Abstract: There has been concern about using patients for dental licensing examinations. To determine the patients' perspective on treatment received, the WREB examination agency analyzed surveys of patients who were treated by dental and dental hygiene licensure candidates for one year's examinations. The patient responses were categorized, summed, and reported. The results indicated patient satisfaction with no concerns that would indicate patient abuse.
INTRODUCTION

Dental and dental hygiene licensure candidates have typically been required to demonstrate their skills on patients for licensure testing. There are advocates for the elimination of patients in the testing process. The topic for the 2002 Conference of Dental Examiners and Dental School Deans was “The Role of the Patient in Clinical Education and Dental Testing.” One of the presenters was Barbara Dixon, RDH, M.Ed, who brought a large stack of patient surveys from that year’s Western Regional Examining Board (WREB) dental hygiene examinations. Her point was that most patients for the examinations seemed to be happy with the experience and would be willing to participate again. Some of the educators were surprised and asked if similar information from surveys was available for dental examinations. Since it was, WREB was asked to compile the results and publish the findings. At the summer 2003 WREB Board of Directors meeting, the Board voted to have WREB staff compile the survey results for the 2004 testing year.

THE SURVEY
For many years, WREB has provided every examination patient with a brochure that provides information about WREB, the examination, and follow up care. The last page of the brochure is a questionnaire that provides feedback to help WREB improve service to patients and candidates. Each questionnaire is reviewed by the Examination Review Committee (ERC) chairperson who brings
suggestions, based upon patient comments, to subcommittees who revise the examinations.

The questions asked on the questionnaires, as shown below, primarily related to comfort and examination quality/improvement. Sufficient space has been provided for any narrative that patients may wish to include. The data that were compiled are from all of the questionnaires that were collected during the 2004 testing season totaling 839 dental and 674 dental hygiene patient questionnaires. WREB has no way of counting the number of individuals who were patients, but the number of examinations given was 1381 in dentistry and 1183 in dental hygiene.

**Dental Hygiene Examination Patient Questionnaire**

Did you understand the exam procedures and time commitment?

How did your candidate treat you during the exam?

How did the examiners treat you during the grading evaluation?

Did any exam procedure or process make you feel uncomfortable?

Was this a worthwhile experience for you? Why?

Would you be willing to be a patient for a WREB exam again?

**Dental Examination Patient Questionnaire**

At times, you may have waited in line or in the examining area. Which best describes your wait time?

9 5-15 mins. 9 16-30 mins.
9 31-45 mins. | 9 more than 45 mins.

Did your candidate explain the exam procedures to your satisfaction?

Were the grading examiners courteous during the exam process?

Did you find WREB staff (Floor Examiners, Auxiliaries and other WREB staff) friendly and supportive?

What can WREB do to make patients more comfortable?

What are your suggestions for improving the WREB exam?

CLASSIFICATION OF RESPONSES

The question responses fell into two major categories. Some were of a yes/no/unsure response type and the others were a qualitative, positive/negative/neutral response type. A judgment was made to categorize the positive, negative, and neutral responses/suggestions based on the patient's opinion of the quality of the examination process and/or the impact on the patient's dental health. For example, a patient comment about the facility being too cold would be classified as neutral since that comment was not related to the quality of the examination and had no impact upon the patient's dental health. The responses were tabulated and counts summarized for all of the patient questionnaires received, representing over half of the patients that participated in the examinations. Although the questions were not all related to patient dental health, the responses to all questions are presented here.
Only 10 (1.5%) of the 674 patients said that they did not understand the examination procedures and time commitment.

Of the 674 patients, 658 (97.6%) made positive comments about their candidate. Many used superlatives like: great, excellent, and fantastic when describing the candidate. There were 10 (1.5%) neutral and 6 (0.9%) non responses. No negative responses were made.

There were 646 (95.8%) positive statements about the examiners, 19 (2.8%) neutral comments, and 7 (1.0%) non-respondents. One (0.1%) patient commented about a “rough” examiner and one thought an examiner was mean.

The question about patient comfort received positive comments from 601 (89.2%) patients and only one negative comment from the same person who commented about the mean examiner who caused (emotional) discomfort. There were 639 (94.8%) patients who said that the experience was worthwhile while only 22 (3.3%) of the patients thought that the experience was not worthwhile. But, over half (14) of the 22 are willing to be patients for another examination. The following patient comments are typical examples of the many positive comments:
I had not been to a dentist in many years & yet I was put at ease,
I am on the right path to better dental care,
It was just like a visit to an actual dentist - great job!
A very comfortable & friendly experience,
A win/win situation (21 patients had this comment),
I desperately needed my teeth cleaned,
I never had my teeth cleaned before,
I learned more about taking care of my teeth,
Examiners were concerned for my welfare,
It was a paid vacation AND I got my teeth cleaned,
100% good. Excellent. I love it.

There were 522 (77.4%) responses from patients who are willing to be
patients for another examination. Of the 79 (11.7%) who are not willing, 46
provided comments. Only 10 (1.5% of all responses) could be classified
as somewhat negative, indicating some degree of discomfort such as
having sensitive gums. Sixteen of the 79 contained positive comments
about the examination and 20 related that they were examination patients
only as a favor to a family member or friend and had no reason to be a
repeat patient. There were 73 (10.8%) neutral or non-responses to the
question asking about their willingness to participate in another
examination.
DENTAL EXAMINATION PATIENT RESPONSES

Of the 839 patient responses, 619 (73.8%) reported waiting times of less than 16 minutes. Waiting times of more than 30 minutes were reported by 60 (7.2%) patients while 71 patients did not respond to this question.

Only 2 (0.2%) patients indicated dissatisfaction with the examiners but they had no significant comments.

Three (0.4%) patients were dissatisfied with the staff. One of the three patients complained about warm temperatures in the clinic, another complained about bossy auxiliaries (assisting staff) and the third suggested that auxiliaries should smile. The staff earned a positive rating from 814 (97%) patients.

There was only one negative patient response that could possibly indicate mistreatment. The patient was not specific, stating that a lack of organization and preparation caused some pain. This patient was also the only one to indicate that the examination needed improvement. The most frequent negative responses were related to comfort and examination improvement. They were directed at: (1) the rubber dam used for isolation causing discomfort [24 comments (2.9%)] or appearing in front of other
patients with the dams in place [4 comments (0.5%)], and (2) to reducing waiting times [38 comments (4.5%)]. The positive comments on comfort numbered 347 (41.4%). In response to the question requesting suggestions for examination improvement, 228 (27.2%) patients made positive comments about the excellent quality of the examination instead of making recommendations. None of the recommendations for examination improvement were related to patient mistreatment.

The following patient comments were typical:

- This is the best treatment I have ever received,
- Nothing to improve on,
- Doesn't need improvement - excellent,
- The WREB program is great; don't change but advertise more,
- Darn near perfect,
- Staff deserves all credit for great exam,
- Everything is perfect,
- Excellent service.
SUMMARY

The patient questionnaires support a conclusion that the vast majority of patients are satisfied with the examinations and have not been mistreated. Only the one comment about poor planning and pain could be considered a possible indication of mistreatment, but that patient also indicated satisfaction with the staff. The experience WREB has had during the examination season is likely to have been much better than what might be expected in private practice for the same number of treatments. Most patient comments were extremely complimentary and no substantial negative comments related to treatment were found. Consequently, we conclude that having candidates demonstrate their abilities on patients during WREB examinations is not the misuse of patients that has generally been asserted. Instead, in many cases, the WREB examinations were an introduction to dental preventive and restorative care that will have a positive impact on an individual's future dental health.

REFERENCES