NEVADA STATE BOARD of DENTAL EXAMINERS

Board Teleconference Meeting

Tuesday, October 20, 2020

6:00 p.m.

PUBLIC BOOK

Agenda Item (4)(a)(1)

Draft Minutes
Board Meeting - 09/15/2020

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PUBLIC MEETING NOTICE & BOARD MEETING AMENDED AGENDA

Meeting Date & Time

Tuesday, September 15, 2020
6:00 p.m.

This meeting was held exclusively through teleconference means, in accordance with Emergency Directives issued by Governor Sisolak

DRAFT MINUTES

PUBLIC NOTICE:

***** This meeting will be held via TELECONFERENCE ONLY, pursuant to Section 1 of the DECLARATION OF EMERGENCY DIRECTIVE 006 ("DIRECTIVE 006") issued by the State of Nevada Executive Department and as extended by Directives 016, 018, 021, 026, and 029. There will be no physical location for this meeting*****

Public Comment by pre-submitted email/written form, only, is available after roll call (beginning of meeting); **Live Public Comment by teleconference** is available prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Pursuant to Section 2 of Directive 006, members of the public may participate in the meeting by submitting public comment in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov.** Written submissions received by the Board on or before **Monday, September 14, 2020 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. *See* NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. *See* NRS 233B.126.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

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1. Call to Order

- Roll call/Quorum

Board Member Moore called the meeting to order at approximately 6:08 p.m. and Mr. DiMaggio conducted the following roll call:

Dr. D. Kevin Moore (President)----------PRESENT	Dr. Ronald Lemon ----------PRESENT
Dr. David Lee (Secretary-Treasurer) ----PRESENT	Dr. Ronald West ----------PRESENT
Dr. Elizabeth Park ---------- PRESENT	Ms. Caryn Solie ---------- PRESENT
W. Todd Thompson ---------- PRESENT	Ms. Gabrielle Cioffi ---------- PRESENT
Mrs. Jana McIntyre ----------PRESENT	

Executive Staff Present: Phil Su, General Counsel; Frank DiMaggio, Executive Director.

2. Public Comment (By pre-submitted email/written form): The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Monday, September 14, 2020 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

Mr. DiMaggio read public comment that was received prior to the Board meeting, into the record.

***3. President's Report**: (For Possible Action)

(a) Request to remove agenda item(s) (For Possible Action)

No items were requested to be removed.

(b) Approve Agenda (For Possible Action)

MOTION: Board Member West moved to approve the agenda. Board Member Lemon seconded the motion. All were in favor, motion passed.

***4. Secretary-Treasurer's Report:** (For Possible Action)

***a. Minutes** (For Possible Action)

(1) Board Meeting – 07/14/2020
(2) Employment Committee Meeting – 7/21/2020
(3) Board Meeting – 7/21/2020
(4) Employment Committee Meeting – 7/28/2020
(5) Board Meeting – 7/28/2020
(6) Anesthesia Committee & Anesthesia Sub-Committee Meeting – 7/29/2020

(7) Employment Committee Meeting – 8/4/2020
(8) Board Meeting – 08/04/2020
(9) Disciplinary Committee Meeting – 8/11/2020
(10) Legislative, Legal, and Dental Practice Committee Meeting – 8/13/2020

Board Member Lee stated that all board members should have had the opportunity to review the draft minutes and inquired if there were any amendments or changes to be made.

MOTION: Board Member Thompson moved to approve the minutes. Board Member Lemon seconded the motion. All were in favor, motion passed.

***5. General Counsel's Report:** (For Possible Action)

***a. Discussion and consideration of Disciplinary Committee's recommendation to approve Stipulation Agreements, and possible approval/rejection of said stipulation agreements** – NRS 622 (For Possible Action)

(1) Kerry Davis, DDS

Mr. Su noted that Dr. Kerry Davis and Ms. Katherine Gordon were both present. Mr. Su gave a brief overview of the stipulation agreement and the proposed provisions. Board Member Park made some inquiries regarding patients and prescriptions prescribed. Mr. Su noted that the CE requirements were as written prior in 2019, which was prior to COVID-19. He added that in lieu of requiring live CE's be completed, that the Board was allowing for the CE's to be completed by live webinar. There was additional discussion regarding concerns that Dr. Davis had with finding live webinar courses regarding record keeping, and inquired if the Board would permit him to complete a home study course. Board Member Moore stated that suggested that because Dr. Davis appeared to not be able to find a course for 4 hours in record keeping, that perhaps the Board could permit for him to complete a home study course.

MOTION: Board Member Thompson moved to adopt the stipulation agreement, with the requirement of eight (8) hours of prescription substance abuse, misuse be live webinar and the four (4) hours in record keeping be completed by home study. Mr. Su noted that only half of the CE hours were required to be live instruction and the other half may be home study. He clarified that the pursuant to regulation, fifty percent of the CE courses were permitted to be completed online via home study and fifty percent were required to be live instruction. There was some discussion between the Mr. Su, the Board and Dr. Davis regarding the same. Board Member Thompson accepted to amend his motion to include allowing that for all four hours of the record keeping course may be done online via home study. Board Member West seconded the amended motion. All were in favor, motion passed.

(2) Phillip Devore, DDS

Mr. Su noted that Dr. Devore and his counsel, Ms. Bridget Kelly were present. Mr. Su gave a brief overview of the stipulation agreement and the provisions set forth. Mr. Su stated that Dr. Devore had already completed four of the nine hours of CE's required, which were approved by the previous Executive Director. He noted that the previous Executive Director had given a verbal approval of an additional course, which Dr. Devore had not yet taken. Ms. Kelly clarified that they were in a situation where Dr. Devore had written approval from the previous Executive Director to

take a course that he has not yet taken, and that he had verbal approval to complete another live course, which he has already taken. Ms. Kelly and Dr. Devore were hopeful that the Board would honor verbal approval and the written approval of courses.

MOTION: Board Member Thompson moved to adopt the stipulation agreement with the approved courses, whether approved written or verbally. Board Member West seconded the motion. Discussion: Board Member Moore noted that the documents provided to the Board in their board books show that Dr. Devore has already completed 8 hours already. Mr. Su noted that Dr. Davis would be completing a total of 12 hours per the stipulation agreement. No further discussion. All were in favor, motion passed.

***6. New Business:** (For Possible Action)

***a. Request for reimbursement to Kevin Moore, DDS, for amounts paid to FabianVanCott, attorneys at law, for legal services rendered from December 12,2019 through January 13, 2020 (Board Policy regarding Payment of Fees of Personal Counsel – 2/22/19)**
(For Possible Action)

Board Member Moore stated for the record that he would not be voting on this matter. Mr. Su stated that this was a request for the potential reimbursement of legal fees that Board Member Moore incurred from December 12, 2019 through January 13, 2020. Mr. Su gave the history of the transition that the Board went through upon the resignation of many board members and the previous General Counsel and Executive Director tendered their resignations (sic terminated without cause/PS) but they had not been ratified by any board, because there was not a board to ratify them. His understanding was that the assigned DAG was not able to be reached or to be of assistance because she was in the process of negotiating the exits of the two Board executives. He noted that with help from the services of Brad Slighting, who at that time was not yet interim General Counsel, he would not accept that employment until mid-January, after the bills were incurred. Mr. Su went over the bills submitted to the Board. Mr. Su referred to the Board's policy regarding reimbursement of legal fees, and gave the background to the creation of the policy. He read the third paragraph from the policy into the record. Board Member Lee stated that he was present when this all occurred, and that the purpose that Board Member Moore hired the outside counsel was because Mr. Slighting was an Employment Specialist because at the time the Executive Director and Board Counsel were in a termination limbo, therefore, they could not consult with the Board's General Counsel. Board Member Moore stated that the previous Executive Director and General Counsel were terminated at a public Board of Examiners meeting in front of the Governor. Board Member Lee stated that there were questions regarding their termination and therefore they felt it necessary to seek outside counsel since they were not getting any assistance from the DAG's office. Board Member Lee discussed the fees listed on the memo. He stated that Board Member Moore retained outside counsel to assist the Board, and not for personal purposes. Board Member Lee suggested that the Board not reimburse the discounted amount, but rather the full amount paid by Board Member Moore. Board Member Lee stated that Board Member Moore shouldn't have to incur such a cost from his personal account, when it was for purposes of the Board.

MOTION: Board Member Lee moved to approve to reimburse the full amount rather than the discounted rate. Board Member Park inquired how many billable hours were on the original bill. Mr. Su responded that there were 28.6 hours. Board Member Park stated that the hours reflected on the bill were not reflective of all the hours Mr. Slighting actually worked. She thanked Board Member Moore for stepping up in his leadership and Mr. Slighting for volunteering his time. She concurred with Board Member Lee's motion to reimburse Board Member Moore the full amount. Board Member Park seconded the motion. Discussion: Board Member West stated that when Mr.

Slighting was interim counsel, his work blended in from the time before he was hired by the Board and from when he was retained by Board Member Moore. Board Member Thompson agreed that Board Member Moore should be reimbursed, that no board member should have to incur such a personal expense when they were trying to assist the Board. Board Member Cioffi agreed with Board Member Lee that Board Member Moore should be reimbursed, and noted that there were scenarios where the Board had to contract with outside counsel. She stated that this was clearly for the work of the Board that needed to be done and fully supported fully reimbursing Board Member Moore. Board Member Lee he noted that it was his suggestion that Board Member Moore request to be reimbursed since no board member should have to incur such costs. Mr. Su affirmed the comment by Board Member Lee. He noted that Mr. DiMaggio pointed out that Board Member Moore paid $6,697.50 in legal fees. Board Member Lee reiterated his motion to reimburse Board Member Moore the full amount of $6, 697.50. Board Member Park seconded to the motion. Board Member Lee called for discussion. Board Member Solie asked if Ms. Bordelove was not responding, did they at least notify the AG's office so that they could retain outside counsel. Board Member Lee stated that the AG's office was notified. Board Member Park stated that she actually went above Ms. Bordelove's and contacted her superior to try and get Ms. Bordelove to respond to the Board. Board Member Moore stated that Ms. Bordelove was approached by Board Member Cioffi and received a response, Board Member Lee then asked the same group of questions and he followed up with the same set of questions to Ms. Bordelove. He noted that it wasn't that Ms. Bordelove did not respond, but rather she would not directly answer the questions that they had. He noted that Mr. Su was privy to those emails, and that he could discuss them privately with Board Members. Board Member Moore stated that they attempted multiple times to contact Ms. Bordelove, at one point he even went to the AG's office and sat for four hours and was finally able to speak to AG Ford. Board Member Lee called for the vote. All were in favor, motion passed; Board Member Moore abstained.

***b. <u>Discussion and consideration of possible Board members appointments to perform the duties of Preliminary Screening Consultant on an interim basis and the rate of pay for the performance of such duties – NRS 631.180 and 631.190</u>** (For Possible Action)

Mr. DiMaggio stated that this item was to consider appointing Board Members to act as the Preliminary Screening Consultants on an interim basis. He noted that thought the board approved the position, but they have yet to receive any applications since posting the job opportunity notice to the Board's website. Mr. DiMaggio gave a brief outline of what the duties for the position would be and the pay rate.

MOTION: Board Member Lee motioned to approve that Board Members can perform the duties of the Preliminary Screening Consultants on an interim basis. Board Member West seconded the motion. Discussion: Board Member Lemon stated that he was concerned with the public perception. He clarified that he was concerned with the Board appointing one another for a paid board position, and that this may have a bad perception with the general public. Board Member Lemon suggested posting the position to additional sites aside from the Board's website. Board Member Thompson stated that he had similar concerns as Board Member Lemon, and the perception is his main reason why he hesitates to moving forward with the Board Members temporarily reviewing the complaints. Board Member Lee stated that it was the DSO's that were in question and referred the Board to NRS 631.190(2), which he read into the record. Additional discussion ensued regarding the previous use of DSO's and some of the concerns addressed in the Legislative audit, and that if the board members were to be temporarily assigned this task, they would all be rotated so that they would not be getting preferential treatment or have the appearance of preferential treatment.

It was noted that there was currently a backlog of complaints and that they needed to help the process move forward. Board Member Moore stated that this position was to distill information already gathered, provide a summary and opinion of the information obtained, and that there was no requirement to go to the offices or contact anyone. There was discussion regarding the approximate number of cases that were backlogged, and Board Member Park inquired if any complaints were COVID-19 related. Mr. Su there were some complaints that COVID-19 related. There was additional discussion regarding the Board serving as temporary preliminary screening consultants. Board Member West concurred with Board Member Thompson that the board was working hard to try and appear more correct than their predecessors. Mr. Su stated that NRS 631.180 limits the salary of Board members, and stated that it was something the Board could consider, as far as paying board members a reduced rate. Board Member Lee amended his motion to pay board members the max amount of $150 per case reviewed. Board Member Park seconded the amended motion. All were in favor, motion passed. Board Member Lemon opposed.

***c. Discussion, consideration, and possible approval of the Board's delegation of authority to the Executive Director to appoint Board members to perform duties of the Preliminary Screening Consultant on an interim basis – NRS 631.190** (For Possible Action)

Board Member Moore stated that this would grant the Executive Director the authority to rotate the selection of Board Members to review pending cases.

MOTION: Board Member Lee made the motion to approve to delegate the authority to the Executive Director to appoint Board Members to perform the duties of the Preliminary Screening Consultant on an interim basis. Board Member West seconded the motion. All were in favor, motion passed. Board Member Lemon abstained from the motion.

***d. Contracts** – NRS 631.190 (For Possible Action)

***(1) Discussion, consideration, and possible approval/rejection of Legislative, Legal, and Dental Practice Committee's recommendation of Legislative Representative** (For Possible Action)

(a) Lewis Roca – Alfred Alonso

Board Member Moore stated that Mr. Alonso came with high recommendations, and noted that the firm came with the most connections. He added that Mr. Alonso was vetted through the Legislative, Legal, and Dental Practice Committee. Mr. Alonso was present and presented himself to the Board, and gave a brief introductory speech to the Board and how he hopes to help the make Board make strides in the right direction.

MOTION: Board Member Lee made the motion to approve Lewis Roca – Mr. Alfredo Alonso – as the lobbyist. Board Member West seconded the motion. All were in favor, motion seconded.

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***e. Discussion, consideration, and possible approval of Legislative, Legal, and Dental Practice Committee's recommendation to approve granting authority to the Board's Secretary/Treasurer to execute and approve contract for legislative services** (For Possible Action)

Mr. DiMaggio stated that this would grant the Secretary/Treasurer to execute and approve the contract, which would expedite the process in lieu of having to bring the contract back to the full board for review and approval. He noted that the contract does have to be approved by the Board of Examiners and the importance of expediting the process was because the legislative session would be starting soon, and they need to have the legislative representative started immediately. He stated that should the board approve this delegation, then he could draft the contract sooner than later and get the process started.

MOTION: Board Member Moore moved to accept the recommendation to authorize the Board's Secretary/Treasurer to approve the contract for Legislative services. Board Member West seconded the motion. Discussion: Board Member Thompson asked if the fees were representative to fees paid in previous years. Board Member Lee stated that of the five lobbyists reviewed by the Committee, was one of the lowest. Mr. Su stated that the board was previously paying approximately $3.600 a month. Board Member Lemon inquired if the method of doing business was vetted by the AG's office. Mr. Su stated that by outsourcing it to an experienced lobbyist, it would avoid them having to consider hiring an employee to do this work when this work is not needed every year, but only when there is a legislative session. Mr. DiMaggio stated that the DAG would have to sign off on the contract further down the process. Mr. Su noted that they did review all candidates being considered to serve as the Board's lobbyist to ensure that they were not representing other entities that would have colliding interests with the Board.

***f. Approval/Rejection of Anesthesia-Temporary Permit** – NAC 631.2254 (For Possible Action)

(1) General Anesthesia (For Possible Action)

(a) Jordan M Swarbrick, DDS
(b) Kevin M Nowins, DMD
(c) Christopher Chan, DDS, MD

Board Member Moore stated that he had reviewed the application, all met the criteria for a permit, and that he recommended approval.

MOTION: Board Member Thompson made the motion to approve. Board Member West seconded the motion. All were in favor, motion passed.

(2) Moderate Sedation (pediatric specialty) (For Possible Action)

(a) Audrey H Nghiem, DDS
(b) Weston J. Milne, DMD
(c) Jacqueline A. Alford, DMD

Board Member noted that there is a site evaluation done, but in order to do that, the applicant being evaluated must have a permit to administer, which is why the Board issues a temporary permit.

MOTION: Board Member Lemon made the motion to approve. Board Member Park seconded the motion. All were in favor, motion passed.

***g. Approval/Rejection of Anesthesia – Permanent Permit** – NAC 631.2235(2) (For Possible Action)

(1) General Anesthesia (For Possible Action)

(a) Gary H Wilcox Jr., DMD

Board Member Moore stated that the site evaluations had been completed and recommended approval of a permanent permit for Dr. Wilcox.

MOTION: Board Member Thompson made the motion to approve the permanent permit for Dr. Wilcox. Board Member West seconded the motion. All were in favor, motion passed.

(2) Moderate Sedation (patients 13years of age & older) (For Possible Action)

(a) Jong M Um, DDS
(b) Kostika Polena, DMD

Board Member Moore stated that the site evaluations had been completed and recommended approval of a permanent permit for Dr. Um and Dr. Polena.

MOTION: Board Member Thompson made the motion to approve the permanent permit for Dr. Um and Dr. Polena. Board Member Lemon seconded the motion. All were in favor, motion passed.

***h. Discussion, consideration, and possible approval/rejection, of the Continuing Education Committee's recommendation to deny the retroactive approval requested by the Pacific Training Institute for Facial Aesthetics for their Level 1, 2, & 4 (total 72-unit program) approved by the Board on April 30, 2020** (For Possible Action)

Board Member Lemon stated that the issue was broader than just this one course, as it was regarding a request for retro-active approval in general. He stated that this would set a precedent for retro-active approval for course credits if they approved this one course. He noted that the Board did approve the course, but they did not approve the candidates that completed the course prior to the approval date. He questions if the Board wanted to set a precedent for other courses if they did approve the course retro-active approval. Board Member Moore explained to the Board that the situation was that the company requested for approval of their course, which was approved by the board; however, he stated that PTIFA was now asking for retroactive approval for anyone that took the course well before the course was approved by the board. Board Member West commented that if someone spent the time and money to take a course that was not approved by Nevada, then he would agree with Board Member Lemon to not set a precedent. Board Member Solie stated that she agreed that the course may not have been the same parameters that they were teaching prior to their approval, and agreed that the Board should not set a precedent.

MOTION: Board Member Lee made the motion to deny the request for retroactive approval. Board Member West seconded the motion. All were in favor, motion passed.

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***i. Discussion and consideration of the Continuing Education Committee's recommendation for approval of the temporary approval and acceptance of the use of manikins by American Board of Dental Examiners' (ADEX) for the Dental Periodontal Scaling Exercise portion of the ADEX dental exam for dental licensure and for the ADEX dental hygiene clinical examination for dental hygiene licensure if completed during the period of May 1, 2020 through December 31, 2020, and possible approval/rejection of temporary approval and acceptance of such – NRS 631.240 and NRS 631.300** (For Possible Action)

Board Member Lemon gave a brief synopsis of the recommendation being made by the committee regarding the ADEX exam. He noted that the CompeDont tooth that had been developed for manikin testing was one of the better examples of teeth that can test the student's ability. He noted that should the board move to patient-less exams, then the companies would switch their focus to improving the manikins. There was discussion that companies would strive to improve a product if they saw the demand increase to meet the needs by state boards. The companies he referred to were both the CDCA (ADEX) and the WREB. There was discussion regarding the push towards manikin based exams during COVID-19, the restriction of the use of live patients, and how UNLV was now seeing patients during this time. Board Member Lee inquired why then could they not administer patient based exams if the school of dental medicine was currently seeing patients while abiding by extra measure to help mitigate the spread of COVID-19. Lengthy discussion ensued regarding the clinical exams being patient based and manikin based, and concerns that board members have with students completing a manikin based exam. Board Member Lemon challenged the Board to be bold and change direction and move towards a patient-less exam. He advocated for the students and the money they spend just to complete their degree and become licensed. Board Member Park stated that the Board does not represent the dental students; they represent the State of Nevada. She added that she had no problem passing this in the interim.

MOTION: Board Member Lee motioned to approve item (i) the temporary approval of the ADEX exam to grant applicants with a temporary license, and upon the state of emergency being lifted, they will need to complete the live patient portion of the clinical exam in order to receive a full unrestricted license. Board Member Lemon strongly disagreed with the issuance of a temporary license based on the fees alone, and questioned if Board Member Lee knew what the fees and costs were to take the exam. He added the burden this would add to the students already dealing with debt. Board Member Lee stated that is was not his problem. Board Member Lemon stated that he could see that Board Member Lee did not care, but that the students were their constituents. Board Member Lee stated that he was only requiring that they complete the clinical portion. He commented that the purpose of the Board was to safety of the public not for dental students. Board Member West commented that while Board Member Lemon was an amazing advocate, the dental students chose to take on the debt when they signed up for dental school, and they chose the path they are on. Board Member West stated that he was in agreement with Board Member Lee, where they give the students a temporary license but they will have to go back to complete the clinical portion of the exam that is live patient based. Board Member Lee stated that the fees for completing the manikin based exams should be less than what they pay for the live patient based exam portion. Board Member West seconded the motion. Dr. Moore asked Mr. Su if there was a motion on the table. Board Member Lee reiterated his motion for temporary approval, through December 31, 2020, for acceptance of non-patient based ADEX exam for a temporary license until the vaccine goes away or ADEX can give a patient-based clinical exam portion. Dr. Moore inquired if ADEX were able

to bring their Compedont examination up to the level of non-patient based exam as referred by Dr. Lemon, is there a time frame that the temporary license would be good for, or would the board need to reevaluate that. Mr. Su stated that they would have to reopen up the agenda item to change the December date. Mr. Su also noted that Dr. Lee's motion did not specify how long the temporary license would be in force. Mr. DiMaggio noted that the prior temporary license authorized by the Board would be effective through 90 days after the Governor declares an end to the pandemic. Board Member Lee so amended his motion. Board Member West seconded the amended motion. Ms. Solie requested that motion on table be repeated. Mr. Su stated that the motion was to temporarily approve and accept the use of manikins by ADEX for the dental hygiene and dental periodontal scaling portion of ADEX if completed from May 1, 2020 through December 31, 2020, with a temporary license until the Governor declares an end to COVID-19 pandemic, or otherwise lift restrictions that are currently in place. Upon that occurring, licensees will have to complete a patient based clinical examination. All were in favor, motion passed.

***j. Discussion and consideration of the Continuing Education Committee's recommendation for approval of the temporary approval and acceptance of the restorative procedures in the American Board of Dental Examiners' (ADEX) exam for dental licensure to be completed on either a live patient or the CompeDont tooth during the period of May 1, 2020 through December 31, 2020, and possible approval/rejection of temporary approval and acceptance of such – NRS 631.240** (For Possible Action)

MOTION: Board Member Park made the motion to temporarily approve and accept the ADEX restorative procedures in the ADEX exam for dental licensure to be completed on the CompeDont tooth if taken May 1, 2020 through December 31, 2020, which will grant applicants with a temporary license until the Governor declares an end to COVID-19 pandemic, or otherwise lift restrictions that are currently in place. Upon that occurring, licensees will have to complete a patient based clinical examination. Board Member West seconded the motion. All were in favor, motion passed.

Board Member Moore wanted it clarified that if applicants were to take the live patient exam initially, that they would be granted a full unrestricted license. Mr. Su responded affirmatively.

***k Review, discussion, and consideration of updates to CDC Guidance for Dental Settings, and possible approval/rejection of the same** – NAC 631.178 (For Possible Action)

(1) August 4, 2020 CDC Update
(2) August 28, 2020 CDC Update

Board Member Moore stated that he would like a motion to forward this item to the IC Committee.

MOTION: Board Member Lee made the motion to have the IC committee review the August CDC guidelines for further guidance. Board Member McIntyre seconded the motion. All were in favor, motion passed.

Board Member Park commented to those listening to the meeting, that if they have questions regarding these updates that the CDC authors' have an email address where they are welcome to use to ask for clarification, which is a direct resource for licensees. Board Member Moore asked Mr. DiMaggio to post to the Board's website the email that Board Member Park was referring to by the next morning. Board Member called for the motion again. All were in favor, motion passed.

7. **Public Comment (live public comment by teleconference):** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

   Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov, or by mailing/faxing written messages to the Board office. Written submissions should be received by the Board on or before **Monday, September 14, 2020 by 4:00 p.m.** in order to make copies available to members and the public.

   In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

Natalia Hill was called upon to submit her comment, but no comment was given.

Dr. Bill Pappas commented that while he appreciated the Board approving the ADEX exam on a temporary basis, he agreed with the sentiments of Board Member Lemon. He stated that the ADEX CompeDont exam is administered in exactly the same way the patient exam is administered, and that the examinees would have to pay for an entirely new examination when they take the patient based exam because the costs incurred by the testing agencies are the same. Dr. Pappas opined that the board might have done something they had not intended to do and asked the Board to give the decision serious consideration. He noted that the Compedont was not created due to COVID-19, but had been in development for over three years at an expense of over $600,000. Their simulated patient examination committee had just met and made new improvements, and they were committed to the CompeDont exam. He noted that they were not forcing any state to utilize the new examination, but that there is a wave of approvals for the exam. For example, Connecticut has already outlawed patient-based exams for 2021. He again asked for reconsideration of the decision as it did not appear to be something the board intended to do. He went onto to discuss the patient based exam and the CompeDont variances and similarities. He thanked the Board for their time and hoped that the Board would revisit the matter. Board Member Moore stated to Dr. Pappas that he was going to have Mr. DiMaggio send him a link for the CDCA's review.

Telephone number ending in 6077 was called upon to comment, but no comment was made.

Mark Christensen with WREB commented that while WREB was not part of the discussion, he noted that the exams are a work in progress and they continue to be developed and improved. He agreed with the sentiments of Board Member Lemon. He added that in 2021 they will be introducing manikin based simulations for dental hygiene, as well as variable components for scaling and root planing. He offered to give a presentation, if the Board would like them to. He stated that WREB would be very supportive in providing information that may be helpful.

Telephone number ending in 6077 was called upon again to comment, but no comment was made.

8. Announcements

There were no announcements.

***9. Adjournment** (For Possible Action)

Board Member Moore called for a motion to adjourn.

MOTION: Board Member Lee made the motion to adjourn the meeting at approximately 8:26 p.m. Motion seconded by Board Member Thompson. All were in favor of the motion, motion passed.

Respectfully submitted:

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Frank DiMaggio, Executive Director

Memorandum

Temporary License

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MEMORANDUM

To: All Dentist and Dental Hygienist Licensees and Licensure Applicants
From: Nevada State Board of Dental Examiners
Re: Suspension of Certain Licensure Provisions Pursuant to the Governor's Declaration of Emergency Directive 011
Date: July 14, 2020

On March 12, 2020, Nevada Governor Steve Sisolak issued Declaration of Emergency for COVID-19 declaring a state of emergency in the state of Nevada related to the COVID-19 pandemic and directing all state agencies to supplement the efforts to save lives, protect property, and protect the health and safety of persons in this state. This was followed by many other declaration of emergency directives from the Governor, some of which affected dental health professionals and their patients.

Therefore, in response to, and under the authority of, the Governor's Declaration of Emergency Directive 011, the Nevada State Board of Dental Examiners ("the Board") announces and adopts the following changes to the relevant statutes and administrative regulations, which will be in effect for the duration of the declared state of emergency:

1. NRS 631.240(1)(b)(1) and (2) - The requirements for licensure by examination shall be amended to allow dentist applicants who are graduates of the class of 2020 and who have not completed the clinical examination requirements of section (1)(b)(1) or section (1)(b)(2) to apply for a temporary dentist license. Temporary dentist licenses shall be issued at the discretion of the Board pursuant to the provisions of NRS 631.220 and NAC 631.050 under the following conditions:
    a. All other licensure requirements of NRS 631.230 and 631.240 shall have been met in order to be considered for a temporary dentist license;
    b. Temporary dentist license holders shall only practice under the direct supervision of a currently Nevada licensed dentist with no less than five years experience as a licensed dentist; and
    c. All temporary dentist licenses, regardless of the date of issue, shall expire ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19, at which time a clinical examination must have been successfully completed in order for a temporary dentist license to be converted to a full dentist license.
    d. Any provision of NAC 631.090 in conflict with the above provisions relating to temporary dentist license are hereby temporarily suspended until ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19.

2. NRS 631.300(1)(b)(1) and (2) - The requirements for licensure by examination shall be amended to allow dental hygienist applicants who are graduates of the class of 2020 and who have not completed the clinical examination requirements of section (1)(b)(1) or section (1)(b)(2) to apply for a temporary dental hygienist license. Temporary dental hygienist licenses shall be issued at the discretion of the Board pursuant to the provisions of NRS 631.220 and NAC 631.050 under the following conditions:
    a. All other licensure requirements of NRS 631.290 and 631.300 shall have been met in order to be considered for a temporary dental hygienist license;
    b. Temporary dental hygienist license holders shall only practice under the direct supervision of a currently Nevada licensed dentist with no less than five years experience as a licensed dentist; and
    c. All temporary dental hygienist licenses, regardless of the date of issue, shall expire ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19, at which time a clinical examination must have been successfully completed in order for a temporary dental hygienist license to be converted to a full dental hygienist license.

D. Kevin Moore, DDS
President
Nevada State Board of Dental Examiners
Dated: July 14, 2020

David Lee, DMD
Secretary/Treasurer
Nevada State Board of Dental Examiners
Dated: July 14, 2020

Memorandum

Unrestricted Temporary License

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MEMORANDUM

To: All Dentist and Dental Hygienist Licensees and Licensure Applicants
From: Nevada State Board of Dental Examiners
Re: Temporary Approval and Acceptance of Use of Manakins by American Board of Dental Examiners (ADEX) for Temporary Unrestricted License
Date: September 18, 2020

At its September 15, 2020 Board Meeting, the Nevada State Board of Dental Examiners (NSBDE) considered recommendations from its Continuing Education Committee to temporarily approve and accept use of:

1) manakins for the Dental Periodontal Scaling Exercise portion of the American Board of Dental Examiners ("ADEX") dental exam and for the ADEX dental hygiene clinical examination (NRS 631.240 & NRS 631.300); and

2) the CompeDont tooth for restorative procedures tested by the ADEX for dental licensure (NRS 631.240).

The NSBDE voted to accept the recommendations and approve use of those clinical alternatives by awarding temporary unrestricted dentist licenses and temporary unrestricted dental hygienist licenses (collectively, "temporary unrestricted licenses") to applicants who submit passing ADEX manakin/CompeDont clinical exam results, *if the examinations are completed during the period from May 1, 2020 through December 31, 2020*.

Therefore, pursuant to powers set forth under NRS 631.240 and NRS 631.300, the NSBDE will issue temporary unrestricted licenses upon a properly completed application and submission of proof of successful completion of non-patient ADEX clinical examination.

a. All temporary unrestricted licenses shall expire ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19, at which time a patient-based clinical examination must be successfully completed in order for a temporary unrestricted license to be converted to a full license.

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b. Any provision of NAC 631.090 in conflict with the above provisions relating to temporary unrestricted licenses are hereby temporarily suspended until ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19.

D. Kevin Moore, DDS
President
Nevada State Board of Dental Examiners
Dated: September 18, 2020

Memorandum
Extended Date for Temporary Unrestricted Licenses signed by ADEX

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MEMORANDUM

To: All Dentist and Dental Hygienist Licensees and Licensure Applicants
From: Nevada State Board of Dental Examiners
Re: Extension of Time for Temporary Approval and Acceptance of Use of Manakins by American Board of Dental Examiners (ADEX) for Temporary Unrestricted License
Date: October 15, 2020

At its October 8, 2020 Board Meeting, the Nevada State Board of Dental Examiners (NSBDE) voted to extend, by six months, the period during which it will accept successful manakin-based and CompeDont tooth-based ADEX examination results by awarding temporary unrestricted dentist licenses and temporary unrestricted dental hygienist licenses. Pursuant to the Board's vote the manakin-based and CompeDont tooth-based examinations will be accepted for consideration *if the examinations are completed during the period from May 1, 2020 through* ***June 30, 2021***.

All other provisions set forth in the prior September 18, 2020 memorandum regarding temporary unrestricted licenses remain in effect as set forth in that prior memorandum.

D. Kevin Moore, DDS
President
Nevada State Board of Dental Examiners
Dated: October 13, 2020

Memorandum
Temporary Unrestricted Licenses signed by WREB
(Dental)

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MEMORANDUM

To: All Dentist Licensees and Licensure Applicants
From: Nevada State Board of Dental Examiners
Re: Temporary Approval and Acceptance of Use of Manakins by Western Regional Examining Board (WREB) for Temporary Unrestricted Dental License
Date: October 15, 2020

At its October 8, 2020 Board Meeting, the Nevada State Board of Dental Examiners (NSBDE) considered recommendations from its Continuing Education Committee to temporarily approve and accept use of manakins for the Dental Periodontal Scaling Exercise portion of the Western Regional Examining Board ("WREB") dental exam (NRS 631.240)[1].

The NSBDE voted to accept the recommendations and approve use of those clinical alternatives by awarding a temporary unrestricted dentist license to dentist applicants who submit passing WREB manakin-based dental clinical exam results, if the examinations are completed during the period from May 1, 2020 through June 30, 2021.

Therefore, pursuant to powers set forth under NRS 631.240 and NRS 631.300, the NSBDE will issue temporary unrestricted licenses upon a properly completed application and submission of proof of successful completion of non-patient WREB dental clinical examination.

All temporary unrestricted licenses shall expire ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19, at which time a patient-based clinical examination must be successfully completed in order for a temporary unrestricted license to be converted to a full license.

Any provision of NAC 631.090 in conflict with the above provisions relating to temporary unrestricted licenses are hereby temporarily suspended until ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19.

D. Kevin Moore, DDS
President
Nevada State Board of Dental Examiners
Dated: October 15, 2020

[1] The 10/8/20 board agenda did not include consideration of the CE committee's recommendation to accept the WREB's Objective Structured Clinical Examination (OSCE) for Dental Hygiene, which will be considered at a future board meeting.

Agenda Item (6)(a)

WREB - OSCE Exam
Dental Hygiene

WREB Dental Hygiene Licensing Examination COVID-19 Options for 2020

The following are options state boards could consider in response to COVID-19:

Dental Hygiene Clinical Examination (patient-based)

WREB's standard dental hygiene examination includes the following components:

- Patient Qualification
- Extraoral/Intraoral Examination
- Calculus detection and removal
- Tissue Management
- Periodontal Assessment
- Professional judgment

Many Candidates are still faced with completing educational requirements and CODA has approved alternative methods to have students complete their didactic and clinical requirements. The COVID-19 pandemic has touched everyone; however, some dental hygiene programs are seeing more restrictive state policies being implemented than similar programs in other states. Because of these inconsistencies, the time period for completion of dental hygiene requirements will vary by state; some programs are being postponed for several weeks and others for several months.

In the interim, and at the request of educators, WREB has rescheduled all Dental Hygiene, Local Anesthesia, and Restorative examinations. Taking a clinical examination is still a viable option, as WREB anticipates Candidates will still want an examination that allows them greater portability than licensure in a single state.

WREB is acutely aware of the risks associated with COVID-19 but is well prepared and capable of adjusting our exam protocol to adhere to national and state regulations without risking the integrity of the exam or the safety of the candidates, patient, and examiners.

Comprehensive Written Dental Hygiene OSCE Component

WREB understands that for many states, the current patient-based clinical examination may not fit the current needs of state boards seeking alternative pathways for dental hygiene licensure. COVID-19 associated risks along with social distancing, impede a student's ability to challenge the traditional, patient-based examination. WREB understands that COVID-19 is creating a crisis for students, for dental hygiene education programs, and even for the profession, and is prepared to serve as a resource for our member state boards and committees during this crisis and provide alternative testing methods while still maintaining the fidelity of our examinations.

WREB is developing a dental hygiene written OSCE that includes dental hygiene components that are essential for safe practice while testing a candidate's knowledge about dental hygiene care. This examination is an accumulation of beta-tested dental hygiene items that have been used in

other WREB examinations and are psychometrically sound. The examination may serve as an alternative to a patient-based examination for licensure. WREB is prepared to administer this examination on site at each school with our own equipment utilizing social distancing protocols Utilizing testing centers will not be necessary.

The process of treating a patient's oral health not only requires good instrumentation skills, but also possessing an aptitude for making correct treatment decisions. Critical thinking skills are important in the assessment of the patient's needs and to accurately develop a care plan that reflects a patient's individualized care. These steps form the foundation for dental hygiene treatment which ultimately leads to healthy outcomes and improvement in health.

The WREB Dental Hygiene OSCE is a multiple-choice written component that assesses these multi-faceted components of dental hygiene care. This is a comprehensive overview of dental hygiene knowledge, radiographic interpretation, AAP staging and grading, extra and intra oral assessment and risk assessment, care plan development, and assessment and treatment of the periodontium. The exam is an avenue to test the skills of an entry-level student, either replacing the current clinical examination or in conjunction with a clinical licensure exam should a state board want an additional assessment examination.

WREB Dental Examination Options Under COVID-19

Option	Exam Type	Description	Availability
WREB Comprehensive Treatment Planning Exam	Written Authentic Simulated Clinical Examination(ASCE)	Constructed response exam requiring students to perform tasks and make decisions with high fidelity to dental practice. For states considering an OSCE examination only as a pathway to licensure WREB's CTP ASCE is a more authentic demonstration of relevant candidate knowledge.	Most candidates completed this exam in the Fall of 2019. For those that have not, they can complete it as soon as Prometric Testing Centers open again. Projected to be May 1, 2020.
Traditional WREB Patient Based Examination	Traditional exam requiring demonstration of skills on a mannikin for Endodontic and Prosthodontics and on a patient for Periodontics and Operative and the written CTP (ASCE) exam.	Although many states require completing two procedures for the Operative section WREB has demonstrated that candidate competency can reliably assessed with 1 patient. For states that require 2 procedures currently they could relax the requirement to require only one procedure.	Depends on the event line of COVID-19; circumstances will vary widely across sites and require willing patients and available volunteers, freedom of air travel, available lodging, etc.
COVID-19 Alternative Performance Based Simulation	Written Authentic Simulated Clinical Examination(ASCE) exam and mannikin based Operative, Endodontics and Prosthodontics sections	Candidate is required to successfully perform both preparation and finish of a conventional Class II restoration on a molar and a Class III restoration on a central incisor. All procedures are performed, like they are for the Endodontics and Prosthodontics sections, in full simulation and with rubber-dam isolation. Results are assessed using established Operative Section criteria. Certain critical errors are preserved, and the passing cut-point remains unchanged.	Can begin as soon as June depending on CDC recommendations, local conditions, etc. Will be administered utilizing appropriate social distancing protocols

WREB Dental Hygiene Examination Options Under COVID-19

Option	Exam Type	Description	Availability
Dental Hygiene Clinical Examination	Patient Based Examination	WREB's standard dental hygiene examination includes the following components: Patient Qualification; Extraoral/Intraoral examination, Calculus detection and removal, Tissue Management, Periodontal Assessment and Professional Judgment.	Depends on the event line of COVID-19; circumstances will vary widely across sites and require willing patients and available volunteers, freedom of air travel, available lodging, etc.
Comprehensive Dental Hygiene OSCE	Written Exam	The WREB Dental Hygiene OSCE is a multiple-choice written component that assesses these multi-faceted components of dental hygiene care. This is a comprehensive overview of dental hygiene knowledge, radiographic interpretation, AAP staging and grading, extra and intra oral assessment and risk assessment, care plan development, and assessment and treatment of the periodontium. The exam is an avenue to test the skills of an entry-level student, either replacing either replacing the current clinical examination or to be administered in conjunction with a clinical licensure exam should a state board want an additional assessment examination.	Can be administered beginning in June of 2020.

Interim Dental Hygiene Comprehensive OSCE for COVID-19

Hello Dental Hygiene Directors and Educators,

Many of you have reached out to WREB requesting information about the WREB Dental Hygiene Objective Structured Clinical Examination (OSCE), and specific content of the examination. WREB is working on finalizing a Candidate Guide that will be available for educators and students.

The WREB OSCE has been developed to address the need for an alternative to the patient-based clinical examination, in response to the COVID-19 pandemic. A Candidate should confirm that the OSCE is a pathway for licensure in the state where they are seeking employment.

This multiple-choice written examination will be administered onsite by WREB personnel at designated dental hygiene schools. Proctoring the examination at a school will allow Candidates to take the examination earlier and also eliminate the burden of having to register and travel to a testing center. Social distancing and infection prevention protocols will be followed in the exam's administration.

The WREB base fee for the examination is $450.00. In addition to the base fee, each school may also assess a school use fee, which may be different site to site. Candidates already registered for the patient-based exam will receive a refund of the difference in fees. If not registered, Candidates will need to email the WREB office (hygieneinfo@wreb.org) to assist them with registration. WREB staff will send notifications via email with details regarding their schools schedule and testing session information.

The exam will be administered in sessions, with the actual examination time scheduled for two hours. Initially, results will not be available onsite. Candidates will generally have access to their results within a few days after completing the examination. **However, the timing for receiving results may be 4-8 weeks longer in the earliest part of the examination season, until a sufficient quantity of data has been collected to confirm the adequacy of equating, which ensures fairness across multiple test forms.** Candidates will receive an email notification that results have been posted to their confidential profile.

CONTENT

The OSCE is comprised of multiple-choice items that include dental hygiene components that are essential for safe practice. The topics tested are based on the protocols and concepts required as educational and performance standards by the American Dental Association, the American Dental Hygiene Association and the Council on Dental Accreditation. A Candidate should be familiar with these principles and be able to demonstrate entry-level competency in identifying common intraoral conditions, as well as the extent and severity of bone loss.

Treating a patient's oral health not only requires good instrumentation skills, but also possessing an aptitude for making correct treatment decisions. Critical thinking skills are important in the assessment of the patient's needs and to accurately develop a care plan that reflects a patient's individualized care. The following categories (including an overview of topics within the categories) reflect the components of dental hygiene care that are important and tested on the examination.

Category
Medical History • Interpretation of medical history and systemic conditions • Systemic conditions (i.e., diabetes, heart)
Risk Assessment • ASA Classifications • Caries • Risk factors
Extraoral and Intraoral Assessment (Images) • Recognition of oral conditions
Periodontal Assessment Periodontal Evaluation • AAP (staging and grading) • Classification of furcation • Clinical attachment loss • Types of gingival diseases Dentition Evaluation • Abscesses • Occlusal trauma Radiographic Interpretation (Images) • Recognition of types of bone loss • Extent of bone loss
Dental Hygiene Care Plan Dental Hygiene Diagnosis • Documentation • Patient recare • Dental hygiene aids • Non-surgical periodontal treatment • Outcomes • Fluoride, fluoride varnish • Local anesthesia • Teeth whitening
Instrumentation • Instrumentation technique • Ultrasonic Instrumentation • Implants • Air and rubber cup polishing
Tissue Management

WREB
A National Dental and Dental Hygiene Testing Agency

WREB Dental Hygiene
Objective Structured Clinical Examination:
COVID-19 Interim Dental Hygiene Examination

Psychometric Overview

July 10, 2020

WREB Dental Hygiene Objective Structured Clinical Examination:
COVID-19 Interim Dental Hygiene Examination
Psychometric Overview

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Psychometric Overview

Introduction

Results from standardized assessments are one source of evidence used by licensing bodies to make decisions about a candidate's readiness for practice. Licensing examinations must be developed and administered in a valid, reliable, and legally defensible manner. The purpose of this report is to provide test users with an overview of descriptive and technical documentation regarding the nature and quality of the WREB Interim Dental Hygiene Examination to support inferences based on examination results.

WREB examinations are developed, administered, and scored in accordance with the *Standards for Educational and Psychological Testing* (AERA, APA, & NCME; 2014) and *Guidance for Clinical Licensure Examinations in Dentistry* (AADB, 2005). An overview and description of activities conducted to evaluate the technical quality of the WREB Interim Dental Hygiene Examination, including psychometric and statistical results of field-testing and initial administration. Details of additional activities and research studies relevant to the interim examination are also maintained and available for review by test users, test takers, and other stakeholders.

Background and Overview of the Interim Examination

The advent of health risks due to the COVID-19 (SARS-CoV-2) virus and the social-distancing directives that have been in place since March of 2020 has put pressure on many state licensing boards to consider temporary alternatives to the traditional patient-based dental examination. Several state licensing boards have requested that WREB propose temporary examination alternatives that could be administered during the COVID-19 crisis.

WREB has been researching and evaluating the validity and viability of alternatives to patient-based assessment for several years. For example, two non-patient-based alternatives to WREB's standard, patient-based Dental Hygiene Examination, 1) a computer-based alternative assessment that can approximate the critical thinking and decisions involved in clinical practices,

and 2) a clinic-based typodont simulation employing custom-designed materials, are currently in development and undergoing review. WREB had not planned to implement any assessment alternative during the 2020 dental hygiene examination season.

WREB's view at this time is that a clinic-based typodont simulation would not be a sufficiently valid and defensible alternative. Even if a simulation with adequate fidelity was available, now, students will not have had ample opportunity to prepare for the new medium. WREB will continue to research and evaluate the viability of a typodont simulation alternative and may offer a dental hygiene simulation option in the future when the validity of a more realistic and involved simulation can be demonstrated.

Given the requests for temporary alternatives due to restrictions and limitations on patient-based examination posed by COVID-19, however, WREB has accelerated the development of a computer-based examination that assesses the appropriate clinical judgments and interpretations required in clinic-based patient treatment. The Interim Dental Hygiene Examination will assess a candidate's ability to make correct treatment decisions and think critically within a clinical context.

WREB maintains the position that a dental hygiene examination that does not include a patient-based evaluation component remains limited with respect to fidelity, which is a critical type of validity evidence. A computer-based examination cannot directly assess the cognitive motor coordination and instrumentation skills required to effectively treat a patient. However, the Interim Dental Hygiene Examination that WREB has developed can evaluate, in a comprehensive and reliable manner, the application and execution of judgments, techniques, and behaviors involved in patient care and promoted in the Standards for Clinical Dental Hygiene Practice (ADHA, 2016). The Interim Dental Hygiene Examination that WREB is offering for 2020 is intended to be a provisional solution for COVID-19 only and is intended neither to replace WREB's standard patient-based Dental Hygiene Examination for states that continue to require it nor to be a final version of other non-patient-based alternative examinations that remain in development.

The Interim Dental Hygiene Examination is a comprehensive, computer-based Objective Structured Clinical Examination (OSCE) format that employs images and radiographs to replicate authentic oral conditions and clinical situations. The test format name, OSCE, was given to station-based examinations used in medical schools in in the 1970s (Harden, Stevenson, Downie, and Wilson, 1975). At the time, the format allowed a standardized assessment of student knowledge at

a time when a) few models of performance-based standardized testing existed and b) the technical capabilities of evaluating human raters (i.e., examiners) was limited by the lack of modern computing. Recent assessments adopting features of the OSCE format (e.g., the American Dental Association's DLOSCE [2020]) do not employ physical stations, but present images and situations exclusively via computer. The word "objective" in the format label refers to the manner of examinee response, which is multiple choice or variations of multiple choice where multiple responses are required. The term "objective" (meant as an opposite of "subjective") is no longer used in this manner in the testing profession, since the fairness and validity of performance-based tests has been demonstrated successfully since the late 1970's. Multiple-choice and other selected-response testing formats can underrepresent content by not assessing skills and abilities that are critical to determining minimal competence in a profession that depends on physical and cognitive motor abilities.

The development of WREB's Dental Hygiene OSCE (DH OSCE) has drawn on decades of experience with creating innovative and reliable computer-based assessments and has transformed clinical situations and presentations into visual stimuli and realistic situations that can, at least, reflect many critical aspects of clinical practice with a high degree of fidelity during this time when patient-based testing may not be possible. The DH OSCE can serve as a temporary replacement for the standard Dental Hygiene Examination while the challenges posed by COVID-19 limit patient-based options.

The following sections will describe several aspects of the DH OSCE, including examination development, dental hygiene content assessed, standard setting, field testing, technical quality, and procedures reflecting the additional precautions required to minimize exposure to the COVID-19 virus.

Examination Development

The DH OSCE examination committee was appointed by the Board of Directors in April of 2020 in response to calls for alternative examination options during conditions imposed by COVID-19. The committee was charged with developing a valid and reliable computer-based examination focused on the assessment of clinical judgments and abilities in dental hygiene candidates. The committee is comprised of four practicing dental hygienists with experience as state board members and two dental hygiene educators. The interruption in committee members'

daily ability to practice dental hygiene or teach in a clinical environment, prompted by COVID-19, allowed the committee to conduct frequent virtual meetings within the accelerated timeline via remote collaboration software.

The committee developed test specifications to align with aspects of clinical practice that were judged as frequent and important in the most recent dental hygiene practice analysis conducted (WREB, 2020a). The selected-response format of the DH OSCE, while limited with respect to direct evaluation of clinical performance, allows for assessment of a broader and more standardized range of clinically-oriented content, including appropriate selection of hand and powered instruments, optimal determination of techniques, patient risk assessment, and management of emergency situations. The committee was able to draw on a large bank of images, radiographs, and authentic patient situations, as well as a bank of over 1,600 previously administered selected-response items that ran from 2011 to 2014 on the WREB Dental Hygiene Process of Care examination. The Process of Care examination (WREB, 2016) is an interactive computer-based examination that requires developing comprehensive dental hygiene care plans and answering questions related to two in-depth patient cases. Committee members modified existing items and developed new questions to ensure sufficient content coverage for the DH OSCE.

Test Specifications

The Interim Dental Hygiene Examination is comprised of multiple-choice items that assess aspects of dental hygiene practice that are important for entry-level dental hygienists entering the profession, with an emphasis on clinic-based practices and abilities. Each content category contains sub-categories that align with professional practices and reflect frequent and important practices that appear in the most recent dental hygiene practice analysis (WREB, 2020a). The examination requires candidates to think critically and demonstrate entry-level competency in several areas that are essential for the safe treatment of patients in a clinical setting. The following six content categories reflect the components of dental hygiene care that are tested on the examination.

1. **Medical History.** Includes medical history interpretation, recognition of systemic conditions (i.e. diabetes, autoimmune diseases) blood pressure guidelines, HbA1c values, and chief complaint.

2. **Risk Assessment.** Includes prevention, recognition and management of possible complications, risk factors (smoking, caries), and ASA Classification of Disease.

3. **Extraoral and Intraoral Assessment.** Includes rationale for completing an assessment, recognition of normal and atypical conditions, proper recording and documentation, and assessment of intraoral findings.

4. **Periodontal Assessment.** Includes application of 2017 AAP guidelines for Staging and Grading (AAP, 2017), periodontal and peri-implant diseases, and conditions (modifying and non-modifying). Also includes identification and classification of furcation and mobility, generalized and localized conditions, clinical attachment, and utilization of local anesthesia during non-surgical periodontal therapy. Periodontal probe measurement is assessed utilizing intraoral images. The DH OSCE Candidate Guide (WREB, 2020b) notes that candidates must be familiar with the University of North Carolina (UNC) 1-12 mm periodontal probe. Additional aspects of periodontal assessment that are evaluated include:
    - **Dentition Evaluation.** Recognition of factors contributing to occlusal trauma. Etiologies of abscesses.
    - **Radiographic Interpretation.** Assessment of radiographic findings utilizing images and identification of severity and types of interproximal radiographic bone loss.

5. **Dental Hygiene Treatment and Care Plan.** Includes Dental Hygiene Diagnosis and rationale, recommendation, and implementation of treatment (dental hygiene care plan, non-surgical periodontal therapy, surgical phase). Also included are recommendations regarding interdental aids, desensitizing agents, fluoride, and tooth whitening, as well as assessment and documentation of outcomes and proper referral.

6. **Instrumentation.** Included are basic instrumentation and ultrasonic technique (correct adaptation, activation), e.g., correct power settings, cavitation of power units,

implementation, and rationale for implant scalers (types), air and rubber cup polishing, and self-assessment and management of tissue during dental hygiene treatment.

The proportion of questions within each content area was determined by the examination committee outlining critical sub-topics to be assessed within each content area. Percentages per content area correspond to the raw weighted categorization from the most recent dental hygiene practice analysis but were adjusted to reflect the committee's desire to ensure assessment of clinic-oriented practices. All categories are within 0 to 4 percentage points away from the practice analysis weights (i.e., 11%, 12%, 5%, 26%, 35%, and 11% for the six categories, respectively) except for Instrumentation, which is weighted higher to account for the need to enhance assessment of instrumentation skills in lieu of patient-based examination, and Dental Hygiene Treatment and Care Plan, which is weighted lower, given that professional knowledge in this area is addressed on the National Board Dental Hygiene Examination (JCNDE, 2019). The content domains are represented on the examination according to the percentages listed in Table 1.

Table 1. *Dental Hygiene OSCE 2020: Percentage of Questions within Content Domains*

Content Domain	Percentage
Medical History	13%
Risk Assessment	12%
Extraoral and Intraoral Assessment	6%
Periodontal Assessment	30%
Dental Hygiene Treatment and Care Plan	20%
Instrumentation	19%

Standard Setting

The process of setting the passing standard must be credible, legally defensible, and well-informed, to protect the public as well as the rights of candidates. The *Standards for Educational and Psychological Testing* (AERA, APA, & NCME, 2014) state that passing standards should be high, in order to protect the public and the profession by excluding unqualified individuals, but not

so high as to “unduly restrain the right of qualified individuals to offer their services to the public” (p.175).

Standard 11.16 in the current *Standards for Testing* states that the "level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to regulate the number or proportion of persons passing the test" (p. 182; AERA, APA, & NCME, 2014). The passing standards set by WREB examination committees are set in accordance with the *Standards for Testing* and are absolute, or criterion-referenced. An absolute, or criterion-referenced, standard is set to reflect a standard of knowledge and practice, meaning that, theoretically, all candidates could pass or all could fail when compared to an absolute standard. In practice, pass rates of 100% and 0% are unlikely when a credible and defensible passing standard has been set. For many credentialing examinations, the vast majority of candidates are very well-prepared, so relatively high pass rates are not unusual.

Passing scores on WREB examinations are set, and reviewed regularly, by WREB examination committees. The examination committee determines passing scores based on professional standards of content and practice, even when arbitrary cut scores have been legislated, such as “75%." A passing score should reflect minimal competence, not an arbitrary percentage. Setting a passing score at 75% without evidence to support that the level of performance corresponds clearly to minimal competence is not a credible, defensible standard for a credentialing test; 75% of a difficult test is not comparable to 75% of a less challenging test. Some states have acknowledged that setting a percentage for passing is not appropriate. For example, California has stated that "Boards, programs, bureaus, and divisions that have laws or regulations requiring a fixed passing percent score should seek to change the law or regulation to require a criterion-referenced passing score that is based on the minimal competence criteria" (California Department of Consumer Affairs, 2000, p. 6). Until all states reject arbitrary fixed passing percentages, WREB continues to re-scale some examination passing scores to be interpreted as "75"; however, the scores reflect the defensible passing standard set by the professional examination committee.

At several sessions in May 2020 the DH OSCE examination committee engaged in a first round of standard setting to determine a preliminary passing score on the examination. In the final preparation of new and modified questions to be field-tested, the committee assessed each question

according to Ebel's method (Ebel, 1972; Zieky, Perie, and Livingston, 2008). Ebel's method involves each member independently assigning the test item to a category that reflects degree of professional relevance (e.g., essential) and degree of difficulty (i.e., the estimated probability of correct response by a minimally competent candidate) and then the committee comes to consensus regarding classifications for each item. For example, a test item might be judged to assess "essential" content and a minimally competent candidate should find it "easy" to select the correct response. Estimated probability values are weighted by relevance and applied to each test form to set a preliminary passing standard for field testing. Groups of items within each category are multiplied by pre-determined estimates of proportion correct and summed to set the preliminary standard. Once an adequate sample of data is acquired, the empirical values of proportion correct can be summed and compared with the original estimates for review by the committee.

The modified and new items were "taken" and reviewed by subject matter experts and field-tested with dental hygiene students. Due to a very limited sample size for student field-testing, results for the operational administration of the examination were held until data from a sufficiently large sample of candidates had been collected in order to conduct the final round of standard setting and re-confirm item quality.

Comparisons between the committee's Ebel estimates and empirical data collected from subject matter experts, student field-test examinees, and candidates after initial operational administration of the examination were reviewed. Analysis details for the comparisons are presented later in this document.

Application of the preliminary passing score derived from the Ebel estimates to the student field-test data would have produced a very low passing percentage of 28.0%. When empirical difficulty values were categorized by the same categories as the original Ebel estimates, the corresponding passing score would result in a passing percentage of 56.0%. While these preliminary estimates of potential impact are severe, it was acknowledged that this could be due to a) the final test forms contained higher proportions of items that had been categorized into the "medium" and "difficult" categories and fewer that had been categorized as "easy," b) the field-test sample was small and may not have been representative of the larger candidate pool or as highly motivated as active candidates, and c) test scores reflected several test items that later received minor revisions, such as slight improvements to images or minor changes in language clarity (items that were replaced or revised significantly were not included in projecting passing

percentages). Additional information and details regarding student field-testing results are provided later in this document.

The final forms presented to active candidates during the initial administration of the examination were very similar to the forms taken by the students, except for ten items that were revised or replaced, and five items that were exchanged between forms to balance level of difficulty. One test item on each final form was left unscored due to technical inadequacy. Application of the preliminary passing score derived from the Ebel estimates to the initial administration candidate data would have produced a passing percentage of 86.0%. When empirical difficulty values were categorized by the same categories as the original Ebel estimates, the corresponding passing score would result in a passing percentage of 96.7%. A significant difference in candidate mean performance between the two initial administration sites was observed. If the Ebel-derived preliminary passing score were applied to the results at one of the sites (i.e., an exam site that comprised 40% of the total initial sample of candidates) the passing percentage would be 76.7% and the empirically-generated preliminary passing score would produce a passing score of 93.3%.

The second round of standard setting included an item-mapping and "bookmark" approach to review and finalize the raw passing standard (e.g., Schulz, Kolen, and Nicewander, 1999; Mitzel, Lewis, Patz, and Green, 2001). Item-mapping involves the subject matter experts reviewing visual displays of assessment items separated by content and ordered by proportion correct or probability of correct response. Bookmarking involves independent review of collections of individual test items, ordered by degree of challenge. Both approaches are augmented with impact estimation (based on empirical data) for the final determination of the passing score, e.g., to resolve "ties" and/or ensure that subject matter experts judge the standard as fair and reasonable.

The second round of standard setting took place on July 2, 2020. The session was conducted via remote collaboration software to avoid infection risks associated with air travel. All six members of the examination committee participated, with attendance by three WREB staff including facilitation by the WREB psychometrician. When applicable, committee members communicated independent decisions via direct email to agency staff.

Committee members reviewed the purpose of the standard setting session, discussed important features of a just minimally competent candidate, and reviewed results of analyses

assessing the relationship among the original Ebel estimates, student field-test examinee performance and candidate performance. After reviewing item maps by detailed topic for the student field test results and initial administration candidate results, the committee members participated in a bookmark-style activity.

The committee reviewed six different item lists, one per content category, that displayed examination questions ordered from least to most difficult. Questions represented difficulty values that ranged from more challenging than would correspond to the Ebel-derived passing score (i.e., would produce an estimated passing percentage of 76%) to less challenging than would correspond to the empirically-generated passing score (i.e., would produce an estimated passing percentage of 100%). Committee members were instructed to independently choose one item, i.e., one "stopping point," as they reviewed the items and record it to be sent for averaging with the other panelist decisions after all six ordered item lists were reviewed. The stopping point on each list reflects the point at which the panelist believes that a just-minimally competent candidate would be likely to find the item "hard" or very challenging, rather than "medium" or moderately challenging. Other than noting that choosing all six end points at one extreme or the other would produce impact estimates of 76% or 100% respectively, committee members were not shown any passing percentage impact estimates until after the results were computed. The committee was also told that some content areas were more challenging than others and they would not be expected to choose a stopping point at similar locations across all six ordered item lists.

Average stopping points within each of the six ordered item lists ranged from 69.4% of items to 83.3% of items and individual decisions varied more in some categories than others, with standard deviations ranging from 6.8% to 19.7%. The average stopping point within the largest category (Periodontal Assessment) was split between two items, which resulted in two different possible passing scores, a raw score of 75 and a raw score of 72. The committee then reviewed the impact data at each raw score and came to a consensus decision at 74, which corresponds to an estimated passing percentage between 94.7% and 98.0%. Raw scores were then re-scaled so that the raw passing score is reported as a score of 75 out of 100 scale points. Post-equating was not necessary; the difficulty level and score range for each of the pre-equated final forms were very similar. Results from initial administration data are presented later in this document.

Administration and Security

Candidates are administered the examination at host schools, not at national testing centers, to ensure that candidates can be tested in a timely manner given delays in scheduling at national testing centers due to interruptions in administration caused by COVID-19. Time allocated for the examination is two hours, unless an accommodation for additional time is granted (*Standards for Educational and Psychological Testing*, AERA, APA, & NCME, 2014; Americans With Disabilities Act, 1990).

At the examination site, candidates must provide two valid, non-expired forms of personal identification. Admittance to the exam does not imply that the identification presented was valid. If it is determined that a candidate's identification is fraudulent or otherwise invalid, WREB will report to the appropriate governing agencies or board. Any candidate or other individual who has misreported information or altered documentation in order to fraudulently attempt an examination, will be subject to dismissal and reporting.

A primary security concern for computer-based tests is unauthorized exposure of assessment items. WREB continually develops and field-tests new testing items to support large item banks and creates multiple test forms for selected-response examinations. The final questions that comprise the new DH OSCE test forms have had no previous administration exposure, other than limited screening and field testing under secure conditions with subject matter experts and small student field-test sessions. Many more items than appear on operational test forms were field-tested, and the equated test forms are randomly assigned to candidates. All subject matter experts, staff, and candidates sign a non-disclosure agreement regarding all secure examination material and information.

Notes, textbooks, or other informational material must not be brought into the examination administration area. All electronic devices, including cell phones and smart watches, are prohibited. Prior to entry, candidates are required to empty and turn out all pockets, raise pants legs above the ankles, and shirt sleeves above the wrist. Eyewear and hair accessories are subject to inspection. Additional details of administration procedures and security guidelines are included in the DH OSCE Candidate Guide (WREB, 2020b).

Remediation

All pass/fail tests, theoretically, misclassify some examinees (i.e., false negatives and false positives), particularly for observed scores that are close to the passing score. Providing appropriate retake opportunities allows a candidate, who was misclassified hypothetically in their examination outcome but may be truly minimally competent, an opportunity to demonstrate minimal competence upon retake. However, the probability that a competent candidate would be theoretically misclassified (i.e., false negative) upon third or higher retake becomes very low and decreases with the number of retakes (Clauser, Margolis & Case, 2006).

If a candidate fails the DH OSCE three (3) times, he or she is required to obtain formal remediation in the areas of failure prior to a fourth attempt. Upon failing a section a fourth time (or any subsequent failures), additional remediation is required, with a substantial increase in hours required. WREB will specify the required hours of remediation. Individual states may have more stringent requirements for remediation. If a candidate has failed any section of the exam two or more times, he or she is advised to contact the state in which he or she is seeking licensure to obtain the state's requirements regarding remediation. Remediation must be completed at an accredited dental hygiene school in the United States or Canada.

Interim Social Distancing and Infection Prevention Protocol

Preventing infection by COVID-19 that may arise from airborne transmission or contact with potentially virulent surfaces is critical to ensuring the safety of candidates, school personnel, and agency personnel during examination and examination-related activities. Protocols must be followed to ensure that a) individuals participating in the examination are sufficiently distant from each other at all times, b) individuals use appropriate Personal Protective Equipment, and c) materials and surfaces remain clean and disinfected.

Social-distancing and infection-prevention protocols have already been field tested by WREB for an interim alternative examination section being implemented in the WREB Dental Examination and will be applied to all administrations of the WREB Interim Dental Hygiene Examination, DH OSCE. In two recent Dental field tests conducted using the protocol, 93% of examinees surveyed felt that it was "Easy" to maintain social distancing throughout the examination. Survey comments included satisfaction with the safety measures, e.g., "I think this is a great way to test in a safe environment given the circumstances of the class of 2020" (WREB,

2020c). In the recent DH OSCE field test conducted using the protocol, 100% of examinees surveyed responded "Yes" regarding whether the protocol used allowed for proper social distancing before, during, and after the examination. Additional results from the survey of field test examinees are provided later in this document.

The social-distancing and infection-prevention protocols that are in place for the administration of the DH OSCE include, but are not limited to, the following examination features:

- Limits on numbers of personnel and candidates assigned to the examination at one time and in one location
- Distribution, required completion, and collection/review of a self-assessment survey instrument immediately prior to the examination (e.g., regarding symptoms, recent contact with suspected or known patient with COVID-19, and recent travel)
- Required capture and logging of each participant's temperature
- Assignment of separated arrival times
- Set-up, preparation, and monitoring for entry to the facility and examination area (e.g., survey completion and approval, donning face mask, temperature capture, hand sanitization, etc.)
- Installation of floor and location markings throughout examination areas to ensure adherence to social distancing
- Location of assigned individual testing areas that conform to social distancing guidelines
- Pre-provision of examination equipment at individual testing areas to reduce unnecessary movement
- Specific instructions regarding how to move around the testing area when necessary, how to return equipment, and how to leave the testing area and building upon completion without congregating
- Monitoring of social distancing, use of PPE, and limiting of contact with objects and surfaces throughout the examination
- Appropriate cleaning and disinfection of all equipment, individual testing areas and involved surfaces immediately before and following every examination

The features described may be augmented according to updates for infection prevention from the Center for Disease Control (CDC) or more stringent school-specific requirements. The protocols employed will reflect or exceed CDC guidelines. If the test site has stricter guidelines than the CDC, then the protocol employed will reflect the test site requirements.

WREB is coordinating with each site hosting an examination to develop a document communicating the social-distancing and infection-prevention protocol for that examination site. Prior to the exam, the document will be provided to candidates, on-site staff, and any other individuals who will be involved in examination. Candidates are expected to conform to the social distancing and infection prevention protocol and may risk dismissal and failure of the examination for gross, willful, or repeated protocol violation.

Subject Matter Expert Review of 2020 Test Items

From May 21-23, 2020, 23 subject matter experts (SMEs) from eleven states conducted independent reviews of over 300 finalized test items from the DH-OSCE item bank. Test items were assembled into review "test forms" in the same online test administration platform that was to be used to administer the DH OSCE to candidates. The SMEs included four members of the examination development committee, as well as 19 additional practicing dental hygienists with extensive experience as board examiners, state licensing board members and/or educators. The 23 SMEs accessed three test forms with over 100 items each, responded to each item, made notes of any concerns, and responded to a survey after completing the review. Feedback regarding specific items led to revisions of several items and improvements in the size and quality of some images.

Item responses were examined to determine whether the SMEs responded as expected, with respect to proportion correct, based on first round judgments of level of difficulty. There were ten items that had not received a difficulty rating by the committee and eight items that were immediately slated for removal or revision due to technical issues, e.g., one question was accompanied by the wrong image. A one-way analysis of variance (*ANOVA*) was conducted between the proportion correct values and the initial difficulty judgments of the examination committee for the remaining 284 items. The proportion correct values were highly related to the predicted difficulty categories, with an F (df = 2, 282; $\alpha = 0.05$) value of 12.94, and significant value of $p < 0.01$. Table 2 provides the mean proportion correct by predicted difficulty category,

including the lower and upper bounds for the 95% confidence intervals around each mean. Other indicators of item quality were reviewed mostly for extreme results, given the limited stability of indicators like point-biserial correlations and item discrimination values with a small sample of 23 examinees. Despite the small sample, mean point-biserial values ranged from 0.19 and 0.23 and mean item discrimination values ranged from 0.20 and 0.24, which are moderately small, but under conventional administration, would be anticipated with the criterion-referenced nature of the assessment. Mean proportion correct values over the three forms were between 0.78 and 0.82 and the Cronbach's alpha reliability estimates were between 0.80 and 0.86.

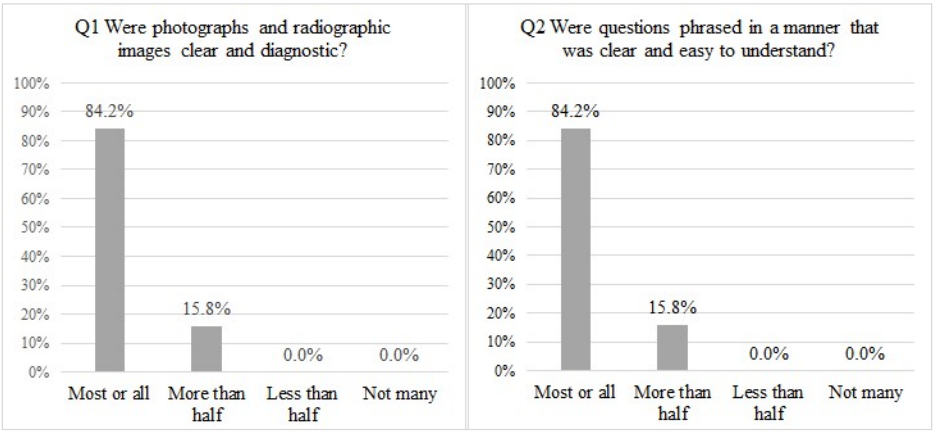
Table 2. *Subject Matter Expert Review Mean Proportion Correct Values by Committee Predicted Difficulty Category, with 95% Confidence Interval Upper and Lower Bound Values*

Predicted Difficulty Category via First Round Standard Setting (Ebel)	*N* Items	Mean (*SD*)	95% CI Lower Bound	95% CI Upper Bound
Easy	120	0.85 (0.15)	0.82	0.88
Medium	139	0.79 (0.20)	0.76	0.82
Difficult	26	0.65 (0.26)	0.54	0.76

Survey of Subject Matter Expert Review Participation

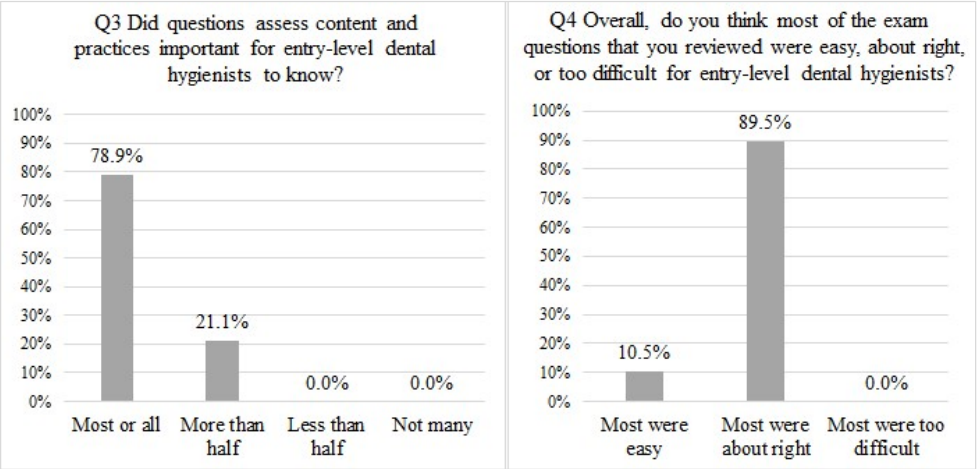
SMEs were also asked to respond to a follow up survey, consisting of four questions with optional comments and a fifth question inviting other comments or suggestions. A link to the online survey was e-mailed to all twenty-three SMEs. Nineteen responded for a response rate of 83%. Many respondents also included additional feedback regarding specific items in the survey.

Question 1 asked if photographs and radiographic images were clear and diagnostic and Question 2 asked if questions were phrased in a manner that was clear and easy to understand. Figures 1a and 1b illustrate the percentages of each response for Questions 1 and 2. On both questions, sixteen SMEs (84.2%) responded "Most or all" and the other three (15.8%) responded "More than half." Optional comments on Question 1 noted specific test questions, noting size or clarity issues. Optional comments on Question 2 also indicated specific questions, with some offering advice for revision, e.g., "#X could use a patient's age to help clarify" or providing other feedback, e.g., "#X is too hard for students."



Figures 1a and 1b. Proportion of different responses to SME Survey Questions 1 and 2.

Question 3 asked if the questions assessed content and practices that are important for entry-level dental hygienists to know and Question 4 asked the SMEs to rate the level of challenge posed by the examination. Figures 2a and 2b illustrate the percentages of each response for Questions 3 and 4. On Question 3, fifteen SMEs (78.9%) responded "Most or all," with optional comments including "challenging but very good questions" and "I didn't notice many that didn't seem relevant." The other four (21.1%) responded "More than half," with comments including "Concern with questions about specific instruments - some entry-level may not be familiar" and "Seemed like a National Board exam." On Question 4, seventeen SMEs (89.5%) responded "Most were about right," with optional comments like, "Some seemed easier and some seemed a little more challenging." The other two (10.5%) responded "Most were easy," with one optional comment, "I want to say they seemed too easy, then again I am not sure how I scored."



Figures 2a and 2b. Proportion of different responses to SME Survey Questions 3 and 4.

Other comments or suggestions included mostly comments that followed up on the previous two questions, with a few encouraging more technique or clinical content questions, e.g., "Needs to be more clinical due to replacing assessment of candidate's ability to detect and remove calculus." The others were generally positive or expressed gratitude for the opportunity to participate, e.g., "Good questions from a wide scope," "Overall good," and "Thanks for the opportunity. It was interesting to be on the candidate side of it."

All comments were reviewed. Nearly all comments that provided specific feedback regarding question wording, images, or appropriateness for the examination purpose led to question revision or exclusion. The objectives established regarding the development of the DH OSCE examination included an emphasis on clinical content and techniques, and an intent to not assess content covered on the National Board Dental Hygiene Examination. Comments by SMEs reinforced these goals.

Field Testing

A student field-test was conducted from June 9 – 11, 2020. The field test was held in the WREB office in Phoenix, AZ, with small groups assigned to administration times across the available dates. A total of 25 dental hygiene students from two local dental hygiene schools participated. The field-test sample was much smaller than would have been preferred due to a) limitations regarding travel, b) reticence of dental hygiene programs and individual students to participate during pandemic conditions, and c) a significantly reduced time frame in which to

develop the examination. The small sample allowed for screening and revision of some item issues and initial estimation of equated forms; however, final confirmation of item quality, setting of the passing score, and reviewing test forms for equating occurred later, following the receipt of results from an adequate sample of examinees. The field test also allowed for assessing the implementation of social distancing protocols and confirming that the amount of time allowed for the examination is appropriate.

Field-test examinees were allowed up to two hours to complete the DH OSCE Field Test. The average length of time taken to complete the examination was 44 minutes, with a minimum testing time of 28 minutes and a maximum time of one hour, 11 minutes. The two-hour time was not reduced, however, given the small sample and the possibility that many examinees spent less time reviewing their responses due to the low-stakes nature of the test than they might during an authentic administration situation.

The forms developed for the student field test adhered to the test specifications, including committee-recommended numbers of test items per subtopic within each category. An estimate of a preliminary passing standard based on the Ebel difficulty estimates was applied by summing and averaging the products of a hypothetical proportion correct (i.e., 0.85, 0.75, and 0.60 for Easy, Medium, and Difficult, respectively) and the number of items within each estimated difficulty category that appear on the forms. The estimated mean proportion correct of 0.77 corresponds to a score of 82 out of the total of 107 items per form.

Despite the small sample, some test items stood out as non-viable or under-functioning due to very poor indices of item quality. Approximately one-third of items appeared on both student field test forms as anchor items, which provided a slight improvement in assessment of item functioning for some items. Ten items (i.e., fewer than 1%) required extensive revision and two items were replaced with other questions from the item bank and which had undergone review by the subject matter experts. Several other items received minor revisions or image re-sizing, upon final review. Mean point-biserial values ranged from 0.13 and 0.14 and mean item discrimination values ranged from 0.15 and 0.19, which are relatively small, but not unusual for criterion-referenced assessment. Mean proportion correct values over the two forms were between 0.72 and 0.78 and the Cronbach's alpha reliability estimates were between 0.66 and 0.71. Score ranges were limited, given the small sample, particularly for one of the forms. A disparity in the level of

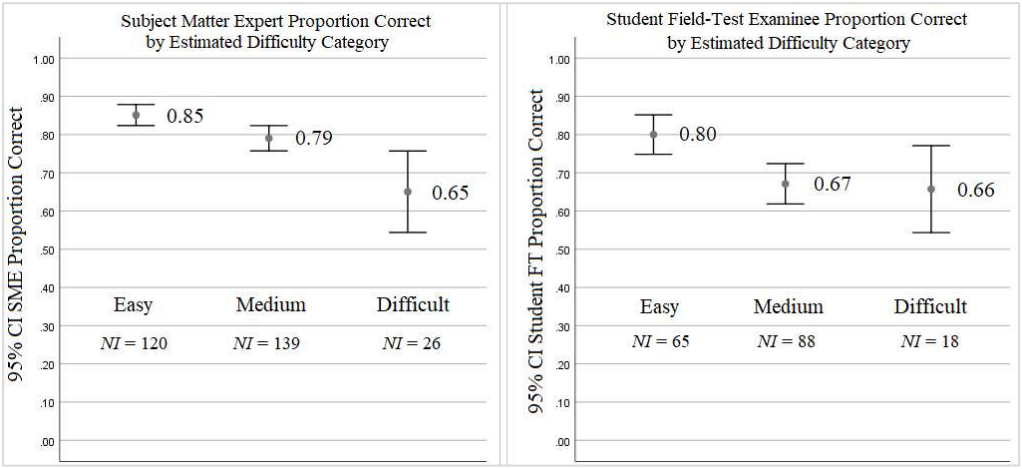
difficulty between forms was also observed and addressed in the composition of final forms for operational administration.

The raw field test forms were more challenging than expected, with only seven of twenty-five (28%) attaining a score of 82 or higher. The sample was too small to conclude that the examination is excessively difficult and scores are likely to increase following the item revisions and replacements across forms. Though more challenging, overall, the performance of the student examinees was still highly related to the examination committee's predicted levels of difficult categories. The committee's Ebel difficulty estimates were significantly related to student examinee performance, with an F (df = 2, 168; $\alpha = 0.05$) value of 6.45, and significant value of $p < 0.01$. Table 3 provides the mean proportion correct by predicted difficulty category, including the lower and upper bounds for the 95% confidence intervals around each mean.

Table 3. *Student Field-Test Mean Proportion Correct Values by Committee Predicted Difficulty Category, with 95% Confidence Interval Upper and Lower Bound Values*

Predicted Difficulty Category via First Round Standard Setting (Ebel)	*N* Items	Mean (*SD*)	95% CI Lower Bound	95% CI Upper Bound
Easy	65	0.80 (0.21)	0.75	0.85
Medium	88	0.67 (0.25)	0.62	0.72
Difficult	18	0.66 (0.23)	0.54	0.77

Figures 3a and 3b provide a comparison between the results of the SME review and the student field test. The figures display error bar graphs for SME performance by difficulty estimate and student examinee performance by difficulty estimate, respectively. The three categories were all significantly different from each other in the SME results. In the student field-test results, the "Easy" category is significantly different from the "Medium" and Difficult" categories, but the "Medium" and "Difficult" categories are not significantly different from each other. However, the wide range for "Difficult" in the student field-test results does include the hardest items on the forms. A notable difference between the SME and student field-test results is the degree to which the SMEs outperformed the students on items that were predicted to be at a "Medium" level of challenge.



Figures 3a and 3b. Error bar graphs for (a) SME item proportion correct and (b) student field-test examinee item proportion correct by estimated difficulty category. Number of items across forms is shown as *NI* per category. Points indicate the mean proportion correct within category. Bars represent upper and lower bounds of the 95% confidence interval around each mean.

Survey of Field-Test Examinees

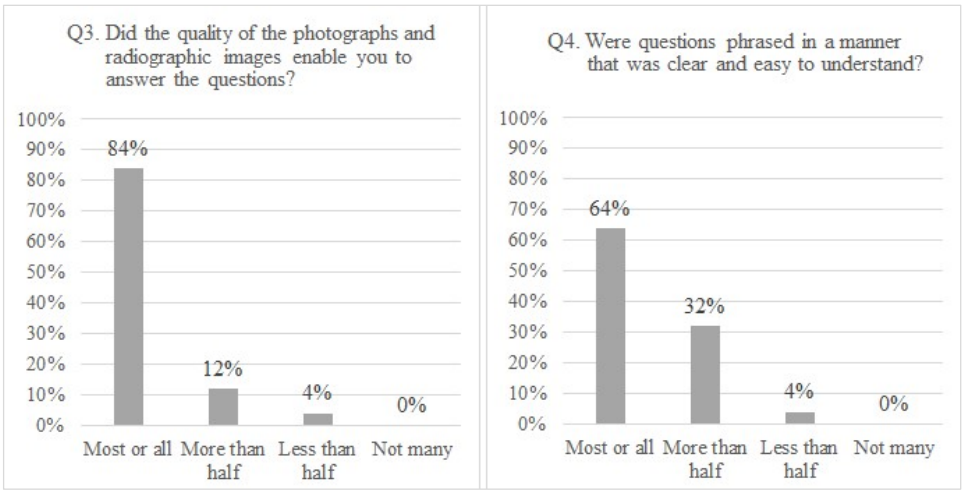
Student field-test examinees were given a paper and pencil survey to complete following the field-test examination. The survey had eight questions, with optional responses for each along with a final invitation for other comments or suggestions. All twenty-five examinees responded, with two responding to the first five questions only, presumably due to not turning the page over. Three questions, regarding the Candidate Guide, examination timing and the social distancing protocol, received unanimous responses of "Yes" and are shown in Table 4.

Table 4. *DH OSCE Student Field-Test Survey Questions 1, 2, and 8, with Unanimous Response*

Questions	Unanimous Response
1. Did the Candidate Guide provide the necessary information to adequately prepare you for the examination?	Yes, 100%
2. Did you finish the exam earlier than the time allotted?	Yes, 100%
8. Did the protocol in place allow for proper social distancing before, during and after the examination?	Yes, 100%

These three questions elicited few optional comments. One comment regarding Question 1 was “More practice questions would be helpful” and the only comment regarding Question 2 was “I tend to finish faster than average most of the time.” No optional comments were provided for Question 8.

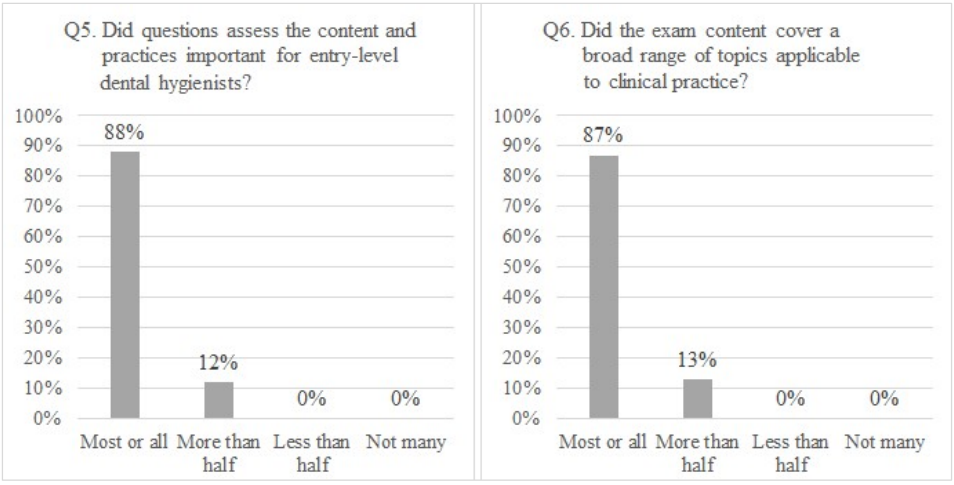
Question 3 asked if the quality of the photographs and radiographic images enable the examinee to answer the test questions and Question 4 asked if the questions were clear and easy to understand. Figures 4a and 4b illustrate the percentages of each response. On Question 3, many student examinees (84%) responded “Most or all,” a few (12%) responded “More than half,” and one (4%) chose “Less than half.” Optional comments included “A select few radiographs and intraoral photos were difficult to interpret due to image quality” and “Quality was great!” On Question 4, almost two-thirds of examinees (64%) responded “Most or all,” several (32%) responded “More than half,” and one (4%) chose “Less than half.” Optional comments included “I saw two instrument names I hadn’t heard of” and “Some were confusing the way they were worded.”



Figures 4a and 4b. Proportion of different responses to Field-Test Survey Questions 3 and 4.

Question 5 asked if the questions assess content and practices important for entry-level dental hygienists and Question 6 asked if the exam content covered topics applicable to clinical practice. Figures 5a and 5b illustrate the percentages of each response. On Question 5, most student examinees (88%) responded “Most or all” and a few (12%) responded “More than half.” No optional comments were provided to Question 5. On Question 6, most student examinees (87%) responded “Most or all” and a few (13%) responded “More than half.” Only one optional comment

was given "I don't recall many pharmacology questions, maybe two or three?" Note that while a small number of items may assess some pharmacological content indirectly, pharmacology is not a content area or subtopic specified for the DH OSCE examination, since it is one of the content areas assessed on the National Board Dental Hygiene Examination (JCNDE, 2019).



Figures 5a and 5b. Proportion of different responses to Field-Test Survey Questions 5 and 6.

Question 7 asked if the questions were easy, moderate, or difficult. Figure 6 illustrates the percentages of each response. Most student examinees (82.6%) responded "Moderate," two (8.7%) responded "Easy," and two (8.7%) responded "Difficult." Only two comments were provided, e.g., "Some easy, some difficult."

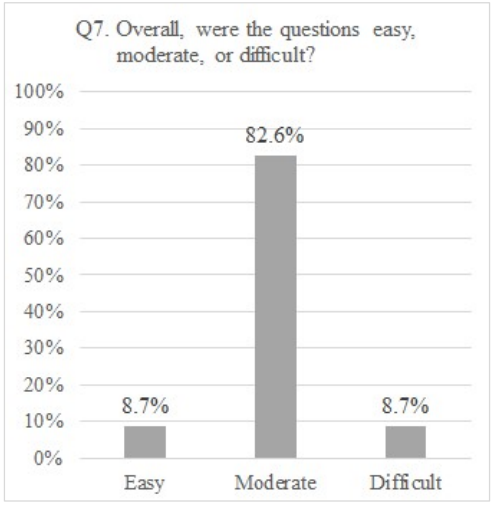


Figure 6. Proportion of different responses to Field-Test Survey Question 7.

Most of the "Other comments or suggestions" offered at the end of the survey included generally positive remarks, expressions of thanks, or repeats of previous comments, e.g., "More practice questions would be helpful" and "Overall I thought the test covered all the topics I learned in school and they were easy to understand." One other comment, "Did not like that fluoride was PPM and not a %," led to including percentages in addition to any references to ppm (parts per million) in relevant items.

Technical Quality

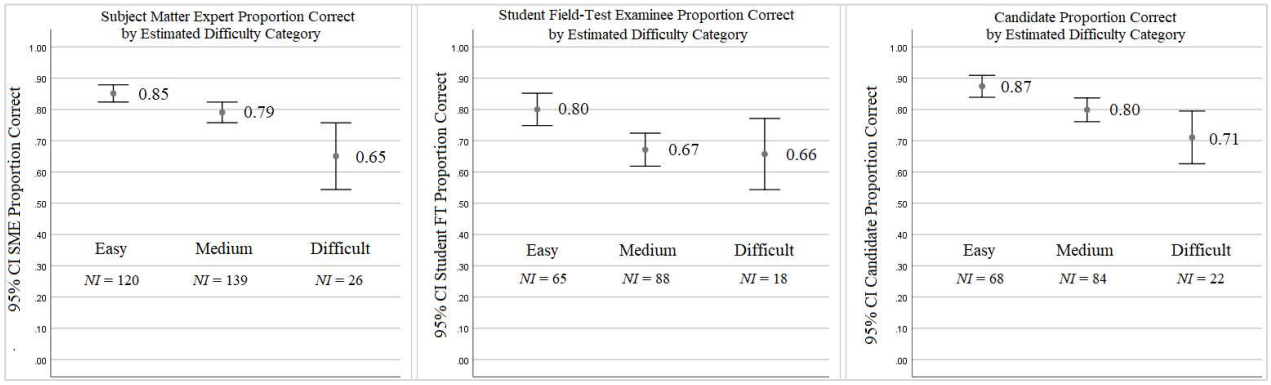
Operational administration of the DH OSCE began on June 26, 2020. One hundred and fifty (150) candidates from eleven different dental hygiene programs were administered the examination at two exam sites in two different states over two days in small sessions to facilitate social distancing. The average length of time taken by candidates who did not receive a time extension accommodation to complete the examination was one hour and 15 minutes (i.e., 75 minutes), with a minimum testing time of 32 minutes and a maximum time of one hour, 57 minutes (i.e., 117 minutes). The results of this initial administration sample were analyzed to confirm technical adequacy and support the final round of standard setting that was held on July 2, 2020.

As with the student field-test results, the original Ebel difficulty estimates by the SMEs were also compared to the initial administration candidate results for review at the final standard setting session. The committee's Ebel difficulty estimates were significantly related to candidate performance, with an F (df = 2, 171; $\alpha = 0.05$) value of 8.49, and significant value of $p < 0.01$. Table 5 provides the mean proportion correct by predicted difficulty category, including the lower and upper bounds for the 95% confidence intervals around each mean.

Table 5. *Candidate Mean Proportion Correct Values by Committee Predicted Difficulty Category, with 95% Confidence Interval Upper and Lower Bound Values*

Predicted Difficulty Category via First Round Standard Setting (Ebel)	*N* Items	Mean (*SD*)	95% CI Lower Bound	95% CI Upper Bound
Easy	68	0.87 (0.14)	0.84	0.91
Medium	84	0.80 (0.18)	0.76	0.84
Difficult	22	0.71 (0.19)	0.63	0.79

Figures 7a, 7b, and 7c. provide a comparison among the results of the SME review, the student field test, and initial candidate results. Figures 7a and 7b display the error bar graphs shown earlier for SME and student examinee performance by difficulty estimate with the results for candidate performance by difficulty estimate (Figure 7c). The relationship between candidate performance and the three categories was similar to the student field-test results, with the "Easy" category significantly different from the "Medium" and Difficult" categories, and the "Medium" and "Difficult" categories not significantly different from each other. However, the average proportions correct are more comparable to SME performance. It was noted that initial administration results included high performance from some schools, which have demonstrated very high performance on past examinations (e.g., the conventional patient-based dental hygiene examination and local anesthesia written examination).



Figures 7a, 7b, and 7c. Error bar graphs for (a) SME item proportion correct, (b) student field-test examinee item proportion correct, and (c) candidate proportion correct by estimated difficulty category. Number of items across forms is shown as *NI* per category. Points indicate the mean proportion correct within category. Bars represent upper and lower bounds of the 95% confidence interval around each mean.

The DH OSCE examination forms were developed to be equivalent in content, level of challenge, and length of time needed to complete the test. As noted earlier, one test item on each final form was left unscored due to technical inadequacy. The items will remain on the test forms, unscored, so that the response data collected can inform review and revision later in the season (e.g., to examine whether the topic assessed, which was common to both items, may perform

differently by region or program). The results from the initial administration sample showed no significant difference between forms, so no post-equating of forms was conducted.

Results of analyses of test item quality, form comparability, overall test functioning as well as candidate performance by content area and candidate pass/fall outcomes are presented in this section, for data collected through July 7, 2020, reflecting 172 examination attempts. Methods are based on classical test theory and Rasch/item response theory (IRT) methods. Classical item analysis statistics reviewed include item analysis statistics (e.g., proportion correct, item discrimination index [i.e., the difference between the proportions correct for the highest and lowest 27% of examinees], and point-biserial correlation [i.e., the correlation between item responses and overall test performance]) and conventional descriptive statistics (i.e., mean, standard deviation, etc.). Classical indicators of overall test performance and performance by test form include overall means, standard deviations, medians, standard errors of measurement, internal consistency reliability estimates, as well as conditional standard errors of measurement at the raw passing score.

The Rasch model (Rasch, 1960/1980), c.f., one-parameter logistic IRT model, is also applied. The Rasch model is well-suited for monitoring and improving assessments because requirements of the basic model include data properties consistent with optimal test design (e.g., unidimensionality). Indicators of item and test performance under the Rasch model reflect the degree of departure from outcomes that would be expected given optimal item and test functioning. The basic Rasch model for dichotomous responses can be expressed as follows,

$$\log(P_{ni} / P_{ni} - 1) = B_n - D_i , \qquad (1)$$

where P_{ni} is equal to the probability of correct response by a person n on a given item i, which is a function of the difference between the person's ability, B_n, and the item's difficulty, D_i. Rasch model analysis item statistics reviewed include parameter estimates of item difficulty, infit and outfit mean-square fit statistics, and other statistics, where applicable (e.g., displacement values, when anchoring for pre-equating). For most analyses, means of all parameter estimates, except candidate ability, are constrained at zero, to allow estimation of candidate ability relative to item or task difficulty. Parameter estimates are reported in log-odds units, or logits, which can range from negative ∞ to positive ∞, but usually do not exceed |5.0|. Lower, negative parameter estimates

correspond to lower candidate ability and lower levels of item difficulty. Higher, positive parameter estimates correspond to higher candidate ability and higher levels of item difficulty. Fit statistics should generally fall between 0.5 and 1.5 logits, with a range of 0.8 to 1.2 logits considered reasonable for high-stakes selected-response tests (Wright and Linacre, 1994). Mean-square statistics that exceed 2.0 may reflect distortion in the measurement system and prompt close review.

Means and standard deviations of basic item statistics were very similar between forms and are displayed in Table 6. Means of discrimination values and point-biserial correlations are relatively small but expected given the criterion-referenced nature of the assessment. Over two-thirds of items on each form have values over 0.10. Many values below 0.10 are associated with items that have a high proportion of correct response.

Table 6. *DH OSCE Item Statistics by Test Form: Mean and Standard Deviation (SD), with Number of Items (NI) by Form; July 7, 2020, 172 Examination Attempts*

	Mean (*SD*)	
	Form A *NI* = 106	Form B *NI* = 106
Proportion Correct	0.81 (0.*17*)	0.81 (0.*18*)
Discrimination Index	0.14 (0.*14*)	0.15 (0.*14*)
Point-biserial Correlation	0.18 (0.*13*)	0.18 (0.*13*)

All Rasch model infit mean square fit statistics were within recommended ranges, with values ranging from 0.89 to 1.13 for Form A and from 0.89 to 1.16 for Form B. Most outfit mean square statistics were within recommended ranges, with six items (5.7%) exceeding a value of 1.20 on Form A (outfit values ranged from 0.38 to 1.61) and seven items (6.6%) exceeding a value of 1.20 on Form B including one over 2.00 (outfit values ranged from 0.31 to 2.05). The item with an outfit value of 2.05 had a very high proportion correct (i.e., 0.99).

Table 7 provides the mean number correct and standard deviation for scored items, by test form, for the six content areas. Performance by content area was similar across forms. Final scores are based on all items, however, candidates who are not successful receive a score report that is broken out by content area, with a caution to consider all content areas in their preparation for

retake, since the number of items within a category is much smaller and performance within a category is likely to vary more than overall score across subsequent examination attempts.

Table 7. *DH OSCE Content Areas by Test Form: Mean Number Correct and Standard Deviation (SD); July 7, 2020, 172 Attempts*

	Mean Number Correct (*SD*)	
	Form A	Form B
Medical History (14 Items)	11.75 (*1.58*)	11.61 (*1.45*)
Risk Assessment (13 Items)	10.81 (*1.26*)	11.94 (*1.40*)
Extraoral & Intraoral Examination (7 Items)	6.15 (*0.85*)	5.70 (*1.06*)
Periodontal Assessment (30 items)	23.86 (*2.82*)	22.76 (*2.66*)
Dental Hygiene Treatment & Care Plan (21 items)	16.84 (*1.86*)	17.98 (*1.59*)
Instrumentation (21 Items)	16.86 (*2.05*)	16.82 (*1.96*)

No significant difference in mean performance was found between test forms. Table 8 displays means, standard deviations, and results of one-way analyses of variance (*ANOVA*) conducted to assess comparability of Rasch ability parameter estimates, raw scores, and scale scores (i.e., reported scores) across test forms.

Table 8. *ANOVA Results for Ability Parameters, Raw Scores, and Scale Scores by DH OSCE Test Form: Means, Standard Deviations (SDs), 95% Confidence Intervals for Means, F-values, degrees of freedom (df), and p-values, July 7, 2020, 172 Attempts, Form A N = 85, Form B N = 87*

	Test Form	Mean *(SD)*	95% CI For Mean	*F* value *df*= (1,170)	*p* value [b]
Rasch Ability Parameter [a]	A	1.80 (*0.51*)	1.69; 1.91	2.89	0.09
	B	1.93 (*0.53*)	1.82; 2.04		
Raw score	A	86.27 (*6.35*)	84.90; 87.64	0.23	0.64
	B	85.80 (*6.53*)	84.41; 87.20		
Scale score	A	84.60 (*5.00*)	83.52; 85.68	0.27	0.61
	B	84.20 (*5.27*)	83.07; 85.32		

[a] In logit (log-odds) units
[b] Significance level α = 0.05

Summary statistics for raw scores, scale scores (i.e., reported scores), and Rasch ability parameter estimates, standard errors of measurement (SEMs), conditional standard errors of measurement at the passing score (CSEMs), indicators of reliability, indices of classification adequacy, and passing percentages by test form are presented in Table 9. Estimated values of Cronbach's alpha coefficient of internal-consistency reliability (Cronbach, 1951) depend upon sample variability and may be attenuated due to the high level of candidate preparedness in criterion-referenced credentialing assessment. Many candidates perform very well on several test items. While eliminating these items can increase the alpha estimate, they are included because subject matter experts have determined that the information assessed is essential to minimal competence. Similarly, adding additional items, especially more challenging items, can increase the estimate of alpha, but are not included since the purpose of the examination is to assess minimal competence, rather than discriminate among candidates with very high levels of knowledge and ability. Other indicators, such as Peng-Subkoviak P_0 estimates of classification consistency (Peng & Subkoviak, 1980) and the Brennan-Kane $\Phi(\lambda)$ index of dependability (Brennan & Kane, 1977), provide insight into the reliability of pass-fail outcomes.

Estimates of alpha are moderately high, with values of 0.68 and 0.70 for Form A and B, respectively. Dependability index values, which take item variance into account, are high, with values of 0.93 and 0.92, while classification consistency values are even higher, with values of 0.98 and 0.97, since mean scores are far above the passing score (i.e., raw score of 74), making misclassification less likely. Passing percentages per form are 96.5% and 95.4%. The overall passing percentage is 95.9%. A chi-square analysis was conducted to assess the comparability of pass/fail outcome by form. No significant difference in pass/fail outcome was found among forms, with a chi-square value of 0.13 and $p_{exact} = 1.00$ (df=2, N=172, $\alpha = 0.05$). The p-value reflects Fisher's exact test, since the number of unsuccessful candidates at this early point in the testing season is small and the chi square table has two cells with expected frequencies of less than five. The expected number of failures was 3.5 for both forms; the observed number failures was three (3) and four (4) for Forms A and B, respectively.

Table 9. Indicators of Overall Test Functioning by DH OSCE Test Form: July 7, 2020, 172 Attempts

		Form A	Form B
	N Attempts	85	87
Raw Score (1 to 106)	Mean (*SD*)	86.27 (6.35)	85.80 (*6.53*)
	Median	85	86
	Minimum; Maximum	70; 98	66; 99
Scale Score (1 to 100)	Mean (*SD*)	84.6 (*5.00*)	84.2 (*5.27*)
	Median	84	84
	Minimum; Maximum	71; 94	67; 95
Rasch Ability Estimate [a]	Mean (*SD*)	1.80 (*0.51*)	1.93 (*0.53*)
	Median	1.64	1.89
	Minimum; Maximum	0.69; 2.95	0.60; 3.31
Standard Error of Measurement (SEM)		3.59	3.60
Conditional Standard Error of Meas. (CSEM)		4.26	4.24
α Reliability Estimate (Cronbach's alpha)		0.68	0.70
Φ(λ) Index of Dependability		0.93	0.92
P_0 Classification Consistency		0.98	0.97
Passing Percentage		96.5%	95.4%

[a] In logit (log-odds) units

Additional analyses are conducted routinely and ad hoc in addition to the analyses summarized in this report. For example, as the season progresses, analyses to confirm the consistency of electronic scoring procedures, evaluate candidate performance on examination retakes, and compute end of season passing percentages will be conducted. The committee will also be preparing replacement and additional test forms to ensure on-going security, in case COVID-19 related conditions continue and the need for an extension of the interim examination into the 2021 examination season is determined.

All indicators of test functioning and candidate performance reported here will be updated throughout the season for reporting to the DH OSCE examination committee, the Dental Hygiene

Examination Review Board and Board of Directors, as well as state licensing boards. Additional details and information regarding any aspect of development, administration, or psychometric and statistical analyses are available upon request.

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Agenda Item (6)(c)

Voluntary Surrender of License

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VOLUNTARY SURRENDER OF LICENSE

I, Nancy L Dockery, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 2713 on the 30th day of September, 20 20.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

[redacted]

Email address: [redacted]

Home Phone: ([redacted] Cell Phone: ([redacted]

Nancy L Dockery
Licensee Signature

09.26.2020
Date of Signature (must correspond with notary date)

State of Nevada
County of Clark

The statements on this document are subscribed and sworn before me this 26th *day of* September, *20* 20.

Notary Public

June 9, 2023
My Commission Expires

CHARLES SEAY
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 19-2489-1
MY APPT. EXPIRES JUNE 9, 2023