

## It's All About Choices by Nance Wabsbaw

WREB has conscientiously and patiently built itself into a top-tier examining agency over the last two-plus decades. WREB does not want the upheaval in the testing community to undo the quality of this work or to limit the fruits of this labor only to the western United States. So WREB recently began announcing to its various constituencies its intention to be a national testing agency.

This news has been received with thanks and a certain sense of relief around the country. WREB test results are already accepted in 32 states but the goal is to increase that acceptance, which at the same time results in greater mobility for dentists and dental hygienists.

The upheaval in the last months produced by a realignment of some testing agencies attempting to become

one national exam led to much corporate soul-searching by WREB. After a lot of thought and discussion, WREB decided that in order to maintain the quality of our exams, we need to remain who we are and expand our reach to the rest of the country so that whatever else happens on the national scene, one tried and true national exam will be in place for the good of those needing its service to become licensed as dentists and hygienists.

WREB believes that by providing ourselves as a viable choice for those needing to take a licensing exam, we are maintaining and, in fact, improving the quality of testing to reflect our ultimate goal: to ensure that we continue to play our role in protecting the public through the process of testing for professional competency before licensure.

In order to highlight our new thrust,  
WREB has chosen to downplay our regional beginnings by adjusting our name.  
Our new name is simply...

**WREB/ A National Dental and Dental Hygiene Testing Agency**



**WREB/A National Dental and Dental Hygiene Testing Agency**

9201 North 25th Avenue, #185  
Phoenix, AZ 85021



[www.wreb.org](http://www.wreb.org)

Fall 2005

## Wisdom from a Program Director

*by Carrie Hobbs, Hygiene Program, Tyler, Texas*

It was an honor to be asked last spring to represent dental hygiene educators in the Western Region on the WREB Dental Hygiene Examination



Review Committee (DH-ERC). As chair of Tyler Junior College Department of Dental Hygiene in Tyler, Texas, I am always happy to find ways to stay current on examination procedure for the benefit of our students and to become more connected with other professionals.

After meeting with the DH-ERC this past summer, my confidence in WREB and its efforts to provide a fair examination that upholds the quality of dental health care that we have grown to expect was confirmed with gusto. In my behind-the-scenes experience, I am privileged to work with outstanding examiners from each state in our region who bring a wealth of knowledge to the table. As WREB goes national, we have many new challenges ahead, but I am confident that WREB administrators and examiners will continue to strive for standards that are worthy of our profession.

Students, my advice to you as you prepare this year for your WREB exam is to read your Candidate Guide until you feel you have it memorized, make sure your patient qualifies in all ways, especially those qualifying deposits (make sure they ARE qualifying), and take advantage of every learning opportunity you can. While you have your instructors around, allow them to help you find ways to improve every day. Good luck to you all, and may God bless each one of you.

## 2006 WREB Dental Hygiene Examination

*by Barbara Leatherman Dixon, RDH, MEd,  
WREB Dental Hygiene Subcommittee Chairperson*

The dental hygiene exam was evaluated psychometrically in July 2005 and the summative evaluation commended WREB for developing an excellent examination program that has much strength in terms of validity evidence. The full report can be accessed on our web site: [www.wreb.org](http://www.wreb.org). Keep reading for some highlights of the 2006 exam.



- Patients with diabetes controlled by multiple daily insulin injections or an insulin infusion device will NOT be allowed.
- A qualifying patient must have a minimum of twelve heavy, subgingival calculus deposits in one quadrant (and up to four additional teeth). There is a maximum of three submissions. An integral component of the examination is the candidate's ability to submit a patient who meets published oral conditions criteria. Allowing repeated submissions on unlimited patients is unwarranted and also not in the best interests of patient safety.
- Treatment time is two hours and thirty minutes. All supra and subgingival calculus should be removed from the quadrant/teeth submitted by you and accepted by examiners for treatment. Twelve surfaces will be randomly selected by examiners for scoring purposes. Errors will be marked for discernable subgingival and/or supragingival calculus, including burnished calculus. Scientific evidence substantiates the importance of removing all detectable calculus to enhance the healing process and reduce inflammation. The legal standard of care and basic professional competency standards dictate this level of performance.
- Facial and lingual recession measurements are required and both will be evaluated. Examiners evaluate the gingival and non-gingival tissue condition in the submitted and adjacent quadrants. Five validated tissue trauma errors will result in a requirement for remediation prior to applying for and retaking the exam.

For a complete review of test specifications, check our web site. Also be sure to look at the helpful tips included under our Advice from Candidates section on the web site. The 2006 Candidate Guide will be available on our web site around December 1st.

Best wishes as you complete your education and get ready for boards!

## Dental Hygiene, Anesthesia, & Restorative 2006 Schedule & Fees

These are the dates we have at press time. Continue to watch our web site ([www.wreb.org](http://www.wreb.org)) for possible revisions.

Exam Location	Exam Date	Deadline	Fees
Portland Comm. College • Portland, Oregon	February 25-26	January 11	anesthesia only \$210
Univ. of New Mexico • Albuquerque, New Mexico	March 3-5	January 17	anesthesia only \$205
Weber State Univ. • Ogden, Utah	March 16-19	January 30	anesthesia only \$205
Phoenix College • Phoenix, Arizona	March 16-19	January 30	anesthesia \$200, hygiene \$780
Rio Salado Comm. Coll. • Phoenix, Arizona	March 18-19	February 1	anesthesia only \$200
Eastern WA Univ. • Spokane, Washington	March 24-26	February 7	anesthesia only \$210
Lake WA Tech. Coll. • Kirkland, Washington	March 31–April 2	February 14	anesthesia \$230, restorative \$355
Baylor College • Dallas, Texas	April 21-24	March 7	hygiene only \$810
Lane Community College • Eugene, Oregon	April 22-23	March 8	anesthesia only \$198
Apollo College • Boise, Idaho	April 27-30	March 13	anesthesia \$205, hygiene \$775
University of Texas • San Antonio, Texas	May 5-8	March 21	hygiene only \$810
Rio Salado Comm. Coll. • Phoenix, Arizona	May 5-8	March 21	anesthesia \$200, hygiene \$765
Weber State Univ. • Ogden, Utah	May 9-12	March 24	anesthesia \$205, hygiene \$765
University of Texas • Houston, Texas	May 11-14	March 27	hygiene only \$810
University of Alaska • Anchorage, Alaska	May 12-14	March 28	anesthesia \$190, hygiene \$865
Salt Lake Comm. Coll. • Salt Lake City, Utah	May 18-21	April 3	anesthesia \$210, hygiene \$770
Phoenix College • Phoenix, Arizona	May 19-22	April 4	anesthesia \$200, hygiene \$780
MSU • Great Falls, Montana	June 3-4	April 19	anesthesia \$200, hygiene \$780
Lake WA Tech. Coll. • Kirkland, Washington	June 5-10	April 21	anesthesia \$230, hygiene \$800
University of Oklahoma • Oklahoma City, Oklahoma	June 9-12	April 25	hygiene only \$800
Eastern WA Univ. • Spokane, Washington	June 11-15	April 27	anesthesia \$210, hygiene \$810, restorative \$345
Idaho State University • Pocatello, Idaho	June 21-25	May 8	anesthesia \$205, hygiene \$775, restorative \$340
Univ. of New Mexico • Albuquerque, New Mexico	June 23-25	May 9	anesthesia \$205, hygiene \$800
OHSU • Portland, Oregon	June 24-28	May 10	anesthesia \$220, hygiene \$785
Lake WA Tech. Coll. • Kirkland, Washington	September 6-9	July 24	anesthesia \$230, hygiene \$800, restorative \$355
University of Texas • Houston, Texas	September 7-10	July 24	hygiene only \$810
Univ. of Southern CA • Los Angeles, California	December 14-17	October 30	anesthesia \$230, hygiene \$850

### WREB Gets Evaluated *continued from page 4*

Hygiene Evaluation section called “Summative Evaluation:”

“The argument, claim for validity, and evidence presented in this document, in WREB’s technical reports, and other documents strongly support the validity of using test scores for making pass/fail decisions that affect licensing of dental hygienists in WREB’s participating states. WREB is commended for developing an excellent examination program that has many strengths in terms of the categories of validity evidence presented here and no apparent weaknesses.”

“The greatest strength is the overall commitment to excellence that permeates all aspects of the program. This includes the Board of Directors, the Examination Review Committee, the Dental Hygiene Examination Committee, and the staff who plan and administer the program and the participation of states, dental hygiene schools, and other constituencies that support such testing programs, such as the American Association of Dental Examiners, and the guidelines they recently published with WREB’s help and support. The Dental Hygiene Examination subcommittee operates effectively.

They are advocates for improvement, and their minutes and recommendations give ample evidence of this commitment.”

“The evidence presented in this document and other evidence that is in WREB’s archive is very strongly in support of WREB’s participating states using these test scores for making pass/fail decisions for licensure in dental hygiene. All indicators point to the presence of a very high quality examination.”

In the opening section of the Dental Hygiene report, Dr. Haladyna also states, “WREB has consistently validated its test score uses and improved its dental and dental hygienist examination programs. Reports like this one and annual reports and other documents in WREB’s archive provide substantial documentation of this continued effort to provide a high quality, validated examination program.”

The results of these evaluations confirm that WREB’s efforts for constant improvement are worthwhile. It is hard to imagine how WREB could receive a more positive review from a more credible evaluator. The results provide WREB with motivation to continue improvement in order to provide the best testing possible.

### Student Reflections *continued from page 4*

the student clinic to see how the students were holding up as they waited for their patients to qualify. While the patients are examined for qualification, the students have time to set up their clinic and prepare for treatment by organizing, sharpening instruments, and verifying paper work.

I could feel the tension in the room, but once they were all working on a patient, things were much more relaxed and the students worked away just like they would on a normal clinic day at school. Each student had two hours and thirty minutes to complete his or her patient. There is plenty of time and no need to stress after the patient has been qualified. No one looks over the students’ shoulders or disturbs them during this part of the exam (except for me of course); they work in their own little world. However, they do watch very carefully the official WREB clock mounted in the clinic because there are penalties for going over the two hours and thirty minutes.

The floor assistant was an incredible help to all the students while they were working: he made sure that they all had their water refilled as needed and assisted in many other ways as well.

When the students are completed with their patients, the patients go to check-out and the official check-out time is recorded. Then the patient proceeds to the examiners’ clinic once again. Three separate examiners check each patient and again, they do not share any information with one another about their findings. They evaluate the student’s ability to establish an occlusal classification, the periodontal disease classification of the patient, recession, probing numbers, intra oral/extra oral exam findings, and of course they assess calculus removal skills. Here I want to share something that I found interesting. The students often get point deductions for choosing the incorrect periodontal classification. Most students are too conservative when selecting the periodontal classification.

As all the students had finished and the examiners were working on the grading, I had an opportunity to attend the Candidate Orientation meeting held for all students the day before they take the exam. This orientation is presented by the Chief Examiner and gives the students

an opportunity to ask any last-minute questions. At this orientation the students also receive some of the paper work that is required to be filled out on the day of the exam. Prior to the orientation meeting I would recommend being extremely familiar with the candidate guide. This is really important in order to understand the process of the exam and know what questions you may have.

As I was leaving the building after this valuable experience, I ran into a few of the students in the patient waiting room. I asked them if they had any good advice for me and other future test takers while everything was still so fresh in their minds. One student said to find a very heavy calculus patient, she said she could not stress this enough. Another student suggested to be acquainted with the candidate guide in detail.

Some of my advice to myself after getting this inside view of the key to my future career in dental hygiene is to start the search for a patient right away. My patient will also understand what to expect on the day of the exam. I will take my time explaining each step of the exam so he/she understands what to expect. I will make sure that they know almost as much as I do. I will have a blanket for the patient in case it is cold in the clinic and they don’t move much for many hours. Perhaps a Walkman would be nice for the patient, or something they can read while they wait between the different steps of the exam. Additionally, I will be reading the candidate guide and know it thoroughly, because this will make a great difference on test day and could help reduce unnecessary stress. Good preparation is the key to passing this exam.

It takes three to four weeks before the students will know if they passed the WREB exam.

I feel very fortunate to have had this experience and as I finish this summary, one more thing comes to mind. I want to thank the whole examining team for being so nice to me during my observations, and I want to express that I am very impressed with the organization and everyone’s professionalism throughout the entire day. This helps me feel much more relaxed and encouraged as I start my own preparations to become a dental hygienist.

## WREB Gets Evaluated by Del Hammond, WREB Testing Specialist



### How Does A Licensing Testing Program Get Evaluated?

Some states like California have written *Examination Validation Policy* guides that direct state agencies to provide periodic evaluation of all licensing examinations that are used by the state. Most states do not require WREB to have state or external reviews, but the American Association of Dental Examiners (AADE)

*Guidance for Clinical Licensure Examinations in Dentistry* recommends periodic reviews by evaluators who are independent (not regularly employed by the organization being evaluated). WREB is like any other profession - we would like to provide evidence that we are doing a wonderful job. So, how does WREB go about getting evaluated? Well, what we did was to commission validity studies for the Dental and Dental Hygiene Examinations. In a validity study, the evaluator gathers evidence that supports or detracts from the appropriateness of using WREB examination results to help determine candidates' qualification for licensure. If the evidence is overwhelming in support of using the examination scores, WREB can tell the states who accept the examinations for licensing that using WREB results is valid.

WREB was pleased to obtain the services of Dr. Tom Haladyna

to perform the evaluations. He is one of the most qualified specialists for certification and licensure testing. And, he resides in Phoenix, home of the WREB central office. He has been a professor of educational psychology at Arizona State University at the Phoenix west campus since 1989 and was previously the Director of Health Programs at the American College Testing (ACT) programs in Iowa City, Iowa. He has been a consultant for 13 certification/licensure programs. His clients include the American Dental Association and he has also provided guidance for school testing programs. He is the author of numerous books and journal articles in the field of testing.

Dr. Haladyna reviewed the minutes of examination development subcommittee meetings, Examination Review Committee meetings, and Board of Director meetings. He also reviewed candidate guides and procedures for examination score validation, examiner scoring and training, and evaluated standardization of examination administration. He analyzed examination scoring results to evaluate reliability, examiner consistency and dimensionality. He evaluated content-related validity evidence, scoring criteria, the development of passing standards, the reporting of scores, and annual technical reports.

After all the dust had settled, the results of his reviews were very positive. The following are his summary comments from the Dental

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## 2005 Student Observer Reflections

by Dorothe Matowitz

I had the fantastic opportunity to be a student observer at the Western Regional Examining board (WREB) exam on May 25, 2005 at Rio Salado College in Phoenix, Arizona. Since I will be a senior dental hygiene student Fall semester 2005 at Phoenix College, I feel very fortunate to have had this experience prior to starting my own preparations for the WREB exam next March.

I reported to the WREB site coordinator who would be my guide through the day. While giving me a quick tour of the testing facility the WREB site coordinator introduced me to the Chief Examiner, the examiners, the patient check-in assistant, the floor assistant, and the chair-side assistants, who all play an important role in making the WREB exam run smoothly.

The first part of the exam involves approval of the patient by the Chief Examiner. The patient then proceeds to the check-in assistant. At this point the patient carries his or her treatment tray with the appropriate instruments and his or her x-rays, paperwork, etc. The check-in assistant very carefully verifies that all paperwork has been filled out correctly with the right candidate number and that the patient tray has all the correct instruments needed for the examiners' evaluation of qualification. A chair-side assistant then escorts the patient into the examining area.

The area where the examiners qualify or disqualify the patients is completely separate from the student treatment area, and examiners and students do not have any contact with one another throughout the day. Only one examiner has to qualify a patient but it takes two examiners to disqualify a patient. If one examiner

disqualifies a patient, a second examiner will assess the patient. The examiners do not communicate about or discuss any of their findings. Both examiners have to reject the patient for disqualification. The examiner can qualify a patient when there are 12 surfaces with clickable heavy, subgingival calculus in one quadrant. If necessary the student has the option to add one to four teeth in other areas of the oral cavity in order to meet the criteria.

As I was observing the examiners doing their job of qualifying the patients, I learned that diagnostic radiographs are critical tools for qualification. A patient can be disqualified if the radiographs are not of diagnostic quality.

The examiners were all great and they were very professional and helpful to me as I observed them work and kept asking questions. They allowed me to sit down and feel the calculus on some of the patients that were qualified immediately; this gave me a good idea of what exactly the examiners are looking for to qualify selected patients. Without a doubt, patient selection is the toughest part of the WREB exam. When I asked the examiners for some good advice about selecting a patient that would qualify, they advised submitting a patient who exceeds the minimum criteria. In addition, they really stressed not pre-scaling the patient once one has been selected. Also, they emphasized to read the candidate guide very thoroughly prior to test day.

After observing the qualifying part of the exam, I proceeded to

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## On Having Patients by Nance Wabsbaw

One of the loudest voices in the dental community these days is the voice demanding that patients not be used in board exams. The arguments on the various sides of this issue are readily available for review and discussion. For purposes of your immediate career, however, patients remain part of the board equation and therefore require serious consideration as you prepare for your examination.

This consideration goes beyond the careful assessment of your patient to determine his or her qualifications to be a board patient. There are ethical issues to consider as well.

The most stressful part of the board exam indeed may be finding a patient and a backup patient who not only agree to participate but meet the criteria. The first ethical issue here is that the persons agreeing to be patients are agreeing freely, not through coercion. To round out the meaning of this agreement, it should have all the earmarks of informed consent; i.e., the patient should be told of the advantages of his or her participation, which is often most importantly the opportunity to have needed hygiene work completed. The patient should also be told of the potential risks and the candidate's inability to deliver a full complement of hygiene services within the constraints of the examination

environment. The time commitment and expected behaviors of the patient should be fully explained. The candidate should make sure to provide conscientious follow-up information for his patient(s) as much as he should provide conscientious treatment during the examination process.

In sum, the ethical considerations are three:

- Ensure the patient is freely willing and fully informed.
- To paraphrase the Hippocratic oath, "First, do no harm."
- Do your very best during the exam and after to promote this person's oral health.

With these ethical considerations as backdrop, you now have the task of screening and choosing your board patients. Here is a suggested procedure as you undertake patient selection:

*Study the exam patient criteria.* Know the criteria thoroughly and if you are unclear about part of it, get answers from WREB.

*Be sure to select more than one patient.* Have a backup patient available in case your patient fails to show up or is not accepted by the examiners.

In light of the ethical considerations above, *choose patients you feel comfortable treating.* There is no excuse for choosing a patient simply because they may be the

"easiest" for you. There is also no excuse in choosing a challenging patient for which you are not yet prepared.

*Select patients yourself.* Don't rely on someone else's interpretation of the criteria. They will not be taking the exam. Even the best intentioned professional may not interpret the criteria correctly and put your success in jeopardy.

*Communicate fully with your patients.* These patients are not only doing themselves a favor but they are doing you one as well. They need and deserve to know all the details of the exam and their involvement. They should be provided at least one way to contact you should they need further information or advice before *and* after the exam. You should provide them with a ride to the exam site or at the very least, clear directions and accurate times. When you receive your candidate number, that is an important piece of information for the patients in locating you on exam day.

Once you are licensed and practicing, patients will be seeking you out; for the board, however, you are the seeker. The way you treat your board patients will say a lot about how you will treat patients in your practice. Even though this board exam is "all about you" it never ceases to be first and foremost about the patients you treat. After all, that is why you are entering the field in the first place.

## The Easy Part: Applying for a WREB Exam

*To save yourself time, confusion, and perhaps even money (!) later, please save this article and have it handy when you actually begin to apply for your WREB exam(s).*

WREB is committed to making the application process as easy as possible. We allow the use of credit cards when you apply for an examination online. You can download the examination forms directly from the web site. The only thing we haven't figured out how to do (yet) is take your picture online!

Let's review the preparations needed to successfully apply for one or more of the WREB examinations:

- Determine which site and which exam type(s)
- Have a credit card ready (or you may send a money order or cashier's check with your application materials)
- At least two identical photos will need to be submitted with your application materials
- Go to our web site at [www.wreb.org](http://www.wreb.org) and read the application information carefully

The only document(s) you can wait to send us (up to two weeks before the exam begins) are the following:

- dental hygiene certification form, transcript, or diploma
- anesthesia certification form or other proof of anesthesia course completion
- restorative certification form or other proof of restorative course completion

After your online application and payment (if paying by credit card), download and fill out the application paperwork (four pages), acquire the appropriate number of photos (one permanently affixed to your Policy Agreement and one additional for every exam you are taking), and mail all of this to the WREB office immediately. Your application will be cancelled if we do not have your materials within five business days of your online application. Applying online does not guarantee a spot in the exam; a complete application is the key!

**IMPORTANT REMINDER: If you apply online ON the application deadline, you will still be required to pay a \$100. Late Fee because we do not have your complete application in our hands on that date.** So, plan ahead and you should have a smooth and virtually pain-free application experience!