To Board Members,

In the interest of having first-hand knowledge of the CDCA exam, and in consideration of potential Dental Hygiene membership, I served as examiner at two CDCA exams held in Grand Rapids and Big Rapids, MI April 14-17th, 2016. Below are sections of the Licensing Act and Rules relevant to this action, organizational information on CDCA and a summary of my observations.

From the Practice Act: Title 58 Chapter 69 Part 3 Section 302

Utah accepts results from "regional clinical licensure exams" unless the division determines it is clearly inferior to WREB and is an unjustifiable threat to public safety". (Ch 69, 58-69-302)

From the PRACTICE ACT RULE:

58-69-302(3)(f) and (g), the examination requirements for licensure as a dental hygienist are established as the following:

(1) the WREB examination with a passing score as established by the WREB;

(2) the NERB examination with a passing score as established by the NERB; *

(3) the SRTA examination with a passing score as established by the SRTA; or

(4) the CRDTS examination with a passing score as established by the CRDTS

**NERB was renamed The Commission on Dental Competency Assessments in 2015.*

Organizational Information (*referenced from Website, Manual and attendance at CDCA Annual Meeting, Jan, 2015*)

- CDCA, formerly NERB, offers dental and dental hygiene clinical exams which test entry level ability for state licensure. Its stated communities of interest are candidates, state dental boards and the public.
- The exam is developed by ADEX, The American Board of Dental Examiners. It is administered by CDCA.
- CDCA has 36 membership jurisdictions and is accepted in 43 states, including Utah
- The agency is a proponent of one national exam for both dental and dental hygiene licensure.
- Most member states are from the eastern part of the US.
- Oregon, New mexico and Nevada are western states who are members of CDCA.
- The DH exam is based on an occupational analysis and tests critical procedures which include identification of abnormal extra/intraoral findings, calculus detection, and calculus removal.

- Performance is scored by three independent examiners.
- There is measurable exam criteria and an on- site standardization and calibration for examiners.
- There is a computer simulated component (CSCE) with 100 clinically based questions - cand must score 75 or greater. Taken at Prometrics testing center.
- The patient treatment clinical exam (PTCE) is performed on patients, covering judgment and clinical skills - must score 75 or greater.
- Candidate must pass both to achieve "ADEX status"
- CDCA offers a written exam on local anesthesia but no clinical exam.
    - (45 states allow dental hygienists to administer local anesthesia, 6 of those require a clinical exam, including Utah)
- CDCA utilizes a psychometrician and readily provides exam statistics, however *examiner* statistics are not yet available.
- Currently, CDCA is the only agency administering the DH clinical exam. Content, criteria and scoring cannot vary among agencies but areas of candidate eligibility, fees, forms, schedules, exam sites, dates, policies and examiner pay may change according to organizational preference (ie, CITA, SRTA)
- Exam development: The Dental Hygiene Exam Committee (DHEC) is comprised of reps from each ADEX member district. The committee utilizes practice surveys, current curricula, standards of competency AADB guidelines and other areas of expertise to ensure content and protocols are current and relevant.
- The Exam is reviewed annually and includes psychometric analyses of validity.

I prepared for my assigned exams by reading the CDCA Examiner and Candidate Manuals and passing an online calibration quiz. I attended an examiner calibration session held the day before the first exam.

FINDINGS:

Candidates are evaluated on:

1. Judgment skills

    - eligible patient
    - selection of teeth that meets calc requirements
    - diagnostic quality radiographs.

2. Clinical skills:

    - detection and removal of calc
    - Periodontal depth measurement
    - Tissue management
    - Final case presentation

Scoring:

- Triple blind system - requires three examiners to independently evaluate performance
- Points awarded on 100 pt scale, must get 75.

Differences from WREB:

Negative :

- No use of models during calibration
- No descriptors for qualifying calc VS error calc
- Descriptor "explorer detectable calculus" - open to wide variance in judgment
- Exam team comprised of retired rdh's and educators- only 3/6 were practicing
- No retake on site
- Exam atmosphere is too relaxed
- No examiner statistics provided

Positive:

- Triple blind scoring throughout (WREB - one examiner can determine acceptance)
- The CSCE exam tests clinically based decisions affecting patient welfare (WREB currently has none)
- Candidate friendliness- examiners can add 2 surfaces of calculus for removal if the submission doesn't have enough, calculus deposits do not have to be of significant bulk.
- Patient Must be free of excessive debris at submission (easier to assess)

Conclusion:

The WREB exam is stronger in the areas of examiner calibration and team construction. WREB utilizes written descriptors and models as teaching tools whereas CDCA uses a vague "explorer detectable calculus" descriptor and no tactile examples in its calibration. WREB provides examiner statistics; these allow self adjustment of overly harsh or lenient scoring and lend to consistency among examiners. CDCA does not provide statistical feedback to examiners. Examiner pools between the two agencies are of similar content, however it is my impression that CDCA over-utilizes examiners who are "aged out" - or not currently practicing, while WREB is deliberate in forming balanced teams and now exercises term limits.

Notwithstanding these differences, the criteria, content and scoring of the CDCA exam- as well as its basic administration, accomplish what is pertinent to State Board concerns. The exam determines entry level competency while identifying candidates who are potentially a threat to public safety. It is developed by experts, incorporates current educational and professional trends and undergoes annual review. There is no clear reason to conclude the CDCA dental hygiene exam is inferior to WREB's.

Moreover, the agency is of widespread membership, transparent governance and financial solvency. Its philosophy of establishing one uniform exam, while controversial, has merit in terms of portability and parallels licensure processes of other professions.

I propose that Utah become an active member of CDCA and provide examiners to participate in its dental hygiene testing. This ensures our board stays current in the testing parameters of an agency whose results we accept, allows a voice in its development, and, most importantly, is best practice in the charge of protecting our public.

Respectfully,

Connie Sliwinski, RDH