









"40 + Years of Testing Excellence"



#### South Dakota Board of Dentistry



June 17, 2016

Mary Starsiak, DDS

Kim Laudenslager, RDH, MPA



### **Kim Laudenslager**

#### **State Board Activity**

»1995-2002 Colorado State Board Dental Examiners»2003-Current Consultant; Colorado State Board

AADB – American Association of Dental Boards Member

#### **CRDTS – Central Regional Dental Testing Service, Inc.**

- »1979 Candidate, CRDTS Dental Hygiene Exam»1995 Current Examiner
- »1999-2006 Member, Exam Review Committee
- »2002-2006 Vice President, Executive Committee
- »2006-Current CRDTS, Director of Dental Hygiene Exams

#### **ADEX – American Board of Dental Examiners**

»2004-2005 Chair, Administration Committee»2006-2010 Member, Board of Directors

#### NERB – Northeast Regional Board of Dental Examiners

»1979 Candidate, NERB Dental Hygiene Exam

#### WREB – Western Regional Examining Board

»1999-2003 Examiner, Exchange Agreement w/ CRDTS



### Mary Starsiak

#### **State Board Activity**

»2010-Current »2012-2014 Illinois Board of Dentistry, Member Illinois Board of Dentistry, Chair

AADB - American Association of Dental Boards Member

#### **CRDTS – Central Regional Dental Testing Service, Inc.**

»2010 –Current	Examiner
»2010-2015	Member, Steering Committee
»2015-2016	President-Elect

#### **ADEX – American Board of Dental Examiners**

»2014 IL Representative, House of Delegates

#### CDCA/NERB – Northeast Regional Board of Dental Examiners

»2011-Current	Examiner
»1984	Candidate, NERB Dental Exam

#### WREB – Western Regional Examining Board

»2013-Current	Examiner
»2015-Current	Member, DERB Periodontal Committee

# State Board ?'s for CRDTS

- » Provide updated information so the Board can better understand the history of clinical licensure exams
- » Explain the difference between CRDTS Member States and States that accept CRDTS for initial licensure
- » Provide a history of State's involvement and participation with CRDTS
- » Provide updates on:
  - » Technical Reports
  - » Occupational Analysis
  - » CRDTS versus other Regional Exams

» Provide update on Alternative Pathway Examinations



# Mission Statement Multiple State Boards

To safeguard the dental health of our citizens by developing and maintaining programs to:

1. Ensure that only qualified persons are licensed to provide dental care; and

2. Ensure that violators of laws and rules regulating dentistry are sanctioned as appropriate.

History of Clinical Licensure Exams









Brittany Novotny JD, MBA Executive Secretary

Phone: 605-224-1282 Fax: 1-888-425-3032

contactus@ sdboardofdentistry.com

#### South Dakota State Board of Dentistry

#### **Mission Statement**

To protect the health and safety of the consumer public from the services of unqualified dentists, hygienists and dental assistants by licensure of qualified persons, enforcement of the statutes, rules and regulations governing the practice of dentistry, including the inspection of facilities and appropritate resolution of complaints.

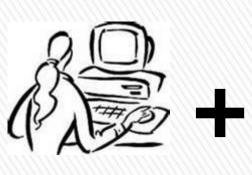
# Target Group

- » Those that are "truly NOT READY"
- » The ~2 to 4 % that never pass



# Dental and Dental Hygiene Licensure in the U.S.





Graduate from ADA – CODA Approved school

Except Alabama For Hygiene Pass Written Boards National Boards @ Prometric Centers

Except Alabama For Hygiene



Pass Clinical Boards "Regional Board" accepted by State

Except Alabama For Hygiene

Except California & New York

### Requirements to apply for initial licensure for all State Dental Boards



Pass State Jurisprudence Exam

### South Dakota Board of Dentistry



#### SOUTH DAKOTA BOARD OF DENTISTRY

#### Statute

#### Initial Licensure by Exam:

36-6A-44. Criteria for license to practice dentistry.
36-6A-44.2. Criteria for license to practice as dental hygienist.
(4) Within five years preceding the date of application, the applicant has passed a clinical regional or national examination approved by the board or a state examination or examinations that the board deems equivalent;

#### Licensure by Credentials:

**36-6A-47.** Criteria for license to practice dentistry for person licensed in another state.

(3) The applicant is currently an active, competent practitioner, having completed a minimum of three thousand dental clinical hours within the five years immediately preceding the date of application;

(5) The applicant has passed a clinical regional or national examination approved by the board

### South Dakota Board of Dentistry



#### SOUTH DAKOTA BOARD OF DENTISTRY

#### Rules

#### **20:43:03:01. Applicants for license -- Requirements.** An applicant for a license to practice **dentistry or dental hygiene** must:

(4) A copy of the applicant's passing Central Regional Dental Testing Service
 examination or Western Regional Examining Board examination grades or certificate.
 The applicant must have passed the Central Regional Dental Testing Service or Western
 Regional Examining Board examination within the five years preceding application:

### 20:43:03:04. Requirements for licensure of dentists and dental hygienists by credential verification.

(4) A copy of the applicant's passing Regional Board Examination grades or certificate;



### South Dakota Board of Dentistry



#### SOUTH DAKOTA BOARD OF DENTISTRY

#### **Rules**

**20:43:03:01.** Applicants for license -- Requirements. An applicant for a license to practice dentistry or dental hygiene must:

(4)(a) If an applicant fails any part of the Central Regional Dental Testing Service examination or the Western Regional Examining Board examination twice, the applicant must receive remedial education from a school accredited by the American Dental Association Commission on Dental Accreditation before taking the regional examination a third time. An applicant who fails a third time is not eligible for licensure in South Dakota;



South Dakota State Board of Dentistry P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079 Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com

www.sdboardofdentistry.com

#### LICENSE APPLICATION

#### **Regional Examination:**

I completed the following regional examination:

- \_ Central Regional Dental Testing Service (CRDTS) Examination or
- \_Western Regional Examining Board (WREB) Examination

\_\_\_Yes \_\_\_ No. I passed the above referenced regional examination within five years preceding application.

Yes \_\_\_\_\_No. I failed a part of the regional examination referenced above. If yes, please include verification from the regional board listing the examination taken, date(s) taken and reason(s) for failure. Note: If an applicant fails any part of the Central Regional Dental Testing Service examination or the Western Regional Examining Board examination twice, the applicant must receive remedial education from a school accredited by the American Dental Association Commission on Dental Accreditation before taking the regional examination a third time. An applicant who fails a third time is not eligible for licensure in South Dakota.

Documentation of passage of the above referenced regional examination:

\_ Is attached to this application or

Is being sent directly to the Board office from the entity that administered the regional exam

# Helpful Handouts ...

	Dental Licensure Acronyms and Terms
ADEX	American Board of Dental Examiners - ADEX develops clinical licensure exams, it does not administer them - NERB (dba CDCA) and CITA administer ADEX exams
ASDA	American Student Dental Association
Buffalo Model	A modification of the traditional licensure exam format pilottested by CDCA at the University of Buffalo in 2015 to include: - Faculty & Curriculum integration - Patient eligibility restricted - Multiple exam dates available - Exam part of normal clinic day
CDCA	Commission on Dental Competency Assessments (dba NERB)
CIF	Curriculum Integrated Format - CRDTS dental examination is administered in segments over the course of eight months (October through May) to eligible dental students during the senior year The progressive sequencing of the CIF provides the opportunity, when necessary, for students to have easy access to remediation within the dent school curriculumas well as for timely issuance of licenses upon graduatio - CIF addresses many of the ethical concerns that have been raised in recent years about the use of patients in clinical examinations CIF is designed to ensure that candidates have time and opportunity to recruit patients of record who are part of a continuum of care withan appropriately sequenced treatment plan.
CITA	Council of Interstate Testing Agencies - Member States: Alabama, Kentucky, Louisiana, North Carolina, West Virgin
CRDTS	Central Regional Dental Testing Service – 18 Member States/Accepted in ~40+ States
NERB	North East Regional Board – 23 Member States/Accepted in ~40+ States
OSCE	Objective Structured Clinical Examination Pronounced "Oss-Key" Canadian day long "station based" dental exam Candidates allowed 5 minutes at each station to answer questions before moving onto next station
PGY-1	Post Graduate Year - 1 year residency - California allows a 1 year residency pathway for licensure - New York mandates a 1 year residency for dental licensure
Portfolio	Portfolio pathway to dental licensure - California allows a portfolio-type pathway for licensure
SRTA	Southern Regional Testing Agency - Member States: Arkansas, Kentucky, South Carolina, Tennessee, Virginia
	Western Regional Examining Board – 18 Member States/Accepted in ~37 States

#### Various Dental Board wording for Dental Licensure by Examination

Nebraska

The Nebraska Board of Dentistry has determined that the following examinations will be accepted for Dentistry license applications completed between September 1, 2015 through August 31, 2016:

- Central Regional DentalTesting Service (CRDTS) Dental Examination
- Commission on Dental Competency Assessments (CDCA) Dental Examination with either the CDCA Patient-based Periodontal Examination or the CRDTS Patient-based Periodontal Examination
- Council of Interstate Testing Agencies (CITA) Dental Examination
- Western Regional Examining Board (WREB) Dental Examination with CRDTS Prosthodontic Manikin Examination or the CDCA Prosthodontic Manikin Examination
- Southern Regional Testing Agency (SRTA) Dental Examination with CRDTS Periodontal Examination
- American Dental Examination (ADEX) with a Patient-based Periodontal Examination

#### North Dakota

Required components of a clinical dental competency examination shall include a patient-based periodontal component, a patient-based restorative component and an endodontic component.

#### Wyoming

Successfully pass a regional clinical examination that indicates competency in:

- (A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturation of an anterior tooth;
- (B) Fixed Prosthodontics including one of the following:
   (I) A full crown procedure;
   (II) An indirect cast class II inlay;
   (III) An indirect cast class II onlay; or
   (IV) Cast 3/4 crown.
- (C) Periodontics, including scaling and root planning on a patient in a clinical setting; and
- (D) Restorative Dentistry, including a class II amalgam or composite preparation and restoration and a class III composite preparation and restoration. (I) Stot preps shall not be accented.

# History of Clinical Licensure Dental Exams in the U.S.

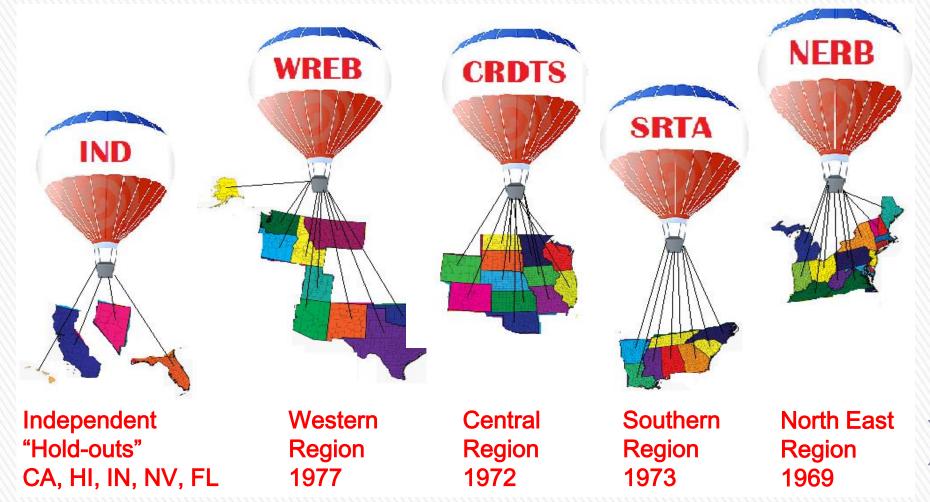
- Prior to and through the 1960's
   All States administered their own clinical exam
- » Late 1960's State Boards Recognized that Exam administration required:
  - > Developing Content, Scoring and Criteria
  - > Developing Examiner Calibration exercises and materials
  - > Conducting "Occupational Analysis"
  - > Conducting "Psychometric Reviews & Analysis"
  - > Money, Manpower, Time and other limited resources that Boards did NOT have



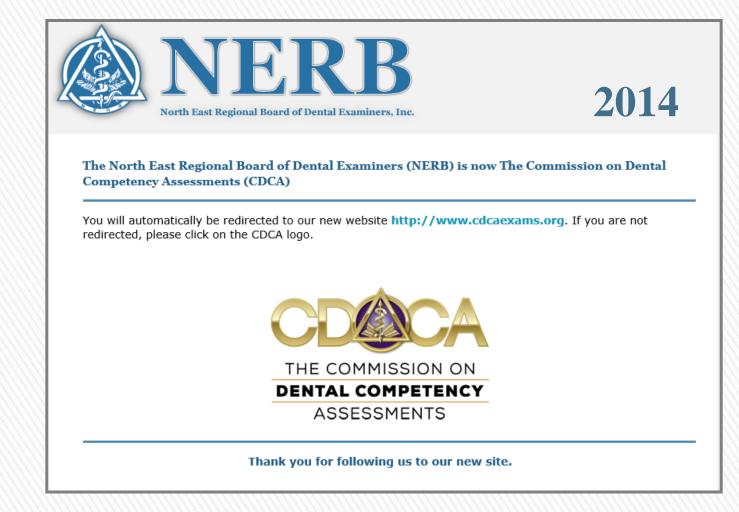
# History of Clinical Licensure Dental Exams in the U.S.

- » 1966 = New York and DC offered simultaneous exams
- » 1969 = Colorado and Nebraska offered simultaneous exams
- » 1969 = NERB (North East Regional Board)
  - > 7 States: DC, MA, MD, ME, NH, NY, PA, WV all accepted NERB
- » 1972 = CRDTS (Central Regional Dental Testing Service)
  > 8 States: CO, KS, MN, MO, NE, ND, OK, and SD all accepted CRDTS
- » 1973 = SRTA (Southern Regional Testing Agency)
- » 1977 = WREB (Western Regional Examining Board)

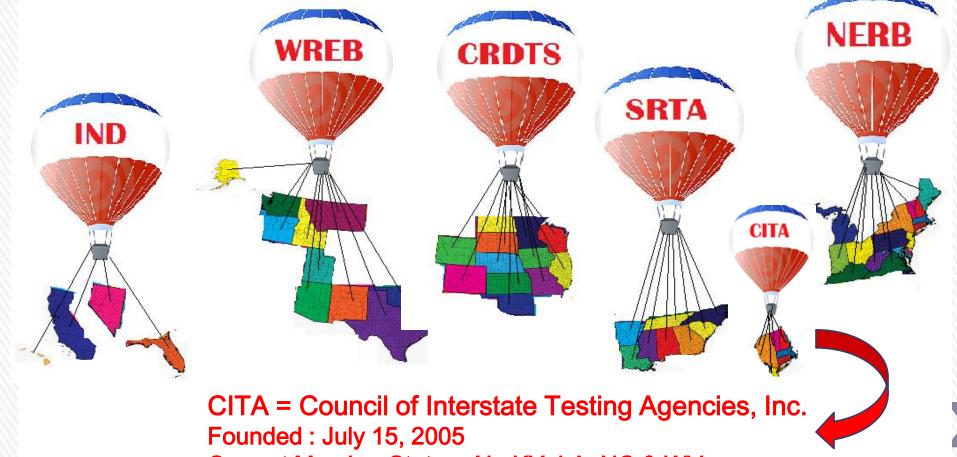
# Clinical Licensure Exams



# NERB ... new name ... CDCA



## Clinical Licensure Exams CITA 2005



Current Member States: AL, KY, LA, NC & WV

# Concept in June 2004:

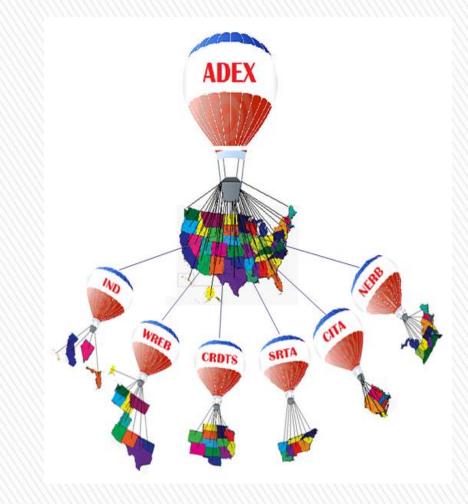
#### »ONE "National Exam"

> ONE "Test Development Agency"

»Exam Designed & Developed by Members from ALL 50 State Dental Boards

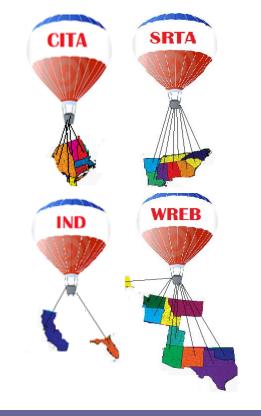
»Administered by Regional& State Testing Agencies

»GOAL: Launch the ADEXDental & Hygiene Exams in2006



# Reality by October 2005:

These agencies and the States they represent "Left the Table"



# **CRDTS & NERB only 2 agencies** "At the Table" ADEX CRDTS

# ADEX 2006, 2007 & 2008:

**»ADEX Dental & Hygiene** Exams Launched 2006

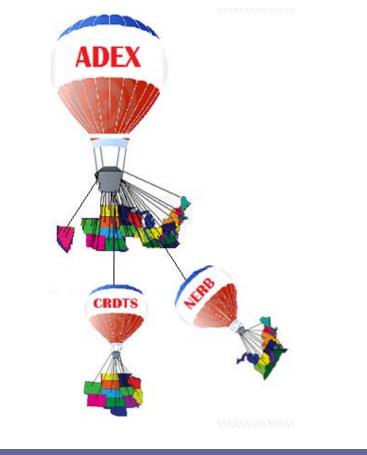
#### **»ADEX Dental Exam**

- > CRDTS & NERB 2006
- > CRDTS & NERB 2007
- > CRDTS & NERB 2008

#### »ADEX Hygiene Exam

- > CRDTS 2006
- > CRDTS 2007
- > CRDTS 2008

# CRDTS & NERB only agencies administering ADEX Exam



# ADEX 2008

#### » ADEX October 2008

- > ADEX BOD & HOD adopted "NERB Hygiene Exam" as the NEW "ADEX Hygiene Exam"
- > Multiple other issues

#### » CRDTS November 2008

- > CRDTS Steering Committee voted to withdraw from ADEX
- » NERB 2009 only agency administering ADEX



# CITA & NERB two agencies administering ADEX Exam



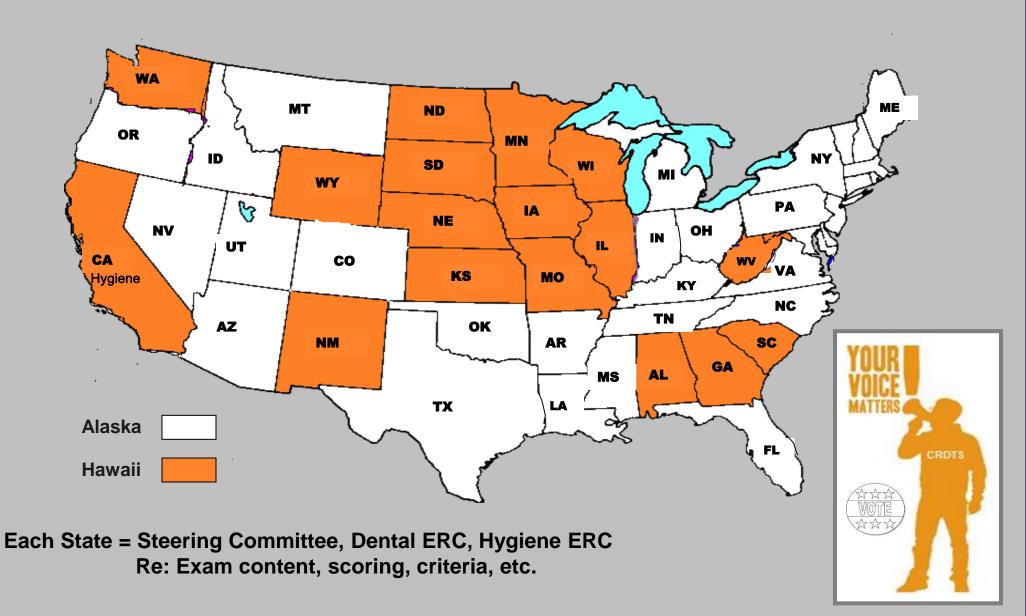
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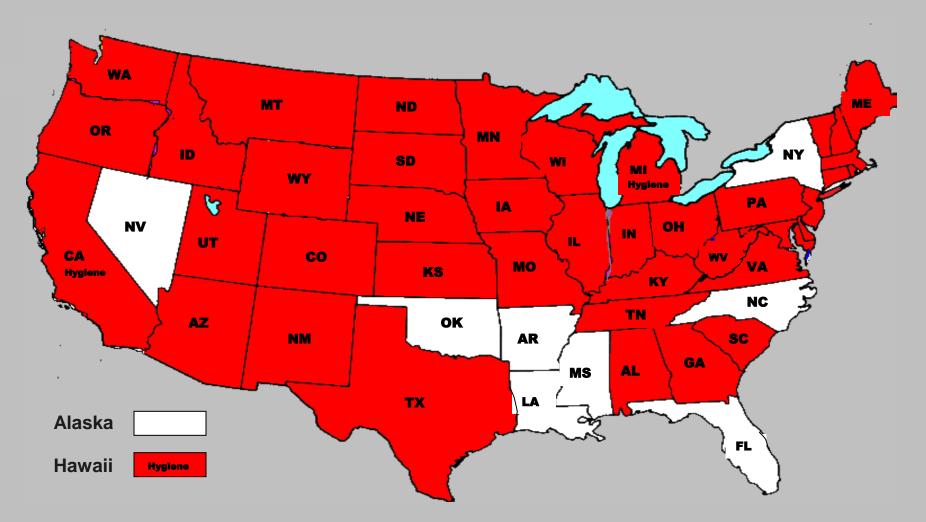
» Provide update on Alternative Pathway Examinations



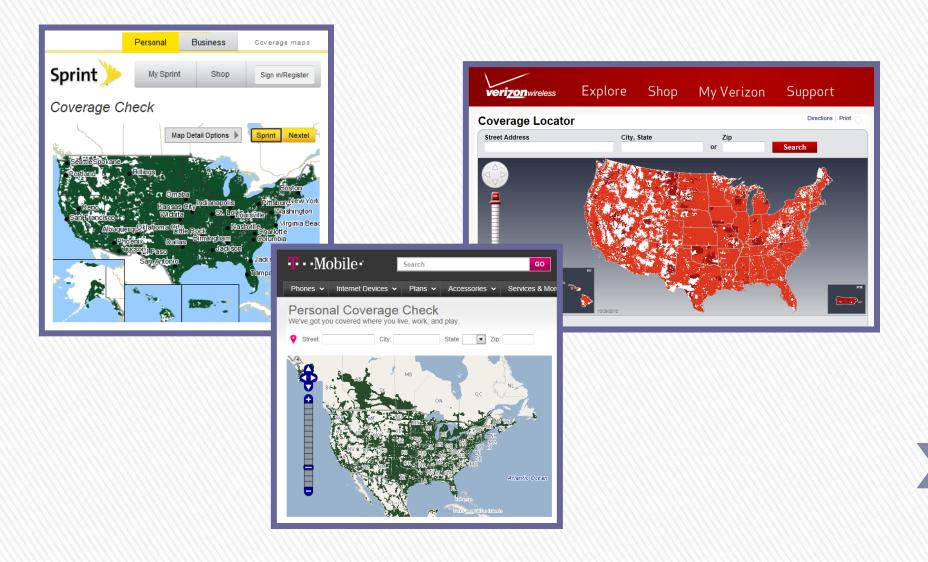
### **CRDTS Member States 2016**



### **States Accepting CRDTS 2016**

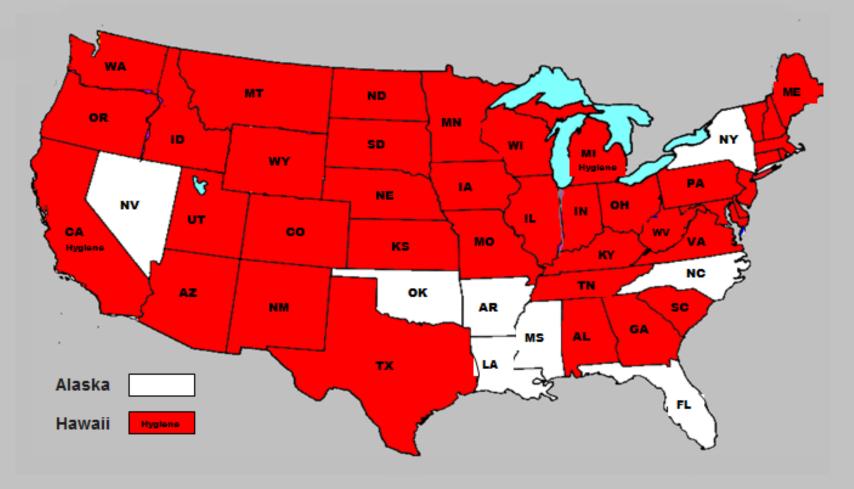


# "National" 7/ "One"



### **CRDTS "A National Testing Agency"**

Administering National Dental & Dental Hygiene Examinations



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## South Dakota & CRDTS

#### **»CRDTS Steering**

- > Tara Schaack, DDS
- **»CRDTS Dental ERC** 
  - > Robin Hattervig, DDS

#### **»CRDTS Hygiene ERC**

> Zona Hornstra, RDH

#### »CRDTS Subj Matter Expert

> Marti Pollard, RDH

#### **»CRDTS Past Presidents**

- > Howard Peterson 1976-1977
- > Paul Torgerson 1988-1989
- > Robert Olson 1990-1991
- > Vince Jones 2003-2004
- » South Dakota CRDTS Examiners >Jonell Bly, RDH >Amber Determan, DDS >Leslie Greager, RDH >Robin Hattervig, DDS >Jennifer Heiman, RDH **>Patrick Hermanson, DDS** >Zona Hornstra, RDH >Vince Jones, DDS >Suzanne Luken, RDH >Jeanette Miranda, RDH >Marti Pollard, RDH >Tara Schaack, DDS >Roy Seaverson, DDS

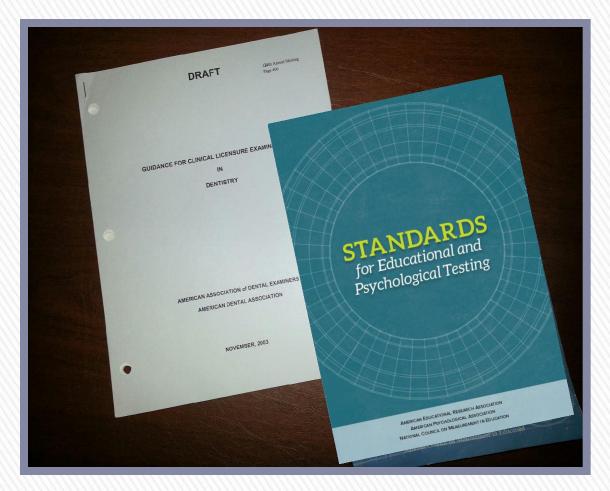
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# Clinical Licensure Exams Guidelines for ...



Reference book: *Standards for Educational & Psychological Testing (2014)* 

AADB used to develop: *Guidance for Clinical Licensure Examinations in Dentistry (2003)* 

# Technical Report



National Dental Examination

Technical Report

for the

Year Ending 2014

February 2015

#### Introduction 1 References 44

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# Technical Report

- » Third party evaluation of exam to:
  - assess strengths and weaknesses
  - make recommendations for improvements
- » Confirm Reliability
- » Confirm Validity
- » Confirm Fidelity

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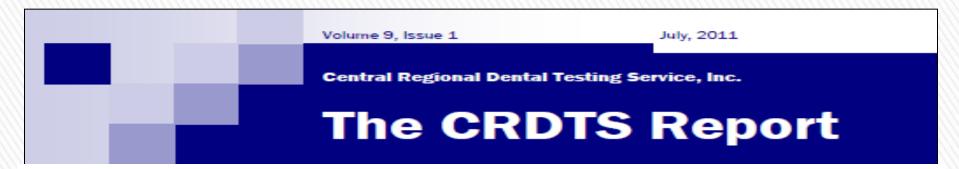
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# Occupational Analysis



#### **OCCUPATIONAL ANALYSIS**

As recommended by Dr. Thomas Haladyna in the 2010 Seven dental hygienists were approved to serve as Technical Reports, CRDTS has launched separate, simultaneous SME's. They are Diann Bomkamp, Penny Fudally, Jane Lott, projects T prote an C coup monal han McKer, M ther npSOIL and dental hy en 🐛 In a 🕰 bresent es ed than the SME each of the disciplines in the dental exam. The eight dental Steering Committee approved a proposed budget, a contract with a measurement specialist and plist of no End donties: Drs. Clyde Andrews and Bob Pattamtics. I rs. St ve nolcomb and Myron Pudwill; ject Matter Experts (SME's). Periodontics: Drs. Gay Derderian and Joe Unger; Restorative: may know as the former measurement specialist for the ADA Joint Commission on National Dental Examinations, has retired Drs. John Cosby and Tom Cavel. Both our professional and adfrom the ADA and has been retained to serve as the measurement ministrative staff will be providing support for the two groups. specialist for these projects.

#### Conducted every 8-10 years

# Occupational Analysis

- » All Member State Boards and Steering Members received a copy.
- »The survey helps determine if the proper skills are being tested to assure that newly licensed practitioners can provide safe and effective patient care.
- » It is a key element in the validation of our exams and important documentation for State Boards of Dentistry who are charged with protection of the public.

# Occupational Analysis

A national survey conducted to see if what we are testing is really what we need to be testing.

Example #1 1975 – Tested Gold Foil procedure 1976 – Occupational Analysis 1977 – Dropped Gold Foil procedure

#### Example #2

2004 - Posterior Composite not tested

2005 – Occupational Analysis

2006 – Tested Posterior Composite procedure

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## Dental Exams

#### Dental Clinical Exams Content & Scoring Analysis\*

	CRDTS	WREB	SRTA	CITA	NERB
Instance	CRDTS         CRDTS is in the process of determining whether or not National Board Exams Parts I & II adequately address skill sets that are excluded in the clinical exam process.         Endodontics - Manikin         Endodontic access opening only         Endodontic access, canal instrumentation and obturation         Prosthodontics - Manikin         Cast Gold Crown         Porcelain-Fused-to-Metal         Crown         Ceramic Crown Preparation         Periodontal – Patient-based         Treatment Selection         Oral Assessment         Calculus Detection and Removal         Periodontal         Measurements/Gingival         Recession         Supragingival Deposit         Removal         Tissue Management	WREB           5 Sections           Endodontics -Manikin           The exam consists of           endodontic treatment on two           extracted teeth: one anterior           tooth and one multi-canal           posterior tooth (fill only one           canal). The teeth will be           mounted in arches and           treatment will be done with the           arches mounted in a manikin.           Operative -Patient-based           Two different restorative           procedures from a choice of the           following four:           • Direct Restoration           Posterior Class II           Amalgam           • Direct Restoration           Posterior Class II           Composite           • Direct Restoration           Posterior Class III           Composite           • Indirect Restoration           Posterior Class II Cast           Gold           Patients will be submitted for           approval, a preparation grade           and a finish grade.           An indirect class II posterior           composite will not be allowed.	SRTA 6 Sections <u>Manikin Based</u> <u>Endodontic</u> – extracted teeth Endodontic access opening Endodontic access, canal instrumentation and obturation <u>Fixed Prosthodontic</u> Cast Gold Crown Ceramic Crown Preparation <u>Patient Based</u> Class II Amalgam Class II or III Composite <u>CSW Computer</u> <u>Simulated</u> Periodontal assigns candidates a clinical patient with that patient's file. All 50 questions in the examination relate only to that patient. Prosthodontics 50 multiple choice question examination with 3-D models for evaluation. Complete dentures (35%), removable partial dentures (35%), fixed prosthetics	CITA S Conjunctive Parts <u>Computer-Based</u> <u>Examination</u> (National Board Exam Parts I & II) <u>Endodontics -</u> <u>Manikin</u> Endodontic posterior access opening only Endodontic anterior access, canal instrumentation and obturation <u>Prosthodontics -</u> <u>Manikin</u> Cast Gold Crown Porcelain-Fused-to- Metal Crown; both with bridge abutment Ceramic Crown Preparation <u>Periodontal - Patient- based</u> Case Acceptance Treatment Evaluation: Oral Evaluation Periodontal Probing Calculus Removal Plaque/Stain Removal Tissue Management <u>Restorative - Patient- based</u> Class II Amalgam Demostica	NERB S Conjunctive Parts <u>Computer Simulation</u> Diagnosis, Oral Medicine, Radiology Comprehensive Treatment Planning Periodontics, Prosthodontic and Medical Consideration <u>Endodontics - Manikin</u> Endodontic access opening only Endodontic access, canal instrumentation and obturation <u>Prosthodontics - Manikin</u> Cast Gold Crown Porcelain-Fused-to-Metal Crown Ceramic Crown Preparation <u>Periodontal – Patient- based</u> <u>Assignment</u> Case Acceptance Pocket Depth Qualification Subgingival Calc Removal Supra Plaque/Stain Remov Pocket Depth Measurement Tissue/Treatment <u>Restorative – Patient-</u> based
	Restorative – Patient-based     *Candidate chooses between:     Class II Amalgam     Preparation & Restoration     Class II Composite	Only one preparation may be a slot design. <u>Periodontal Treatment -</u> <u>Patient</u> A patient is submitted for approval, then scaling and root	(25%) and implants (5%) **As of August 2010**	Preparation Amalgam Finished Restoration Class III Composite Preparation Composite Finished	based Class II Amalgam Preparation & Restoration Class III Composite Preparation & Restoration

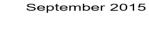
Dental Hygiene Exams

#### Dental Hygiene Clinical Exams Analysis/Comparison

crdts

	CRDTS	California	CITA	NERB	SRTA	WREB
Candidate Manual	56 pages Forms: Yes	14 pages Forms: No	76 pages Forms: Yes	75 pages Forms: Yes	68 pages Forms: Yes	46+11= 57 pgs Forms: Yes
Computer Exam	No	No	No Must prove Nat Bds passed	Yes Prometric Centers	Yes At school same day as clinical	Yes Pearson Vue Centers
Candidate Orientation	- Online prior to exam - 45 min PPT w/ sound - no req to prove it was watched -After Cand Ck-In brief Q&A	- After Cand Ck-In brief orientation	- Online prior to exam -37 min PPT w/ sound - must submit form at exam affirming orient was watched	Clinical Exam - Online prior to exam - 16 min PPT w/ sound - Day prior to exam - mand <u>Computer Ex</u> None	Clinical &Comp Exams - Online prior to exam - Self pace PPT w/ no sound - no req to prove it was watched -After Cand Ck-In brief Q&A	Clinical Exam - After Cand Ck-In brief orientation -Must sign form if missed <u>Computer Ex</u> - Online prior to exam 1 - 10 min PPT w/ sound
Exam and Treatment Time Frame	1 <sup>st</sup> : 1½ hr max Pwk prior to ck-in 2 <sup>nd</sup> : 2½ hrs	1 <sup>st</sup> : 45min Pwk and probe prior to ck-in and all cand must be in line at same time 2 <sup>nd</sup> : 2 hrs	1 <sup>st</sup> : Pwk ck'd - candidates clear floor till examiners done w/ all pts 2 <sup>nd</sup> :30min Pwk and IE/O & pres to desk) 3 <sup>rd</sup> : 1 ½ hrs	1 <sup>st</sup> :Pwk ck'd - - CFE on floor who assigns 2 probe teeth 2 <sup>nd</sup> : Probe prior to ck-in 3rd:1 <sup>st</sup> hrs	1 <sup>st</sup> Patients ck'd by 3 examiners - candidates clear floor till examiners done w/ all pts 2 <sup>nd</sup> : 1½ hrs	1 <sup>st</sup> : 1 hr max Pwk prior to ck-in 2 <sup>nd</sup> : 2 hrs
Timing	Staggered all	Same 1 <sup>st</sup> Staggered 2 <sup>nd</sup>	Same 1 <sup>ste</sup> 2 <sup>nd</sup> Staggered 3 <sup>rd</sup>	Staggered all	Same all	Staggered all
Examiner & Cand Clinics	Separate	Separate	Same- Pwk ck Separate2 <sup>nd</sup> /3 <sup>rd</sup>	Separate	Same (Cands clear floor)	Separate

#### Overview of Regional and State Dental Hygiene Clinical Examinations







#### **Clinical Exams Accepted for State Licensure**

<u>CITA</u>	CRDTS Alabama	CDCA	<u>SRTA</u>	WREB
Alabama Colorado Illinois Kansas Kentucky Louisiana Maine Massachusetts Michigan Mississippi Missouri Montana New Hampshire New Mampshire New Mexico North Carolina North Dakota Oregon Pennsylvania Texas Vermont Virginia Washington West Virginia Wisconsin Delaware	Arizona California Colorado Connecticut District of Columbia Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Maine Maryland Massachusetts Michigan Minnesota Missouri Montana Nebraska New Hampshire New Jersey New Mexico North Dakota Ohio Oregon Pennsylvania Rhode Island South Carolina South Carolina South Carolina South Carolina South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia	Connecticut District of Columbia Hawaii Illinois Indiana Maryland Massachusetts Michigan Newada New Hampshire New Jersey New York Ohio Oregon Pennsylvania Rhode Island Virginia Vermont West Virginia Wisconsin	Alabama Arkansas Kentucky Mississippi South Carolina Tennessee Virginia West Virginia West Virginia The SRTA manual states that approximately 32 states recognize the SRTA dental hygiene examination results for initial licensure. Candidates should contact the state board where they wish to seek licensure to confirm.	Alaska Arizona California Colorado Connecticut Hawaii Idaho Illinois Indiana Kansas Kentucky Maine Massachusetts Michigan Minnesota Missouri Montana Nebraska Nevada New Hampshire New Mampshire New Mexico North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Washington West Virginia

States that are bolded indicate member states. Please note that recognizing jurisdictions and licensing requirements are subject to change. Additionally, certain examinations are only accepted within certain year periods. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.

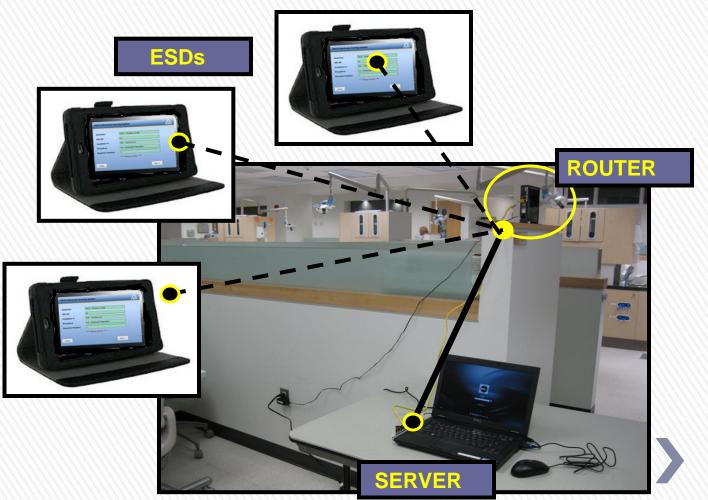




# Staying ahead of the curve ...

# Electronics

ESDs transmit data via CRDTS' private and secure wireless network



# **Calibration - Ask the Examiners!**

## A word about the CLICKERS...





## **Comprehensive Statistical Analysis**

### » ERC ANALYSIS

- > Evaluates each section of the exam
- > Screens for Construct Irrelevant Variance

## » ANNUAL SCHOOLS' REPORT

> Failure Rates, Average Scores, Frequency of Specific Errors, Penalties

#### **» EXAMINER PROFILES**

- > Hygiene, Periodontal, Restorative, Manikin
- > Pass/Fail Agreement, Error Detection, Peer Evaluations

## » TECHNICAL & OCCUPATIONAL REPORTS

# **Dental Exam Formats**

## » Traditional Format

> Examination is administered in its entirety over the course of two days to all eligible candidates near the end of the academic year

## » Integrated Format (CIF Curriculum Integrated Format)

> Examination is administered in segments over the course of eight months to eligible dental students during their senior year in dental school

# **Clinical Examination - CIF**

### » Endodontic Clinical Examination

- > Manikin-based
- > 3 attempts

### » Fixed Prosthodontic Clinical Examination

- > Manikin-based
- > 3 attempts

#### » Periodontal Clinical Examination

- > Patient-based
- > 2 attempts

#### » Restorative Clinical Examination

- > Patient-based
- > 2 attempts

# Endodontic Clinical Examination Simulated Patient (Manikin)

- » Anterior Endodontic Procedures
  - Access Opening
  - Canal Instrumentation
  - Root Canal Obturation
- » Posterior Access Opening

Fixed Prosthodontic Examination Simulated Patient (Manikin)

- **» Full Ceramic Crown Preparation #9**
- » PFM Crown Abutment Preparation #5
- Full Cast Crown Abutment Preparation #3
   > \*\*\*Preparations #3 & #5 are completed as a maxillary posterior 3-unit bridge

## Restorative Examination Patient-Based

## » Class III Composite Preparation & Restoration AND

- » Class II Amalgam Preparation & Restoration OR (candidate's choice)
- » Class II Composite Preparation & Restoration

# Periodontal Examination Patient-Based

#### **» Treatment Selection**

- > Health History
- > Patient Management
- > Teeth Submitted
- > Calculus Detection

#### » Treatment

- > Extra/Intra- Oral Assessment
- > Subgingival Calculus Removal
- > Plaque/Stain Removal
- > Pocket Depth/Gingival Recession Measurement
- > Tissue Management



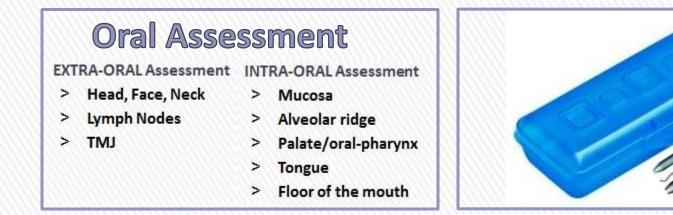
# **CRDTS Dental Hygiene Examination**

Scorable		Points scored	
Clinical Skill	ltems x	per Item =	Max Points
Extra/Intra Oral Assessment	8	2	16
Periodontal Probing	12	1	12
Scaling/Subgingival Calculus Removal	12	5	60
Supragingival Deposit Removal	6	2	12
TOTAL EXAM POINTS/ MAX SCORE			100

Treatment Selection and Treatment Standard penalties apply.

## **CRDTS Dental Hygiene Examination**

- » Developed with national input
- » Administered at 70+ sites to candidates from ~130+ schools
- » Only exam to include graded Extra/Intra Oral Assessment
- » Only agency to use New Standardized Instruments



Hygiene Exam
As of June 15 <sup>th</sup> each year
1 <sup>st</sup> Attempts ONLY

## Unsuccessful

2015	11.8%
2014	11.1%
2013	11.2 %
2012	10.4 %
2011	11.7 %

**Dental Exam** 1<sup>st</sup> Attempts ONLY Unsuccessful CIF Trad Endo 5.6% 12.5 % Pros 5.2% 27.4 % Perio 2.9% 8.2 % Rest 7.1% 22.0 % % CIF Candidates Successfully Completing Exam = 99.4%

# State Board ?'s for CRDTS

- » Provide updated information so the Board can better understand the history of clinical licensure exams
- » Explain the difference between CRDTS Member States and States that accept CRDTS for initial licensure
- » Provide a history of State's involvement and participation with CRDTS
- » Provide updates on:
  - » Technical Reports
  - » Occupational Analysis
  - » CRDTS versus other Regional Exams

#### » Provide update on Alternative Pathway Examinations



## **ADANews**

#### ADA calls for increased licensure portability March 31, 2016

#### **Clinical examinations accepted by state**

There are five clinical testing agencies. Some states accept one, all or a combination of L the five agencies. Others, such as Delaware and New York, do not use the services of a clinical testing agency. There are nuances in all state licensing laws, and the laws frequently change.



#### Exams



Source: ADA.org. Information provided here was updated in the fall of 2015. For more details on the exams and state dental licensure requirements, visit ADA.org/en/education-careers/licensure.

#### ASDA Policy (L1: Interim)

The American Student Dental Association believes that any clinical licensing examination intended to measure technical skill via a sequence of independent clinical tasks should:

A) be a non-patient based examination emphasizing the recognition, diagnosis, and treatment planning of disease, in conjunction with the treatment of simulated disease by use of a typodont.

- B) be administered in the final year of dental school.
- C) provide opportunities for remediation, at the candidates' dental school, prior to graduation.
- D) guarantee anonymity of candidates and examiners.

E) be administered by examiners who have been calibrated to provide standardized and consistent scoring.

F) not include a written examination that duplicates the content of the National Dental Board Examination Parts 1 or 2.

- G) be offered to candidates at the lowest reasonable cost possible.
- H) be universally accepted by all state boards of dentistry.
- I) be psychometrically sound.



#### **ADEA Policy Statements: Recommendations** and Guidelines for Academic Dental Institutions

(With changes approved by the 2015 ADEA House of Delegates)

#### III. Licensure and Certification

A. Goals. ADEA supports achievement of the following goals for dentists and dental hygienists who are students or graduates of accredited programs and have s tal Ex

C. Achieving Goals. In order to achieve these goals, the Association should work diligently, both independently and cooperatively, with appropriate

> other esting liable

riate

ADEA also strongly supports development of giene elimin means for licensing authorities to assess continuing asure that re o inpatien competence. With valid, reliable, and fair methods egally of any well a ts. for continuing competence determinations, initial licens ent of B. Li licensure examinations may become unnecessary. nuing the liv thods elimi for continuing competence determinations, initial

licensure in dentistry that include advanced education of at least one year, portfolio assessment, and/ or other non-live patient-based methods and include independent third-party assessment.

licensure examinations may become unnecessary.

#### THE BUFFALO MODEL

JOSEPH E. GAMBACORTA, DDS ASSISTANT DEAN FOR CLINICAL AFFAIRS UNIVERSITY AT BUFFALO SCHOOL OF DENTAL MEDICINE

#### • • NEXT STEPS NATIONALLY

- EDUCATE THE DENTAL COMMUNITY
  - 2016 ADEA ANNUAL SESSION
  - SEMINARS/PUBLICATIONS
- > PILOT THE BUFFALO MODEL AT OTHER

DENTAL SCHOOLS - CDCA SURVEY.

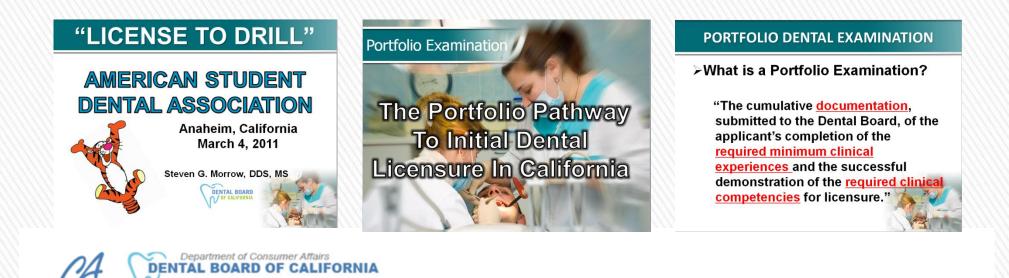
> STANDARDIZATION OF THE PROCESS TO

FACILITATE EASE IN IMPLEMENTATION.



- » Buffalo Model
- » OSCE Canadian Dental Exam
- » PGY-1 New York
- » Portfolio California Dental Licensure





#### Hybrid Portfolio Pathway to Qualify for Initial Licensure as a General Dentist in California - Fact Sheet

- The Hybrid Portfolio is an initial licensure pathway that allows the Dental Board of California (Board) to delegate the administration of the clinical examination as legally mandated by the California State Business and Professions Code to the five CODA approved Dental Schools in the State of California. The Clinical Competency Exams will be administered under direct oversight and regular auditing by the Board and will utilize the psychometric principles of standardization, calibration, and verification.
- Hybrid Portfolio has been developed by the Board in conjunction with the five Dental Schools, and validated and modified by psychometric analysis.
- The Hybrid Portfolio will test in seven clinical areas on patients of record with Competency Exams requiring an "on demand acceptable clinical performance".

## Alternative Pathways to Licensure ...

Buffalo Model	A modification of the traditional licensure exam format pilot tested by CDCA at the University of Buffalo in 2015 to include: - Faculty & Curriculum integration - Patient eligibility restricted - Multiple exam dates available
	<ul> <li>Exam part of normal clinic day</li> </ul>
OSCE	<ul> <li>Objective Structured Clinical Examination         <ul> <li>Pronounced "Oss-Key"</li> <li>Canadian day long "station based" dental exam</li> <li>Candidates allowed 5 minutes at each station to answer questions before moving onto next station</li> </ul> </li> </ul>
PGY-1	Post Graduate Year – 1 year residency
	<ul> <li>California allows a 1 year residency pathway for licensure</li> <li>New York mandates a 1 year residency for dental licensure</li> </ul>
Portfolio	Portfolio pathway to dental licensure
	<ul> <li>California allows a portfolio-type pathway for licensure</li> </ul>

# ADA Policy 20H 2005

- » Resolved, that the Association supports the elimination of human subjects/patients in the clinical licensure examination process with the exception of the curriculum integrated format within dental schools, and be it further
- » Resolved, that the Association *encourages all* states to adopt methodologies for licensure that are consistent with this policy.

# **CRDTS Dental Exam Formats**

## » Traditional Format

- > Examination is administered in its entirety over the course of three days to all eligible candidates near the end of the academic year
- » Integrated Format (Majority of CRDTS exams)
  - > Examination is administered in segments over the course of eight months to eligible dental students during their senior year in dental school

# CRDTS meets the ADA's Agenda for Change

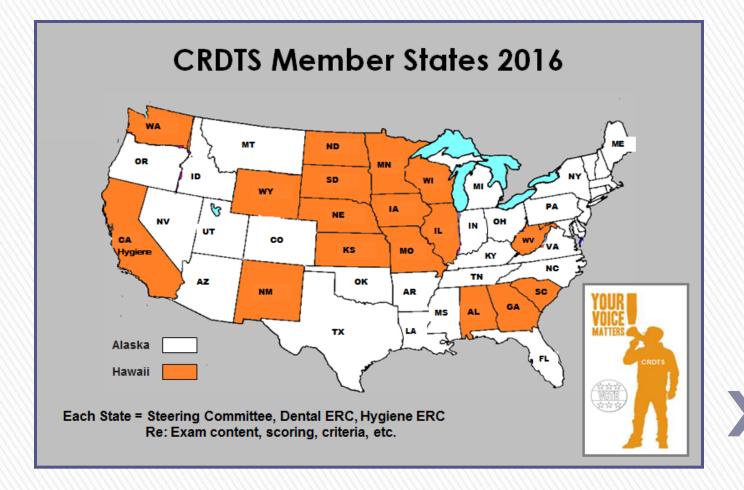
» Exams given within the academic environment

- » Patients of record from the dental school
- » Procedures are performed within an appropriate treatment plan
- » Patient follow-up is accomplished

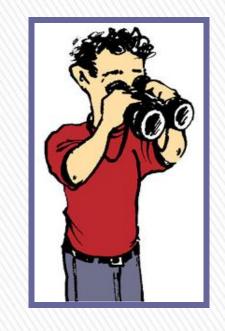
# CRDTS meets the ADA's Agenda for Change

- » Performance data of each candidate provided to the school for remediation prior to graduation and retest
- » Retake opportunities prior to graduation for only those sections failed
- » Addresses the issues regarding ethics/patient care

# CRDTS' goal is to serve our Member State Boards ...







DENTAL TESTING

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## Come observe !!

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Hygiene > Exem Celender

#### **Dental Hygiene Calendar** Exemination Dates and Locations: (includes Calibration Date) DATE SITE CITY STATE DEADLINE March 22-24 Concorde College Coruary 8, 2013 Kanaca City МО Pima Medical Institute April 5-7 Buquerque \*cbruary 21, 2013 Scorgie Health Sciences University April 5-7 Pebruary 21, 2013 uguala pril 12-14 sylon State Universit March 1, 2013 March 1, 2013 March 1, 2013 forch 5, 2013 March 8, 2013 🗄 Welcome 🛛 🖉 Login March 8, 2013 March 8, 2013 March 8, 2013 Merch 15, 2013 About Us Dental Hygiene FAQ Contacts ferch 15, 2013 March 15, 2013 March 15, 2013 March 15, 2013 March 22, 2013 Examination Calendar March 22, 2013 March 22, 2013 INTEGRATED EXAMINATIONS - Open to Students of Record ONLY March 22, 2013 March 22, 2013 Patient Based (IV-V) Manikin Based (II & III)\* DEADLINE March 22, 2013 October 5-7, 2012 forch 20-22, 2013 5/24/2012 March 22, 2013 October 5-7, 2012 March 8-10, 2013 5/24/2012 March 22, 2013 tober 11-12, 2012 cbruary 20-22, 2013 /7/2012 March 29, 2013 (30/2012 Detabler 12-13, 2012 Norch 1-3, 2013 March 29, 2013 tober 12-14, 2012 arch 15-17, 2013 /7/2012 lerch 29, 2013 tober 25-27, 2012 drugry 15-16, 2013 /14/2012 March 29, 2013 March 29, 2013 Detabor 26-27, 2012 larch 15-17, 2013 R/21/2012 March 29, 2013 tober 26-27, 2012 larch 8-10, 2013 a/14/2012 ori 5, 2013 ori 14-18, 2013 2/14/2012 Tetaher 28-27, 2012 April 5, 2013 10/1/2012 Vovember 9-10, 2012 Norch 22-24, 2013 April 5, 2013 April 5, 2013 INTEGRATED EXAMINATIONS - MANIKIN RETAKE EXAMINATIONS - (Parts II & III)\* Open to Students of April 5, 2013 Record ONLY April 5, 2013 April 5, 2013 STATE DEADLINE April 19, 2013 rouctic University vauker der 12, 2012 May 10, 2013 University of Ulinois lovember 12, 2012 Chicago Mey 31, 2013 University of Nebraska Lincolo 100 Severaber 12, 2012 unc 7, 2013 Aug 2, 2013 Georgia Health Sciences Augusta GA omber 12, 2012 Oct 11, 2013 For the 2013 Exem Series, Acadental magnetic carrier trays are required for Oct 25, 2013 TRADITIONAL AND RETAKE EXAMINATIONS (Parts II-V)\* - Open to ALL Candidates Oct 25, 2013 lov 1. 2013 LITY STATE DEADLINE Nov 1, 2013 University of Colorado Aurora 00 January 4, 2013 March 8, 2013 University of Minnesote Minnespolia MIN Privacy Notice | Silic Map Iniversity of Illinois Chicago terch 20, 2013 eorgia Health Sciences University pril 5, 2013 uguste April 28, 2013 outhern Illinois University Alton. Meharry Medical College Neshville ΓN May 3, 2013

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Thank you!

With the help of over 150 current and past Board Members, CRDTS has been able to:

- » Help Member State Boards meet their statutory responsibility to examine candidates for initial licensure
- » Develop and administer exams that are valid, reliable and psychometrically sound

We welcome your questions! Kimber Cobb, Executive Director <u>kimber@crdts.org</u> www.crdts.org