

**BOARD FOR CERTIFICATION IN CLINICAL
ANAPLASTOLOGY**

CANDIDATE EXAMINATION BLUEPRINT

®



Version 1

April 7, 2008

THE EXAMINATION PROCESS

General Description

The BCCA Clinical Anaplastology examination evaluates your ability to integrate and apply knowledge that you have already acquired through the studies of fundamental courses in art and basic sciences in conjunction with your clinical experience as an anaplastologist. For this examination you will also need to apply fundamental knowledge and skills to situations typically encountered in professional practice. The BCCA examination emphasizes competencies in the areas of patient Assessment, Treatment Planning, Implementation, Device Delivery & Patient Education, Follow-up Care, and Ethics & Professional Standards.

Purpose and Objectives

In an effort to certify healthcare professionals, the Board for Certification in Clinical Anaplastology (BCCA) has undertaken the task of developing and implementing a practice-based certification examination for Clinical Anaplastologists.

The overall purpose of the BCCA examination is to enable the Board to evaluate and attest to your ability to demonstrate the minimum set of competencies required to safely and effectively practice in the profession. Integral to this evaluation is demonstrating your competence in integrating and applying professional and technical knowledge to the practice of Clinical Anaplastology. Also of importance is your competence in non-technical areas such as ethical and professional standards, fundamentals in art and basic sciences, communication with patients and other healthcare professionals, problem solving, and clinical decision-making.

The specific objective of the BCCA examination is to provide a valid, reliable, and fair opportunity for candidates to the CCA designation to demonstrate professional competencies expected by patients, employers, the general public, and other third party stakeholders.

Written Examination

The written examination is a 3 hour exam designed to test your knowledge over 100 multiple-choice questions. This examination is generally offered at least once a year in conjunction with a sponsoring association's annual general meeting.

Examination Content

The BCCA performed a Job Task Analysis (JTA) to identify the domains of practice, tasks performed, and knowledge required for safe and effective performance on the job. These Domains, Tasks and Knowledge Statements formed the basis for question writing and examination construction. A more complete technical report regarding the JTA is available on the BCCA web site. The resulting Domains, Tasks, and Knowledge Statements of the JTA are listed below.

Domain I – Assessment (constitutes 17% of exam)

A Clinical Anaplastologist is able to perform a comprehensive assessment of the patient to obtain an understanding of the patient’s anaplastology needs. Tasks associated with this domain include:

1. The Review of patient referral information and medical history.
2. Conducting patient consultation to establish expectations and assess motivations.
3. Performing a pre- or post-surgical physical examination of the treatment site
4. Educating the patient regarding treatment options.

Domain II - Treatment Planning (constitutes 12% of exam)

A Clinical Anaplastologist is able to devise a comprehensive treatment plan addressing the needs and goals of the patient. Tasks associated with this domain include:

1. The integrate assessment data and relevant information to determine the course of treatment.

Domain III – Implementation (constitutes 47% of exam)

A Clinical Anaplastologist is able to implement the clinical and technical aspects of the treatment plan in order to achieve the anaplastology goals of the patient. Tasks associated with this domain include:

1. Acquire patient physical data (e.g., measurements, tissue color, photographs, patient models)
2. Design/create the prosthetic pattern/prototype
3. Verify fit, form and function and modify the prosthetic pattern/prototype
4. Design and fabricate the mold
5. Prepare the prosthetic materials for casting (e.g., intrinsic coloration, primers, silicones, acrylics)
6. Cast and cure the prosthesis
7. Finish, fit and adjust the prosthesis (e.g., extrinsic coloration, refinement of margins, characterization)

Domain IV – Delivery (constitutes 10% of exam)

A Clinical Anaplastologist is able to ensure the safety of the prosthetic device in delivering it to the patient and determine if the anaplastology goals have been met. Tasks associated with this domain include:

1. Educate the patient in the use, care and maintenance of the prosthesis and surrounding tissue.
2. Assess the patient’s comfort, acceptance and use of the prosthesis.

Domain V - Follow-up Care (constitutes 6% of exam)

A Clinical Anaplastologist is able to provide continuing patient care and periodic evaluation to ensure the viability of the patient's tissue site and safety of the prosthetic device. Tasks associated with this domain include:

1. Re-educate the patient
2. Adjust the prosthesis

Domain VI - Ethics and Professional Issues (constitutes 8% of exam)

A Clinical Anaplastologist is able to comply with all ethical and legal requirements or jurisdictions regulating the practice of Anaplastology.

1. Anaplastology practice is performed in a manner consistent with applicable ethics codes and professional standards
2. Anaplastologists maintain comprehensive and up-to-date patient records.

Knowledge Statements

Knowledge of:

1. Medical terminology
2. Anatomy
3. Roles of related health professions (e.g. ear, nose & throat, ophthalmology, plastic & reconstructive surgery, maxillofacial prosthodontics, O & P, etc.)
4. Prosthetic device terminology (e.g. midfacial, hemi-facial, upper facial, ocular, osseointegrated components, etc.)
5. Factors affecting treatment planning (e.g., diagnosis, etiology, treatment therapies, comorbidities, prognosis, tissue mobility, and pathology)
6. Clinician interviewing techniques (e.g. active listening, appropriate questions to ask)
7. Patient barriers to communication (e.g. physical and mental disabilities, culture, language and how to address these)
8. Factors affecting patient motivation and expectations, and adaptability (e.g. psychological, social, behavioral, physical, and cultural)
9. Suspicious tissue (e.g. pathological, inflamed)
10. Infection control and sterile technique (e.g. hand hygiene, blood borne pathogens, standard and universal precautions, sterilization of instruments and products)
11. Tissue readiness for impression
12. Surgical outcomes conducive to achieving optimal prosthetic results
13. Treatment timelines
14. Treatment options (e.g. surgical vs. prosthetic reconstruction)

15. Retention strategies (e.g. advantages/disadvantages, adhesive, anatomical, mechanical, and osseointegrated)
16. Materials and products (e.g., adhesives, silicones, acrylics)
17. Prosthetic device fabrication techniques (e.g. mold making, casting, and finishing)
18. Risk factors (e.g., aspiration, claustrophobia, inappropriate materials, clinical limitations in performing intraoral or abutment changes, undercuts)
19. Surgical protocols (e.g. sterile field considerations, sterilization procedures)
20. Sculpting principles, design elements, and techniques (eg. facial proportions, aesthetic principles, expression, texture, scale, and margin treatment)
21. Safe and effective use of laboratory equipment and materials (e.g. lathe, handpiece, oven, vacuum, and pressure chamber, chemicals)
22. Clinical photography
23. Impression procedures (e.g., positioning, site preparation, impression materials and osseointegrated components)
24. Color theory (e.g. pigment/additive light/subtractive color mixing, metamerism, heterogeneity, opacity, translucency)
25. Surgical guide use, fabrication, and sterilization techniques
26. Prosthesis care and maintenance protocols
27. Repair strategies
28. AAA Anaplastology Code of Ethics
29. AAA Anaplastology Clinical Practice Standards
30. Medical charting guidelines