

Central Regional Dental Testing Service, Inc.

# The CRDTS Report

Acting Editor: Lynn M. Ray, BS, RDH



## PRESIDENT'S MESSAGE Deena Kuempel, D.D.S.

The holidays are behind us and CRDTS is gearing up to begin a new testing year. We are excited about the enhancements that the change to the Galaxy tablet is bringing to electronic scoring of our dental exam; and we will be bringing similar updates to the hygiene scoring as soon as we are sure it is ready. I cannot tell you the number of hours spent by Kimber, Jane and the programmers to not only bring our electronic grading to a new capability, but also to streamline electronic registration and have all candidate information and corporate documents available to our administrative staff electronically. This has been a HUGE undertaking, I think everyone would agree even more challenging than we thought, but will be so good for everyone when completed.

The surveys for our dental and dental hygiene occupational analyses are on their way to our new professionals. This will help us to be sure that we are serving our member states effectively and helping them to assure protection of the public as we fulfill our obligation to document the validity of our examinations. Dr. Gene Kramer is a great asset to our effective evaluation of this information. That being said, our "house expert", Lynn, has been kept very busy with the staff support associated with this and even filling in for Dr. Kramer during a period of time he was unable to make a meeting.

Kim Laudenslager has tirelessly been working to continue to grow our dental hygiene testing base. We administered an amazing number of dental hygiene exams last year, just finishing in December. We have such a great group of examiners who work so hard. For those who may not have heard, we will be furnishing Hu-Freidy instruments during this upcoming

testing year so that every candidate has the same instrumentation for evaluation. This takes one more variable in calibration out of the exam. Big thanks to both Kim and Hu-Freidy for all of their help.

Renee, Jane and Kristy are always available at the central office and keep our organization running smoothly. They have just completed a renovation of our central office in Topeka. If any of you travel that way, please drop in to check it out and say hi. Just remember to bring the chocolate though! Jake continues to be in the office about 3 days a month. You can always reach him on his cell phone if you need to speak with him outside of his "in office" days.

As many of you know, we continue to have a dialogue with CITA. Many have asked when we will merge or what the end point will be. At this time we don't really know. We do believe that a national exam should happen and we seem to have very similar values and ideals to that cause. We will have most of the executive committee, Kimber and Lynn either observing or administering this exam. In exchange, CITA will also have examiners at a couple of our exams. We will continue to report back on the outcomes of these events. Many of you have heard me say "it will be a long courtship" before any recommendation is presented to our steering committee, who will ultimately decide what the outcome of this effort will be.

As always, I am truly grateful to be a part of this organization! I will do my best to make sure that we continue to be a progressive testing agency, serving our member states, our candidates and our educators who are preparing them. Our team is as strong as our weakest link and right now we are functioning in a very strong way. I appreciate all that each of you does to continue our positive momentum into the New Year.



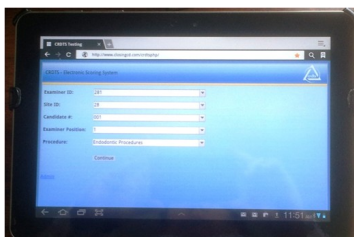
## REPORT ON CRDTS' ANNUAL MEETING !

Liz Thompson, RDH, Vice-Pres



The 39th CRDTS Annual Meeting was held August 25-27, 2011 at the Hilton Kansas City Airport Hotel. Over two hundred attended the informational workshops and annual business meeting.

Concurrent sessions were held to provide examiners with changes for the 2012 Dental and Dental Hygiene Exams. The most exciting change is that dental examiners are going to be using **computer tablets** (Electronic Scoring Devices) at exams. This format will allow for greater ease of access and scoring.



They were well received by examiners at the November scoring of Manikins, and will allow better management of the exam by Team Captains and proctors.

Deans & Dental Faculty and Program Directors & Hygiene Faculty had their respective meetings and from the positive responses from the *Feedback Surveys* this will become an ongoing event at future annual sessions.



CENTRAL REGIONAL DENTAL TESTING SERVICE, Inc.

CRDTS



State Dental Boards

New Examiners and New State Board Members were treated to the customary welcome breakfast and orientation. Dr. Marv Dvorak and Ms. Lynn Ray provided an informative and entertaining presentation of the CRDTS organization. Thanks to both of you for

continuing to share with us the history of CRDTS, our role as examiners and the interconnection between CRDTS and our State Board Members.

A "State of the States" presentation was given by Ms. Kim Laudenslager and Dr. Steve Holcomb. The PowerPoint presentation highlighted those states accepting the CRDTS exam for licensure and areas of common ground that are shared by various regional testing agencies.



Dr. Thomas Haladyna, measurement specialist, was the keynote speaker for the plenary session. He provided us with the results from the 2010 Technical Reports. These reports provide very strong validity evidence for both the dental and dental hygiene examinations. They give CRDTS' Member State Boards valuable and defensible information for making decisions about the clinical competence of candidates applying for licensure.



Dr. Joan Sheppard gave an update on the Minnesota Dental Therapist programs. This topic raised many questions and her ability to articulate the facts and specifics on the education and licensure of this dental health care provider is always appreciated.

Dr. Tom Lengowski, Chairman of the Examiner Evaluation and Assignment Committee, presented a plaque and words of gratitude to retiring dentist, Dan Kelly. Dan has announced his retirement before; but this time he says he's really going to do it! We ALL appreciate Dan's years of dedication and professional service and wish him well.



President, Dr. Tony Malaktaris, conducted the Annual Business Meeting. A slate of officers for 2012 was presented and unanimously approved. They are: President Elect, Dr. Mark O'Farrell, Vice-President, Liz Thompson, RDH, and Secretary/Treasurer, Gayle Chang, RDH. Dr. Malaktaris passed the gavel to Dr. Deena Kuempel and duly installed her as President for 2012.



All work and no play...certainly not! After the work was completed we enjoyed a wonderful Hawaiian themed buffet, casual conversation and dancing. New friendships forged, old ones renewed and remembering those who are no longer with us is all part of our time together. Thank you to all who made this event a most informative and fun weekend. Thank you also to those attendees who provided feedback and comments.



Now, mark your calendars for this year's Annual Meeting August 23-25, 2012. Come join us for a fantastic meeting and a bit of celebrating CRDTS' 40<sup>th</sup> Birthday!

## IS A PORTFOLIO A VALID MEASURE OF CLINICAL COMPETENCE?

You may recall that CRDTS Past-President, Dr. Tony Malaktaris, reported to you his concerns about Resolution 42H adopted by the ADA House of Delegates in 2010, which read:

**42H. Resolved**, that a Request for Proposals (RFP) process be initiated calling for the development of a portfolio-style examination for licensure purposes designed to assess a candidate's clinical competence with a third-party assessment that is valid and reliable psychometrically, including a complementary written/interactive examination to assess issues not deemed adequately addressed in the portfolio model, such as ethics and professionalism, and be it further

**Resolved**, that a new workgroup composed of two representatives from the Board of Trustees, three from the Council on Dental Education and Licensure (one appointee each from the ADA, ADEA and AADB), one from the Committee on the New Dentist, and one from the American Student Dental Association be appointed to oversee the development and announcement of the RFP process in 2011 and consideration of the received proposals in 2012, and be it further

**Resolved**, that appropriate progress reports be made available to both the 2011 and 2012 House of Delegates.

Throughout 2011, the workgroup pursued its directive and prepared a RFP. A report of their work, and a copy of the RFP, is published in a report to the 2011 ADA House of Delegates, DENTAL EDUCATION, SCIENCE AND RELATED MATTERS, pp. 4056—4075. The RFP was released in late October and sent to regional testing agencies, as well as other agencies, with a request to submit a proposal by December 26. The RFP calls for a calibrated faculty member to serve as the examiner and that an independent third-party evaluator should have "oversight" of the process through a digitally recorded record. Interestingly, one section of the RFP goes into a considerably detailed description of the modification request process that was developed in ADEX and is still used by CRDTS, CITA and NERB. The RFP calls for a proposal to be selected and a contract prepared for approval by the 2012 ADA House of Delegates. All services in fulfillment of the contract shall be performed between December 1, 2012 and December 31, 2013 and the final report shall become the property of the ADA. If you would like to see a complete copy of the RFP, contact your Board's Steering Committee member, or the CRDTS' Central Office.

CRDTS' Executive and Steering Committees reviewed the RFP at their meetings November 11 and 12. It was the recommendation of the Executive Committee that CRDTS not submit a proposal in response to the RFP. The Steering Committee approved the recommendation; however, they felt that a complete lack of response was inadequate. The Steering Committee

also approved a directive for CRDTS to send a letter to the ADA explicating *why* CRDTS would neither submit a proposal nor participate in such a process.

We are enclosing the letter that was sent to ADA so that all CRDTS' examiners can be fully apprised of what is occurring. CRDTS' officers are aware that at least some of our member State Boards have reviewed the letter in their Board meetings; and it is hoped that all member Boards will allow time on their agenda for a full discussion of these issues. Because of the turnover in the membership of State Boards, there are many examiners who are not aware that there was a confrontation between the ADA and the AADE [now AADB] in 1979 when the AADE was proposing to assume the responsibility for the development and administration of written, theoretical examinations—what we know as National Boards—that were conducted by the ADA. As a result of those negotiations, the ADA agreed to establish semi-autonomous Commissions for both accreditation and national board purposes; to double the number of examiners on the new Joint Commission on National Dental Examinations to six; to allow each agency participating in the tripartite Commission to appoint their own representatives, rather than the ADA House of Delegates; to fund a representative from every State Board of Dentistry to the AADE mid-year meeting and National Board Advisory Forum; and to limit National Board examinations to knowledge and theory assessments and keep clinical competency assessments within the purview of State/Regional Boards. Additionally, many members of State Boards are unaware that there have been legal challenges for a Board, which is a state regulatory agency charged with the responsibility of establishing standards of competence and licensure requirements, to delegate those responsibilities to a non-governmental agency. This has implications for both accreditation and the assessment of competence. That is why CRDTS discontinued its early practice of reporting pass/fail examination results and issuing certificates to successful candidates, and began reporting numerical scores so that State Boards could determine which candidates met their standards of competence. Fortunately for the sake of candidates and consistency, a number of State Boards revised their legal requirements and adopted a uniform score of 75 as an acceptable standard of minimal competence.

CRDTS officers believe that the enclosed letter is an excellent documentation of the many reasons—both legal and psychometric—why the ADA's push for portfolio examinations as a replacement for clinical examinations is ill-advised and inappropriate. We urge all CRDTS' examiners to review the letter carefully and keep themselves fully informed on these issues long before they arise in your state legislature disguised as National Board Part III.



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Tuesday, December 20, 2011

Ms. Lois Haglund  
Portfolio RFP  
American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611

Dear Ms. Haglund:

At its meeting on November 12, CRDTS Steering Committee, composed of active Board Members from 17 member State Boards, directed CRDTS' officers to provide a written response to the ADA's request for a proposal to develop a portfolio-style assessment of clinical skills for the purposes of state dental licensure. Therefore, this letter is to advise the ADA of some of the many reasons why CRDTS will not be submitting a proposal.

1. First and foremost, licensure is a **governmental function**. State Boards of Dentistry are established by state laws as an arm of the state legislature for the sole purpose of protection of the public by assuring the competence of licensed practitioners and, when necessary, policing the profession. In contrast, the ADA is a voluntary association of licensed, dental practitioners whose purpose is to promote and protect the profession. We recognize that in many instances our purposes are parallel—that is to say, what is in the best interests of the public is often in the best interests of the profession. However, our common interests cannot be extrapolated to the extent that a voluntary association can assume the mantle of a governmental agency and usurp the responsibilities of determining methodologies for the assessment of clinical skills while leaving State Boards in a position of “oversight” as interested bystanders. Indeed, there have been a number of State Board members who have already experienced and commented on the vacuous position of “oversight” as defined in the accreditation process.

The fact that state laws have granted the health profession of dentistry the authority for self-regulation is a ***privilege*** rather than a ***right***. It is a privilege that is currently being challenged in North Carolina by the Federal Trade Commission. Indeed, there has been at least one case in which the court ruled that state licensure standards which were based in part on a determination made by a non-governmental agency constituted an unlawful delegation of the Legislature's authority to license professionals within the State, *Gumbhir v. Kansas State Board of Pharmacy*, 228 Kan. 579 (1980). It is quite likely that if National Board Examinations were being developed today instead of 78 years ago, the ADA would not be allowed to either develop or administer those licensure examinations. Will the right to administer National Boards be met with unwelcome scrutiny if the ADA pursues the revision of state laws/regulations to replace clinical examinations with portfolio-based assessments? We are still operating under the 1979 agreement between ADA and AADB (formerly AADE) whereby the responsibility for theoretical examinations is left, however reluctantly, with the ADA Joint Commission on National Dental Examinations and clinical examinations are solely within the purview of State Boards. However, it should be realized that in the 32 years since that agreement was struck, regional

groups of State Boards have coalesced, organized themselves and matured into sophisticated testing agencies applying psychometrically sound measurement principles in the development and administration of clinical examinations. The ADA is putting itself, and the entire profession's privilege of self-regulation, in a perilous position when it extends itself further into governmental functions of not only accreditation, but also licensure.

2. We are not trying to say that other dental groups, such as ADA or ADEA, should have no interest or involvement in the evolution of clinical exams. For more than 30 years CRDTS has been responding to concerns and challenges to clinical exams as they have been raised by the ADA, ADEA or ASDA. CRDTS, along with others in the examining community, has responded to most of these concerns and has implemented guidelines, protocols and methodologies that have addressed such issues. In the late 1970's, the issue was criterion-referenced scoring rubrics. Accordingly, CRDTS began developing a criterion-referenced scoring system in 1979 and it was fully implemented by 1981, along with calibration exercises, a protocol to ensure candidate anonymity, independent scoring by examiners and an innovative analysis program to provide statistical data on the examination itself, as well as examiner profiles and comparative reports to the schools. We have participated in ADA-sponsored activities such as the Agenda for Change and the ITEM meetings; and a series of AADB initiatives to develop guidelines for the development and administration of valid and reliable examinations. In the mid 90's we eliminated one patient-based procedure of an indirect cast restoration, and began testing fixed prosthodontics on a manikin. Most recently, we have incorporated the Curriculum Integrated Format into our examination process, as well as integrating into our manuals the ADA document on ethical considerations. So it cannot be imputed that CRDTS, and the entire examining community, are resistant to change or unwilling to work with parties of interest to enhance communications and achieve consensus. Indeed, that is the role that ADA can and should play as the representative of the practicing profession: foster communication, understanding and consensus among all interested parties. To continue to pursue the path that is outlined in the RFP will only serve to alienate the examining community, an important segment of the dental profession, the vast majority of whom are long-term members of the ADA.
  
3. ADEA and ASDA have been beating the drums for the elimination of patient-based clinical examinations for at least 15 years. But rather than educating those associations and the ADA House of Delegates about the reality of state laws and the rigorous demands of measurement principles, the ADA has allowed itself to be enlisted as the vehicle to force the issue, creating a divisive situation that has the potential to make a national clinical examination ever more difficult to achieve. During the meetings of the ITEM Committee, it was clearly articulated by not only examiners, but also by measurement specialists, that the portfolio assessment model is not psychometrically sound for multiple reasons:
  - a. It is neither appropriate nor legal for faculty to be assessing its own educational product for licensure purposes. While CRDTS allows faculty members to observe an examination to gain a better understanding of what is expected of their students, and we utilize a number of faculty members who have been identified by their State Board as

deputy examiners, we do not allow a faculty member to either observe or examine at their own institution.

- b. Using faculty in the role of examiners voids the possibility of maintaining candidate anonymity to eliminate examiner bias.
- c. An examination cannot be valid unless security of the testing process is maintained. The testing agency, as an independent third party, has no way of verifying that the digital records that they may review are actually the work of the candidate.
- d. CRDTS uses many digital photographs to calibrate examiners. While they are good teaching mechanisms, they are woefully inadequate for clinical evaluation. The lighting or angulation of a photograph can make an open contact appear closed. We cannot effectively evaluate the depth of the pulpal floor or axial wall, the width of the isthmus, proximal or gingival clearance, etc. Without an explorer, floss or other instruments, we cannot evaluate a margin, contact, occlusion or discriminate between stain, caries or decalcification.
- e. For a number of years we have been listening to reports of shortages of qualified faculty—400+ unfilled faculty positions in the United States. The one-on-one relationship required for a portfolio assessment, will be expensive and time-consuming for existing faculty. In addition, schools rarely, if ever, have the luxury of utilizing even two, much less three, independent examiners to evaluate each case. The possibility is remote of maintaining the same level of examiner reliability as clinical testing agencies are able to document.
- f. CRDTS' calibration is constantly commended by our educator/examiners, many of whom ask for copies to use for teaching. Repeatedly we receive reports that calibration is very difficult to accomplish within dental schools. When schools utilize a significant number of adjunct or part-time faculty, it becomes impossible. Since studies have shown that the effects of calibration decline within a short period of time; CRDTS' examiners are recalibrated prior to every examination. How are calibrated faculty/examiners going to be maintained across multiple portfolio evaluations? Maintaining standardized, calibrated examiners across 60 or more dental schools is an insurmountable obstacle to validity and reliability.
- g. Fidelity is diminished in the portfolio assessment. The target domain is the clinical skill required for actual practice. A portfolio assessment is a report of how those skills were applied rather than an actual demonstration of those skills in a clinical setting.
- h. Dr. Thomas Haladyna, a measurement specialist who should be well-known to you, has reported to us that although well-developed technology exists for setting cut scores on tests, there is no technology for setting cut scores on portfolio assessments. When done, it is very subjective. "If scoring is mostly subjective, then all the threats to validity that come from subjectivity are present: halo, severity/leniency, central tendency, idiosyncrasy, disinterest, and logical (the scorer redefines what is being rated)".



- i. We find item 2.e. on page 7 of the RFP to be unprecedented in the testing process. ADA proposes to allow a student who has completed the portfolio evaluation process to decide whether the case will be submitted to an independent third party evaluation prior to any “feedback” by the faculty/examiner. Would you allow a candidate to go through all of Part II National Boards and then decide to withhold their answers because things didn’t go well and they want to have “do overs”?

These are but some of the reasons that CRDTS’ Steering Committee was unanimous in its decision not to devote CRDTS’ resources to pursuit of the portfolio methodology. Portfolios were created by educators for educators; and that is the domain in which they should remain. We believe portfolios can be an excellent teaching tool, and they are undoubtedly useful for educators to document their teaching experience and expertise; but they are not a valid and reliable substitute for clinical examinations.

We would encourage the ADA, ADEA and ASDA to revisit their examination policies. The mobility landscape has changed drastically since resolutions were introduced in the 90’s to eliminate clinical exams. CRDTS is now accepted in 40 plus states, and collaborative efforts are ongoing. We are very close to universal acceptance of most regional exams. We believe it is inappropriate to be espousing the elimination of our traditional licensure standards at a time when there is a confirmed shortage of faculty and there are currently six new dental schools in development with as many as 20 new schools proposed by 2020. There is also a constant influx of international graduates from non-accredited schools. We need to utilize all instruments at our disposal to distinguish the competent from the incompetent, uphold the standards of our profession and continue to earn the respect and confidence of the public in their dental practitioners.

Sincerely,

*Deena Kuempel, DDS*

Deena Kuempel, DDS  
President

Cc: CRDTS’ Steering Committee  
Council of Interstate Testing Agencies, Inc.  
Western Regional Examining Board  
Northeast Regional Board  
Southern Regional Testing Agency  
American Association of Dental Boards  
American Dental Educators’ Association  
American Student Dental Association