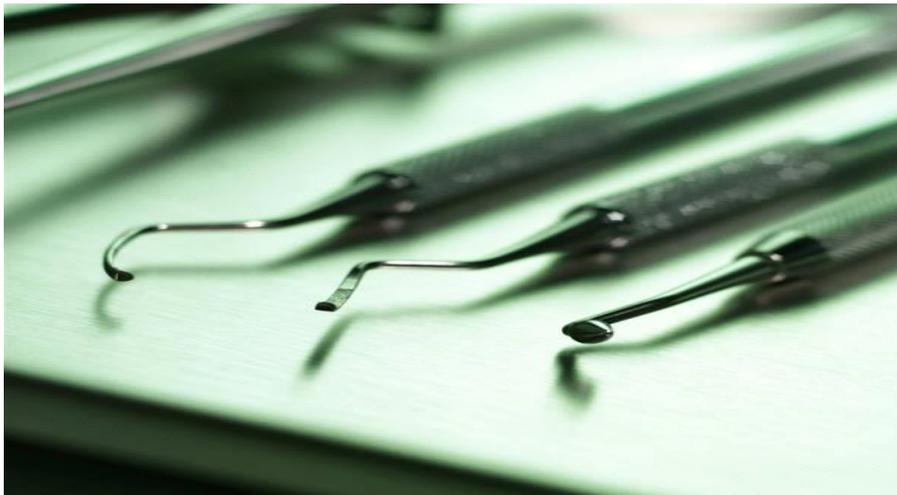


Australian
Dental
Council LTD



**Dental Hygiene and Dental Therapy
Written Examination Handbook 2014**

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Introduction

The Australian Dental Council's Written Examination is designed to test the candidate's knowledge of the science and practice of dental hygiene and/or dental therapy and to assess clinical judgement and reasoning skills relevant to dental practice in Australia.

The Dental Hygiene Written Examination consists of two papers of two hours each, containing scenario-based and single-best answer Multiple Choice Questions (MCQ), and the Dental Therapy Written Examination consists of one paper of two hours, and one paper of one hour, containing scenario-based and single-best answer MCQs. The exam is held on a single day on two occasions each year, during the first half of March and September. The examination is only held in Melbourne, Australia at present.

The papers must be completed in the one examination session, *ie* it is not possible to do one of the papers in March (or September) and the remaining paper in September (or March).

Each examination consists of a different set of questions. The standard required of each examination is at the same level.

There is no restriction on the number of attempts allowed for the ADC Written Examination, but a new fee must be paid for each attempt.

A pass in the Written Examination is valid for three years only. This means that candidates who pass the Written Examination must pass the I Practical Examination within three years of them being notified of their successful result in the Written Examination. Candidates who do not complete the Practical Examination in this timeframe must re-sit and pass the Written Examination to again become eligible to enter the Practical Examination.

Candidate Contact Information

Candidates must arrange redirection of mail if they change their postal address after a closing date for a Written Examination.

Venue details and urgent information may be communicated to you via your nominated email address. Please ensure the email address you provide is reliable and checked regularly. Candidates who use free internet providers (gmail, yahoo etc) should properly maintain their mailboxes and check junk mail or other filters. The ADC will not be responsible for non-receipt of correctly addressed emails.

Any change in mailing address must be notified immediately using the ADC's *Notification of Change of Contact Details* form which can be found on www.adc.org.au. Information reissued to candidates who fail to advise the ADC or employ a suitable mail redirection service from their previous address will be required to pay an administration fee.

Withdrawing from the Examination

Withdrawal from an ADC examination can be made by submitting a signed written statement advising that the candidate wishes to withdraw. It is to be noted that examination fees and application forms **cannot be transferred to alternate examinations**.

Candidates will forfeit 20% of their examination fees if their withdrawal from an examination is received before the closing date for that examination.

Candidates whose withdrawal is received after the closing date for the examination will forfeit 50% of their examination fees.

Those withdrawing within four weeks of a scheduled examination will forfeit the whole fee unless they can produce a medical certificate reporting inability to undertake the examination—in which case 60% of the fee will be refunded.

Failure to undertake the examination because of an inability to obtain necessary visas or to arrange travel *etc.* will be considered a withdrawal, and the full examination fee, or withdrawal fee as above, will apply.

Conduct of the Examination

All candidates must comply with the 'Professional Examination Rules' provided prior the sitting the Written Examination as ADC examinations are conducted under the strictest supervision.

Candidates will be provided with all materials necessary for the examination.

Calculators or other electronic or mechanical aids are neither required nor permitted. Scrap paper is neither provided nor permitted for the Written Examination papers.

Candidates **should remember** to bring with them:

- **Examination confirmation letter**
- **Evidence of identity** which will be checked at the beginning of the examination. This can be a passport, labour card, national ID or driving licence. It must be an original document which bears the candidate's photograph.

Candidates must be at the examination centre no later than the arrival time stated on the advice provided to them by their venue, this is usually one hour before the examination starts.

Once the examination has commenced no candidate will be granted late entry, regardless of the reason. Failure to sit a paper will be deemed an automatic FAIL of the entire examination.

Results

Candidates will be advised about their result of the Written Examination via the ADC website.

To access the website each candidates will be provided with their own unique login and password prior to the release of results as soon as practicable. Written Examination result will be released within 4 to 6 weeks after the date of the examination. Candidates should not contact the ADC before this time has elapsed.

Written Examination Grades

Candidates attempting the ADC Written Examination are advised that results will appear on the candidate's Results Profile as a Pass or Fail only. Candidates who fail the Written Examination will be notified of their area of weakness.

To be awarded a pass in the Written Examination, candidates must PASS all papers.

Verification of Results and Appeals

Verifications:

Candidates who fail the Written Examination may apply for a verification of examination results. The *Application of Verification of the Written Examination* and the required fee needs to be submitted within 28 days of the date of receipt of the examination results. .

The verification process does not provide candidates with the questions and their answers from the examination. The ADC does not release such examination material to candidates.

Appeals:

Appeal conditions as they apply to Written Examination candidates are as follows:

- Applications for an appeal or review must be in writing and clearly state the grounds for the appeal. The appeal should include any relevant supporting documentation and be accompanied by the stipulated fee. Appeals applications will not be processed until the fee has been received
- A written application for an appeal should be forwarded to the ADC, together with the relevant fee, within 28 days of receiving the notification of the examination outcome
- The application must be substantiated with supporting documentation or statements
- The appeal will be referred to an Appeals Panel that will review the process and the decision that was made and will make a recommendation to the ADC and the candidate will be advised of the outcome within six weeks of the appeal being lodged
- If the appeal is upheld all fees will be refunded to the candidate

When an appeal to the ADC has been heard by the Appeals Panel but the applicant still believes that there has been a breach in the administrative process relating to their assessment, they may lodge a written appeal to be heard by an IAC.

The IAC is composed of members who are independent of the ADC and the ADC Appeals Panel.

The Independent Appeal conditions as they apply to candidates are as follows:

- A candidate must have undertaken the Appeals Panel process outlined above before proceeding to an IAC hearing
- A written application for an independent appeal should be addressed to the 'Chair, IAC' and sent to the ADC, together with the relevant fee, within 28 days of receiving the notification of the Appeals Panel outcome
- The application must be substantiated with supporting documentation or statements
- Following consideration of the case, the IAC will deliver its decision to the ADC in order to advise the candidate of the outcome
- If the independent appeal is upheld all fees will be refunded to the candidate

Please note all relevant fees for verification of results and ADC appeals can be found on the ADC website, www.adc.org.au .

Specification Matrix for Written Examination Format

The ADC Written Examination is designed to test the candidate's knowledge of the science and practice of dental hygiene and/or dental therapy, and to assess clinical judgement and reasoning skills relevant to dental practice in Australia.

The questions in each paper will focus on, but not be limited to, the disciplines listed in the table below. That is, Paper 2 will mainly focus on Prosthodontics and Implantology but will also require knowledge from other disciplines.

DENTAL HYGIENE			
Paper 1 (80 questions)			
<i>Anaesthesia and Resuscitation</i>	<i>Infection Control</i>	<i>Oral Medicine</i>	<i>Oral Pathology</i>
<i>Pharmacology and Therapeutics</i>	<i>Preventive Dentistry</i>	<i>Public Dental Health</i>	<i>Orthodontics</i>
Paper 2			
<i>Periodontics</i>	<i>Tooth Conservation</i>	<i>Dental Caries</i>	<i>Fixed Prosthodontics</i>
<i>Removable Prosthodontics</i>	<i>Paediatric Dentistry</i>	<i>Radiology</i>	
DENTAL THERAPY			
Paper 1 (80 questions)			
<i>Tooth Conservation</i>	<i>Dental Caries</i>	<i>Preventive Dentistry</i>	<i>Public Dental Health</i>
<i>Orthodontics</i>	<i>Periodontics</i>	<i>Endodontics</i>	<i>Paedodontics</i>
Paper 4			
<i>Oral Surgery</i>	<i>Infection Control</i>	<i>Oral Medicine</i>	<i>Oral Pathology</i>
<i>Pharmacology and Therapeutics</i>	<i>Radiology</i>	<i>Anaesthesia and Resuscitation</i>	

In the following pages we have provided samples of Scenario-based and Single-best answer MCQs.

The sample questions are taken from the existing question bank and will not be used again in any future examination.

While these sample questions represent the *type* of questions currently being used in the examination, it is possible that some of the sample questions and answers may not reflect recent advances in knowledge or practice.

Sample Multiple Choice Questions for Written Examination

Single-Best Answer Questions

In these questions one or more answers may be correct but candidates must select the ONE best answer. Correct answers are marked in **red**.

- 1. Which of the following would most clearly differentiate an acute periodontal abscess from an acute periapical abscess?**
 - A. pigmentation of the gingivae
 - B. nature of the swelling
 - C. degree of tooth mobility
 - D. response to a test for vitality**
 - E. tenderness to percussion

- 2. A 25 years-old male complained of many minute vesicles on the vermillion border of the upper lip. The vesicles were preceded by an "itching" sensation. The patient stated the vesicles develop "two or three times" a year. The MOST LIKELY diagnosis is**
 - A. impetigo
 - B. herpes zoster
 - C. recurrent herpes simplex infection**
 - D. primary herpetic stomatitis
 - E. recurrent aphthous ulceration

- 3. A patient presents with painless, bluish lump (10 mm in diameter) just inside the vermillion border of the lower lip. The MOST LIKELY diagnosis is**
 - A. smokers' keratosis
 - B. squamous cell carcinoma
 - C. mucocoele**
 - D. fibroma
 - E. fibro-epithelial polyp

- 4. The drug most commonly used to treat trigeminal neuralgia is**
 - A. diazepam (Valium)
 - B. carbamazepine (Tegretol)**
 - C. Ergotamine
 - D. phenytoin (Dilantin)
 - E. metronidazole (Flagyl)

5. An injection at the anterior border of the ramus of the mandible, a centimetre above the lower occlusal plane, will anaesthetise the
- A. lingual nerve
 - B. long buccal nerve**
 - C. facial nerve
 - D. posterior superior alveolar nerve
 - E. mylo-hyoid nerve
6. The **MOST COMMON** problem arising from premature extraction of deciduous molars is the loss of
- A. arch length**
 - B. facial contour
 - C. vertical height
 - D. sibilant speech sounds
 - E. freeway space
7. A substance used as a non-cariogenic substitute for sugar is
- A. fructose
 - B. glucose
 - C. lactose
 - D. maltose
 - E. sorbitol**
8. A patient develops unilateral facial paralysis within ten minutes after an attempted inferior alveolar nerve block on the same side. The most logical explanation is that the injection was made into the
- A. parotid gland**
 - B. masseter muscle
 - C. maxillary artery
 - D. pterygomandibular ligament
 - E. buccinator muscle
9. The tooth **MOST** often congenitally missing is the
- A. mandibular first premolar
 - B. mandibular lateral incisor
 - C. maxillary first molar
 - D. maxillary lateral incisor**
 - E. maxillary canine

Sample of a Scenario-Based Question for Written Examination

Correct answers are marked in **red**.

A 64-year-old patient who is receiving warfarin as part of the management of his atrial fibrillation tells you that one of his lower right back teeth was restored three years ago by a dentist who has since retired from your practice.

The tooth is now occasionally sensitive to hot and cold. The clinical notes confirm the history and indicate that the tooth was restored using a resin composite material.

You obtain the attached periapical radiograph.



Q 1 In addition to testing the pulp vitality with either cold or an electric pulp tester, which of the following clinical tests or procedures would be the most appropriate to assist in making a diagnosis?

- A Orthopantomogram
- B Bite-wing radiograph
- C Percussion**
- D Crack testing
- E INR

Q 2 In case like this Class II composite restorations of posterior teeth are more likely to fail due to recurrent caries if

- A the material is placed in increments because of the risk of leakage between the increments.
- B a glass-ionomer lining is used because of the risk that the lining will leach out over time.
- C occlusal loads are applied to the marginal ridge due to flexure of the material.
- D the curing time is extended due to greater shrinkage of the material.
- E **the gingival margin is on dentine because bonding under these conditions is unpredictable.**

Q 3 Given the history and the radiographic evidence, would you expect the “sensitivity” to hot and cold that the patient reports to be

- A sharp, occurring once or twice per week and only with ice-cream and hot coffee?
- B sharp and relieved on removal of the hot or cold stimulus?
- C **dull and lingering for 1-2 minutes?**
- D always present but worse after a hot or cold stimulus?
- E worse in the morning

Q 4 If you decided to extract the tooth and in planning for the procedure you find that that the patient’s INR is 2.4, would you:

- A **Proceed with the extraction and provide appropriate post-operative instructions.**
- B Proceed with the extraction and suggest that the patient stop their warfarin for 3 days
- C Suggest that the patient stop their warfarin and commence taking 125mg aspirin before returning in 3 days to have the tooth removed.
- D Consult the patient’s cardiologist to discuss stopping their warfarin treatment.
- E Refer to patient to a consultant Oral and Maxillofacial Surgeon who is best placed to manage complex surgical problems such as this.

Q 5 After removal of the 46, which of the following prosthodontic options would be most appropriate?

- A Immediate placement and immediate restoration with a dental implant.
- B Replacement with an immediate removable partial denture.
- C Replacement with a removable partial denture after the extraction site has healed.
- D Replacement with a fixed bridge.
- E **No replacement until the patient has had an opportunity to assess their functional and aesthetic concerns.**

Resources

Candidates may wish to consult the following books should they need information on multiple choice questions:

Tyldesley, WR	Diagnostic Picture Tests in Oral Medicine (Wolfe)
Rock, WP <i>et al</i>	Diagnostic Picture Tests in Paediatric Dentistry (Wolfe)
McMinn, RMH <i>et al</i>	Picture Tests in Human Anatomy (Wolfe)
Cawson, RA	MCQ in Dentistry (Churchill, Livingstone)

The content of the examinations is derived from the same broad range of resources that dental students and practitioners in Australia commonly refer to. As a result it is not possible to identify a narrow list of textbooks and journals with which candidates must be familiar and from which the examination will be derived. However, as a guide candidates might find recent editions of the following a **useful starting point** in preparing for the examinations:

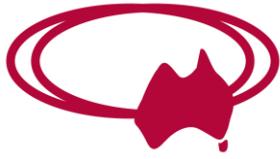
Journals

- Australian Dental Journal
- British Dental Journal
- Journal of the American Dental Association
- Journal of Prosthetic Dentistry
- Operative Dentistry Quintessence.

Textbooks

- Anusavice KJ (2012) **Phillip's Science of Dental Materials** 12th ed, Elsevier (Saunders)
- Schwartz RS, Summitt JB and Robbins JW, **2003 Fundamentals of Operative Dentistry: A Contemporary Approach** 3rd ed, Quintessence
- Burt BA, Eklund SA (2005) **Dentistry, Dental Practice and the Community**, 6th ed, Saunders, Elsevier
- Mostofsky DI, Fortune F (2013) **Behavioral Dentistry**, 2nd ed, Wiley-Blackwell
- Lindhe J, Kagging T and Lang N (2008) **Clinical Periodontology and Implant Dentistry** 5th ed, Munksgaard
- Newman MG, Takei H, Klokkevold PR, Carranza FA (2011) **Carranza's Clinical Periodontology**, 11th ed, Saunders
- Fejerskov O, Kidd E (2008) **Dental Caries: The Disease and its Clinical Management**, 2nd ed.
- Australian Dental Association (2012) **Standards and Guidelines for Infection Control in Dental Practice**, 2nd ed.
- Stephanac SJ and Nesbit SP (2006) **Treatment Planning in Dentistry** 2nd ed
- Basker RM, Davenport JC (eds) (2002) **Prosthetic Treatment of the Edentulous Patient** Oxford: Blackwell Munksgaard

- Okeson JP (2012) ***Management of Temporomandibular Disorders and Occlusion*** 7th ed. Mosby
- Klineberg I, Jagger R (2004) ***Occlusion and Clinical Practice*** Wright
- Profitt WR, Fields HW, Ackerman JL, Sinclair PM, Thomas PM and Tulloch JFC (2013) ***Contemporary Orthodontics*** 5th ed, Mosby
- Cawson RA, Odell EW (2008) ***Cawson's Essentials of Oral Pathology and Oral Medicine*** 8th ed. Elsevier Health Sciences
- Whaites E (2013) ***Essentials of Dental Radiography and Radiology***, 5th ed. Elsevier Health Sciences
- **Therapeutic guidelines – Oral and Dental**. Therapeutic Guidelines Limited, Melbourne, 2012
- Malamed SF (2012) ***Handbook of Local Anaesthesia*** 6th ed, Mosby
- McDonald RE, Avery DR and Dean JA (2011) ***Dentistry for the Child and Adolescent*** 9th ed, Mosby
- Koch G, Poulsen S (2009) ***Pediatric Dentistry: A Clinical Approach*** 2nd ed, Wiley-Blackwell
- Cameron AC and Widmer RP (2008) ***Handbook of Pediatric Dentistry*** 3rd ed, Mosby
- Hall RK (1994) ***Pediatric Oro-facial Medicine and Pathology*** Chapman and Hall Medical
- Berkovitz BKB, Holland GR and Moxham BJ (eds) (2009) ***A Colour Atlas and Text of Oral Anatomy, Histology and Embryology*** 4th ed, Mosby, St Louis
- Scully CM and Welbury R (1994) ***Color Atlas of Oral diseases in Children and Adolescents*** Wolfe
- Pedlar J, Frame JW (2001) ***Oral and Maxillofacial Surgery: An Objective-Based Textbook***, Churchill Livingstone; 2nd Rev Ed.
- Peterson LJ (ed) (2008) ***Contemporary Oral and Maxillofacial Surgery***, Mosby; 5th Ed.
- Scully C et al (2007) ***Special Care in Dentistry - Handbook of Oral Healthcare***, Churchill Livingstone, Elsevier
- Andreasen JO, Bakland LK, Flores MT, Andreasen FM, Andersson L. (2011) ***Traumatic Dental Injuries: A Manual***. 3rd Ed. Wiley-Blackwell
- Jordan RE, Abrams L and Kraus BS (1992) ***Kraus' Dental Anatomy and Occlusion*** 2nd ed, Mosby
- Haveles, EB (2000) ***Delmar's Dental Drug Reference***, Delmar Thomson Learning
- Silverman S (Jr), Eversole, R, Truelove, EL (2002) ***Essentials of Oral Medicine***, BC Decker Inc, Hamilton, London



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Australian Dental Council

PO Box 13278

Law Courts,

Victoria 8010

Australia

Tel +61 (0)3 9657 1777

Fax

Email: info@adc.org.au

Web: www.adc.org.au

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