THE NEW QUALIFYING EXAMINATION: DEVELOPMENT & RESULTS

Presented at the 77th Council Meeting

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THE FOUNDATION: DEVELOPING A NATIONAL COMPETENCY PROFILE

- Competencies form the most basic building blocks for any high stakes examination aka as entry-to-practice or licensing/qualifying examination, and any valid and defensible assessment should be based on the results of a competency study of the profession.
- Competencies refer to the knowledge, skills, abilities, attitudes and judgments required to safely, ethically, and effectively fulfill the requirements of the profession and support regulatory activities that protect the public.



METHODOLOGY

- Fall 2012 Competency Profile Working Group (WG) established – members consisted of 14 denturists representing provincial denturism regulators, provincial and national professional associations, educational institution program coordinators and practitioners from various provinces
- Working with Professional Examination Service, the WG was tasked with creating an initial competency profile that was broad and inclusive of all jurisdictions' permitted acts and reflected entry-to-practice competencies



METHODOLOGY CONTD.

- Once the draft competency profile was completed, external feedback was sought using three focus panels with stakeholder representatives from the regulatory, practitioner and educational community from across the country
- The WG then met to review the comments from the focus group, and updated and finalized the profile as they deemed appropriate based on the feedback received.
- A validation survey was conducted with a national sample of denturists.



METHODOLOGY CONTD.

The survey designed to elicit both quantitative and qualitative data/feedback on each element of the profile.

- How frequently, on average, each competency outlined in the draft profile was performed during the last 12 months? And
- How serious would the consequences be if a denturist failed to perform the competency appropriately, i.e. risk of harm to the patient
- Open-ended questions were also asked to assess the completeness of the profile.



METHODOLOGY CONTD

- After review of all of the data related to the competency profile, the WG judged that the profile was complete and represented the knowledge, skills, abilities, attitudes and judgments required to safely and effectively fulfill the requirements of the profession of denturism.
- Council approved the National Competency Profile in September 2013
- Competency profile is the foundation or blueprint for developing CDO's "new" Qualifying Examination



DEVELOPMENT OF THE NEW QE

- December 2013 Council approves the new format for the QE 1 day multiple choice questions (MCQ) exam, day of rest followed by 2 days of an objective structured clinical examination (OSCE).
- The MCQ part of the QE would, for this administration, use the existing items (questions) in the exam bank based on subject matter categories and the established weightings, i.e. percentage of questions from each category that would appear on the MCQ
- The OSCE stations will be developed using the competency profile as the blueprint. The profile also set out what percentage of items should address each competency area.



PART 1 OF THE QE: MCQ CATEGORIES & WEIGHTING

Dental Anatomy, Physiology & Histology	18%
Dental Materials	10%
Dentures, Implants & Prosthetics	30%
Jurisprudence	6%
Microbiology & Infection Control	7%
Nutrition	2%
Pathology	17%
Pharmacology	8%
Radiographic Pattern Recognition	2%



COMPETENCY PROFILE & EXAMINATION WEIGHTING

Clinical Practice	35.0%
Laboratory Procedures	28.9%
Professional Collaboration	8.5%
Practice Management	8.4%
Jurisprudence & Prof. Responsibility	9.8%
Communication	9.5%



QUALIFYING EXAMINATION COMPONENTS RECAP

- Part 1 MCQ assess a candidate's knowledge based on the subject matter categories
- Part 2 OSCE's assess a candidate's interpersonal skills + clinical knowledge + problem solving skills
 - * Note the items in the MCQ exam bank will now have to be mapped to the competency profile



SUMMARY OF THE DEVELOPMENT OF THE OSCE STATIONS

- September 2013: Inaugural meeting of the OSCG Working Group – 15 practitioners from across the province with practice experience ranging over 30 years to 5 years
 - Overview of denturism programs at GBC & Trillium
 - Review of the competency profile and its relationship to developing a competency based examination using OSCE's as the assessment method
 - Introduction to OSCE's and viewed examples across other health care professions
 - General orientation on what are interactive and noninteractive OSCE stations



SUMMARY OF THE DEVELOPMENT OF THE OSCE STATIONS

- November 2013 OSCE WG:
 - Receive a comprehensive presentation to OSCEology and the U of Toronto Standardized Patient Program (SPP)
 - Mapping of the BC denturism regulator's OSCE stations against the competency profile
 - Group practice session commences on creating the interactive and non-interactive stations for CDO QE
- December 2013 through to May 2014: OSCE's are drafted, reviewed, redrafted, run through with the SPP, tweaked some more based on feedback from both the OSCE WG and SPP; patient prompts are written



SUMMARY OF THE DEVELOPMENT OF THE OSCE STATIONS CONTD.

- **June 2014:**
 - OSCE's are piloted with a new group of denturists (the 14 assessors) with the SPP and tweaked again
 - Another group of 10 denturists set the standard for the OSCE's (setting the cut/pass score) and 8 others set the standard for the MCQ; along side the development of the stations, models, props, patient charts, etc. are being constructed for the stations as well as the marking criteria
 - Mandatory candidate orientation session
- July 2014: final assessor on-site orientation & dry-run with SPP

July 10 – 13: "New" QE takes place



FINAL QE OSCE COMPONENTS

Clinical Practice – 8 stations
Laboratory Procedures – 7 stations
Professional Collaboration – 2 stations
Practice Management – 1 station
Jurisprudence, Ethics & Professional Responsibilities – 1 station
Communication – 1 station

>12 interactive and 8 non-interactive stations

Note 1 - that the interactive stations involve a standardized patient

Note 2 - each station has on average 10 to 12 items



QE RESULTS – SUMMER 2014

Standard Setting Process for both Written and OSCE

Why?

The setting of a cut score or pass score for high stakes examinations is one of the most important elements of a defensible assessment process.

How?

The CDO incorporates the Angoff method, the most widely used standard setting approach to determine the required level of performance for entry level candidates. A group of 8-12 practitioners are trained in using this method which through a process and interactive exchange, results in the final determination of the cut score.



QE RESULTS – SUMMER 2014

Standard Setting Process for both Written and OSCE

Who?

Practitioners reflecting a range of professional maturity along with varied experiences participate in the process.

Results?

The process results in an examination cut score that the profession has determined that the candidates meet to ensure safe and effective patient care at the entry to practice level.



QE RESULTS – SUMMER 2014

Overall Results for Both QE Components (WRITTEN & OSCE) for New Candidates

	# of Candidates	Percent
Pass	34	75.6%
Fail	11	24.4%
Total	45	100%



QE RESULTS SUMMER 2014

Overall Results for Both QE Components (WRITTEN & OSCE) for ALL Candidates

	# of Candidates	Percent
Pass	36	67.9%
Fail	17	32.1%
Total	53	100%



QE RESULTS SUMMER 2014

Pass Rate Percentage by Components for NEW Candidates

	WRITTEN	OSCE
Pass	83.8%	82.2%
Fail	16.2%	17.8%
Total	100%	100%



INCORPORATING FEEDBACK

Candidate

Assessor

Standardized Patient



RECRUITMENT & TRAINING

Standard Setting
Written Item Development
OSCE Station Development
Assessors



WRITTEN EXAM

Selection for January Exam

Mapping Current Items to Competency Profile

Developing & Revising New Test Items

Assembling a New Written Exam for Summer 2015 aligned to the

Competency Profile



OSCE DEVELOPMENT

Revising OSCE Stations Developing New Stations



COMMUNICATION

Revising & Developing Communication Strategies & Resources for all our Stakeholders



THANK YOU & ACKNOWLEDGEMENT

The delivery of a validated, defensible, objective and fair qualifying examination is an important requirement applicants must meet who seek entry into the profession of denturism. The road to embark on a new QE was commenced under the vision of Ms. Deanna Williams and Council and became reality in July 2014.

The Council and the Qualifying Examination Committee thanks the many members of the profession and its Chief Examiner Richard Bondy for their expertise, enthusiasm, unfailing commitment, and the many hours of professional time they gave to assist with developing and administering the new qualifying examination. It could not have been done without you!



THANK YOU & ACKNOWLEDGEMENT

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James Durston

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Annie Galipoli

Robert Gaspar

Akram Ghassemiyan

Norbert Gieger

Noa Grad

James Harrison

Sultana Hashimi

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