

الهيئة السعودية للتخصصات الصحية
Saudi Commission For Health Specialties



Prosthodontics Dentistry Saudi Board Program

**SAUDI BOARD FINAL CLINICAL EXAMINATION OF
PROSTHODONTICS
(2017)**

I General Objectives & Program Objectives

- Determine the ability of the candidate to practice as a specialist and provide consultation in the general domain of his/her specialty for other health care professionals or other bodies that may seek assistance and advice.
- Ensure that the candidate has the necessary clinical competencies relevant to his/her specialty including but not limited to history taking, physical examination, documentation, procedural skills, communication skills, bioethics, diagnosis, management, investigation and data interpretation.
- All competencies contained within the specialty core curriculum are subject to be included in the examination.

Program Objectives

The educational objectives of the Saudi Specialty Certificate in Prosthodontics program are:

- Provide the residents with basic and advanced knowledge in prosthodontics.
- Provide the residents with the ability to examine, diagnose, plan and execute simple as well as complex prosthetic dental care for a wide variety of patients including fixed, removable, implant and maxillofacial cases.
- Acquire the necessary skills to interact with other dental specialists and communicate, understand and function effectively with other health care professionals.
- Acquire experience in executing prosthodontic laboratory procedures relevant to the clinical cases.
- Keep abreast with the basic principles of dental practice management.
- To qualify certified Prosthodontists who are clinically competent in providing the highest standard of care.

II Eligibility

- Passing Saudi Board written examination.
- Candidates are allowed a maximum of three attempts to pass final specialty clinical examination within a period of 5 years provided that evidence of continuing clinical practice is presented and approved by the specialty scientific council.
- If the candidate did not pass the three attempts, an exceptional attempt may be granted upon the approval of the scientific and executive councils, provided evidence of continuing clinical practice is presented.
- A candidate who failed to pass the clinical examination including the exceptional attempt has to pass Part II written examination again, after which he/she is allowed to sit the final specialty clinical examination only once provided that evidence of continuing clinical practice is presented and approved by the scientific council.
- After exhausting above attempts candidate is not permitted to sit the Saudi board final specialty clinical examination.

III General Rules

- Saudi board final specialty clinical examination will be held once each year within 4-8 weeks after final written examination.
- If the percentage of failure in the clinical examination are 50% or more the examination shall be repeated after 6 months.
- Specialty clinical examinations shall be held on the same day and time in all centers, however if consecutive sessions are used, suitable quarantine arrangements must be in place.
- If examination is conducted on different days, more than one exam version must be used.

IV Exam Format

- The Prosthodontics final clinical examination shall consist of 9 graded stations each with 10 minute encounters.
- The 9 stations consist of 7 Objective Structured Clinical Exam (OSCE) stations with 1 examiner each and 2 Structured Oral Exam (SOE) stations with 2 examiners each.
- All stations shall be designed to assess integrated clinical encounters.
- SOE stations are designed with preset questions and ideal answers.
- Each OSCE station is assessed with a predetermined performance checklist. A scoring rubric is also set in advance.

V Final Clinical Exam Blueprint*

		DIMENSIONS OF CARE				
		Health Promotion & Illness Prevention 2±1 Station(s)	Dental Materials 1±1 Station(s)	Fixed Partial dentures & Implant 3±1 Station(s)	Removable Dentures 3±1 Station(s)	# Stations
DOMAINS FOR INTEGRATED CLINICAL ENCOUNTER	Patient Care 4±1 Station(s)	1	1	1	1	4
	Patient Safety & Procedural Skills 2±1 Station(s)			1	1	2
	Communication & Interpersonal Skills 1±1 Station(s)	1				1
	Professional Behaviors 2±1 Station(s)			1	1	2
	Total Stations	2	1	3	3	9

VI Definitions

Dimensions of Care	Focus of care for the patient, family, community, and/or population
Health Promotion & Illness Prevention	The process of enabling people to increase control over their health & its determinants, & thereby improve their health. Illness prevention covers measures not only to prevent the occurrence of illness such as risk factor reduction but also arrest its progress & reduce its consequences once established. This includes but is not limited to screening, examination, health maintenance, patient education & support, & community & population health as well as structured treatment planning.
Denture prosthetics	The replacement of the natural teeth in the arch and their associated parts by artificial substitutes and /or the art and science of the restoration of an edentulous mouth.
Fixed prosthodontics	The branch of prosthodontics concerned with the replacement and/or restoration of teeth by artificial substitutes that not readily removed from the mouth.
Occlusion	The act or process of closure or of being closed or shut off. and or: the static relationship between the incising or masticating surfaces of the maxillary or mandibular teeth or tooth analogues

Domains	Reflects the scope of practice & behaviors of a practicing clinician
Patient Care	Exploration of illness & disease through gathering, interpreting & synthesizing relevant information that includes but is not limited to history taking, physical examination & investigation. Management is a process that includes but is not limited to generating, planning, organizing care in collaboration with patients, families, communities, populations, & health care professionals (e.g. finding common ground, agreeing on problems & goals of care, time & resource management, roles to arrive at mutual decisions for treatment)
Patient Safety & Procedural Skills	Patient safety emphasizes the reporting, analysis, and prevention of medical error that often leads to adverse healthcare events. Procedural skills encompass the areas of clinical care that require physical and practical skills of the clinician integrated with other clinical competencies in order to accomplish a specific and well characterized technical task or procedure.
Communication & Interpersonal Skills	Interactions with patients, families, caregivers, other professionals, communities, & populations. Elements include but are not limited to active listening, relationship development, education, verbal, non-verbal & written communication (e.g. patient centered interview, disclosure of error, informed consent).
Professional Behaviors	Attitudes, knowledge, and skills based on clinical &/or medical administrative competence, ethics, societal, & legal duties resulting in the wise application of behaviors that demonstrate a commitment to excellence, respect, integrity, accountability & altruism (e.g. self-awareness, reflection, life-long learning, scholarly habits, & physician health for sustainable practice).



VII Passing Score

- a. The pass/fail cut off for each OSCE/SOE station is determined by the exam committee prior to conducting the exam using a Minimum Performance Level (MPL) Scoring System.
- b. Each station shall be assigned a MPL based on the expected performance of a minimally competent candidate. The specialty exam committee shall approve station MPLs.
- c. At least one examiner marks each OSCE station and two examiners independently mark each part of the SOE.
- d. To pass the examination, a candidate must attain a score > MPL in at least 70% of the number of stations and 60% in each component (OSCE and SOE).

VIII Score Report

- a. All score reports shall be issued by the SCFHS after approval of the Specialty Examination Committee.

IX Exemptions

- a. SCFHS at present has no reciprocal arrangement with respect to this examination or qualification by any other college or board, in any specialty.

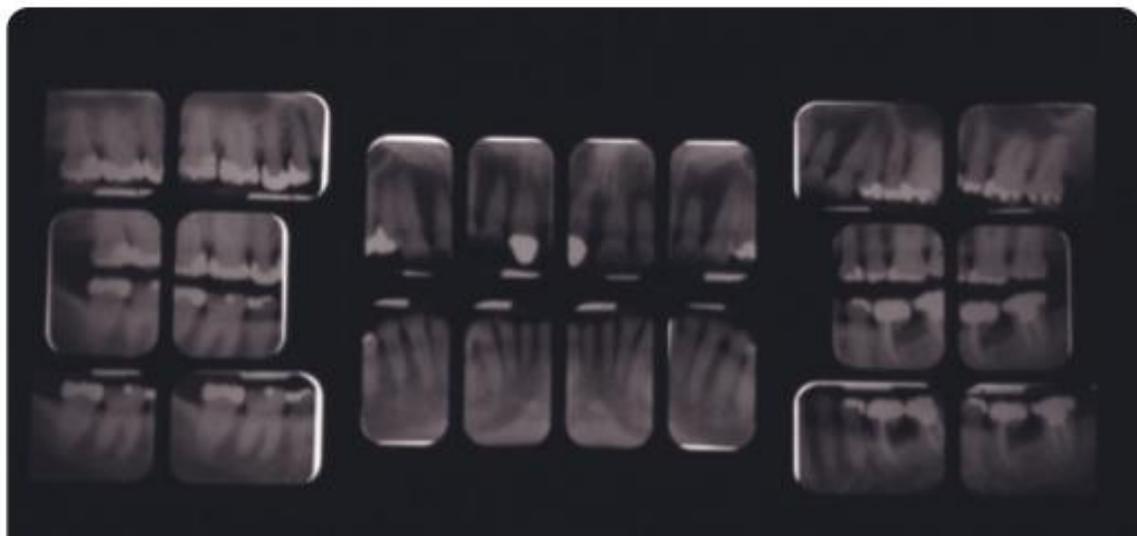
X OSCE Station Sample**

Prosthodontics

Station 1
Instructions to Resident

Case 1

A 60 year old male presents with a chief complaint of “my teeth are wearing away” the patient presents with extremely worn dentition and unhappy with appearance and smile.





Medical history:

He reported to be in good health with no signs or symptoms of any systemic disease.

Dental History:

- **Routine visit to his dentist.**
- **Multiple restorations.**
- **Metal ceramic crowns.**
- **Endodontic therapy,**
- **Root resection in lower left molar.**
- **Hyperplastic maxillary labial frenum.**
- **TMJ examination within normal.**
- **Generalized pocket 2 mm**
- **Localized pocket 7-9 mm**
- **Mobility class I & II**

Examination findings:

- **Generalized mild to moderate gingivitis**
- **Abrasion and erosion**
- **Parafunctional habits**

Objective of the station:

- ✓ **Manage treatment of patient with worn dentition.**
- ✓ **Assess vertical dimension**
- ✓ **Criteria for establishment of acceptable treatment plan**



Performance Evaluation: Station 1

0 = not done, 1 = attempted but not done correctly/completely, & 2 = done correctly/completely

Patient Care/Assessment	0	1	2
<p>Obtains a focused history: <u>(if mentions 5 give full mark).</u></p> <p>What is the etiology of the worn dentition?</p> <p>By checking the patient's Health history</p> <ul style="list-style-type: none"> • Dietary pattern • Mechanical cause (Mechanical wear occurs between 2 or more moving surfaces. This type of surface loss occurs as teeth contact each other, or are abraded by another source. With mechanical wear, restorations tend to wear at the same rate as adjacent tooth structure). • A chemical cause (restorations appear elevated, often termed "amalgam islands." Occlusal surfaces display cupping) • A combination of causes. • Potential occupational factor (swimmer, environment with acidic industrial vapor and some food taster) 			
<p>Obtains the problem list: <u>(if mentions 8 give full mark).</u></p> <ul style="list-style-type: none"> • Maxillary torus. • Right central incisor supra erupted • Multiple defective amalgam restorations • 100% vertical overlap • Loss of VDO • Widened perio Ligament • Generalized horizontal bone loss • Localized severe bone loss in lower left molar area • Periapical radiolucency in lower left molar area 			
<p>What will you find when you observe the facial appearance of patient with severe worn dentition?</p> <p><u>(if mentions 4 give full mark)</u></p> <ol style="list-style-type: none"> 1. Diminished facial contour 2. Thin lips 3. Narrow vermilion border 4. Dropping commissures 			
<p>Brief discussion of the treatment of this case <u>Complete answer give full mark</u></p> <ul style="list-style-type: none"> • Molars would be extracted due severe bone loss. • Study casts 			

<ul style="list-style-type: none"> • Joint loading in centric relation • Treatment plan • An intraoral composite mockup was performed and photographed to establish an ideal length for the central incisors from an aesthetic standpoint • diagnostic waxup • Alter vertical dimension for one or all of the following reasons: to gain space for the restoration of the teeth; to improve aesthetics; or to correct occlusal relationships until satisfies the patient's aesthetic desires and the practitioner's functional goals. • Preparation of the maxillary right and left posterior teeth was then performed using the index to confirm clearance, then mandibular teeth • With the index in place, posterior bites were taken utilizing a rigid bite-registration material • The index was then removed, and the anterior teeth were prepared utilizing the posterior bite records to verify clearance • Once the provisional restorations were equilibrated and the aesthetics and phonetics were deemed satisfactory, an occlusal bite record was taken of the maxillary and mandibular provisional restorations. • Final Impressions, facebow recording • For long-term predictability, selected porcelain-fused-to-metal (PFM) restorations or Zirconia crowns would also have represented an acceptable choice. • Evaluate aesthetics, occlusion, and phonetics <div data-bbox="402 877 914 1167" style="text-align: center;">  </div>			
<p>Total marks:</p>			
<p>Name & signature of the examiner</p>			