The Dental Licensure Objective Structured Clinical Examination (DLOSCE)

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Presenters



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Why develop the DLOSCE?

- Gives dental boards the ability to identify those who lack the skills necessary for safe practice, using a professionally developed examination backed by strong validity evidence.
- Eliminates undesirable situations and complications that can arise from the use of patients in the examination process (e.g., patient's more pressing needs not treated in lieu of pursuing the "perfect lesion").
- Helps dental boards in their mission to protect the public.



Why the JCNDE?

- The DLOSCE was originally overseen by the ADA Board of Trustees, which formed the DLOSCE Steering Committee in 2017.
- No other testing agencies expressed interest in moving this forward, and the ADA possessed the in-house expertise to develop the DLOSCE through its Department of Testing Services (DTS).
- Licensure examination programs involve a public trust that requires the examinations be administered, and decisions be made, in a consistent manner that permits due process and is as free from bias and conflict of interest as possible.
- The Joint Commission on National Dental Examinations (JCNDE) has a long and successful track record of delivering high quality, high stakes licensure examinations that are used by boards to help protect the public.



Who serves on the DLOSCE Steering Committee?

As of January 2020, the DLOSCE is governed by the Joint Commission on National Dental Examinations (JCNDE). The DLOSCE Steering Committee continues to pursue its charge, now as a Committee of the JCNDE with membership as follows:

Joint Commission on National Dental Examinations (JCNDE) members	Dr. Cataldo Leone, JCNDE Chair (MA) Dr. William Robinson (FL)
General dentist members (ADA Board of Trustees)	Dr. Roy Thompson, Committee Chair (TN) Dr. Craig Armstrong (TX)
General dentist members (formerly on CDEL)	Dr. Edward J. Hebert (LA) Dr. Prabu Raman (MO)
Educators with experience teaching comprehensive clinical dentistry	Dr. Michael Kanellis (IA) Dr. Frank Licari (UT)
State dental board members	Dr. David Carsten (WA) Dr. Mark R. Stetzel (IN)



What has the Committee accomplished?

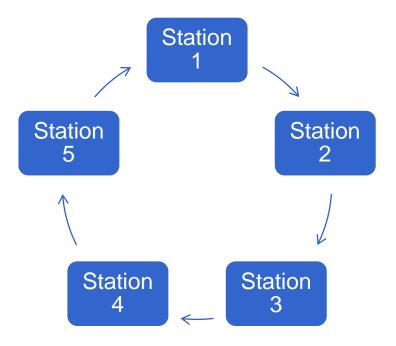
- Identified governance structure for DLOSCE administration.
- Identified and established examination content areas and test specifications.
- Established general structure for the examination and permissible item formats.
- Identified and established test construction team (TCT) structure, and selected test constructors (150+).
- Overseen content development through the DLOSCE Working Committee.
- Identified and contracted key vendors (e.g., technology, testing vendors) to support examination administration.



What is an Objective Structured Clinical Examination (OSCE)?

- A method of measurement
- Candidates rotate through short, standardized stations
- Assesses clinical competence and skills, and is widely used in health sciences
- Measures clinical skills such as communication, clinical examination, knowledge of procedures, prescriptions, etc.
- Success requires critical thinking
- OSCEs are evolving



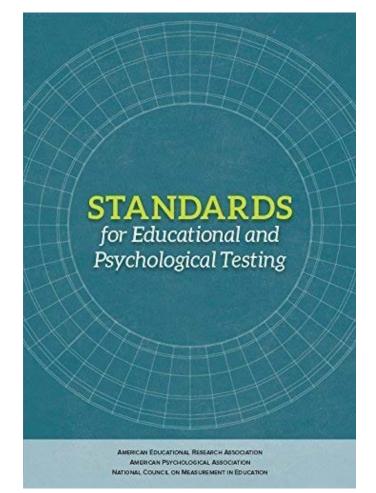


Why conduct an OSCE?

- Benefits include:
 - Assesses broad range of skills, including clinical and theoretical knowledge
 - Standardized (stations, competencies, tasks)
 - Strong validity evidence
 - Reliable
 - Fair

The Standards for Educational and Psychological Testing

- The Standards were developed by the American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME).
- The Standards provide considerations for developing, implementing, and evaluating tests.
- The *Standards* and industry best practices help guide DTS activities as examinations are designed, constructed, and implemented.
- DTS' primary focus is on validity, the evidence that supports the interpretation and use of examination results.

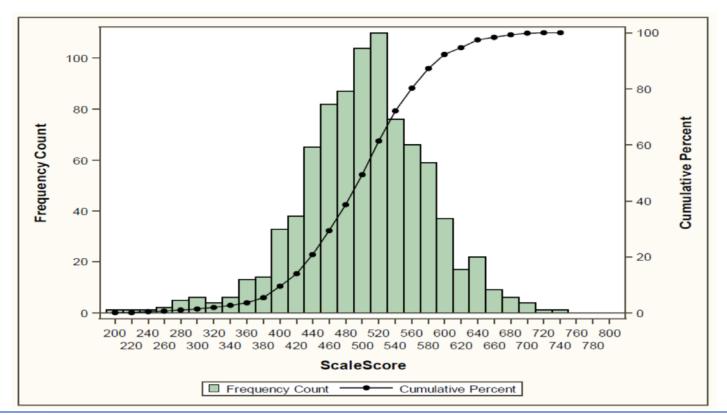


Validity and Test Security

- Release of the DLOSCE in 2020 is based on content validity evidence
 - Establishment of content domain through practice analysis; reliance on subject matter experts and their judgment to determine item allocations, structure test development activities, build and review content, establish standards, etc.
- The JCNDE's National Board Examinations are all supported by content validity evidence.
- With respect to the DLOSCE, data will be collected at the time of administration, followed by subsequent scoring, standard setting, reporting, and then follow-up documentation (i.e., a technical report) to provide information on obtained psychometric properties, etc.
- The DLOSCE will be administered in a secure testing environment.
- The JCNDE is following established psychometric and test development procedures, and proceeding with appropriate deference shown to the guidelines provided in the *Standards for Educational and Psychological Testing*.
- Our modified approach is psychometrically defensible while also being sensitive to the great need currently present at a difficult time.

An Exam with a Similar Development Process

The Advanced Dental Admission Test (ADAT) was constructed in a similar manner in 2016. The graph below shows how results look today.



Frequency distribution for the ADAT Overall scale: 2016-2019 (1,688 administrations)



Twelve Steps for Test Development (Downing, 2006)

1. Planning	7. Test Administration
2. Content Definition	8. Test Scoring
3. Test Specifications	9. Standard Setting
4. Item Development	10. Reporting Test Results
5. Test Design and Assembly	11. Item Banking
6. Test Production	12. Technical Reports / Validation



Can OSCEs Currently be Found in Dental Licensure?

- The OSCE developed by the National Dental Examining Board (NDEB) of Canada provides an example of one possible approach.
 - Development is a critical activity undertaken by experts (mostly specialists).
 - Questions are selected by general practitioners to ensure clinical relevance.
 - Examination content is kept up to date each year through annual meetings involving careful examination of practice trends.
 - The OSCE is administered three (3) times per year (March, May, and November) in fixed testing windows.
 - Administrations include 50 physical stations with two questions each, plus rest stations.
 - Stations are focused and short (5-minutes), with a mix of station types/competencies evaluated.
 - NDEB Canada will transition to a "Virtual OSCE" in the near future.

What evidence supports Canada's OSCE?

- Gerrow, Murphy, Boyd, and Scott (2003) conducted a study to evaluate the concurrent validity of the NDEB Canada Written Examination and Objective Structured Clinical Examination (OSCE).
- Examination performance was correlated with student performance in the final year of the D.D.S./D.M.D. program.
- Research participants included 2,317 students at nine Canadian dental schools who completed both NDEB examinations between 1995 and 2000.
- Positive correlations were found between students' examination scores and final year results.
 - Written examination and final year results: (r=0.43, p<. 001)
 - OSCE and final year results: (r=0.46, p<. 001)
- Year-to-year and school-to-school variations were minimal.
- These findings supported the concurrent validity of both NDEB examinations.

Source: Gerrow, J.D., Murphy, H.J., Boyd, M.A., and Scott, D.A. (2003). Concurrent validity of written and OSCE components of the Canadian Dental Certification Examinations. Journal of Dental Education, 67 (8), 896-901.



What does the US DLOSCE cover?

- Focused exclusively on the clinical tasks a dentist performs while providing direct, chair-side treatment to patients.
- A "virtual OSCE" that assesses clinical judgment.
- Use of a "traditional manikin" hand skill assessment is not included.
- The DLOSCE is designed to reliably and accurately reflect the practice of clinical dentistry within the United States.
- The DLOSCE Working Committee has been engaged in content development activities since 2018.



What does the DLOSCE cover?

- Focal topic areas:
 - Restorative Dentistry (24%)
 - Prosthodontics (19%)
 - Oral Pathology, Pain Management, and TMD (13%)
 - Periodontics (10%)
 - Oral Surgery (9%)
 - Endodontics (8%)
 - Orthodontics (6%)
 - Medical Emergencies and Prescriptions (11%)
- Areas covered across topic areas include Diagnosis and Treatment Planning, as well as Occlusion.
- Each form of the DLOSCE must include content involving each of the following patient types: 1) pediatric, 2) geriatric, 3) special needs, 4) medically complex.



How will the JCNDE present questions?

- DLOSCE questions contain response options representing:
 - correct answers (partial credit)
 - clinical judgment errors
 - unscored choices
- Scoring contains some similarities with Situational Judgment Tests (SJTs).
- Questions require candidates to display depth and breadth of clinical judgment.

"Does the candidate think like a doctor?"

• The focus rests on what the candidate can do, emphasizing cognitive skills involving application/synthesis as opposed to simple recall.



Select **ONE OR MORE** correct answers. Any **INCORRECT** selections will result in your earning **NO CREDIT** for this question.

Which describes the MO composite restoration on tooth 19?

- Acceptable
- Unacceptable interproximal contact
- Over-contoured proximal surface
- Under-contoured proximal surface
- Overhang present
- Cavosurface void present
- Hyperocclusion
- Exposed dentin present

3D Model

The candidate would be presented with a 3D model showing a MO composite restoration on tooth 19.

The candidate could manipulate the model (e.g., rotate, zoom) in order to view the restoration from multiple angles



How much will the DLOSCE cost and when will it be available?

- In light of COVID-19, the DLOSCE will be offered for a lower fee in 2020, to help students caught in a challenging circumstance.
 - In 2020: \$ 800
 - In 2021: \$1,650
- Administration will occur in testing windows as follows:
 - June 15 July 17, 2020
 - November 9 27, 2020
 - March 8 26, 2021
 - November 8 26, 2021
- Candidates may test once per window.
- Results will be reported within 4 weeks of the closing of each window.
- The JCNDE will monitor the situation and make adjustments as appropriate.



How will the DLOSCE be administered?

- The DLOSCE will be administered at select Prometric Test Centers throughout the US.
- Eligibility requirements and application procedures will mirror those in place for the NBDE.
- A DLOSCE Candidate Guide will be available in the next two weeks.
- The DLOSCE contains 150 questions and is administered in 6 hours and 45 minutes.

Examination Schedule		
Section	Minutes	
Tutorial (optional)	25	
Section 1 (37 Questions)	75	
Break (optional)	10	
Section 2 (37 Questions)	75	
Section 3 (2 Prescription Questions)	10	
Break (optional)	30	
Section 4 (37 Questions)	75	
Break (optional)	10	
Section 5 (37 Questions)	75	
Survey	20	
Total Time	6 hrs, 45 min	



How do the DLOSCE and INBDE differ?

- The DLOSCE and Integrated National Board Dental Examination (INBDE) both assess clinical skills (e.g., diagnosis and treatment planning, oral health management). However, key differences also exist:
 - The DLOSCE is focused exclusively on the clinical tasks a dentist performs while providing direct, chair-side treatment to patients.
 - Micro-judgments, errors and knowledge of success criteria, narrow focus
 - The INBDE focuses on cognitive skills.
 - The biomedical underpinnings of clinical decisions, broader focus that includes the "why"
 - Practice and profession considerations, evidence based dentistry, being good consumers of research, patient oral health care education



How do the DLOSCE and INBDE differ?

• Examples of how the INBDE and DLOSCE conceptually differ:

INBDE Example	Corresponding DLOSCE Example
Understand basic principles of pharmacokinetics and pharmacodynamics for major classes of drugs and over-the-counter products to guide safe and effective treatment.	Review patient information and write an appropriate prescription.
Understand local and central mechanisms of pain modulation.	Identify the final needle position (point of insertion, angulation, and depth) immediately prior to injection that will best accomplish complete local anesthesia for a given procedure.
Understand dental material properties, biocompatibility, and performance, and the interaction among these in working with oral structures in health and disease.	Identify one or more flaws present in a metal-ceramic restoration.
Understand the principles and logic of epidemiology and the analysis of statistical data in the evaluation of oral disease risk, etiology, and prognosis.	No corresponding DLOSCE example. Epidemiology and statistics are not covered on the DLOSCE.



Official Release

- The JCNDE's DLOSCE blends elements of OSCEs and Situational Judgment Tests (SJTs) to help dental boards identify candidates who possess the sound clinical judgment that is necessary to safely begin practice.
- Ready for dental board use on June 15th (pending test center availability).
- Interested in the DLOSCE? Please let the JCNDE know!
 - Alix Katznelson (katznelsona@ada.org)



Additional Information

- The JCNDE and its DLOSCE Steering Committee will continue to provide updates to communities of interest.
- DLOSCE webinars:
 - Dental Boards Wednesday, April 22 3:00pm (CST)
 - Dental Students TBD
 - Dental Faculty TBD
 - Dental Societies TBD
- Dental board presentations upon request.
 - Alix Katznelson (katznelsona@ada.org)
- Updates are made available through the DLOSCE website:
 - ADA.org/DLOSCE



Thank you!



Q & A



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