

The Dental Licensure Objective Structured Clinical Examination (DLOSCE)

Webinar for Dental Educators

May 21, 2020

Presenters



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Presentation Overview

- Background Information
- Examination Topic Areas
- The DLOSCE Approach and Question Types
- DLOSCE Scoring
- The DLOSCE and the INBDE
- Practice Questions and Exam Preparation
- Eligibility and Examination Fees
- Administration Schedule, Window Testing, Retesting Policy
- Results Reporting
- Q & A

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").
- Allows for more objective and comprehensive measurement of candidate skills.
- 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 DLOSCE Steering Committee identified the JCNDE as an ideal governing body to oversee the DLOSCE Program, and the JCNDE was enthusiastic about the possibility of taking on this role.
- 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:

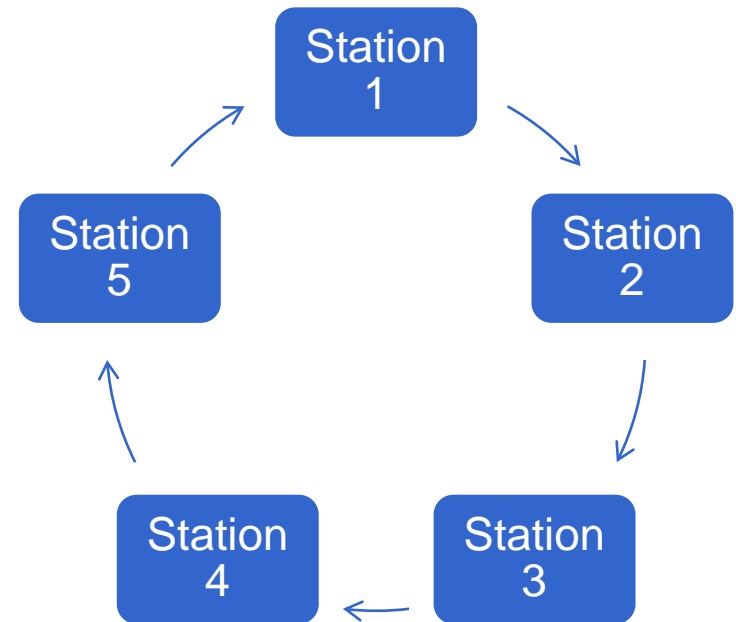
| | |
|---|--|
| Joint Commission on National Dental Examinations (JCNDE) members | Dr. Cataldo Leone, JCNDE Chair (MA) Dr. William Robinson (FL) |
| General dentist members (ADA Board of Trustees) | Dr. Roy Thompson, Committee Chair (TN) Dr. Craig Armstrong (TX) |
| General dentist members (formerly 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, patient communication skills, knowledge of clinical procedures, prescription writing, etc.
- Widely used in the health sciences
- Success requires critical thinking
- OSCEs are evolving

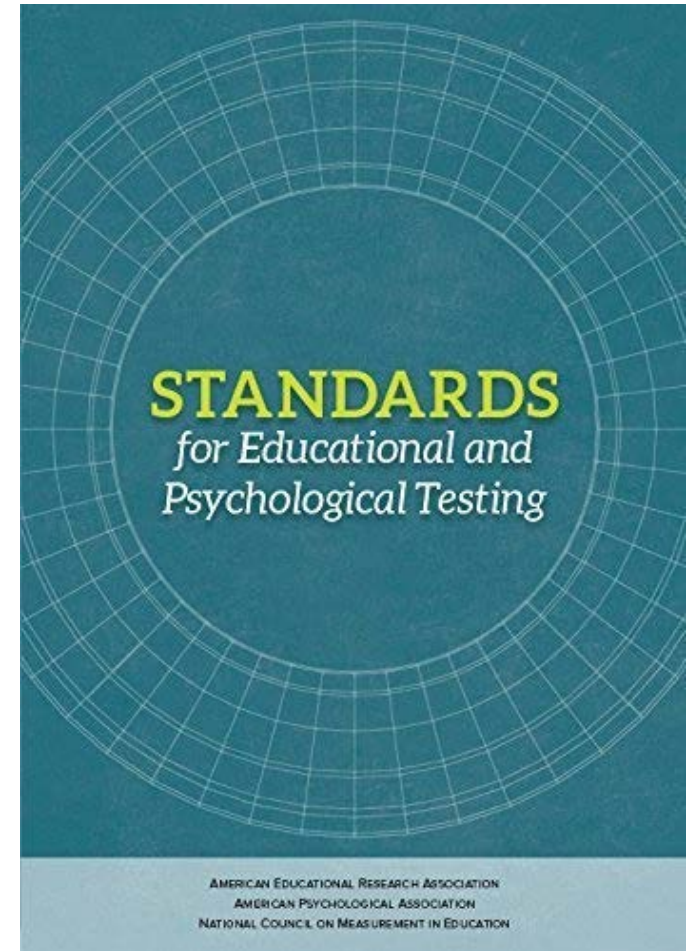


Why conduct an OSCE?

- 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; National Board Examinations are ALL supported by 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.
- Data will be collected at the time of administration, followed by scoring, standard setting, reporting, and then follow-up documentation (technical report) to provide information on obtained psychometric properties, etc.
- The practice of employing window testing and delayed reporting of scores is an accepted and valid means of test development, and was in fact pursued by the Joint Commission for decades, prior to the Joint Commission's transition to computer based test administration.
- 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*.
- The DLOSCE will be administered in a secure testing environment.
- Our modified approach is psychometrically defensible while also being sensitive to the great need currently present at a difficult time.

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 recurring, critical activity undertaken by experts, with questions selected by general practitioners to ensure clinical relevance.
 - 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).
 - NDEB Canada will transition to a “Virtual OSCE” in the near future.
- In a study involving 2,317 students at nine Canadian dental schools, Gerrow et al. (2003) found positive correlations between students’ examination scores and final year results.
 - Written examination and final year results: ($r=0.43$, $p<.001$)
 - OSCE and final year results: ($r=0.46$, $p<.001$)

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.

What does the US 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%)
- Diagnosis and Treatment Planning—as well as Occlusion—are covered across the topics listed above.
- The DLOSCE includes questions involving patients of various types and backgrounds, including pediatric, geriatric, special needs, and medically complex patients.
- DLOSCE questions are modeled on dental clinical situations.

The dental clinic

- When working with patients in a clinical situation, dentists diagnose and treat those patients, and perform many clinical tasks.
- Dentists rely on multiple sources of information that can include, for example: the patient's verbal communications, visual observation of the patient, patient records, and patient testing results.
 - The dentist considers many possibilities when diagnosing a patient. These possibilities are based on all available information concerning a patient.
 - Some of those possibilities represent correct clinical evaluations, given the available information. Correct clinical evaluations help the dentist to properly understand the patient's condition, thereby facilitating appropriate treatment.
 - Some of those possibilities represent incorrect clinical evaluations, given the available information. Incorrect clinical evaluations can lead to a dentist choosing incorrect treatment options that don't address the patient's condition, and in some cases can even result in harm to the patient.
 - Sometimes the information available to the dentist is incomplete or ambiguous. For example, a given radiograph may be non-optimal in the information it provides, or the patient may be unwilling to share certain information (e.g., drug use). In some cases this information may be relevant to the diagnosis and to treatment options, whereas in others it may not.
- Clinical judgment involves interpreting the available information to make a diagnosis, and then identifying corresponding appropriate treatment and management options.
- Sound clinical judgment is essential to safe and effective patient treatment.
- Disciplinary actions by dental boards are largely focused on errors in clinical judgment.

The DLOSCE approach

- The DLOSCE assesses clinical judgment.
- DLOSCE question formats take into account the many considerations and options that are available to a dentist, when the dentist diagnoses a patient's condition and determines actions to take.
- DLOSCE questions can include a variety of reference materials (3D models, clinical photographs, radiographs, etc.)
- DLOSCE scoring recognizes the effectiveness of the dentist's choices and the quality of the dentist's judgments, based on the information that was available. DLOSCE scoring also recognizes that some information may be incomplete or ambiguous.
- 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.

DLOSCE question presentation

- DLOSCE questions always include a patient.
- Questions are accompanied by information concerning that patient, including reference materials such as the following:

| | |
|-----------------------------|---|
| Patient Box | Provides patient demographic information (age, biological sex), the chief complaint, patient background and/or history, and the current findings. |
| Clinical Photographs | Photographs of patient conditions. |
| Radiographs | Radiographic images of patients' teeth. |
| 3-D Models | A three-dimensional model of the patient's teeth, including restorations, lesions, etc. |

Evaluation of candidate responses

- DLOSCE scoring contains similarities with Situational Judgment Tests (SJTs).
- Depending on the Question Type, each possible candidate response is evaluated as follows:
 - **Correct.** This represents a correct clinical judgment based on the available information. Depending on the question, candidates can receive either full credit (1 point) or partial credit for a given correct response, as long as they avoided choosing any incorrect responses for the question.
 - **Clinical Judgment Error/Incorrect:** This represents a clinical judgment error. Choosing this response causes the candidate to receive no credit (0 points) for this question, even if a Correct response was also selected.
 - **Unscored/Neutral:** This represents an indeterminate situation. These are situations—identified by dental subject matter experts—where given the available information a candidate’s choice of this response is considered neither correct nor incorrect.

DLOSCE Question Types

- The DLOSCE contains three types of questions:
 1. Multiple-Choice, Single-Response
 2. Multiple Choice, Multiple-Response
 3. Prescription writing

- An example of each type is provided in the slides that follow

Multiple-Choice, Single-Response

- **Multiple-Choice, Single-Response** questions have only one correct answer and will only allow candidates to choose one response.
- To complete questions of this type, candidates should read the question and available responses, and choose the response that is the best answer.
- Responses other than the Correct response are considered Clinical Judgment Errors.
- Choosing the correct response gives candidates full credit (i.e., one point) for Multiple-Choice, Single-Response questions.
- The instructions provided for these questions are as follows:

Select the **ONE** correct answer.

Sample 1. Multiple-Choice, Single-Response



Select the **ONE** correct answer.

Orthodontic treatment for this 8-year-old patient should begin

- A. as soon as possible.
- B. after reassessment in 6 to 9 months.
- C. during late mixed dentition prior to the pubertal growth spurt.
- D. immediately following eruption of permanent second molars.
- E. after the patient stops growing.

Correct: A (full credit, 1 point)

Clinical Judgment Error/Incorrect: Selecting any response other than the Correct response causes the candidate to receive no credit (0 points) for this question

Content Classification: Orthodontics

Multiple-Choice, Multiple-Response

Multiple-Choice, Multiple-Response questions can have one or more correct answers. For these questions, candidates may choose more than one response.

Each question is worth up to one point. Each chosen response option can:

- give full credit for the question (i.e., 1 point)
- give partial credit for the question (e.g., 0.5 points)
- take away all possible credit for the question (i.e., a **Clinical Judgment Error**; no credit is given for the question, even if the candidate selected other options that were correct).
- neither give credit nor take away credit (a “neutral option”)

Instructions are given as follows:

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

IMPORTANT NOTE: Candidates should think carefully when responding, so they identify the correct answer(s) while steering clear of any incorrect selection(s) that could result in the loss of all available credit for a question.

Example Scoring for Multiple Choice, Multiple Response with Partial Credit

In the hypothetical example shown below, there are two correct responses indicated in bold text: **Malignant tumor** and **Cyst or benign tumor**. There is one neutral response option indicated in italicized text: *Developmental condition*. The remaining responses are incorrect, and considered Clinical Judgment Errors. To earn full credit (i.e., 1 point), a candidate must select both of the correct responses and avoid selecting any of the incorrect responses. A candidate can earn partial credit—in this example a half point—by selecting only one of the correct responses (e.g., Malignant tumor) as long as they also avoid selecting any of the incorrect responses. A candidate who selects any incorrect response will automatically earn no credit for the question, even if they also select one or both of the correct responses. Candidates neither gain credit, nor lose credit for selecting the neutral response.

Clinical Image Would Appear Here

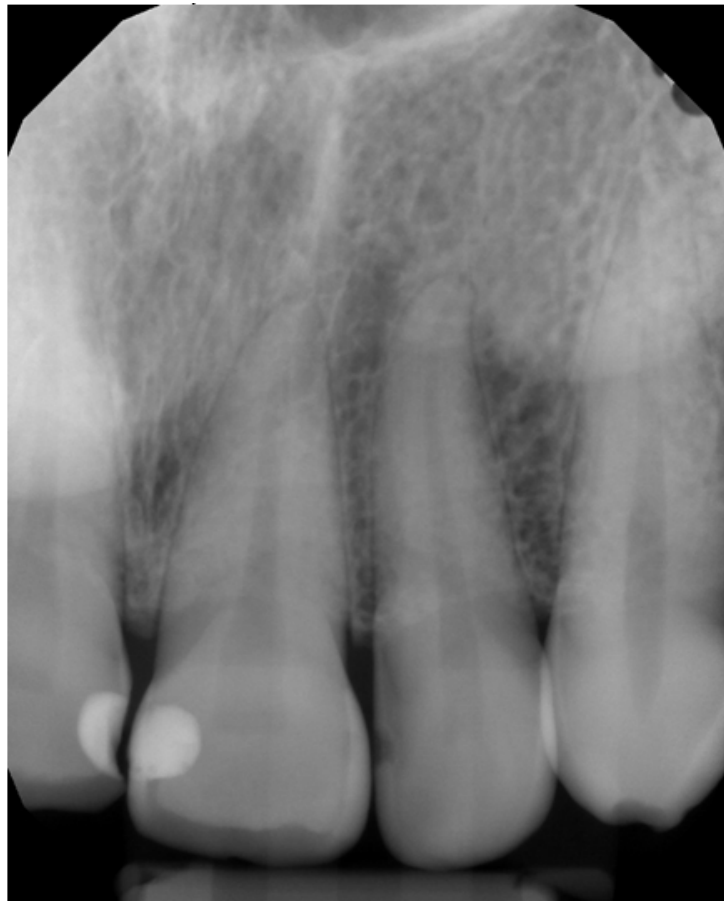
Select **ONE OR MORE** correct answers. Any **INCORRECT** selections will result in your earning **NO CREDIT** for this question.

What should be included in a differential diagnosis?

| | | Credit awarded if option chosen | Penalty: All credit lost for this question |
|-----------|---------------------------------------|---------------------------------|--|
| a. | Normal anatomical variant | | X |
| b. | <i>Developmental condition</i> | | |
| c. | Allergic or immune-mediated condition | | X |
| d. | Localized viral infection | | X |
| e. | Localized fungal infection | | X |
| f. | Localized bacterial infection | | X |
| g. | Traumatic lesion | | X |
| h. | Cyst or benign tumor | + 0.5 pt | |
| i. | Malignant tumor | + 0.5 pt | |

Total Possible Credit 1 point

Sample 2. Multiple-Choice, Multiple-Response



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

Which tooth surfaces have carious lesions or defective restorations?

- A. 8 mesial
- B. 9 mesial
- C. 9 distal
- D. 10 mesial

Correct: A (partial credit, 0.5 points) and D (partial credit, 0.5 points)

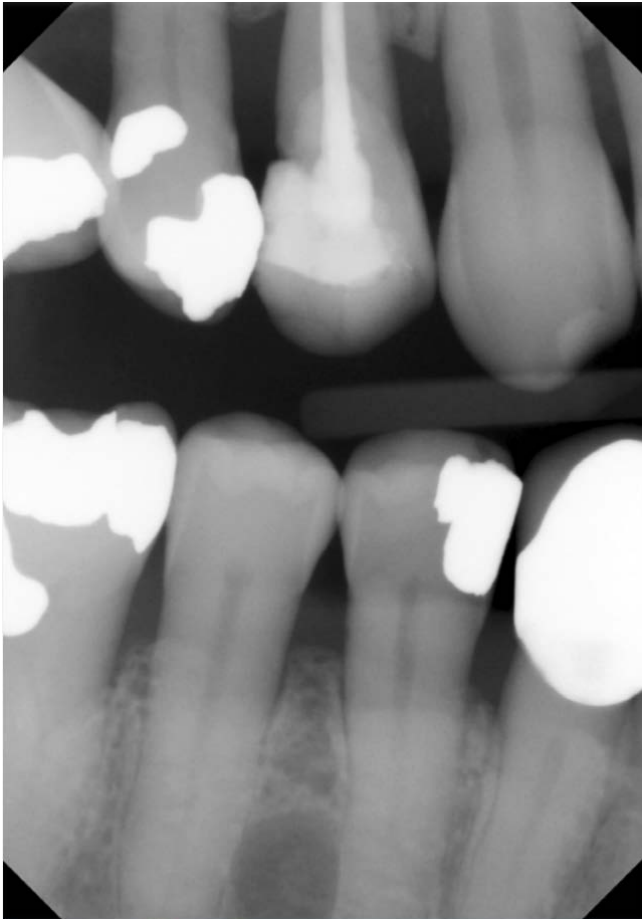
Unscored/Neutral: None

Clinical Judgment Error/Incorrect: Selecting any response other than a “Correct” or “Unscored/Neutral” response causes the candidate to receive no credit (0 points) for this question, even if a Correct response was also selected.

Content Classification: Restorative Dentistry

Sample 3. Multiple-Choice, Multiple-Response

| |
|---|
| Patient |
| Female, 56 years old |
| Chief Complaint |
| "I have a bump on my gums" |
| Background and/or Patient History |
| |
| Current Findings |
| Swelling in the lower right premolar area |



See next slide.

Sample 3. Multiple-Choice, Multiple-Response (continued)

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

Which should be included in a differential diagnosis?

- A. Normal anatomical variant
- B. Radiographic artifact
- C. Cyst or benign tumor
- D. Malignant tumor
- E. Odontogenic inflammatory condition
- F. Non-odontogenic inflammatory condition
- G. Reactive lesion (simple bone cyst, giant cell lesions)
- H. Fibro-osseous lesion
- I. Traumatic lesion/fracture
- J. Developmental condition
- K. Manifestation of systemic disease

Correct: C (partial credit, 0.5 points) and E (partial credit, 0.5 points)

Unscored/Neutral: G, H, and K

Clinical Judgment Error/Incorrect: Selecting any response other than a “Correct” or “Unscored/Neutral” response causes the candidate to receive no credit (0 points) for this question, even if a Correct response was also selected.

Content Classification: Oral Pathology, Pain Management, and Temporomandibular Dysfunction

3-Dimensional Models

- Some DLOSCE items involve lifelike, three-dimensional (3-D) models that can be manipulated, zoomed in and out, moved, and rotated.



3-Dimensional Models, Example Format

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

3-D Model

The candidate would be presented with a 3-D model showing an 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

Prescription Tasks

- Each administered DLOSCE form contains two, multi-part prescription tasks.
- For each task, patient information is presented in a Patient Box. Based on the information provided, candidates will be asked to choose an appropriate medication and its strength, and to provide any other accompanying instructions.
- Responses are evaluated against a detailed scoring key established by subject matter experts. Each prescription task is worth up to four points. Based on the combination of responses selected by the candidate, it is possible to receive no credit, partial credit or full credit for each prescription task.

Sample 4. Prescription Task

| |
|---|
| Patient |
| Male, 45 years old |
| Chief Complaint |
| "I feel terrible and my face has been swollen for a few days." |
| Background and/or Patient History |
| Has not been to a dentist for three years Allergic to cloxacillin |
| Current Findings |
| Temperature of 101 degrees F Red, warm, diffuse swelling in the right cheek Signs and symptoms consistent with a canine space infection |

1. Select an appropriate medication to manage the infection.

- A. No medication
- B. acyclovir
- C. amoxicillin
- D. azithromycin
- E. cephalexin
- F. clarithromycin
- G. clindamycin
- H. cloxacillin
- I. doxycycline
- J. erythromycin
- K. fluconazole
- L. ketoconazole
- M. metronidazole
- N. nystatin
- O. penicillin VK
- P. valacyclovir

See next slide.

Sample 4. Prescription Task

| Patient |
|---|
| Male, 45 years old |
| Chief Complaint |
| "I feel terrible and my face has been swollen for a few days." |
| Background and/or Patient History |
| Has not been to a dentist for three years Allergic to cloxacillin |
| Current Findings |
| Temperature of 101 degrees F Red, warm, diffuse swelling in the right cheek Signs and symptoms consistent with a canine space infection |

2. Type in the strength of the tablet/capsule.

_____ mg

3. Type in the total number of tablets/capsules that should be obtained/dispensed.

4a. Select the number of tablets/capsules that should be taken per administration.

- A. 1
- B. 2
- C. 3
- D. 4

4b. Should the patient take a loading dose?

- A. yes
- B. no

See next slide.

Sample 4. Prescription Task

| |
|---|
| Patient |
| Male, 45 years old |
| Chief Complaint |
| "I feel terrible and my face has been swollen for a few days." |
| Background and/or Patient History |
| Has not been to a dentist for three years Allergic to cloxacillin |
| Current Findings |
| Temperature of 101 degrees F Red, warm, diffuse swelling in the right cheek Signs and symptoms consistent with a canine space infection |

5. Select the frequency of administration

- A. once a day until finished
- B. once a day as needed
- C. twice a day until finished
- D. twice a day as needed
- E. three times a day until finished
- F. three time a day as needed
- G. four times a day until finished
- H. four times a day as needed

Scoring: Prescription task responses are evaluated against a scoring key established by subject matter experts. Based on the combination of responses selected by the candidate, it is possible to receive no credit, partial credit, or full credit (4 points)

Content Classification: Prescriptions

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. | <i>No corresponding DLOSCE example. Epidemiology and statistics are not covered on the DLOSCE.</i> |

Exam Preparation and Resources

- The JCNDE recommends that candidates use clinical experience, textbooks, and lecture notes as primary sources for study.
 - The JCNDE does not endorse or recommend any specific texts or other teaching aids (e.g., review courses) that are identified as DLOSCE preparation materials.

*** NOW AVAILABLE ***

- **Practice Questions.** The JCNDE has provided practice questions to assist candidates in their preparations to challenge the DLOSCE.
- **3D Model Tutorial.** The DLOSCE contains questions involving lifelike three-dimensional (3D) models that can be manipulated, zoomed in and out, moved, and rotated. An online tutorial is available, so that candidates can practice interacting with this 3D model before they arrive at the test center.
- **DLOSCE Guide.** The DLOSCE guide is available at [ADA.org/DLOSCE](https://ada.org/DLOSCE)

Who is eligible to take the DLOSCE?

- Eligibility requirements and application procedures mirror those in place for the NBDE.
 - Current Student – CODA Accredited Program
 - A current student in a CODA accredited program is eligible for examination when the dean (or designee) provides confirmation that the student is prepared in all applicable disciplines.
 - Former Student – CODA Accredited Program
 - A former student who has completed courses in preparation for this examination, but is no longer enrolled in the same program is eligible for examination only if admitted or conditionally admitted to another CODA-accredited program in the applicable area of study. Conditionally admitted is defined as admission contingent upon successful completion of this examination. Verification must be in the form of a letter from the dean of the CODA-accredited program.
 - Dentist – Graduate of CODA Accredited Program
 - A dentist who is an active, life, or retired member of the American Dental Association at the time of application is eligible for examination without further documentation.
 - An affiliate member or nonmember must submit a copy of their diploma or provide other appropriate verification of their degree.

Who is eligible to take the DLOSCE?

Candidates trained in programs NOT accredited by CODA

– General Provisions

- ALL candidates from **non-accredited dental programs** must have their educational degree confirmed through Educational Credential Evaluators Inc. (ECE). ECE prepares reports providing confirmation of candidate educational degrees earned in other countries.

– Current Student – Non-CODA-Accredited Program

- A current student attending a non-CODA-accredited program must adhere to the General Provisions indicated above. Additionally, these students must have their status confirmed by their educational program, through the completion of the Certification of Eligibility form. Completed certification forms must be sent by the educational program and must include both the seal of the university and the signature of the dean or registrar.

– Dentist – Graduate of a Non-CODA-Accredited Program

- Candidates in this category must adhere to the General Provisions indicated above.

DLOSCE Fees

- In light of COVID-19, the JCNDE is offering the DLOSCE for a lower fee in 2020, to help students caught in a challenging circumstance.
 - 2020 Fee: \$800
 - 2021 Fee: \$1,650

| FEE TYPE | DESCRIPTION | FEE AMOUNT |
|---|---|---|
| DLOSCE Fee | This fee includes official results reporting to the candidates and the dean of an accredited dental school. Reports are delivered electronically to dental schools through the DTS Hub. | \$800* * due to COVID-19, fee applies to 2020 applications only. The standard DLOSCE fee is \$1,650. |
| Processing Fee for International Candidates | This processing fee applies to candidates who are students or graduates of a dental school not in the United States or Canada. | \$210 |
| Results Report Fee (optional) | This fee covers a single results report for a recipient NOT selected at the time of application. | \$45 per report |
| Results Audit Fee (optional) | DTS is willing to audit a candidate's results if the request is received within 30 days of the reporting date on the official results report. | \$65 |

DLOSCE Administration

- The DLOSCE is a computer-based test that is administered at select Prometric Test Centers throughout the US.
 - Test centers are currently limited, with preference given to states that have accepted the DLOSCE. Many students will need to travel.
 - DTS will post and update the list of available sites. Candidates should review this list before applying.
 - DTS continues to work with Prometric to improve site availability.
- 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 |

DLOSCE Administration Dates and Retesting Policy

- The DLOSCE is administered in testing windows, with availability for 2020 as follows:
 - **June 15 – July 17, 2020**
 - November 9 – 27, 2020
- The DLOSCE retest policy is as follows:
 - Candidates will be permitted to test once per testing window.
 - Candidates who have not passed the examination within five attempts or five years from their first attempt are limited to one examination attempt per 12-month period.
 - Candidates who have passed the DLOSCE may not retake the examination unless required by a dental board or relevant regulatory agency.

Results Reporting

- The DLOSCE is a criterion-referenced examination, with the minimum passing score determined by subject matter experts through rigorous standard-setting activities.
- DLOSCE results are reported as either “pass” or “fail.” The status of “pass” is reported for candidates who achieve a scale score of 75 or higher. The status of “fail” is reported for candidates who achieve a scale score below 75. Scale scores are only reported to candidates who fail.
- DLOSCE results will be reported to candidates approximately four to five weeks after the close of the administration window.
- Candidates’ Pass/Fail status will be reported to schools through the DTS Hub. Schools will receive periodic reports that describe how their students perform on the examination, relative to students from other schools.

Additional Information

- DLOSCE webinars:
 - Dental Boards – April 22, 2020
 - Dental Students – May 19, 2020 4:00pm (Central)
 - Dental Educators – May 21, 2020 4:00pm (Central)
 - Dental Societies – TBD
- General DLOSCE questions (e.g., DLOSCE candidates)
 - dlosce@ada.org
- Updates on the DLOSCE are made available on the DLOSCE website:
 - ADA.org/DLOSCE
- The JCNDE and its DLOSCE Steering Committee will continue to provide updates to communities of interest.

Q & A



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William F. Robinson, DDS
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David M. Waldschmidt, Ph.D.
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Thank you!