

VEDDER AWARD INFORMATION

Criteria for Evaluation (Narrative Portion)

History / Clinical Exam

Acceptable: History records chief complaint, an account of current problems, past history of dental and general health, family history, personal history, and a review of systems. Clinical examination includes a general survey of patient condition, examination of head and neck, examination of soft tissues of the mouth, and detailed information gained from a comprehensive dental examination.

Marginal: History is adequate though in depth coverage of some elements is marginal. Clinical examination is adequate though some aspects of the examination are marginally covered.

Unacceptable: (Any of the following constitutes unacceptability) History is poorly organized and fails to elicit pertinent information. Omissions compromise the formulation of an accurate diagnosis. Clinical examination is deficient resulting in a lack of needed diagnostic information.

Diagnosis / Treatment Plan

Acceptable: Diagnosis is appropriate and supported by a systematic method of identifying oral disease. Treatment plan is well organized and chronologically sequenced to prevent and correct oral disease.

Marginal: Diagnosis is adequate though method used to formulate it is questionable. Treatment plan is adequate but not well organized.

Unacceptable: Diagnosis is inappropriate and is not supported by clinical findings. Treatment plan is poorly organized and improperly sequenced.

Prognosis / Summary

Acceptable: Prognosis is realistic and based on an appropriate diagnosis and well organized treatment plan. Summary indicates full recognition of patient and clinical variables that impacted the final treatment outcome. It describes what was learned by doing this case.

Marginal: Prognosis is reasonable though slightly optimistic. Summary indicates some recognition of variables that affected the outcome and demonstrates some learning.

Unacceptable: Prognosis is not realistic. Summary is absent or lacks enough details to demonstrate what was learned.

Criteria for Evaluation (Fixed Prosthodontics Skills)

Diagnostic Wax-Up

Acceptable: Diagnostic wax-up blends with adjacent natural teeth. Form is well developed. Pontic form, tissue relationship, and axial contours combine to provide natural appearance. Diagnostic cast neat and well trimmed with all pertinent anatomy present.

Marginal: Proposed restoration is acceptable, but definite differences exist in form, contour, and tissue relationship between adjacent teeth and wax-up. Diagnostic cast is reasonably clean and trimmed, some non-critical anatomy is absent.

Unacceptable: Wax-up is grossly different from natural teeth. Tooth contours and form result in undesirable appearance. Diagnostic cast is poorly prepared and trimmed, critical anatomic features missing or indistinct.

In the next category, consideration will be given for the fact that the materials presented were used to fabricate restorations and are being evaluated afterward.

Abutment Preparations (evaluations based on dies)

Acceptable: Level 1: Reduction is optimal for restorative material. Retention form is optimal. The resistance form has been incorporated. Margin design is optimal for the preparation and pre-existing condition of the tooth. Finish of the preparation displays finesse.

Acceptable: Level 2: Reduction, margin design, finish, retention and resistance form, are all generally adequate but not optimal.

Marginal: Reduction, finish, retention and resistance form are marginally acceptable. Margin design is questionable.

Unacceptable: (Any one of the following) Preparation is over or under reduced. Retention and resistance form is lacking or ill-defined. Margin design is inappropriate. Finish is inadequate.

Interim Restoration

Please provide actual interim restoration if case is complete and it is available. If currently being used by the patient, it can be evaluated from clinical photographs of buccal, lingual and occlusal views. If no longer available, you must fabricate one on a duplicate model and provide it for evaluation

Acceptable: Level 1: Interim restoration completely restores form and function, with excellent tissue adaptation.

Acceptable: Level 2: Interim restoration is complete, and reasonably contoured. All essential occlusal and axial anatomy is present; however some non-critical peripheral features may be absent.

Marginal: Interim restoration has marginally maintained anatomic features. Imperfections are obvious.

Unacceptable: (any of the following) Interim restoration lacks critical anatomy, has defects which could compromise the tooth or proper occlusal relationship.

F.B. Vedder Award Evaluation Form

	Acceptable	Marginal	Unacceptable
Narrative			
A. History / Clinical Examination	2	4	7
B. Diagnosis / Tx. Plan	2	4	7
C. Prognosis / Summary of Treatment	2	4	7
Fixed Prosthodontics Skills			
A. Diagnostic Wax-Up	2	4	7
B. Abutment Preparations	1, 2	4	7
C. Interim Restoration (or photo)	1, 2	4	7

The following listed materials will not be formally evaluated as they may not be available in all cases, or they may have been produced by other students (for example CM pre-op radiographs). However the candidate should include all that is available to assist the committee in their review. They are: The patient's dental record with all pre- and any post-operative: radiographs, casts, photographs.

In addition to the above case materials, the committee would also encourage applicants to include any additional documentation of their interest in crown and bridge prosthodontics. Examples of such interest could be (but is not limited to) continuing education courses attended (excluding school courses and lectures) or student research projects/table clinics with application to this area of dentistry.

The criteria used in evaluating the various components of the case presentations as acceptable/marginal/unacceptable are available and should be used to guide you in the preparation of your case presentation