although the candidate presents a technically acceptable patient presentation, he/she cannot justify the rationale for the specific treatment provided. The candidate's understanding of the broad scope of implant placement and prosthodontics is not adequate.

Level 5 (multiple items from the following constitute Level 5 performance)

Although the candidate presents a technically acceptable patient presentation, he/she cannot justify the rationale for the specific treatment provided. The candidate's understanding of the broad scope of implant placement and prosthodontics is not adequate.



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