

Opinion

Clinical board exams. Where have we been and where are we going?

By Dr. Ron Winder

Recent surveys of public confidence rank dentists at or near the top of all professions. Looking back at these surveys through previous decades reveals the same result. How did dentistry achieve this high level of public confidence, and what can we do to maintain our lofty position with the patients we serve?

The factors that have made the dental profession so trusted are varied. One of the strongest is verification of qualifications. How do we decide if a dentist is qualified to practice? How do we convince the public we serve that we have done an adequate job licensing our dentists?

Dental school accreditation alone does not insure competence to practice dentistry. The responsibility instead falls upon 50 individual state boards of dentistry. The legislature in each state passes laws that create a regulatory mechanism to protect the public from unqualified or incompetent practitioners. For most of the 20th century, we have had separate and usually not equal board examinations conducted by individual states. While these exams historically would not meet today's standards of validity or reliability, in time each state board managed to "weed out" incompetent practitioners.

Much has changed since then. Exams are no longer arbitrary. Repeated statistical analyses attest to the reliability of examinations and the validity of using the examination results for licensing decisions. The Western Regional Examining Board (WREB) has the conviction that our candidates are "customers," and we strive to make their experience as straightforward and stress-free as possible.

Our goal is to verify the competency of our candidates and to do so with the fewest procedures possible and while supporting the validity of states' licensing decisions. We carefully and thoroughly calibrate our examiners and train them to grade according to the examining criteria established by WREB. Educators from dental schools within the WREB states as well as examiners help to develop the examinations and establish these criteria.

Results from post-exam analysis show that WREB examiners are grading by the established criteria. Adherence to psychometrically sound principles of clinical evaluation also include candidate anonymity, comprehensive assessment procedures, standardized sampling of performance, control or equalization of patient variables, appellate procedures and comprehensive statistical analysis of all aspects of the exam. All of these factors create a reliable and fair exam.

WREB also has developed a protocol in response to our ongoing concerns for patient comfort and safety. "Follow-up Care Agreements" verify that all patients will have a licensed practitioner available should any further care be needed. WREB monitors the

latest treatment methodologies to keep exam content current with patient needs. We also survey patients after every exam so that we continuously monitor the exam experience for the patient.

Aside from the internal components of the exam process, WREB has developed other measures to ease the exam burden for the candidate. When demand is sufficient, WREB serves the needs of candidates from WREB member states by providing examinations at locations where the candidates attend dental school. Additionally, WREB exam results are now accepted by several non-member states. The result is increased mobility for dentists and easier exam access for students. Currently, 41 states participate in regional exams, and coordination among the states has allowed access to resources and expertise that was not previously available.

WREB, CRDTS and the Southern Regional Testing Agency (SRTA) have pooled their expertise to provide computer simulations for parts of our exams. This makes the exams more user-friendly and streamlines the exam schedule.

WREB will continue to strive for examination improvements that will maintain the public confidence our profession enjoys.