

台灣兒童牙科專科醫師考試 十年回顧與說明

蔡宗平

中華民國兒童牙科醫學會
專科醫師甄審委員會 主任委員

專科醫師甄審辦法歷年大事紀

1992 中華民國兒童牙科醫學會成立

1995 專科醫師甄審辦法通過，二年免試落日條管

1998 開始專科醫師考試

2002 分三階段考試：筆試、送審案例、口試

2006 投稿可抵甄審成績或案例；甄審增為每年二次

2007 筆試改為題庫選題；案例一律以簡報格式製作；

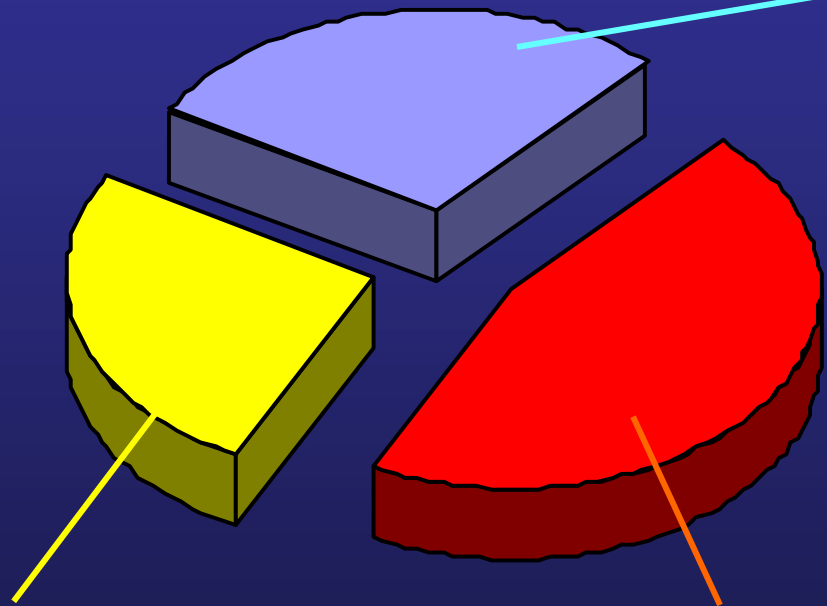
臨床案例種類增為8種；臨床案例檢查表；送審

案例注意事項

2008 書面案例摘要

兒童牙科會員人數與比例

相關會員 99



Total

345

100%

正式會員 89

36.2%

+

專科醫師 157

63.8%

=

正式會員 246

100%

45.5%

The American Board of Pediatric Dentistry

Selected articles published by the ABPD in AAPD's *Pediatric Dentistry Today*

Home	2007 ABPD Annual Newsletter Page 1, 2, 3, 4 (July 2007) by Headquarters staff
Organization	Now is the Time-Get Certified! (May 2007) by Jeffrey A. Dean
Examination	Success Equals A Commitment to Learning (March 2007) by Richard D. Udin
Examination Process	Board Certification: Then and Now (Nov. 2006) by Erwin G. Turner
News and Information	In Search of Excellence - Board Certification (Sept. 2006) by Monica H. Cipes
Merchandise	The ABPD Clinical Examination Options- Which to Choose? (July 2006) by Jeffrey A. Dean
Contact Us	Comparing Clinical Options for Board Certification-What the Candidates Tell Us (March 2006) by Monica H. Cipes
	Changes in ABPD Comprehensive Written Section Examination (March 2005) by Erwin G. Turner

成為兒牙專科醫師 …… 就在今朝

Now is the Time-Get Certified!

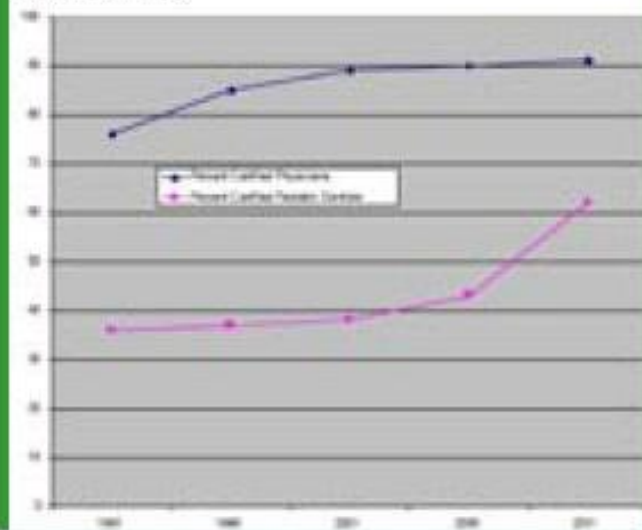
Over 90 percent of Pediatric Dentists should be Board Certified – If You Aren't, Why Not!

Over 50 years ago, in 1948, the first board certification examination in pediatric dentistry was administered. Since then, the certification process has been a multiple-step endeavor involving a combination of examinations including written, oral case presentations, site visit or simulations. This onerous process has often been used as a reason for many pediatric dentists against completing their certification process. "It's too difficult, too time consuming, too labor-intensive," was frequently heard from

table). When you place pediatric dentistry certification numbers side-by-side with the physicians, the numbers are not so favorable. However, this is changing. With the large increase in candidates sitting for the Oral Clinical Examination option, the percentage of eligible pediatric dentists that are

Table: Comparison of Percent Board Certified Physicians vs Pediatric Dentists.

- Data obtained from the American Board of Medical Specialties Website (<http://www.abms.org>) and Personal Communication, the American Academy of Pediatric Dentistry and the American Board of Pediatric Dentistry.



1998-2008年 筆試結果統計表

1998 - 2008	專科醫師			正式會員		
	到考(人)	通過(人)	百分比	到考(人)	通過(人)	百分比
Total	114	90	84.1	36	35	98.6

1998-2008年案例送審結果統計表

1998 — 2008	專科醫師			正式會員		
	到考(人)	通過(人)	百分比	到考(人)	通過(人)	百分比
Total	66	53	86.9	27	19	67.1

1998-2008年口試結果統計表

專科醫師

1998 — 2008	到考(人)	通過(人)	百分比
	Total	54	50

臨床案例種類

- (1) Behavior Management
- (2) Preventive Resin Restoration / Sealant
- (3) Operative Dentistry
- (4) Pulp Therapy
- (5) Anterior Teeth Trauma
- (6) Interceptive Orthodontics
- (7) Periodontal Problem
- (8) Special Patient Care 特殊病患治療

臨床案例種類

(1) Behavior Management :

申請人可就下列案例擇一提出

- a. 五歲以下孩童，由明顯不合作或哭鬧轉變為合作之錄影過程。
- b. 四歲以下孩童，接受局部麻醉注射及復形或牙髓治療之錄影過程。
- c. 採用鎮靜術(單純笑氣鎮靜不合要求)或全身麻醉下治療，包含至少三處鄰接面復形治療(含SSC)及至少一顆牙齒之齒髓治療的案例。

內含：

- A. Video 顯示行為處理過程。(鎮靜及全身麻醉案例除外)
- B. 說明對該案例之解讀，包括診斷、治療及追蹤之理論依據。

歷次案例不通過的理由之整理

Behavior Management

4未依案例闡述理論依據:

未說明使用束縛器之理由；

未說明使用HOME之理由；

未說明中間行為惡化之理由；

未說明家長諮詢及其對使用HOME之態度

臨床案例種類

(2) Sealant or Preventive Resin Restoration
(四顆以上之同一病例)。

內含：

- A. 各該顆牙術前之咬翼片及口內相片。
- B. 各該顆牙術後一年以上之口內相片。
- C. 說明對該案例之解讀，包括診斷、治療及追蹤之理論依據。

歷次案例不通過的理由之整理

Preventive Resin Restoration / Sealant

5追蹤不足:相片品質不佳；無單牙相片，無該牙術前術後完整相片；資料不全；無該牙完整相片

2治療計畫與診斷不足: 診斷及處置不完全；未論述其他問題之治療計畫

2治療品質不佳: 脫落；品質不理想

追蹤拖太久，無理論根據

臨床案例種類

(3) Operative Dentistry

(SSC 及 Class II Permanent Restoration 各二顆牙齒以上之同一病例)。

內含：

- A. 各該顆牙術前咬翼片或口內相片與術後六個月以上之咬翼片及口內相片。
- B. 若該以SSC復形之牙齒已接受牙髓治療，應附術前與術後之根尖片。
- C. 說明對該案例之解讀，包括診斷、治療及追蹤之理論依據。

歷次案例不通過的理由之整理

Operative Dentistry

9治療計畫與診斷不足:治療計畫及過程不合理且未說明；無完整治療計畫；治療計畫與診斷不確實；無完整預防計劃；未發現多生牙；未依案例闡述理論根據；非完整案例；未注意錯咬問題亦未說明；未說明治療前後之咬合變化

4治療品質不佳:有overhang

2缺追蹤紀錄；X光不足

3案例不足:OD與SSC非同一病例；只做一個SSC；缺Class II filling

臨床案例種類

(4) 牙髓治療

(Pulpotomy 或 Pulpectomy 二顆牙齒以上之同一病例)。

內含：

- A. 各該牙術前根尖片或口內相片及與術後六個月以上之根尖片及口內相片。
- B. 說明對該案例之解讀，包括診斷、治療及追蹤之理論依據。

歷次案例不通過的理由之整理

Pulp Therapy

- 4 治療計畫與診斷不足：缺牙未診斷；預防計畫不足；治療計畫未包含咬合問題；未診斷牙根斷裂
- 4 資料不全/不佳：X光不佳；無根尖片；無回診X光；無術前X光
- 3 治療品質不佳：2 充填不理想；pulp therapy 結果失敗

臨床案例種類

(5) 牙齒外傷。

(恆齒前牙外傷治療應包含緊急治療及美觀修復)。可於下列二類擇一報告，案例治療均需完成美觀修復。

- a. 乳門齒：牙冠斷裂犯及牙髓或因外傷需接受齒髓治療以留存者(單純觀察未作處置者不合要求)之治療案例。
- b. 恆牙門齒：因外傷脫落再植，或X光上可見牙齒因外傷明顯位移且須固位者，或牙冠斷裂犯及牙髓或牙根斷裂且有位移者之治療案例。

內含：

- A. 各該顆牙外傷記錄、診斷、治療計劃(請說明理論根據)、治療過程、追蹤紀錄。
- B. 各該顆牙術前與術後六個月以上之根尖片及術後六個月以上口內相片。
- C. 說明對該案例之解讀，包括診斷、治療及追蹤之理論依據。

歷次案例不通過的理由之整理

Anterior Teeth Trauma

2治療品質不佳：復形品質不良；治療尚未完成
（根管治療尚未完成充填）

治療計畫與診斷不足：其他牙齒未治療

未依案例闡述理論依據：subluxation作pulp
therapy 之理由未說明

資料不足：無術後相片

臨床案例種類

(6) Interceptive Orthodontics：可於下列二類擇一報告

- a. 阻斷性矯正治療：於乳齒列期或混合齒列期之前牙或後牙錯咬或空間再生(space regain)或咬合誘導到恆齒列期之案例。
- b. 完整矯正治療：以固定及/或活動矯正裝置，矯治複雜咬合異常完成至青少年恆齒列期之案例。

內含：

- A. 該矯正治療病例之術前與術後六個月以上之模型。
- B. 全口術前及術後口內相片，必要之X光片（如：Cephalometric X-ray、Panoramic radiograph等）。
- C. 說明使用該裝置之機轉及理論根據。
- D. 該治療病例之病情診斷、治療計劃及治療過程、追蹤紀錄。

歷次案例不通過的理由之整理

Interceptive Orthodontics

4 依案例之理論依據: 缺 Ant. Crossbite 之鑑別診斷; 無模型分析; 無 X 光之分析; 未說明使用 lower lingual arch 之理由

4 資料不足/不適當: 2 無模型; 無術前 X 光卻有術後 X 光且未說明或分析; 未說明須照 Ceph. 之理由; 資料不全

2 治療計畫與診斷不足: 錯咬僅為問題之一; 未注意犬齒問題

臨床案例種類

(7) Periodontal problem：可於下列五類擇一報告

- a. 全口或局部Juvenile Periodontitis之治療案例。
- b. Mucogingival Defect之手術治療案例。
- c. Acute Necrotizing Ulcerative Gingivitis之治療案例。
- d. Labial 或Lingual Frenum之手術治療案例。
- e. Fibrous Gingival Hyperplasia之手術治療案例。

內含：

- A. 術前、術後三個月以上之X光片或口內相片。
- B. 說明對該案例之解讀，包括診斷、治療及追蹤之理論依據。

歷次案例不通過的理由之整理

Periodontal Problem

!!! ? !

臨床案例種類

(8)特殊病患治療：

包含系統性疾病或身心障礙者，接受兩處以上鄰接面復形或兩顆以上牙髓治療之案例。

內含：

- A. 各該顆牙術前與術後三個月以上之咬翼片或相片。
- B. 若該已接受牙髓治療，應附術前與術後之根尖片。
- C. 書面說明對該案例之解讀，包括診斷、治療及追蹤之理論依據。

歷次案例不通過的理由之整理

Special Patient Care

3缺追蹤資料: 無回診; 無術後3個月X光; 無術後相片

資料不全: 缺全身麻醉術前之系統性評估

病患姓名不符

送審案例注意事項

1. Powepoint簡報檔及二頁Case Review Summary
2. 送審案例檢查表: 秘書處行政查核; 專審會實質審查
3. 建議口外相片, 口內全口相片及X光
4. 兒童牙科醫師應具備之核心能力*;
 診斷與治療計畫之完整性; 理由說明; 僅列出理論而未依案例解讀說明者不予通過
5. Trauma Case: 不接受只拔牙或只觀察之案例
6. Pulp Therapy 與 Operative Dentistry: 同一個案例
7. 投稿抵案例

* 兒童牙科醫師核心能力

1. 收集資料
2. 書寫報告
3. 案例整體診斷與治療
4. 依案例闡釋理論根據

書面案例摘要

Case Review Summary

以中英文打字兩頁為限（內容格式如下）

病人基本資料

Medical and Dental History

Clinical Assessment

Radiographic Assessment

Case Diagnosis Summary and Treatment Rationale

Treatment Objectives/Treatment Plan

Treatment Rendered

Preventive Program/ Recall

Results of Treatment: Candidate Assessment

臨床案例檢查表

專科醫師臨床案例檢查表

(本表旨在協助申請人檢查確定送審資料是否完整，

有追蹤時間要求者需填上實際追蹤月數，本表應隨送審光碟及各案例書面摘要一併寄交秘書處)

申請人編號：

Behavior management

案例資料(powerpoint)

書面病例摘要(二頁)(說明對該案例之解讀, 包括診斷、治療及追蹤之理論依據)

Vedio 顯示行爲處理過程

Sealant or Preventive Resin Restoration(四顆以上之同一病例)(98年6月25日前適用二顆以上之同一病例)

案例資料(powerpoint)

書面病例摘要(二頁)(說明對該案例之解讀, 包括診斷、治療及追蹤之理論依據)

各該顆牙術前之咬翼片

各該顆牙術前之口內相片

各該顆牙術後一年以上之口內相片

月

Operative Dentistry

(SSC 及 Class II Permanent Restoration 各二顆牙齒以上之同一病例)

案例資料(powerpoint)

臨床案例評分表

中華民國兒童牙科醫學會 專科醫師 / 正式會員 臨床案例評分表

編號： _____ 級別：專 / 正

案例種類 評分項目	行為		封劑		復形		
	通過	不通過	通過	不通過	通過	不通過	通過
個案報告格式							
診斷資料及記錄 (相片、X光片、模型等)							
治療計劃及治療過程							
追蹤資料及記錄							
書面病例摘要							
綜合意見							

中華民國兒童牙科醫學會 專科醫師 / 正式會員 臨床案例評分表

編號： _____

案例種類 評分項目	行為		封劑	
	通過	不通過	通過	不通過
個案報告格式				
診斷資料及記錄 (相片、X光片、模型等)				
治療計劃及治療過程				
追蹤資料及記錄				
書面病例摘要				
綜合意見				

我自身的經驗

1986 University of Michigan，完成兒童牙科訓練

1986 Written Examination，取得Board Eligible

1995 General and Applied Knowledge Section

1999 Case Review Section，取得ABPD Diplomate

永遠不會太慢

WHY I ACHIEVED BOARD CERTIFICATION AFTER 32 YEARS OF PRIVATE PRACTICE

I have been in private practice for 32 years and teaching on a part-time basis for 30. I was actually in practice 31 years before finally completing my boards. Why? I actually started the process in 1972 taking the written examination (literature review only in those days) at the end of my second year of training. Back then the board exam was comprised of four parts. I successfully took the second part (oral examination) at the Annual Session in 1975. I passed and was ready for the case presentations and eventual site visit. It is a moot point now, but I had a philosophical problem with the concept of presenting cases as

I have known many members of the American Board over the years, and I have never missed an opportunity to tell them my feelings. I cannot remember how many I told that if you make the exam so there are no case presentations, and you just come and watch me practice, I will start the whole process over. I did not mind the reading nor being tested on clinical matters. That is knowledge expected of me. Finally, about six years ago, the exam was changed to the format I had lobbied for. Now, I was ready for that breakfast meeting!

All in all, however, I think it has been a positive and

1972

.....

2004

準備的過程中獲益良多

EVERYONE BENEFITS WHEN A PEDIATRIC DENTIST
ACHIEVES BOARD CERTIFICATION

by

Lonnie R. Lovingier

John DeLorme has been a wonderful partner. And now, he raised our practice up another notch. He recently passed the site visit and achieved

追求卓越 重新檢驗 自我要求

IN SEARCH OF EXCELLENCE—BOARD CERTIFICATION

Since joining the American Board of Pediatric Dentistry (ABPD) as a director two years ago, I've spent some time thinking about how the ABPD has

“ I looked at every clinical examination, treatment plan and radiograph and asked myself was it of “board quality”? “

取得專科醫師不是專業成長 與自我改進的終點

Success Equals a Commitment to Learning

In 2006, the ABPD recognized 143 new Diplomates at its Annual Meeting in Cincinnati. This represents the highest number attaining Board Certification in the history of ABPD within a one-year span. To both our newest and current Diplomates, we would like to remind you that Board Certification does not put an end to the process of professional growth and self-improvement. The ABPD believes that professional development must continue throughout a practitioner's lifetime.

Our medical colleagues have recognized the need to make board certification a continuous process, which

those who filed for Board Eligibility after September 6, 1991) was previously made time-limited for ten years. The Renewal

with time-limited as well as non-time-limited certificates) will be required to report their continuing education activi-

..... 而是終身學習的承諾