



The American Board  
of Endodontics

# Oral Exam Guidelines



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## ABE Oral Examination

On behalf of the ABE Board of Directors, we congratulate you on your decision to pursue Board Certification and support the specialty of endodontics and we wish you the best of luck in completing your goal.

### Taking the Exam

#### Examination Location

The American Board of Orthodontics Testing Facility  
401 N. Lindbergh Boulevard Suite 300  
St. Louis, MO 13141

#### Examination Dates

Oral Examinations are administered twice a year, in March and October at the American Board of Orthodontics state-of-the-art testing facility in St. Louis, MO. Current dates are listed on our website.

#### Exam Center Protocol

Candidates are not allowed to bring guests nor take anything into the exam room other than their identification documents. **Prohibited items include cell phones, electronic devices, books, backpacks, handbags, tote bags or briefcases.** Eating, drinking or smoking is not allowed. You will be provided with paper and pen to take notes and drinking water. The notes will be removed from the room after each exam. Candidates are not allowed to bring in any notes into the exam room.

Upon arrival at the testing center, you will be greeted by ABE examiners and staff, then escorted to your examination room. All personal items are required to be stored at the front desk prior to the exam. During the entire exam you will remain in the same room and the examiners will come to you. The exam consists of three sessions of 30 minutes each with two examiners during each session. There will be a 10 minute break between each exam. **Do not discuss the exam process with any of the other examinees between or after the session.**

Examiners are assigned on a random basis, taking into account any exclusions for examiners familiar with a specific candidate. The pairing of examiners is also assigned at random, and as this a criterion referenced exam, the severity of each examiner is taken into account during the statistical analysis of the scores. The difficulty of each clinical scenario is also accounted for during the analysis. Each variable will be addressed in analyzing the raw scores to arrive at the final score for each candidate.

Standard business attire is requested on examination day.

#### Testing Center

The testing center consists of ten examination rooms that are standardized in size and décor. This facility allows the examination of ten candidates per exam session and during the two-day March exam, we are able to examine up to 80 candidates, and in October, up to 120 candidates over the three day schedule.

#### Hotel Accommodations

Renaissance St. Louis Airport Hotel  
9801 Natural Bridge Road  
St. Louis, MO 13134

To make your travel experience as easy as possible, a block of hotel rooms is reserved for each exam which includes shuttle service between the hotel and the testing center. Please plan on taking advantage of these convenient arrangements for your accommodations in St Louis, as it is mandatory that you arrive and depart the testing center via the provided shuttle. On the scheduled day of your exam, you will first have an orientation at the hotel. The orientation will be conducted by an ABE staff member who will also check you in and provide you with your ID badge. Please be sure to bring your driver's license or state ID. During the orientation you will hear a summary of the exam process, learn when you might expect the results of your exam, and you will be required to sign a confidentiality statement. After the orientation, the

ABE staff member will escort you to the shuttle that will take you to the American Board of Orthodontics testing facility.

### **Transportation to and from the Testing Center**

All Candidates arrive and depart from the testing center via the Renaissance shuttle bus. After your exam, you will be directed to a shuttle that will return you to the Renaissance (this also is mandatory).

### **Orientation**

All Candidates are required to attend the orientation which is held at the Renaissance. At the conclusion of the orientation, an ABE representative will direct you to the correct shuttle.

Please note: No food is served at orientation, please plan accordingly

### **Cancellation Policy**

Candidates who request to withdraw from the Oral Examination must follow the instructions below.

1. Notify the Central Office at [abe@aae.org](mailto:abe@aae.org) that you will be submitting written notification that you are withdrawing from the exam. The notification must be sent to ABE, 211 E. Chicago Ave, Ste 1100, Chicago, IL 10111.
2. **Phone calls regarding cancellations are not accepted – the notification must be via email and followed-up with a written letter.**

Candidates who withdraw will be required to submit a new payment of \$585 with their subsequent Oral Examination Registration forms. You are required to submit a new registration form for the next exam that you wish to participate in. The Central Office cannot apply your cancelled application fee to a new exam. Again, if you withdraw from the exam, you must re-submit both the current registration form and payment of \$585 for the next exam you wish to participate in.

### **Oral Examination Format**

#### **Description**

Examination questions cover the scope of endodontics as described in the *American Dental Association Accreditation Standards for Dental Education Programs*. Questions are developed from a clinical case history that is presented to the Candidate. The questions are standardized, weighted and based on competencies that define the level of knowledge expected of Board Certified endodontists. A broad foundation of literature is essential for successful completion of the Oral Examination.

#### **Sessions**

- ◆ There are three sessions in the examination.
- ◆ During each session, the Candidate spends thirty minutes with two Directors/Examiners.
- ◆ Each Examiner independently completes a confidential evaluation immediately after every examination session.

#### **Process**

The Oral Examination requires the Candidate to demonstrate his/her ability to:

- ◆ Apply basic and dental sciences to diagnostic and treatment decisions.
- ◆ Justify diagnostic and treatment decisions.
- ◆ Formulate primary and secondary treatment plans.
- ◆ Assess short and long term outcomes.
- ◆ Alter patient management because of local or systemic pathologic conditions, psychological status and ethical considerations.
- ◆ Quote Literature
  - ◆ Whenever appropriate
  - ◆ Certainly when asked....
  - ◆ Familiarity with hierarchy of evidence.....

## **Case Based Format**

- ◆ Questions are designed to assess the Candidate's higher level cognitive skills including problem solving, decision-making, and the abilities to analyze, create and evaluate.
- ◆ The questions are based on competencies that define the knowledge base of a Diplomate of the American Board of Endodontics.

## **Topics**

Each clinical scenario will have questions that are divided into 10 sections. Each section will have two or three questions. Following are some examples of the question topics for each section

### **Radiographic Examination**

This topic can include questions regarding interpretation of images, radiation safety and hygiene as well as radiographic techniques to mention just a few. Radiographic images and possibly photographs for the case will be presented to you prior to the first questions.

### **Subjective and Objective Examination**

Here you will be provided information about the examination and diagnostic testing for the patient – but something will be missing. It will be up to you to determine what additional information is required. Additional questions may be based upon intra or extraoral exam techniques or findings, methods of pulp and periapical testing for example.

### **Medical History**

Medical History is the topic of the third section. Just remember, none of the patients are completely healthy. A detailed medical history is provided that will involve disease entities or syndromes that you will undoubtedly see frequently during your practice lifetime. How the patient's medical history might impact treatment is a common subject of questions.

### **Diagnosis**

Diagnosis is the next section. In this part of the exam you will be asked to formulate a pulpal and periapical diagnosis based on the information provided. You are expected to use the most currently accepted terminology for each diagnosis. Also be prepared to provide a differential diagnosis of what other entities might present with similar findings.

### **Etiology**

Etiology of the patient's condition will be explored next. You will need to be prepared to answer questions regarding the origin and causative factors for the patient's diagnosis. Keep in mind that etiology can be multi-faceted, and not due to a single entity.

### **Pathogenesis**

Logical progression from etiology leads us to the next section, Pathogenesis. Here you will be asked questions to assess your knowledge of how a disease process develops and progresses. This can include some medical diagnoses as well as dental conditions.

### **Treatment**

Next you will be asked for your treatment recommendation as well as all reasonable alternative treatment plans. You should be able to explain your preferred course of treatment as well as discuss advantages and disadvantage of different options.

### **Application of Biologic Principles**

The next topic is application of biologic principles. This section can cover a wide range of material. Some examples would be indications and mechanism of action of medicaments, pharmacokinetics of common medications, possible drug interactions. The influence of anatomical variations on treatment might also be a topic of questions in this section.

### **Complications of Treatment**

Our ninth section will include questions regarding complications or potential complications that might arise during treatment or become evident after treatment is completed. Management of these occurrences will also be included in the questions from this part of the exam.

## **Prognosis**

Lastly, you will be asked questions regarding prognosis. These can be questions regarding the specific case under discussion, or they may be questions about the prognosis for treatment in general. Evaluation criteria for success and failure as well as recommendations on evaluation interval may also serve as topics for questions

## **References**

During the exam, there will be questions where you will be specifically asked to cite references. In addition, we encourage you to cite references for any answer for which you have an appropriate citation. In quoting literature, familiarity with the hierarchy of evidence will be expected.

## **Time Management**

As this is a timed exam, the examiners may control the pace to ensure that you have an opportunity to answer each question. If an examiner gently interrupts you to move onto the next question, you should not interpret this as a problem with your answers. It is simply time management. If you encounter a question that you are not quite prepared to answer at that moment, you can pass and return to that question, time permitting. Don't interpret "let's move on" as approval or disapproval, in fact, the examiners will try not to show verbal or non-verbal approval or disapproval to avoid any bias.

## **Mentor**

In preparing for the oral exam, we strongly recommend that you find a mentor that will rehearse the exam format with you. This can be a tremendous help in minimizing the intimidation factor associated with this type of exam. If you need assistance in locating a mentor, please visit the College of Diplomates website at: [www.collegeofdiplomates.org](http://www.collegeofdiplomates.org)

## **Scores**

Each examiner gives a score for each of the ten sections of each scenario, so there are a total of 60 raw scores compiled following completion of the Oral Examination. These scores are examined and statistically analyzed by an external psychometric service hired by the ABE to ensure that the process is unbiased and fair, and that everyone who deserves to pass will pass.

Given the number of scores tallied, don't let one or two uncertain answers shake your confidence!

## **Examination Confidentiality**

Candidates sign the following confidentiality statement and examination policy on transcribing examination data prior to the examination:

"I understand that the content of the certification examination is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any questions or any part of any questions from the examination to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any examination materials, including but not limited to the content of any examination questions, before, during, or after the examination, may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of certification."

## **Examination Results**

The results of the Oral Examination are presented to the Directors of the Board by the Oral Examination Committee with a recommendation that those Candidates passing the Oral Examination be certified as Diplomates of the Board. The Secretary of the Board will notify the Candidates by letter whether they passed or failed the examination.

## **Appeal Policy**

*The Appeal Process for Adverse Decisions Affecting Certification or Diplomat Status* document is available upon written request to the Central Office of the ABE.

- Appeals must be received within 30 calendar days after receipt of the failing grade.
- If an appeal is received for a failing grade on the Oral Examination, the Oral Examination Review Committee will conduct a review in conjunction with Measurement Incorporated to assure that all grades were accurately reported.

## Sample Question

A twenty-five year old female is referred for evaluation and treatment of her mandibular first molar, tooth #19. She gives a medical history of malignant hyperthermia and history of allergy to penicillin. She reports that canal treatment and placement of a crown by her general dentist in 1991. She notes swelling in the area that began last evening and has progressively gotten worse.



# Radiographic Examination

Describe in Detail



- **Approximately how large is this lesion in relation to what is seen on this radiograph?**
- **What film do you use and why do you choose to use that film?**
- **What evidence is there in the literature to support the use of direct digital radiography in diagnosis of apical pathosis?**

## Subjective and Objective Examination

Verbally, we will give you, chief complaint, medical and dental history, clinical examination, diagnostic testing. A portion of this information will also be provided in a written format for convenience e.g. a list of medications and a table of testing results. Some pertinent information to diagnose, manage, treatment plan or prognosticate will be purposefully omitted. Please see a likely first question below.



- Specifically, what additional information do you require before you treat this patient?
- Based on the literature what are the anatomic and morphologic variations of this tooth group?
- Discuss the pros and cons of culturing this case. What would you do in your practice?

## Medical History



- This patient has a history of malignant hyperthermia. Would you alter your treatment in any way?
- What anesthetic / analgesic / antibiotic would you prescribe?

## Diagnosis/Differential Diagnosis



- What is your diagnosis for this patient?
- Trace the sensory fibers that innervate the mandibular first molar as they progress toward the central nervous system.
- If this patient has referred pain from this tooth, where might it occur?

## Etiology



- What is the probable source of infection?
- Compare and contrast the literature on the microbiology (etiology) of odontogenic infections from the sixties to today.
- Based on the literature, describe the organisms that might be present in this case.

## Pathogenesis



- **What facial spaces are involved? What are the anatomic boundaries of these spaces?**
- **Is it more difficult to obtain anesthesia in the presence of infection?**
- **The patient indicates that she has a temperature of 101°F. What role does fever play in the host's response to infection?**

## Treatment



- How should this case be treated?
- What evidence is there in the literature regarding the use of  $\text{Ca}(\text{OH})_2$  as an intracanal medication?
- Is chloroform safe for use in retreatment procedures? Justify your answer using the literature.

## Application of Biological Implications



- What are the considerations regarding the choice of local anesthetic? What route of administration would you use?
- Describe the technique for administration of the Gow-Gates block and the nerves anesthetized.
- The general dentist treating this patient indicates that a Sargenti paste was used as a sealer. What evidence is there to refute the use of this material?

## Complications of Treatment



- During treatment the patient loses consciousness. What are possible etiologies? How would you manage this situation?
- The patient calls the next day and reports that her lip is still numb. What would you do?
- During retreatment a nickel-titanium file separates in the mesial lingual canal. What methods are advocated to retrieve the instrument

## Prognosis



- **What post-operative evaluation schedule would you recommend for this patient? Why?**
- **Based on the literature discuss the success rates for retreatment procedures and compare these to the success rates for initial root canal treatment.**