Clinical Endodontics Criteria

UNC-Chapel Hill School of Dentistry

Starting Check: EMR; 01/12

	Initials	Date	Time
1.			
2.			
3.			
4.			
5.			

Provider name _____

Last *First* *Student Number*

Patient name _____

Last *First*

Patient Chart # _____ Tooth # _____

Assistance Required

1. Diagnosis/Knowledge of Pulp Morphology/Treatment Plan

a. Medical & dental history, chief complaint, signs & symptoms accurately recorded
b. All necessary diagnostic tests performed and results recorded
c. Pre-operative radiograph(s) of diagnostic quality
d. Pulpal diagnosis accurately determined and recorded (NP, RP, SIP, AIP, PN, PT, PIT)
e. Periapical diagnosis accurately determined and recorded (NAT, SAP, AAP, AAA, CAA, CO)

(Student) 0 1 2 3 4 5 (Faculty) 0 1 2 3 4 5

f. All usual canal variation known
g. All usual radicular morphology sufficiently explained
h. Case difficulties identified and possible complications anticipated
i. Credible etiology determined

(Student) 0 1 2 3 (Faculty) 0 1 2 3

k. Essential elements of an informed consent and HIPAA consent communicated
l. Appropriate pre-treatment prognosis and restorability to function determined
m. Appropriate immediate treatment planned
n. Appropriate long-term treatment planned

(Student) 0 1 2 3 (Faculty) 0 1 2 3

_____ _____
Faculty Initial *Date*

2. Anesthesia/Isolation/Access Preparation

a. Performed appropriate local anesthetic technique with minimal discomfort and correct dosage
b. Performed acceptable isolation and re-isolation as needed
c. Correct estimate of tooth length
d. Correct determination of estimated working length (EWL)
e. Correct determination of estimated depth of access (EDA)
f. Proper access outline form and location
g. Pulp horns eliminated
m. Determined need for consultation regarding restorability
h. Chamber deroofed
i. Not excessive removal of tooth structure
j. All caries removed
k. Canals located
l. Straight line access to all canal orifices
n. Case Failures: Perforations

(Student) 0 1 2 3 4 5 6 (Faculty) 0 1 2 3 4 5 6

_____ _____
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3. Negotiation/Initial Length Determination

a. Correct determination that files can be negotiated to estimated working length (EWL)
b. Use of appropriate working length file(s) and Electronic Apex Locator
c. Correct calculation of corrected working length (CWL)
d. Correct interpretation of canal anatomy
e. Adequate radiographs, including angled radiograph(s) where appropriate
f. Step Failures: totally unsatisfactory radiographs; file(s) through apex more than 2 mm
g. Case Failures: excessive number of radiographs

(Student) 0 1 2 3 4 (Faculty) 0 1 2 3 4

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4. Crown-Down Preparation/Intracanal Medication/Final Length Determination

a. Access to apical one-third performed (instrumentation of coronal 2/3 of canal to CWL - 4)
b. No ledges formed
c. Correctly identified Apical Gauge File (AGF)
d. Correct estimation of minimum size of Master Apical File (MAF) for each canal
e. Correct calculation of Actual (Accurate) Working Length (AWL) from AGF Radiograph
f. Correct interpretation of canal anatomy
g. Appropriate judgment and skill in placing calcium hydroxide
h. Adequate radiographs, including angled radiograph(s) where appropriate
i. Case Failures: Perforation, instrument separation, excessive number of radiographs

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Canal	Ref Cusp	EWL (mm)	EDA (mm)	Canal Negotiated (yes/no)	WL File Size (usu. SS)	CWL (mm)	Last VT File Size (at CWL-2)	AGF File Size (usu. NiTi)	AGF File Length (mm)	AWL (mm)	Apical Prep (Stop/Open)	MAF File Size (usu. NiTi)	MAF File Length (mm)	Root Filling Acceptable (yes/no)

Assistance Required

5. Instrumentation (Cleaning & Shaping)

a. All canal walls smooth
b. No other evidence of inadequate debridement (unclean dentin filings & irrigant)
c. Proper taper and proper spreader penetration
d. Proper size of MAF (including instrumentation to recommended minimal size)
e. Proper position of MAF at AWL (determined clinically; may require MAF and/or Master Cone Films)
f. No ledges formed
g. Identified apical stop (vs open apex) for each canal (use 1 size smaller file than MAF)
h. Adequate radiographs, including angled radiograph(s) where appropriate
i. Step Failures: Gross debris remaining
j. Case Failures: Perforation, instrument separation, excessive number of radiographs

(Student) 0 1 2 3 (Faculty) 0 1 2 3

_____ _____
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6. Initiation of Root Canal Filling (Obturation)

a. Canal(s) completely dried
b. Appropriate type and size of master cone and accessories selected
c. Master cone fits within 0.5 mm of AWL with resistance (may use Master Cone or Trial Pack Film)
d. Trial Pack film shows root filling material to prepared length with no voids in apical third of canal
e. Adequate radiographs, including angled radiograph(s) where appropriate
f. Case Failures: excessive number of radiographs

(Student) 0 1 2 (Faculty) 0 1 2

_____ _____
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7. Completion of Root Canal Filling (Obturation)

a. Self-evaluation of acceptable root canal filling and restoration (confirmed by faculty)
b. Appropriate permanent restoration recommended to patient
c. Post-operative instructions and prognosis provided to patient
d. Step Failures: Gross under fill, not filling a prepared canal
e. Case Failures: Gross over fill, vertical root fracture, excessive number of radiographs

(Student) 0 1 2 (Faculty) 0 1 2

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8. Root Canal Filling (Obturation) Evaluation

a. Proper taper
b. Well condensed without voids
c. Filled to prepared length
d. Excess root filling material & sealer removed to proper level
[apical to gingival margin (anterior) or into orifice (posterior)]
e. Adequate radiograph(s) of diagnostic quality f. Adequate Intra-Orifice Barrier selected and placed
g. Adequate Temporary/Provisional/Final restoration selected and placed

(Faculty) 0 1 2 3

Student Self-Evaluation Comments

_____ _____
Student Initial *Date*

9. Case Completion Prognosis and Treatment/Restoration Plan

a. Recognized ways of correcting/avoiding procedural errors
b. Appropriate long-term prognosis identified (favorable, questionable, unfavorable)
c. Treatment plan updated and Appointment for restoration secured
e. Step Failures: Restoration appointment not secured

(Faculty) 0 1 2 3

Date: _____
Place: _____

10. Case Management

a. Procedures and cost(s) explained to patient
b. Proper rubber dam placement (leakage prevented)
c. Proper treatment of contaminated cases
d. Airway and surrounding tissues properly protected
e. Protective eyewear and plastic apron for patient
f. Accurate record keeping/radiographs dated
g. Efficient use of time during appointment
h. Excessive number of appointments
i. Prompt case proctoring (within 2 weeks)
j. Did not follow faculty instructions
k. Used strict aseptic technique throughout treatment (each occurrence)
l. Performed adequate and timely entries in patient record and electronic record
m. Performed adequate behavioral management of patient
n. Demonstrated adequate reasoning and efficiency throughout procedure
o. Determined need for, and adequately prescribed, post-operative medications
p. Demonstrated sufficient concern for patient's welfare
q. Respectful to patients, staff, or faculty (no unprofessional language or unprofessional attitude)
r. Operatory appropriately cleaned and instruments properly returned to dispensary

(Faculty) 0 1 2 3

11. Total/Grade

Grades of: 35-40 = pass; 33-34 = may require additional instruction; < 33 = fail. Skipping a step (ie. not having an instructor's initial) results in a grade of "0" for each step skipped. "Case Failures" require that an additional case automatically be assigned to the student. **The goal is endodontic competence.**

Total Points = _____

_____ _____
Proctor Initial *Date*