REMovable PROSTHODONTICS COMPETENCY EXAM

GUIDELINES and CRITERIA

1. Prior to starting a competency exam, the student must have completed successfully (not “started” or “almost done”) another restoration of the type to be used as a competency. If the faculty member believes that the student needs more experience prior to attempting a competency exam, the faculty should not permit the student to proceed with the competency exam.

2. The student is expected to make treatment decisions and perform the treatment procedures without the assistance of any faculty member or other person.

3. A competency card must be initiated at the beginning of the treatment process and maintained by the student throughout treatment. Students must display the competency card in the operatory and present it to faculty when requested. DO NOT MISPLACE THE CARD.

4. Students should endeavor to do all graded steps with the same faculty – do not alternate between or among other various faculty members.

5. Eight areas of concern will be evaluated during the competency exam process. Written grading criteria are published and available for reading by students and faculty. READ AND UNDERSTAND THE CRITERIA PRIOR TO BEGINNING THE COMPETENCY EXAM.

6. Unusual situations and occurrences which may arise should be brought to the attention of faculty as soon as they are discovered. The undersigned faculty(CWE) will retain final decision on the competency questions that fall outside normal and routine.

7. When progression on a competency exam has reached a point where passing is not possible, the student will be notified of such. The student must complete the patient’s treatment in the usual, routine manner. A subsequent attempt of a competency exam must then be challenged using a different patient. If attending faculty concludes that the student needs more knowledge or experience, the student must demonstrate that such knowledge or experience has been acquired prior to commencing another competency exam effort.

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Section Head, Removable Prosthodontics
COMPLETE DENTURE COMPETENCY EXAM CRITERIA

ORAL EXAM/DIAGNOSIS - Treatment Plan - Preliminary Impressions - CRITERIA

1. Student has displayed appropriate self-assessment.
3. Data recorded on standardized exam form are accurate and complete.
4. Significant medical history items are noted. Appropriate steps are taken.
5. Need for pre-prosthetic surgery, tissue conditioning, consultation is detected and pursued.
6. Acceptable preliminary impressions are made by the student.
7. Patient management and appointment scheduling are acceptable.
8. Professional and ethical conduct displayed.

SECONDARY IMPRESSIONS & MASTER CASTS - CRITERIA

1. Student has displayed appropriate self-assessment.
2. An acceptable custom tray is accurately border molded - neither underextended nor overextended – for a peripheral seal, maximum extension within physiologic limits, and has correct thickness for comfort, esthetics and function.
3. Acceptable material for a secondary impression properly mixed, and custom tray was correctly placed in the patient’s mouth.
4. Impression contains all required anatomy, correctly registered, and it contains minimal “burn through” areas or voids.
5. Secondary impressions are boxed using an acceptable material before pouring the master casts.
6. Type III gypsum stone casts – dense and free of porosity – are produced and correctly trimmed for the next step.
7. The master casts have clearly-defined land areas of adequate width all around.
8. Professional and ethical conduct displayed.
MAX-MAND. RELATIONSHIP RECORDS / TOOTH SELECTION - CRITERIA

1. Student has displayed appropriate self-assessment.
2. Record bases made of acceptable material are rigid, stable on cast and are retentive and comfortable in the mouth.
3. Correctly shaped and correctly positioned wax rims are neatly fabricated.
4. Accurate facebow transfer procedure correctly accomplished.
5. Occlusal vertical dimension is accurately determined and transferred to articulator.
6. Midline of upper 2/3 of face accurately marked.
7. Jaw relationships – Centric relation position at correct occ. vertical dimension is transferred to articulator via accurate interocclusal records. Verification records confirm accuracy of cast mounting.
8. Acceptable molds and shade of anterior and posterior teeth are selected.
9. Professional and ethical conduct displayed.

TRIAL DENTURES – CRITERIA

1. Student has displayed appropriate self-assessment.
2. Maximum, ideal “intercuspation” or occlusal contact relationships exist coincident with centric relation. Positions of posterior teeth are acceptable.
3. Esthetics acceptable: incisal plane parallels interpupillary line, midline correctly placed, tooth display is acceptable when smiling and with resting lip, lip support is acceptable, tooth arrangement is acceptable, waxing is neat and appears done with pride in the outcome.
4. OVD is acceptable. Phonetics acceptable – clear speech is evident – artificial teeth do not touch during rapid speech.
5. Occlusal plane is acceptable: plane parallels Camper’s Plane, mandibular plane is 2-3 mm below dorsum of resting tongue, mandibular premolars are at or just below corners of mouth when “mouth breathing” or “eating a cracker” degree of opening, posteriorly occlusal plane not higher than 2/3 up retromolar pad.
6. Buccal corridor acceptable; horizontal and vertical overlap acceptable – no contact of anterior teeth in centric occlusion.
7. Maxillary posterior limit determined and is acceptable.
8. Protrusive/eccentric records correctly made (if needed).
9. Mounting of casts is verified to be correct by new interocclusal records made intraorally and verified on the articulator.
10. Professional and ethical conduct displayed.
**FINAL WAXING for PROCESSING**

1. Student has displayed appropriate self-assessment.
2. Wax is smooth and free of voids, scratches and irregularities.
3. Tooth-wax junction is smooth and without ditch or irregularity.
4. Labial/buccal papillae are convex in M-D and Occ-Ging. directions.
5. Gingival margins are at approx. same height as adjacent teeth.
6. Palatal thickness is uniform and approx. 2.5 – 3 mm thick.
7. Convexities and concavities of bases are correctly positioned.
8. No wax is present on “clinical crowns” of denture teeth.
9. Waxing is neat, clean and displays pride in the outcome.
10. Denture base waxing is anatomic and generally resembles a dentate arch.
11. Teeth are arranged esthetically and positioned correctly.
12. Professional and ethical conduct displayed.

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**INSERTION / DELIVERY of FINISHED DENTURE(S) – CRITERIA**

1. Student has displayed appropriate self-assessment.
2. Maxillary remount cast positioned on articulator via facebow preservation index.
3. Basal surface contacts verified / corrected as needed.
5. Frenal areas are acceptable.
7. Occlusal refinement is done correctly on articulator using clinical remount.
8. Retention and stability of prosthesis(es) are acceptable and consistent with expectations for the patient’s foundation.
9. Cameo and occlusal surfaces of dentures are smooth and polished when delivered.
10. Appropriate verbal and written instructions are provided to patient.
11. Professional and ethical conduct displayed.
POST DELIVERY ADJUSTMENTS – 24 and 72 hour minimum – CRITERIA

1. Student has displayed appropriate self-assessment.
2. Red irritation lines in cheeks/vestibules are addressed/eliminated.
3. Soreness/irritations on ridge slopes and crests addressed/eliminated.
4. Phonetics – closest speaking space is adequate: no whistling present, no patient complaints regarding speech.
5. Retention and stability are clinically adequate.
6. Occlusal vertical dimension is adequate.
7. Function/chewing is commensurate with normal expectations.
8. Polish and finish: intaglio surface is scraper smooth, cameo surface is polished with rag wheel, pumice and Acrilustre, and occlusal surface smoothed with green, black, yellow resin polishers.
9. Patient satisfaction: The patient is comfortable, satisfied and demonstrates no evidence of distress.
10. Professional and ethical conduct displayed.

PROFESSIONALISM / ETHICAL BEHAVIOR

Professional conduct and demeanor of student are on display throughout treatment and will be evaluated throughout treatment. This includes – but is not limited to – infection control, operatory cleanliness, neatness, professional behavior, student-patient rapport, regard for patient welfare, and continuous positive attitude by the student of the educational experience. While some areas of professionalism may seem inexact, **professionalism is a quality which is conspicuous in its absence** and is expected to be on display every day.