



Western Regional Examining Board

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Spring 2005

THE BIFURCATION IN THE ROAD

by Lorin D. Peterson D.D.S., 2005 WREB President

The dental profession is at a crossroads in its pursuit of a national exam. There is a lack of consensus on what the goals of a national exam should be and on the proper process for developing an exam. One of the goals for a national exam is to improve candidate mobility. Another goal is to develop an exam administered nationally that has uniform content. However, the issues revolving around a national exam extend far beyond the concerns with mobility or content. A national exam should allow for formal input from all parties of interest, pursue exam innovations to address concerns with the current format, and ensure that the exam is administered in a consistent fashion. WREB does not believe that the current national effort adequately addresses these factors.

As mentioned in our previous newsletter, WREB philosophically disagrees with those who state it is a conflict of interest for the ADA, ADEA, or ASDA to provide formal input to the examination process. There is a significant difference between providing input (advisory role) to a process and trying to control a process (governing role). The ADA, ADEA, and ASDA have all indicated that they simply want the means of providing input into exam development; none of them wishes to control the process. WREB has always welcomed input from

all parties of interest, and we will continue to do so.

WREB has discussed the concerns that the dental profession has with the current exam format. We are pursuing exam innovations to better address the issues with patient procurement, treatment out of sequence, the "on demand" procedures, and exam costs. WREB is developing an expanded exam format to better address the concerns over patient use in exams. A few people have attempted to label our innovation effort as a portfolio exam, but it is not. The procedures performed in this expanded format would be done independently by the candidates and an independent third party would still be the key component in the assessment. Some members of the examining community claim that the current national exam effort answers the



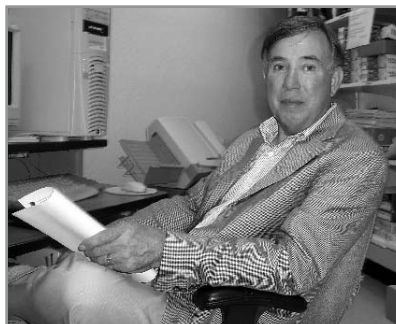
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WREB SHINES on EVALUATION

by Del Hammond, WREB Testing Specialist

VALIDITY 101, or How Do You Evaluate the Quality of Licensing Tests?

Some states like California have written Examination Validation Policy guides that direct state agencies to provide periodic evaluation of all licensing examinations that are used by the state. Most states do not require WREB to have state or external reviews, but the American Association of Dental Examiners (AADE) Guidance for Clinical Licensure Examinations in Dentistry recommends periodic reviews by evaluators who are independent (not regularly employed by the organization being evaluated). WREB is like any other profession - we would like to provide evidence that we are doing a wonderful job. So, how does WREB go about getting evaluated? Well, what we did was to commission a validity study for the Dental Examination. In a validity study, the evaluator gathers evidence that supports or detracts from the appropriateness of using WREB examination results to help



determine candidates' qualifications for dental licensure. If the evidence is overwhelming in support of using the examination scores, WREB can tell the states who accept the examinations for licensing that using WREB results is valid.

WREB was pleased to obtain the services of Dr. Tom Haladyna to perform the evaluation. He is one of the most qualified specialists for certification and licensure testing. And he resides in Phoenix, home of the WREB central office. He has been a professor of educational psychology at Arizona State University at the Phoenix west campus since 1989 and was previously The Director of Health Programs at the American College Testing (ACT) programs in Iowa City, Iowa. He has been a consultant for 13 certification/licensure programs. His clients include the American Dental Association and he has also provided guidance for school testing programs. He is the author of numerous books and journal articles in the field of testing.

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Exam Innovations by Mark Christensen, D. D. S., Utah

When I travel across the country with exams, I sometimes have opportunities to talk with dental school deans or clinic administrators and share with them how we anticipate WREB's dental examination may change over the next few years. The response to this information has been mixed. People resist change when things seem to be going smoothly and some have said, in essence, "We really like the way you administer your exam. In our opinion, WREB already gives the most organized, user-friendly, psychometrically sound . . . well, in short, the best exam out there. And if it isn't broken, don't fix it."

Indeed, WREB recently received a higher approval rating than was accorded other regional examinations.¹ A survey of deans and ADEA activities on dental licensing issues. Still, at least for the new graduate, even the WREB dental examination is broken. There is evidence that candidates distort patient treatment plans, save, buy, trade and sometimes transport, house, pay, and quite possibly radiographically over-expose patients for the examination. These things ought not to be.

For most of their professional education, students are taught the importance of comprehensive patient care and imbued with professional ethics that make patient needs and well-being paramount. To have, at the conclusion of their professional training, examination requirements that induce candidates to behave in ways that suggest patients are there to serve candidate needs is wrong; it effectively turns the ethical goal of professional education on its head. The development of this contradiction—one example of how the examination is broken—is unfortunate. And it is something that should be corrected.

Tradition is a powerful force in human activity, including licensing examinations. Things continue to be done and are not questioned,

simply because that is the way they've been done. This is one of the reasons WREB periodically empowers a committee to step back, evaluate, and potentially redirect what it is doing.

A WREB committee charged with this assignment met in December 2004 and January 2005. In March of this year it published a report of its findings and recommendations. Among recommendations included in the report are some that address the scope of the assessment and the artificial manipulation of patients for purposes of the examination.

Some of the committee's recommendations will be implemented next year. Some will be implemented over three to five years. Like everything WREB does, these changes will be carefully thought through, well orchestrated, adequately pilot tested, and clearly communicated to all interested parties well in advance of implementation. They will also include adequate documentation and appropriate training for examiners and auxiliaries.

Hearing this, people with whom I talk who are at first concerned usually grow enthusiastic about the changes we discuss and the direction WREB is moving. And they should be. Nationally, change with clinical licensing exams is afoot, and those affected are understandably uneasy. But where WREB tests, schools and candidates can expect continuing improvement and the same dependable, informative, user-friendly administration they've experienced in the past.

¹ Ranney RR, Haden NK, Weaver RW, Valachovic RW. Journal of Dental Education 2003;1149-1160.



The Bifurcation in the Road *(continued from page 1)*

criticisms of patient-based exams. The fact is these criticisms of patient-based exams have not been adequately addressed by the national exam effort, as can be seen from ADEA's and ASDA's continued formal opposition to ADEX.

The examination process is much more complex than most people realize. A common mistake is to focus on exam content. The dental profession seems to be pursuing a national exam of uniform content, but exam content is only part of the equation. The manner or consistency in which an exam is administered is as important to the quality of the process as is the exam content. Exam reliability is dependent on consistent exam administration. Consistency in exam administration becomes more challenging if taken to a national level; this point cannot be overstated. You cannot maintain consistency in a national exam if it is administered through many different testing entities.

I believe the dental profession has reached a critical fork in the road regarding national licensure. One path would have everyone support the current national exam effort being led by ADEX as the only option; the other path would allow for two examinations that are both recognized on a national level. The WREB exam is a viable alternative to the ADEX exam. WREB has been examining nationwide for a number of years. Our exam continues to grow each year. In 2003, we examined 1,349 dental candidates; in 2005, we will examine approximately 1,900 candidates. Our estimates for 2006 range from 2,500 to 3,000 candidates, potentially doubling the number of candidates tested in just three years. In 2003, we conducted 16 exams; for 2005, we have 22 exams scheduled throughout the country; and for 2006, we estimate

28 exams with inquiries from other sites which may increase that even more. Of the 35 states that have exam sites, WREB will examine in over half of these states in 2006. These numbers support my earlier statements: WREB already examines on a national level and is clearly a viable choice as a nationally accepted examination.

WREB has stated that we do not intend to rejoin the ADEX effort. The question then becomes: How does the dental profession achieve national mobility for its dental candidates? I think the ADA should use its political influence to encourage all states to accept both WREB and ADEX test results. Candidates would have mobility, schools would have a choice as to which exam they utilize, and the competition between two exams would undoubtedly make each exam better.

The dental profession has enjoyed significant improvement in candidate mobility during the last few years because of an increasing number of states who accept test results from more than one agency. The current status of attaining complete candidate mobility could best be described as "the glass is half full". The optimist in me hopes the dental profession continues to make progress in this endeavor. The risk is that some states may decide to recognize one exam but not the other; and then other states may decide to return the favor (if you will not accept our results, we will not accept yours). Dental licensure could descend into a political tit for tat exchange where candidate mobility regresses in a major fashion. My sincere hope is that the dental profession will support two exams that are recognized on a national level. This is a path that would allow us to move forward in a positive manner in all aspects of national dental licensure.

WREB Shines on Evaluation *(continued from page 1)*

Dr. Haladyna reviewed the minutes of examination development subcommittee meetings, Examination Review Committee meetings, and Board of Directors meetings. He also reviewed candidate guides and procedures for examination score validation, examiner scoring and training, and evaluated standardization of examination administration. He analyzed examination scoring results to evaluate reliability, examiner consistency and dimensionality. He evaluated content-related validity evidence, scoring criteria, the development of passing standards, the reporting of scores, and annual technical reports.

After all the dust had settled, the results of his review were very positive. The following are all of his final comments from the section called "Summative Evaluation:"

"The argument, claim for validity, and evidence presented in this document, in WREB's technical reports, and other documents, strongly support the validity of using test scores for making pass/fail decisions that affect licensing of dentists in WREB's participating states. WREB is commended for developing an excellent examination program that has many strengths in terms of the categories of validity evidence presented here and no apparent weaknesses.

The greatest strength is the overall commitment to excellence that permeates all aspects of the program. This includes the Board of Directors, the Examination Review Committee, the staff who plans and administers the program and the participation of states, dental schools, and other constituencies that support such testing

programs, such as the American Association of Dental Examiners, and the guidelines they recently published with WREB's help and support.

The content committees appear to operate smoothly and effectively. They promote growth and improvement in a very active way, and their minutes and recommendations give ample evidence of this commitment for improvement.

The evidence presented in this document and other evidence that is in WREB's archive is very strongly in support of WREB's participating states using these test scores for making pass/fail decisions for licensure in dentistry."

In the Acknowledgments section of the report, Dr. Haladyna also states, "WREB's board is commended for undertaking this evaluation. Although psychometricians and other testing specialists highly recommend independent reviews of testing programs, test sponsors often do not invite an outsider to look in and evaluate the examination program. Hopefully, the results of this project will help WREB continue to provide excellent testing services to candidates for dental licensure." For those of you who are obsessed with numbers, the overall reliability that Dr. Haladyna stated in his report for the WREB dental examination was .916. He called this result "very high."

The results of this evaluation confirm that WREB's efforts for constant improvement are worthwhile. It is hard to imagine how WREB could receive a more positive review from a more credible evaluator. The results provide WREB with motivation to continue improvement in order to provide the best testing possible.

WREB's Believe It Or Not

This issue features two of our dental cyclists! Dr. Paul Stubbs (Texas) and Dr. Ed Carlson (Arizona) are lovers of the sport. Here is what they have to say...

Life Is A Parade.....Don't let it pass you by! If you live in Austin, Texas (AKA Lance Armstrong's hometown) you must own a bicycle! (And seeing him at a restaurant or on the street is a real treat to the locals.) Thus – I cycle (probably for the pure joy of intense exercise).

Actually, I began cycling following a recurring knee injury (high school football, years of long distance running and marathons) in Sun Valley, ID.

Cycling became my therapy and subsequent outlet following a tough week at the office (or WREB Exam). My wife will even recognize my need for a spin after a trying day as she politely says, "Dear, you might have a better attitude if you take a short ride before supper!"

I would encourage everyone – no matter what age or physical ability – to get a bicycle and a brain bucket and go for a spin. Sure, there are built-in challenges (dogs, automobile drivers who never see you/the bicycle), but this just adds to the thrill of the road.

The photo is from my annual trek to Wichita Falls, Texas, in late August for the "Hotter 'N Hell Hundred" – temperature 106 Degrees F. And, yes, it reminds me of the old Simon & Garfunkel song, "Still Crazy After All These Years."

LIVESTRONG!



Dr. Paul Stubbs

My son and I entered and completed the recent El Tour de Phoenix on April 2, 2005. It was the third major event we entered together in the last ten months. The Courage Classic in Colorado with its mountain climbs and beautiful scenery, and the El Tour de Tucson, and its sheer magnitude of riders were the other two rides. Due to the date of El Tour de Phoenix, and unlike the previous cycling endeavors, neither one of us properly trained for this ride.

Nonetheless, we were both confident about completing the 74 miles.

Around mile 60 things became interesting. We both took note of a significant number of former bicyclists sitting along the shoulder of the road, with their bikes, and more of them walking with their bicycles. Then it dawns on me: they have in the neighborhood of thirteen or fourteen miles back to the barn. Not to mention they are members of the 25 mile ride, and they have only ridden 12 to my 61. I guess things are going pretty well considering the lack of training for this ride.

A short while later, after my son and I have both crossed the finish line, it sinks in that we pulled one off. It felt great to finish. The ride went better than I had expected, but ultimately I wanted to get back on the bike and start training for the next bicycle adventure, ASAP.



Dr. Ed Carlson



Spotlight On...

Tammy Fisher, RDH, Texas

I have been a dental hygiene examiner since: May 1995.

Most rewarding aspect of examining: In my role as a chief examiner, I love being with the candidates and helping to facilitate an environment where they can be successful and hopefully help to reduce the stress of the big day just a little bit!

Recall a memorable, humorous, or touching event at a WREB exam: Without a doubt the most memorable event at a WREB exam occurred at Idaho State University. A young candidate arrived on Friday and took the anesthesia exam, went home and after 16 hours of labor delivered her first baby. She came back on Sunday with her mom and hubby for support, and took the clinical exam!! I was so proud and inspired and I got the word from reliable sources that she was successful. I still think she should be on the front of RDH magazine!!

What I do for fun: It takes a lot to keep me entertained. I love politics, travel, museums, knitting, Pilates, cake decorating, goofing off with my

husband and three kids, and I am crazy about BOOKS of all kinds!!!

Associations, other activities in the hygiene field: I am a member of the Greater Fort Worth Dental Hygienists Association, Texas Dental Hygienists Association, and the American Dental Hygienists Association. I had the privilege of serving as a member of the Texas State Board of Dental Examiners from 1995-2001.



Is there a slogan, mantra, or philosophy that guides you at work and at play? A phrase that guides me is: "Above all else, guard your heart, for it is the wellspring of life." Proverbs 4:23

Calendar of Events Update

June 25-26 Executive Committee Salt Lake City
July 20 DH-ERC Portland, OR
July 20 Dental ERC Portland, OR
July 21 Board of Directors Portland, OR

July 22-24 Western Conference of Dental Examiners
and Dental School Deans Portland, OR
October 6-7 AADE Annual Meeting Philadelphia, PA
October 7-8 Executive Committee Philadelphia, PA
January 6 Executive Committee Phoenix, AZ
January 7 Board of Directors Phoenix, AZ



Western Regional Examining Board

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- Dr. Joseph Mirci (UT)
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- *Gretchen Hess, RDH:
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