



WESTERN REGIONAL EXAMINING BOARD

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Clinical Examinations in Dentistry

WREB Position on the Use of Patients for Clinical Examinations

The Western Regional Examining Board (WREB) is a not for profit testing agency whose purpose is to provide clinical licensing examinations for its member states. WREB is under an obligation to provide examinations that are, per contract with member states, “sufficiently comprehensive and realistic as to fairly and reasonably test and reveal the clinical knowledge and competence of the candidates for licensure as Dentists or Dental Hygienists”. WREB believes that the primary purpose of licensure testing is to protect the public, although the interests of all stakeholders in the licensure process are considered when making testing decisions.

The clinical examinations developed and administered by WREB rely heavily upon the use of patients to evaluate candidates for licensure. This allows for many of the tasks tested on patients to be the same patient tasks that are required of the candidates when they begin their professional practice. Testing these tasks on patients provides the maximum realism and validity in the use of test results when making the decision to license candidates based upon candidates’ test performance.

When developing examinations and determining what tasks should be evaluated, WREB considers relevance to practice and the ability to effectively evaluate each task. As in most testing situations, a WREB examination is a sample of the tasks from the domain of the tasks performed in practice. WREB tests candidates on performance of tasks on patients that are performed in practice whenever possible in order to maximize the validity of licensing decisions. When tasks cannot be evaluated using patients during the tests, substitutes are used, such as extracted teeth for endodontic treatment. Some professional tasks are not tested because methodologies for testing are not available.

WREB watches the progress in the development of typodonts and simulated oral tissue which could provide an opportunity to obtain measures of candidate performance. Review of new technologies for many years has not provided WREB viable options for replacing human patients or for significantly decreasing the number of tasks that require patients. The board believes that the models reviewed to date are inadequate to provide measures of candidate performance that are suitable to replace patients.

Although WREB acknowledges the philosophical concerns with using patients for licensing tests, WREB does not believe that using patients at WREB tests is more damaging to patients than treatment they might receive elsewhere. Candidates are under considerably more scrutiny than a dentist or dental hygienist in practice. WREB examinations are supervised by floor examiners who observe infection control practices and the conduct of clinical operations. In extreme cases, candidates may be removed from the examination for improper actions. Candidates are under pressure to accomplish the best work possible, since obtaining their licenses depends upon the treatment they give.

WREB recognizes that candidates perceive that differences in their performance are sometimes related to patient selection. WREB has worked diligently to define acceptance criteria, scoring criteria, and passing standards to minimize the effect on candidate scores that results from patient differences. WREB has developed a schedule for testing activities that allows candidates flexibility to resolve unexpected concerns. WREB understands that candidate scores may be affected by patients who do not appear for the examination or who must leave the examination because of unforeseen events. WREB tests allow for back-up patients which reduces the effect of this problem. WREB will continue to pursue new methodologies and technologies that could further reduce the impact of patient availability.

In summary, WREB does not unequivocally oppose a reduction of testing on patients, but has not been able to find technology or methods to allow elimination of their use. The importance of the validity of the licensing decisions that result from the test scores must be a primary concern since the licensing test is presently the best measure of a candidate's ability to practice on patients. WREB constantly reviews the testing process and regularly updates the tests it administers. When alternatives are developed that have a demonstrated ability to provide the same validity as testing that uses human patients, WREB will be ready to consider adoption of those technologies or methodologies.