

**ADEE Special Interest Group, Riga, September 30<sup>th</sup> 2014**

**SIG F05: Monitoring & Assessment in undergraduate Endodontology; towards a European standard.**

**Outcome:**

Inaugural meeting chaired by John Whitworth, with input from Vytaute Peciuliene and Jale Tanalp. ADEE formally welcomed this new group and the opportunity to work more closely with the ESE on position statements and guidelines.

**Attendance:** 32 from 13 countries (EU and non EU), and representing a range of clinical and educational backgrounds.

**The SIG AGREED that:**

1. All European Dental Schools should formally assess the knowledge and skills of their students before they allow them to conduct endodontic procedures on patients.  
Considerations included: patient safety; motivating student learning; promoting student self-confidence when satisfactory to proceed.
2. Preclinical assessment allows teachers to identify students as:
  - a. Ready for supervised practice.
  - b. Requiring further training.Though no current method will eliminate all risks.
3. Broader issues of relevance to clinical practice, including communication skills, cross-infection control procedures, local anaesthesia should be assessed, but not necessarily as part of the Endodontology course.
4. Preclinical knowledge-based assessment should ensure that students understand:
  - a. The fundamentals of endodontic disease.
  - b. The fundamentals of endodontic diagnosis.
  - c. The fundamentals of effective endodontic treatment.
  - d. The assessment of endodontic treatment complexity.
  - e. The instruments and materials employed in endodontic treatment.
  - f. The technical procedures involved in non-surgical root canal treatment.
  - g. The clinical signs of iatrogenic error (eg: perforation, ledge, fractured instrument).
5. preclinical skills-based assessment should ensure that students can safely and effectively:
  - a. Isolate single teeth with rubber dam
  - b. Prepare access cavities into the pulps of uncomplicated anterior and posterior teeth.
  - c. Negotiate the root canals of uncomplicated anterior and posterior teeth.
  - d. Determine working length.
  - e. Shape the root canals of uncomplicated anterior and posterior teeth.
  - f. Irrigate root canals.
  - g. Fill root canals.
  - h. Temporise and restore root canal treated anterior and posterior teeth.
  - i. Engage in reflective self-criticism of their work.
6. Skills-based assessment should be conducted in conditions as close to clinical reality as possible.
7. The assessment of clinical skills by direct observation, and with multiple episodes of assessment may be ideal but is resource-intensive, and impractical for many schools.

8. The criterion-based assessment of treatment stages (ie: isolation, access, working length etc) has advantages over the simple evaluation of postoperative radiographs.
9. Students should be encouraged to provide a reflective narrative to be assessed with their work – what went well, what went not so well, what they have learned.
10. Manufacturers should be encouraged to develop intelligent systems that will facilitate preclinical skills training in endodontics, and provide instantaneous feedback on performance.

**Actions**

- I. Notes will be circulated to SIG members via the ADEE forum
- II. Schools who are willing to share examples of assessment frameworks are invited to do so through the on-line forum, with the understanding that colleagues can arrange translation using Google translate or similar.