

ACFD – Bridge Training to Dental Practice in Canada (BTDP) Program

CDAC Board- April 28, 2025

Background (current state)

Currently there are two pathways for graduates of international non-accredited DDS programs

Pathway One

Advanced Placement (Qualifying) University programs (2-3 years duration, \$200K) graduating with DDS/DMD leading to NDEB Virtual OSCE

Pathway Two

NDEB Equivalency Process (series of 3 exams) to take NDEB Virtual OSCE

- Assessment of Fundamental Knowledge (AFK)
- Assessment of Clinical Judgement (ACJ)
- NDECC – two parts – Component 1 clinical skills, Component 2 situational judgement

Background

- December 2022, Government of Canada put out a call for proposals for an alternative training pathways to expedite the training of foreign trained health care professionals from non-accredited programs (Foreign Credential Recognition Program)
- January 2023, ACFD and CDRAF Executive met to discuss potential proposal
- March 2023, ACFD in collaboration with CDRAF and NDEB submitted a four year funding proposal to develop a gap assessment and training program

Background

- August 2023, Employment and Social Development Canada (ESDC) approved \$8.3M over 4 years
- January 2024, ACFD and ESDC signed Contribution Agreement to develop an Assessment and Training Program for ITDs (2 pilot cohorts)

Specific Objectives

- Identify individuals who have small gaps in identified clinical competence and provide them with education to close the gaps in a short period of no more than 8 months.
- Those who successfully complete the program will be considered equivalent to Canadian graduates and be eligible to take the NDEB Certification Examination without having to undertake a qualifying/degree-completion program or go through the NDEB Equivalency Process.

Clarity of Assumptions

- This program is not meant to replace existing Advanced Placement programs currently offered at some universities
- This program is not meant to replace the NDEB Equivalency Pathway
- This an alternative training pathway for ITDs who have small knowledge and skill gaps to facilitate successful entry to practice in Canada

Admissions Process

Step 1:

Acceptance into the NDEB Equivalency Process and successful completion of the AFK and ACJ examinations is required for the Gap Assessment/Training program.

Credential verification completed by NDEB

Step 2:

Candidates create their online profile through the ACFD admissions website and request their list of required documents and AFK, ACJ results be forwarded directly from NDEB to ACFD.

Admissions Process

Step 3:

All qualified candidates undergo a Professional Conversational Language Assessment

Step 4:

Selected candidates are interviewed (MMI format)

Step 5:

Selected candidates will be invited for a Pre-entry knowledge and skills assessment

Pre-entry Assessment

Objectives

- Identify candidates who have knowledge/skill gaps which can be bridge trained in 8 months or less
- Identify candidates who require additional discipline specific knowledge and skill (simulation) training prior to engaging in active patient care

Pre-entry Assessment: June 2025 Schedule

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Orientation	Clinical Decision making Assessment	Preparatory	Preparatory	Skill Assessment	Skill Assessment
Orientation Activities	Case-based and Clinical Decision making Part 1: <ul style="list-style-type: none">• Pediatric Dentistry• Periodontics• Endodontics	Skillbuilding Practice	Skill Assessment Removable Prosthodontics	Class II amalgam preparation Class II amalgam restoration Class II Composite Resin Restoration Class IV Composite Resin restoration Crown Preparation Provisional Crown Restoration	Oral Surgery - Group 1 1.5 hr / Indiv 4 Panels Oral Surgery - Group 2 1.5 hr / Indiv 4 Panels
Introduction to Clinical Judgement Test Format and Question Type. Practice Resources	Case-based and clinical decision making Part 2: <ul style="list-style-type: none">• RemProsth• Fixed	Skill Assessment Periodontics Endodontics	Skill Assessment Pediatric Dentistry		

Periodontics

Assessment Activity	Weight	Evaluative Standard
Clinical decision-making <ul style="list-style-type: none">• Examination & Diagnosis (35%)• Treatment planning (40%)• Management of periodontal abscess (5%)	80%	65%
Simulated skill demonstration: Scaling and calculus detection	20%	P/F
	100%	All components must be passed.

PASS: Cleared for clinical experiences

FAIL any component: Must complete Periodontics pre-clinical module (28 hrs (Lec, Lab, Clinic))

Endodontics

Determination of pre-clinical competence:

Assessment Activity	Weight	Evaluative Standard
Clinical decision-making: Examination, diagnosis, treatment planning (Case-based)	TBD%	65%
Simulated skill demonstration: <ul style="list-style-type: none">• Anterior typodont access opening• Molar typodont access opening	TBD%	P/F
	100%	All components must be passed.

PASS: Cleared for clinical experiences

FAIL any component: Must complete Endodontics preclinical module (64 hrs (Lec, Lab, Clinic))

Pediatric Dentistry

Assessment Activity	Evaluative Standard
Clinical decision-making: Treatment and management of a patient case.	80%
Simulated skill demonstration <ul style="list-style-type: none">Stainless steel crown	P/F
Simulated skill demonstration <ul style="list-style-type: none">Class II Preparation - Amalgam	P/F
Simulated skill demonstration <ul style="list-style-type: none">Class II Preparation - Composite (Conservative Adhesive Restoration)	P/F
	All components must be passed.

PASS: Cleared for clinical experiences

FAIL any component: Must complete Pediatric Dentistry preclinical module (23 hrs (Lec, Lab))

Removable Prosthodontics

Assessment Activity	Weight	Evaluative Standard
Clinical decision-making: OSCE style / virtual	30%	TBD
Simulated skill demonstration <ul style="list-style-type: none">• RPD Design (2 activities)• Abutment modification• Prescription	70%	P/F
		All components must be passed.

PASS: Cleared for clinical experiences

FAIL any component: Must complete Removable Prosthodontics preclinical module (TBD)

Fixed Prosthodontics

Assessment Activity	Weight	Evaluative Standard
Clinical decision-making: Fixed prosthodontics treatment and problem-solving	30%	TBD
Simulated skill demonstration <ul style="list-style-type: none">• Tooth preparation for a posterior zirconia crown• Tooth preparation for an anterior zirconia crown• Fabrication of a provisional for the anterior crown	70%	P/F
	100%	All components must be passed.

PASS: Cleared for clinical experiences

FAIL any component: Must complete Fixed Prosthodontics preclinical module (62 hrs (Lec, Lab))

Caries Assessment and Restorative

Assessment Activities - Simulated skill demonstrations	Evaluative Standard
Class II Amalgam Prep with caries diagnosis. Failure to identify appropriate caries will be critical error	P/F
Class II Amalgam Restoration	P/F
Class II CRR restoration	P/F
Class IV CRR restoration	P/F
Rubber Dam - part of the above activities Must show 2 of 4 to evaluator	P/F
Any critical failure is an overall failure and will lead to recommendation for further preclinical training.	All components must be passed.

PASS ALL Components: Cleared for clinical experiences

PASS at least 3 Components (2 restoration or preparation): Must complete Restorative preclinical module (62 hrs (Lec, Lab))

FAIL more than 3 components: Not recommended for training.

Oral Surgery

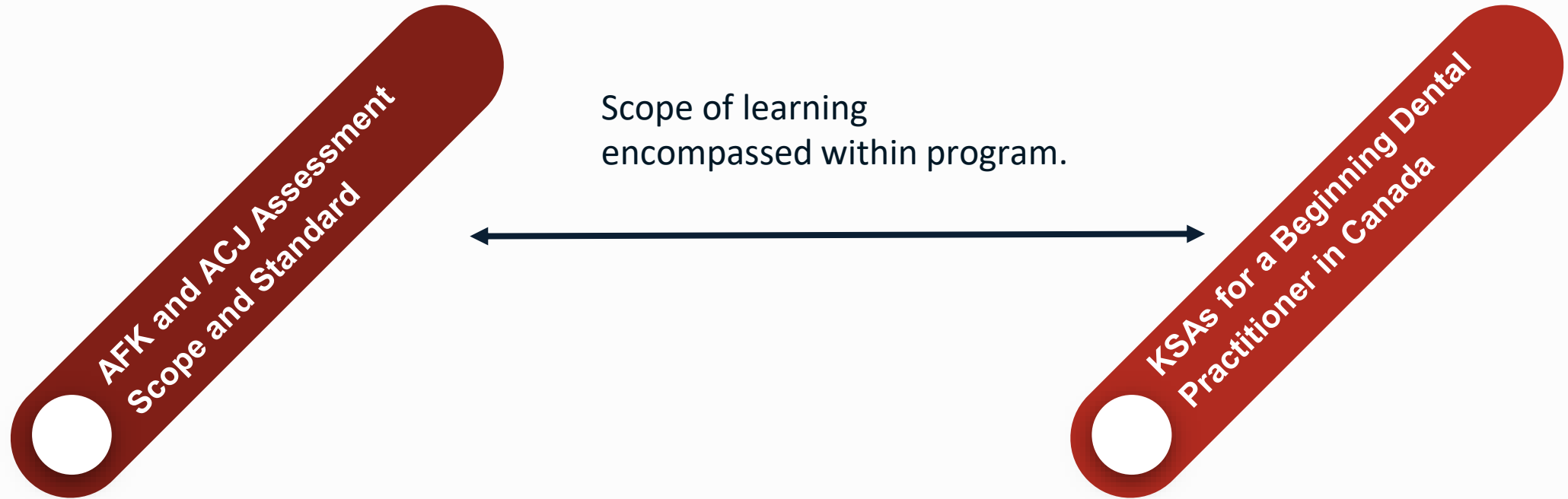
Assessment Activity	Weight	Evaluative Standard
Oral Examination Case Review 1: Examination, Diagnosis, Treatment, Complication	35%	70%
Oral Examination Case Review 2: Examination, Diagnosis, Treatment, Complication	35%	70%
Simulated skill demonstration: <ul style="list-style-type: none">• Suturing and flap design	30%	P/F
	100%	*Must obtain 65%, but must pass 1 scenario.

PASS: Cleared for clinical experiences

FAIL: Must complete Oral Surgery pre-clinical module

Bridge Training - Learning Scope

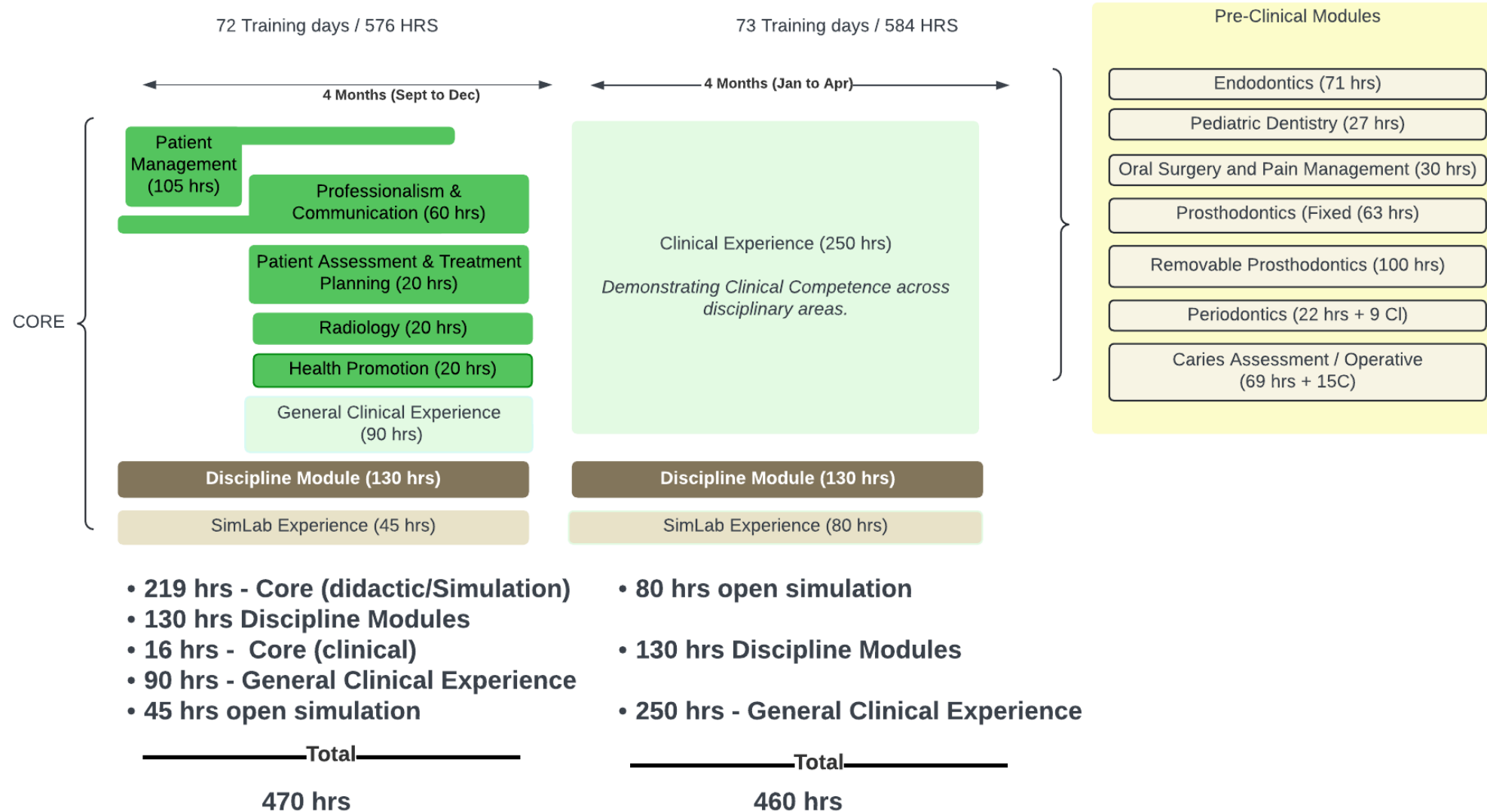
The [KSAs for a Beginning Dental Practitioner in Canada](#), establish the outcome for Training.



Knowledge, skills and abilities that extend beyond the evaluation standard included within the **Assessment for Fundamental Knowledge** (AFK) and the **Assessment of Clinical Judgement** (ACJ).

Minimal knowledge, skills and abilities to be defined in alignment with guidance provided in the Knowledge, Skills and Abilities (KSAs) for a Beginning Dental Practitioner in Canada.

Gap Training – Tentative Format (2nd cohort)



Core Module 1: Patient Management (draft)

Specifications:

- Up to 105 hrs (89 didactic, 16 clinical)

Scope:

- Infection control
- CPR, WHMIS, Safety
- Managing medical emergencies in the dental practice
- Risk assessment
- Local anesthetic (types of blocks, typical usage, dosage)
- Administering antibiotics / analgesics in practice

Development Team:

- Lead: Blaine Cleghorn (Dalhousie)
- Reviewers: Doris Lunardon (UAlberta); Greg Power (Dalhousie)

Core Module 2: Professionalism and Communication (draft)

Specifications:

- Up to 60 hrs (didactic, simulation, clinical)

Scope:

- Cultural sensitivity training
- Patient-centred communication
- Standards for interprofessionalism
- Standards for professionalism
- Practice management (understand dental benefits)

Development Team:

- Lead: Ron Bannerman (Dalhousie)
- Reviewers: David Kelner (UAlberta); Shawn Steele (Western)
- Specialists (English Language School)

Core Module 3: Patient Assessment and Treatment Planning (draft)

Specifications:

- 20 hrs (didactic, simulation, clinical)

Scope:

- Patient Assessment / Patient Centred Care
- Multi-phased treatment planning
- Risk assessment as part of treatment planning
- Patient records
- Consider care for patients in need of accommodations (willingness to care)

Development Team:

- **Lead:** Tom Steeves (Dalhousie)
- **Reviewers:** Pam Chowdhury (UAlberta); Ric Raftus (Dalhousie); Christine Nadeau (Laval)

Core Module 4: Health Promotion (draft)

Specifications:

- Up to 20 hrs (didactic)

Scope:

- Social determinants of health
- Access to care within Canada's oral health system
- Addressing inequities in access to oral healthcare

Development Team:

- Lead: Sonica Singhal (UToronto);
- Reviewers: Steve Patterson (UAlberta); Aimee Dawson (Laval)

Core Module 5: Radiology (draft)

Specifications:

- 20 hrs didactic, simulation

Scope:

- Complete a full mouth series on a manikin
- Assess the quality of radiographic images and correct radiographic errors
- Demonstrate an ability to apply radiation safety principles (ALARA).

Development Team:

- Lead: Camila Pereira (UAlberta)
- Reviewers: Fabiana Almeida (UAlberta); Reid Friesen (UAlberta);

Discipline Module 6: Caries Assessment / Operative (draft)

Specifications:

- For customized inclusion
- 84hrs (lecture (14), simulation (43), clinic (15), assessment (12))

Scope

- Identify tooth based on tooth anatomy
- Ability to carve amalgam, manipulation and handling of composite
- Class II amalgam preparation and restoration
- Class II composite resin restoration
- Class IV composite resin restoration

Development Team:

- Lead: Frances Tompkins (Dalhousie)
- Reviewers: Alan Kilistoff, Bernie Kula (UAlberta), Sara Hunter (Dalhousie), Laurie St. Pierre (Laval)

General Clinical Experiences

Fall Experiences (90 hours)

Rotations:

- General dentistry,
- Pediatric dentistry,
- Oral Surgery

Initial Experiences:

- ✓ IPC operatory preparation / cleaning
- ✓ Taking radiographs
- ✓ Caries risk assessment
- ✓ Patient interactions
- ✓ Managing child behavior
- ✓ Periodontal chart review
- ✓ Administer local anesthetic
- ✓ Patient assessment / diagnosis

Developing Experiences:

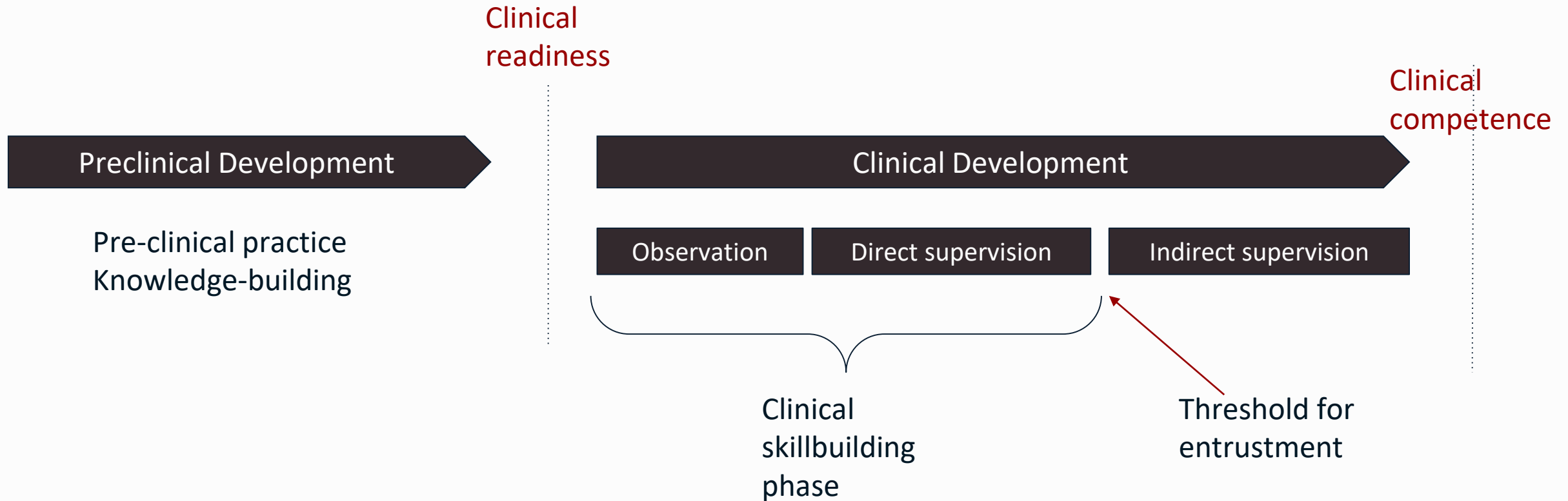
- ✓ Operative treatment
- ✓ Periodontics
- ✓ Pediatric dentistry
- ✓ Oral surgery

Early Draft

Determination of Clinical Competence

Rationale for variation from traditional standards

Early Draft

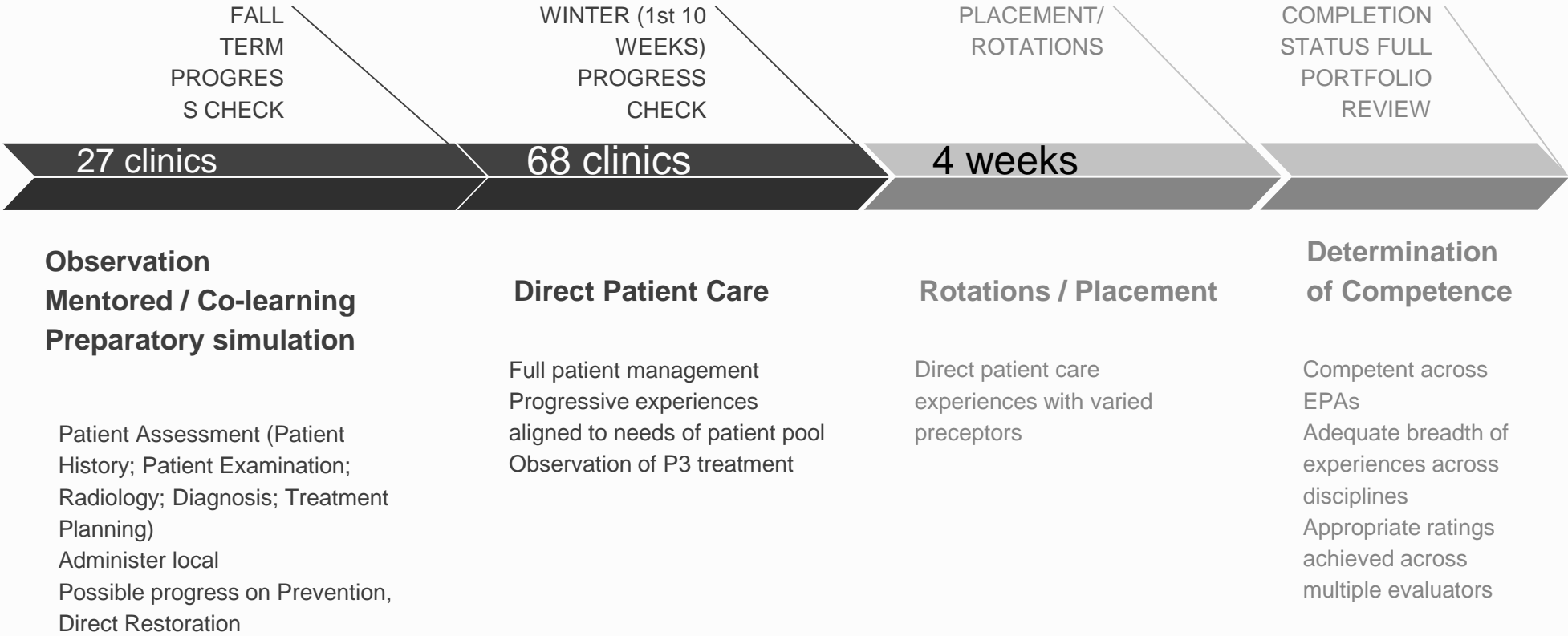


The clinical experience model of the Bridge Program should be designed around minimal experience thresholds ***which provide adequate evidence of competence.***

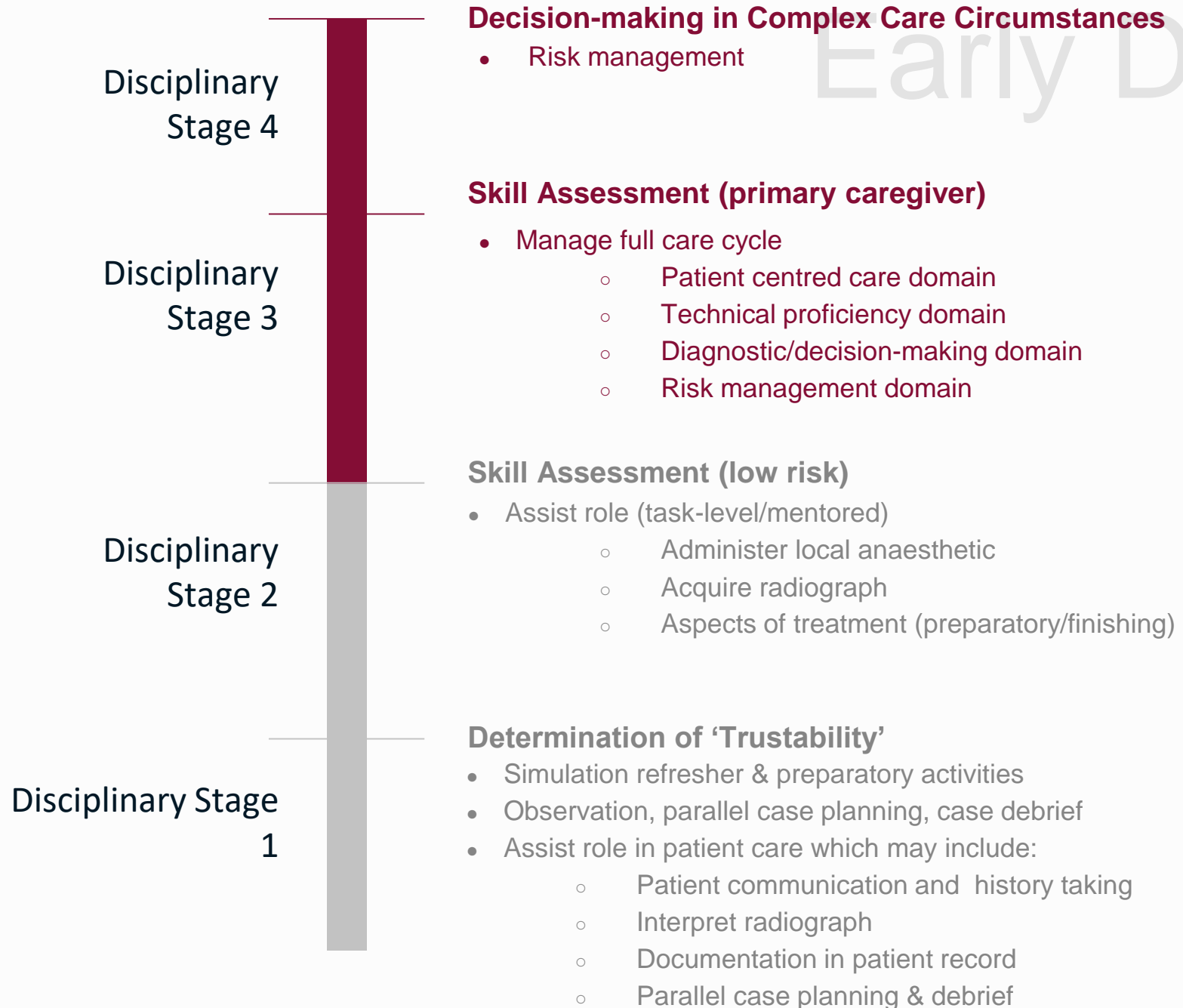
Traditional clinical experience models have been designed around minimal experience thresholds ***required to build clinical competence.***

Entrustable Process for Progression

Early Draft



Pathway to Entrustment / Clinical Competence



Early Draft

Patient Assessment, Diagnosis and Treatment Planning*

Stage #	Experience	Assessment Activities	Benchmark(s)
1: 2	Observations	Post-experience debrief Personal assessment / Reflection Parallel case planning	Consideration of patient Recognition of complicating case factors Accurate diagnosis Appropriate patient management
2: 5	Mentored practice experiences, with active treatment in the following areas <ul style="list-style-type: none">- Perio examination- Prescribe/acquire radiographs- Patient history- Chart documentation- Parallel case work-up / comprehensive treatment plan	Entrustment focus: <ul style="list-style-type: none">- Co-learner evaluation- Preceptor evaluation Parallel case planning Case Evaluation / Debrief	Technical standard met for skilled practice area Recognition of complicating case factors Accurate diagnosis Appropriate patient management
3: 20	Patient assessment & case presentation (child/adult patient mix) <ul style="list-style-type: none">- intra/extra oral examination- Diagnostic testing (radiographs)- Perio classification- CRA / Caries classification- Case presentation	Entrustment focus (all) 1 DirOb process eval Case presentation / debrief	Complexity factor Patient variability / adjusted approach Accurate diagnosis Recognition of risk Appropriate preventive strategies Treatment planning aligned with disciplinary guidelines/guidance Communication Technical skills: recordkeeping; radiographs; gaining informed consent

St: #	Experience	Evaluation	Benchmark
5	Mentored practice experiences, with active treatment in the following areas <ul style="list-style-type: none"> - Fluoride - Sealants - Assessment of occlusion / growth & development - Caries risk assessment - Remineralization 	Entrustment focus: <ul style="list-style-type: none"> - Co-learner evaluation - Preceptor evaluation Case Evaluation / Debrief	Technical standard met for skilled practice area Recognition of complicating case factors Accurate diagnosis Appropriate patient management Treatment recommendations aligned with clinical guidelines/guidance
1	Patient assessment & case presentation including prevention <ul style="list-style-type: none"> - Fluoride - Sealants - Assessment of occlusion / growth & development - Caries risk assessment - Remineralization - Patient/caregiver education 	Entrustment focus (all) 1 DirOb process eval Case presentation / debrief	Complexity factor Patient variability Technical standard met for skilled practice area Recognition of complicating case factors Accurate diagnosis Appropriate patient management Treatment recommendations aligned with clinical guidelines/guidance

Early Draft

St: #	Experience	Evaluation	Benchmark
1	Pre-clinical Workshop (3 hr) Case Evaluation	Oral and/or Written evaluation	Student accurately assesses case factors for diagnosis and determination of treatment
1: 1	Observation / Shadow	Personal reflection Parallel perio staging Post experience debrief	Accurate perio staging Recognition of contributing factors and risk
2: 2	Mentored practice experiences, active treatment areas; <ul style="list-style-type: none"> - Perio examination - Patient history - Chart documentation - Parallel case work-up / comprehensive treatment plan 	Entrustment focus: <ul style="list-style-type: none"> - Co-learner evaluation - Preceptor evaluation DirOb process eval Parallel case planning Case Evaluation / Debrief	Technical standard met for skilled practice area Recognition of complicating case factors Accurate diagnosis Appropriate patient management
3: 2 : 2	Patient assessment & case presentation <ul style="list-style-type: none"> - intra/extra oral examination - Perio classification - Case presentation Re-evaluation of patients	Entrustment focus (all) 1 DirOb process eval Case presentation / debrief	Complexity factor Patient variability Accurate diagnosis Recognition of risk Appropriate preventive strategies Treatment planning aligned with disciplinary guidelines/guidance Determination of need for maintenance

Manage periodontal disease (periodontal therapy)

Early Draft

St: #	Experience	Evaluation	Benchmark
2: 1	<p>Mentored practice experiences, active treatment areas</p> <ul style="list-style-type: none">- Scaling and root planing- Patient education- Administration of pharmacology	<p>Entrustment focus:</p> <ul style="list-style-type: none">- Co-learner evaluation- Preceptor evaluation <p>1 DirOb process eval</p> <p>Case Evaluation / Debrief</p>	<p>Technical standard met for skilled practice area</p> <p>Recognition of complicating case factors</p> <p>Appropriate patient management</p> <p>Treatment recommendations aligned with clinical guidelines / guidance</p>

Manage caries / direct restoration

Early Draft

St: #	Experience	Evaluation	Benchmark
1: 1	Observations	Personal reflection Post experience debrief	Consideration of patient Recognition of contributing factors and risk Accurate diagnosis (caries classification) Appropriate patient management
2: 5	Mentored practice experiences, with active treatment in the following areas <ul style="list-style-type: none"> - Administer local anesthetic - Apply rubber dam - Prepare materials / assist - Patient communication 	Entrustment focus: <ul style="list-style-type: none"> - Co-learner evaluation - Preceptor evaluation 	Technical standard met for skilled practice area Anticipation of treatment stages / steps Able to outline the rationale for procedures / techniques
3: 20	Patient assessment & case presentation (30% peds) <ul style="list-style-type: none"> - CRA / Caries classification - Case presentation 	Entrustment focus (all) 1 DirOb process eval Case presentation / debrief	Complexity factor Patient variability Accurate diagnosis Recognition of risk Appropriate preventive strategies Treatment planning aligned with disciplinary guidelines/guidance
3: 15	Patient treatment - active caries <ul style="list-style-type: none"> - Administer local anesthetic - Patient communication - Treatment 	Entrustment focus (all) <ul style="list-style-type: none"> - Preceptor evaluation Dir Obs (2 complex)	Complexity factor Patient variability (child, adult patients) Appropriate patient management Technical standard met for skilled practice area

Manage disease of the pulp

Early Draft

S: #	Experience	Evaluation	Benchmarks
2: 3	Mentored practice experiences including endodontic consult and root canal therapy, with active treatment in the following areas: <ul style="list-style-type: none">- Endodontic consult (parallel planning)- Assessment of radiographs	Personal reflection Parallel case planning Entrustment focus: <ul style="list-style-type: none">- Co-learner evaluation- Preceptor evaluation Post experience debrief	Appropriate assessment of case complexity.
2: 3	*Emergency clinic / mentored experiences		Recognition of factors relevant for treatment of infection / dental emergencies and endodontic pulpotomy/pulpectomy
2: 1	Full case workup in simulated patient case Treatment performed on manikin with natural tooth.	Product evaluation	Technical standard met for skilled practice area Clarity of treatment procedures / indicators of quality

* Emergency clinic exposure as appropriate for facility. Some concerns about issues with calibration

Manage loss of tooth structure / indirect restoration

Early Draft

St: #	Experience	Evaluation	Benchmarks
3: 1 case	1 crown	Case work up evaluation Work product evaluation Patient management evaluation	Complexity factor Recognition and management of risks Appropriate patient management Technical standard met for skilled practice area
2: 2 cases (6 clinics)	Mentored practice experiences, with opportunities for practice in the following areas: <ul style="list-style-type: none"> - Parallel treatment planning - Impressions - Wax-up - Evaluation 	Entrustment focus: <ul style="list-style-type: none"> - Co-learner evaluation - Preceptor evaluation 	Technical standard met for skilled practice area Appropriate assessment of case complexity. Appropriate patient management Clarity of treatment procedures / indicators of quality
1: 1 simulation	Fixed partial bridge	Evaluation of case planning; work product	Technical standard met for skilled practice area Appropriate assessment of case complexity. Clarity of treatment procedures / indicators of quality

Crown

*EPA 9c

treatment plan; collaborate on 2 crowns or partial bridges

Post and core

St: #	Experience	Evaluation	Benchmarks
3: 1 case (10 appts)	CUD/CLD - Manage patient care either in working pairs or independently to prepare and deliver a complete denture.	Diagnosis & Treatment Plan Reflection Entrustment focus: <ul style="list-style-type: none">- Co-learner evaluation- Preceptor evaluation	Technical standard met for skilled practice area Appropriate treatment plan Appropriate patient management Appropriate communication with laboratory Clarity of treatment procedures / indicators of quality
1: Simulated patient case	Cast partial denture <ul style="list-style-type: none">• Survey & design	Evaluation of case planning; work product	

*EPA 9c

Survey & design, CUD/CLD case collaboration

Complete
Partial
Manage implant supported restoration (Exposure)

Manage surgery

Early Draft

#	Experience	Evaluation	Benchmarks
1:12 hrs	Up to 12 hrs of didactic learning focusing on guidelines, standard and materials for practice in Canada.	Quizzing	
2: 6	Mentored practice experiences, with opportunities for practice in the following areas: <ul style="list-style-type: none"> - Preparation of treatment plan - Patient communication - Patient guidance or post-operative support 	Parallel case planning Entrustment focus: <ul style="list-style-type: none"> - Co-learner evaluation - Preceptor evaluation Debrief	Appropriate assessment of case complexity. Patient assessment Risk assessment & management
3: 4	Patient experiences (single to multiple extractions)	Evaluation of case planning; Dir Obs Debrief	Technical standard met for skilled practice area Appropriate patient management Clarity of treatment procedures / indicators of quality Pain management

4 extractions

Uncomplicated
extraction
Complicated / erupted
tooth

*EPA 9h

St: #	Experience	Evaluation	Benchmarks
1: Sim	Demonstration of technical skills	Simulation	Technical standard met for skilled practice area Appropriate patient management
1: 2	Observe / Child Patient	Personal reflection, Parallel case planning Post-experience debrief	Appropriate diagnosis Consideration of child patient - treatment plan Recognition of behavioural management challenges / techniques
2: 2 to 3*	Mentored Experience Patient Assessment / Prevention <ul style="list-style-type: none"> - Behaviour management - Anticipatory guidance - Prevention of malocclusion 	Entrustment focus: <ul style="list-style-type: none"> - Preceptor evaluation - Oral questioning 	Patient management
3: Appropriately *	Treatment(s) <ul style="list-style-type: none"> - Patient Assessment - Prevention - Direct restorations 	Evaluation of case planning; Dir Obs Case debrief	Technical performance standards Patient management performance standards Case preparation standards Records management standards

*Either a mentored experience with an oral evaluation focus OR individual case experience(s) with standard evaluation.

Entrustment Area	Early Experience (entrustment)	Low Risk Experience / Assessment	Patient Experience / Assessment
Patient History Patient Examination	2 Observations	5 Mentored Practice	20 patient experiences
Prevention		5 Mentored Practice	1 patient experience
Periodontal Disease	Case eval workshop 1 Observation	2 Mentored Practice	2-3 patient assess; Perio classification and re-eval 1 periodontal therapy
Caries management / Direct	1 Observation	5 Mentored Practice (active: LA; rubber dam; prepare materials/assist; patient communication)	15 Patient cases (restoration)
P3 Fixed	1 simulation (fpd)	2 Mentored Practice Cases (6 clinics)	1 case (3 clinics)
Endodontics	1 simulated case	3 mentored practice (Endo consult / root canal therapy)	*3 emergency clinic assignments
Edentulism	1 simulated cast partial denture case		1 case CUD/CLD (10 clinics)
Surgery		6 mentored practice experiences	4 patient cases with extractions
Pediatric	1 simulation	2-4 Mentored Experiences	*3 patient cases
TOTAL	4 Observations 1 workshop 4 simulated experiences	32 mentored experiences	59 direct treatment experiences 48 patient interactions

*patient experiences marked with asterisk may not be available at all campuses, determination of competence will occur in mentored practice circumstances.

Entrustment Area	Experience	Comparator
Patient Assess / Diag/ Treat / Rad	2Ob / 5M / 20 (27)	30A, 20P
Prevention	5M / 5 (10)	20P
Periodontal Disease	1M / 5 (5)	5ex / 5T / 2 Main
Caries management / Direct	5M / 15 (20)	50
P3 Fixed	2 cases mentored, Sim (6)	8 units
Endodontics	2M / 1-2 T	2 Cons, 1 Ant, 1 Mol
Edentulism	1 case mentored, Sim (10)	1 Complete, .5 CPD
Surgery	2M / 3 (5)	10
Pediatric	5 / 3 (8)	20/11
TOTAL	83 / 78 Clinics	168 clinics

O-Score ‘Global Evaluation’

Entrustability-focused
High internal consistency
High overall reliability and validity
Best for formative assessment
Promotes feedback

Patient factor

The Ottawa Surgical Competency Operating Room Evaluation (O-SCORE)

Trainee #:	Level: 1 2 3 4 5	Staff:
Procedure:		Date:

Relative complexity of this procedure to average of same procedure Low Medium High

The purpose of this scale is to evaluate the trainee’s ability to perform this procedure safely and independently. With that in mind please use the scale below to evaluate each item, irrespective of the resident’s level of training in regards to *this* case.

Scale

1—“I had to do”—i.e., Requires complete hands on guidance, did not do, or was not given the opportunity to do

2—“I had to talk them through”—i.e., Able to perform tasks but requires constant direction

3—“I had to prompt them from time to time”—i.e., Demonstrates some independence, but requires intermittent direction

4—“I needed to be in the room just in case”—i.e., Independence but unaware of risks and still requires supervision for safe practice

5—“I did not need to be there”—i.e., Complete independence, understands risks and performs safely; practice ready

1. Preprocedure plan	1	2	3	4	5
Gathers/assesses required information to reach diagnosis and determine correct procedure required					
2. Case preparation	1	2	3	4	5
Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications					
3. Knowledge of specific procedural steps	1	2	3	4	5
Understands steps of procedure, potential risks, and means to avoid/overcome them					
4. Technical performance	1	2	3	4	5
Efficiently performs steps, avoiding pitfalls and respecting soft tissues					
5. Visuospatial skills	1	2	3	4	5
3D spatial orientation and able to position instruments/hardware where intended					
6. Postprocedure plan	1	2	3	4	5
Appropriate complete post procedure plan					
7. Efficiency and flow	1	2	3	4	5
Obvious planned course of procedure with economy of movement and flow					
8. Communication	1	2	3	4	5
Professional and effective communication/utilization of staff					
9. Resident is able to safely perform this procedure independently (circle)		Y			N
10. Give at least 1 specific aspect of procedure done well					
11. Give at least 1 specific suggestion for improvement					
Signatures: Staff:					
Trainee:					

Supplemental Evaluation

Early Draft

Assess	Method	Common Use
Patient Assessment post-experience	Mini-CEX	Assesses PA 15 to 20 min Observation Best for formative feedback /learning assessment
	CECards	PA, Prof, Tech, Case Present, Problem Solving Procedural skills 15 m Observe; 5 feedback
Technical Skill 'Spot' checks (choose 1)	DOPS	Procedural Skill Focus / technical ability Suitable cases needed / resource intensive Complex, technique sensitive procedures
Parallel Case Planning	Case Discussion	Clinical Decision-making 2 cases prepared, 1 chosen for discussion Judgement of TP and decisions

Progress Meeting Resource

Method	Common Use	Administration
Portfolio	Organized by competency A collection of verified clinical experiences Must be structured and verified documentation Appreciated by students but collection of documentation challenging	Meet stringent psychometric requirements (standardization, rater training, structured guidelines for decisions), large number of examiners)

BTDPC - Accreditation

- Program will only be offered by Universities with an accredited DDS/DMD program
- Requesting a modification of standards that exist for DMD/DDS programs
- Program has many similarities to Specialty Gap Assessment and Training Programs versus an entirely new program such as Dental Anesthesia

Questions/Discussion

Questions/Discussion