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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

**STATE BOARD OF DENTISTRY
VIA VIDEOCONFERENCE**

TIME: 10:32 A.M.

PENNSYLVANIA DEPARTMENT OF STATE

September 10, 2021

1 State Board of Dentistry
2 September 10, 2021
3
4

5 BOARD MEMBERS:
6

- 7 K. Kalonji Johnson, Commissioner, Bureau of
8 Professional and Occupational Affairs - Absent
9 R. Ivan Lugo, D.M.D., M.B.A., Chairperson
10 Brice D. Arndt, D.D.S.
11 Shawn M. Casey, D.M.D.
12 Barbara (Bonnie) L. Fowler, Public Member
13 Godfrey Joel Funari, M.S., D.M.D.
14 Theresa A. Groody, EFDA
15 Alice Hart Hughes, Esquire, Secretary, Public
16 Member
17 Joel S. Jaspán, D.D.S.
18 Andrew S. Matta, D.M.D.
19 LaJuan M. Mountain, D.M.D.
20 Donna L. Murray, RDH, PHDHP, MSDH
21 Amber Sizemore, Esquire, Office of Attorney General
22 Jennifer Unis Sullivan, D.M.D., J.D.
23
24

25 BUREAU PERSONNEL:
26

- 27 Dana M. Wucinski, Esquire, Board Counsel
28 Shana M. Walter, Esquire, Board Counsel
29 Paul J. Jarabeck, Esquire, Board Prosecution Liaison
30 Lisa M. Burns, Board Administrator
31
32

33 ALSO PRESENT:
34

- 35 David M. Waldschmidt, Ph.D., Director, American Dental
36 Association Department of Testing Services;
37 Director, Joint Commission on National Dental
38 Examinations
39 Jessica L. Bui, Executive Director, Southern Regional
40 Testing Agency, Incorporated
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1 State Board of Dentistry

2 September 10, 2021

3 ***

4 [Lisa M. Burns, Board Administrator, reminded everyone
5 that the meeting was being recorded, and voluntary
6 participation constitutes consent to be recorded.]

7 ***

8 The regularly scheduled meeting of the State
9 Board of Dentistry was held on Friday, September 10,
10 2021. R. Ivan Lugo, D.M.D., M.B.A., Chairperson,
11 called the meeting to order at 10:32 a.m.

12 ***

13 Introductions

14 [Board members and attendees were not introduced.]

15 ***

16 [R. Ivan Lugo, D.M.D., M.B.A., Chairperson, noted the
17 Board would use the latest agenda to move forward
18 today.]

19 ***

20 Approval of minutes of the July 16, 2021 meeting

21 CHAIRPERSON LUGO:

22 The second item on our agenda is
23 approval of the minutes and if I could
24 have a motion?

25 DR. ARNDT:

1 So moved.

2 CHAIRPERSON LUGO:

3 Second?

4 DR. JASPAN:

5 Second.

6 CHAIRPERSON LUGO:

7 Any comments, additions, edits to the
8 July 16 minutes? Hearing none.

9 Let's take a vote to accept the
10 minutes for July 16. All in favor of
11 approving the minutes for July 16? Any
12 opposed?

13 [The motion carried. Ms. Hughes abstained from voting
14 on the motion.]

15 ***

16 Report of Prosecutorial Division

17 [Shana M. Walter, Esquire, Board Counsel, noted the
18 Board waived the request for prosecution to present
19 their report.]

20 MS. WALTER:

21 Item 2 on the agenda is Case No. 21-46-
22 005380.

23 I believe the Board would entertain
24 a motion to approve the Consent
25 Agreement.

1 CHAIRPERSON LUGO:

2 Could I have a motion?

3 DR. FUNARI:

4 I'll make that motion.

5 CHAIRPERSON LUGO:

6 Second?

7 MS. MURRAY:

8 Second.

9 CHAIRPERSON LUGO:

10 Call the question. All those in favor,
11 say aye. Any oppose or abstain?

12 [The motion carried unanimously. The Respondent's
13 name in item 2 is Destiny Mojica, EFDA.]

14 ***

15 Report of Board Counsel - Final Adjudication and Order

16 MS. WALTER:

17 Item 3 on the agenda is the Final
18 Adjudication and Order in the matter of
19 Michele M. Molchany, RDH, Case No. 19-
20 46-015069. For the record, Sizemore,
21 Hughes, and Matta are recused.

22 I believe the Board would entertain
23 a motion to adopt the Final Adjudication
24 and Order in this matter.

25 CHAIRPERSON LUGO:

1 Could I have a motion?

2 DR. MOUNTAIN:

3 Motion.

4 CHAIRPERSON LUGO:

5 Second?

6 MS. MURRAY:

7 Second.

8 CHAIRPERSON LUGO:

9 All those in favor? Any abstentions or
10 nays?

11 [The motion carried. Ms. Sizemore, Ms. Hughes, and
12 Dr. Matta recused themselves from deliberations and
13 voting on the motion.]

14 ***

15 Report of Board Counsel - Miscellaneous

16 MS. WALTER:

17 Item 4 on the agenda is James Norman
18 Cooper, D.D.S., Case No. 17-46-01134.

19 I believe the Board would entertain
20 a motion to deny the Motion for
21 Reconsideration.

22 CHAIRPERSON LUGO:

23 Could I have a motion?

24 MS. GROODY:

25 I move.

1 CHAIRPERSON LUGO:

2 Second?

3 DR. ARNDT:

4 Second.

5 CHAIRPERSON LUGO:

6 Call the question. All those in favor,
7 say aye. Any abstentions or nays?

8 [The motion carried. Dr. Sullivan and Dr. Matta
9 opposed the motion.]

10 ***

11 [Shana M. Walter, Esquire, Board Counsel, referred to
12 the legal correspondence received regarding pending
13 applications for licensure as a dentist for the
14 Commonwealth of Pennsylvania. She noted that the
15 applicants took the Southern Regional Testing Agency
16 (SRTA) manikin exam. She mentioned that the
17 correspondence would be discussed further in
18 connection with item 11 on the agenda.

19 Dana M. Wucinski, Esquire, Board Counsel,
20 referred to House Bill 1729 regarding teledentistry.
21 She stated the bill was referred to the Professional
22 Licensure Committee on July 20, 2021. She explained
23 that the legislation would establish teledentistry in
24 the Commonwealth of Pennsylvania and would require
25 insurance plans to cover services through negotiated

1 rates by the insurer and the provider. She informed
2 the Board that they would have to promulgate
3 regulations within 24 months if the bill passes.

4 Ms. Wucinski explained that the bill was created
5 to combat inequities and inequalities in dental care
6 in rural areas and would allow patients immediate
7 access to care, such as prescriptions for antibiotics.

8 Dr. Jaspan questioned whether taking over for
9 another dentist would be covered utilizing
10 teledentistry because one of the criteria is to have
11 access to records and to make sure the actions get put
12 in the patient's permanent record.

13 Ms. Wucinski explained that there are certain
14 requirements that are part of House Bill 1729 itself
15 and would become part of the act if passed, but some
16 of it is going to be up to the Board when they
17 promulgate their regulations.

18 Dr. Funari commented that Section 5(b) addresses
19 that and referred to Subsection (a)(1), shall not
20 apply to on-call or cross-coverage services.

21 Dr. Funari expressed concern about the bill,
22 where treatment must adhere to the American Dental
23 Association (ADA) and recognize subspecialty
24 parameters of care and clinical practice guidelines
25 but assumed the Board would also have the opportunity

1 to make that part of the comments and part of the
2 statute moving forward.

3 Ms. Wucinski commented that Board counsel would
4 typically prepare a bill analysis if the bill gains
5 traction and can raise that as a concern and reach out
6 to the Board.]

7 ***

8 Review of Applications

9 MS. WUCINSKI:

10 Agenda item 8. I believe the Board
11 would entertain a motion to
12 provisionally deny the Application for a
13 License to Practice as a Dentist for
14 Sunczerae Kushkituah, D.D.S.

15 CHAIRPERSON LUGO:

16 Could I have a motion?

17 DR. FUNARI:

18 I'll make a motion.

19 CHAIRPERSON LUGO:

20 Second?

21 MS. MURRAY:

22 Second.

23 CHAIRPERSON LUGO:

24 Call the question. All those in favor,
25 say aye. Any oppose, say nay.

1 [The motion carried unanimously.]

2 ***

3 MS. WUCINSKI:

4 Agenda item 9. I believe the Board
5 would entertain a motion to approve the
6 Application for a License to Practice as
7 a Dentist of Elizabeth M. Shin, D.D.S.
8 This would be under Act 41.

9 CHAIRPERSON LUGO:

10 Motion?

11 DR. FUNARI:

12 I'll make the motion.

13 CHAIRPERSON LUGO:

14 Second?

15 MS. GROODY:

16 Second.

17 CHAIRPERSON LUGO:

18 Call the question. All those in favor,
19 say aye. Any oppose, say nay.

20 [The motion carried unanimously.]

21 ***

22 Report of Board Counsel (cont.)

23 [Dana M. Wucinski, Esquire, Board Counsel, referred to
24 legal correspondence received from an attorney
25 regarding several applicants who had taken the SRТА

1 simulated examination. The applicants received
2 discrepancy letters when applying for their license.
3 Ms. Wucinski noted that the Board has only approved
4 the Commission on Dental Competency Assessment (CDCA)
5 American Board of Dental Examiners (ADEX) manikin exam
6 to provide a simulated clinical examination at this
7 time.

8 Ms. Wucinski commented that these applicants
9 relied on the Board's regulations at 49 Pa. Code
10 33.103(a), which states that the Board delegates the
11 authority to certain examination agencies to
12 administer the clinical examination and SRTA is one of
13 those examination agencies listed in the regulations.

14

15 Ms. Wucinski indicated at the last meeting that
16 the Board would be gathering additional data from all
17 the testing agencies listed in their regulations. Ms.
18 Wucinski noted that the Board had already approved the
19 CDCA/ADEX manikin examination, and the Board needed to
20 make a decision whether to accept the simulated
21 clinical exam for the remaining testing agencies
22 listed in their regulations. .]

23

24 Report of Board Chairperson

25 [R. Ivan Lugo, D.M.D., M.B.A., Chairperson, invited

1 Immediate Past Chair John F. Erhard III, D.D.S., to
2 comment regarding the legal correspondence. He noted
3 Dr. Erhard's comments were submitted and would be made
4 available if he cannot participate.

5 Chairperson Lugo mentioned that Dr. Erhard is
6 also very involved with CDCA, which is the agency that
7 administers the ADEX. He informed Board members that
8 they are part of the CDCA and able to be examiners of
9 the ADEX Exam for having been part of the State Board
10 of Dentistry.

11 [REQUESTED VERBATIM]

12 Chairperson Lugo stated the dental profession has
13 long been trying to achieve a single national test and
14 license portability, meaning to be able to take your
15 license from one state to another. Also, a general
16 trend to move from human testing to simulation testing
17 was ongoing when the pandemic hit and forced the
18 expedited development and attention to a valid
19 alternative clinical device to simulate a tooth and
20 perform the required clinical procedures to
21 demonstrate psychomotor competencies, but in a
22 simulated tooth.

23 As you know, the statutes allow us, the Board, to
24 make and test with our own examination, but the cost
25 and resources prohibit that, and it is not practical

1 when we are already a part of the CDCA and access to
2 voting rights on the examination process approval and
3 we are able to make --- to become examiners ourselves
4 to administer the ADEX.

5 As with the decision to not pursue our own exam,
6 a process was followed to invite all the testing
7 agencies to present, and the Board deliberated with
8 informed evidence and transparency and voted to accept
9 those at that time for human testing.

10 The current challenge then to change from humans
11 to manikins is not going to be probably temporary.
12 The Board has to make that decision, but the general
13 trend and from organized dentistry also is aligned to
14 move away from human subjects and begin to implement
15 simulations with manikins, and that's why you see this
16 movement expedited now by the pandemic, but it was
17 already a moving train.

18 Then, also, we have been undergoing the same
19 evidence-based process of discovery of the existing
20 data and again invited all testing agencies to
21 present. And all the information submitted has been
22 uploaded to a shared file online with access to all
23 Board members for evaluation in your own opinion and
24 an informed decision to accept validated ---
25 sufficient and validated toolsets for manikins and the

1 data to ensure that we implement equivalent testing
2 outcomes is our purpose and why this information is
3 being discussed for the Board to consider, deliberate,
4 and vote on, ideally today, but it is going to depend
5 on your comfort level with the evidence that has been
6 submitted.

7 We've also --- Lisa has been very good ensuring
8 that if the Board members have any questions that we
9 have a representative from each of the testing
10 agencies. Lisa extended the invite if we needed to
11 ask any questions but ---.

12 We hope that today, one is that we are clearer on
13 our intent to move away from human subjects to
14 manikins and then that we have a way to validate the
15 manikin substitution in a way that it is consistent
16 and fair for testing purposes of individuals who want
17 to practice and apply for licensing in the state of
18 Pennsylvania.

19 [END OF REQUESTED VERBATIM]

20 ***

21 [Ms. Burns uploaded Dr. Erhard's information under
22 Report of Board Chairperson.]

23 ***

24 Report of Committees - Probable Cause Screening
25 Committee

1 [Amber Sizemore, Esquire, Office of Attorney General,
2 noted the Probable Cause Screening Committee
3 considered one matter since the last meeting.]

4

5 Report of Committees - Scope of Traditional and
6 Emerging Practice

7 [R. Ivan Lugo, D.M.D., M.B.A., Chairperson, thanked
8 everyone for their participation. He thanked counsel
9 for their guidance and Ms. Burns for coordinating and
10 being present. He also thanked Dr. Matta and Ms.
11 Murray for guiding everyone through the process.

12 Dr. Matta also thanked those who helped pull
13 everything together. He noted the Scope of
14 Traditional and Emerging Practice Committee met on
15 September 9, 2021, and addressed several topics. He
16 mentioned discussion regarding dentists and dental
17 hygienists utilizing lasers and what is able to be
18 regulated, along with review of what other states are
19 doing.

20 Dr. Matta informed the Board that Ms. Murray
21 would be scheduling a presentation from the Academy of
22 Laser Dentistry at the upcoming Board meeting or the
23 following one to review and understand the risks and
24 benefits of lasers, looking at other states
25 regulations as a potential guide for consideration.

1 Dr. Matta noted the committee reviewed tooth
2 whitening and decided to remove the matter from
3 further discussion. He requested Ms. Wucinski propose
4 a motion to remove it from ongoing agenda items for
5 the Scope of Traditional and Emerging Practice
6 Committee and the Board.]

7 MS. WUCINSKI:

8 I believe the Board would entertain a
9 motion to abandon the proposed
10 rulemaking for 16A-4619 tooth whitening.

11 The Board began to promulgate a
12 Statement of Policy on March 1, 2013.
13 At this point in time, I believe the
14 Board would entertain a motion to
15 abandon this regulations.

16 DR. MATTA:

17 I would make that motion.

18 CHAIRPERSON LUGO:

19 Second?

20 DR. ARNDT:

21 Second.

22 CHAIRPERSON LUGO:

23 Call the question. All those in favor,
24 say aye. Any abstentions or opposed,
25 say nay.

1 [The motion carried unanimously.]

2

3 Dr. Matta addressed discussion regarding Botox
4 and fillers, noting the point of nomenclature to shift
5 the word Botox, which is a branded product, to the use
6 of botulinum injections and fillers. He stated Dr.
7 Arndt will research other states' consideration for
8 the use of those materials in the dental office with a
9 particular focus on neighboring states, as well as the
10 state of Louisiana for specific guidelines for
11 reference.

12 Dr. Matta also addressed discussion regarding the
13 use of digital impressions as well as its use in
14 delegation to auxiliary team members, dental
15 assistants, and expanded dental assistants. He noted
16 Dr. Casey has agreed to research states that have
17 defined regulations or guidelines in the use of
18 digital impressions and will present that at the
19 following Scope of Traditional and Emerging Practice
20 Committee Meeting.

21 Dr. Matta noted follow-up discussions around the
22 use of nitrous oxide by individuals other than
23 licensed dentists, stating that the matter would
24 continue to be reviewed. He mentioned Dr. Funari
25 provided information that would be reviewed by the

1 Scope of Traditional and Emerging Practice Committee
2 members and be an agenda item for the upcoming
3 committee meeting.

4 Chairperson Lugo again thanked everyone who
5 participated. He stated the participation is
6 productive and allows for a broader discussion and
7 consideration of the things that need looked at in
8 committee and facilitate the decision-making process
9 at the Board level.]

10 ***

11 Report of Commissioner - No Report

12 ***

13 Report of Board Administrator - No Report

14 ***

15 Correspondence

16 [R. Ivan Lugo, D.M.D., M.B.A., Chairperson, referred
17 to the correspondence from the American Teledentistry
18 Association (ATDA) regarding best practices for
19 teleorthodontic treatment for the Board's review.]

20 ***

21 Appointment - Joint Commission on National Dental

22 Examinations (JCNDE) Dental Licensure Objective

23 Structured Clinical Examination (DLOSCE)

24 [Shana M. Walter, Esquire, Board Counsel, provided a
25 brief background, stating that ADEX/CDCA/Council of

1 Interstate Testing Agencies (CITA), Central
2 Regional Dental Testing Service (CRDTS), SRTA, and the
3 Western Regional Examining Board (WREB) are all
4 offering manikin exams.

5 Ms. Walter noted the Board has reviewed and
6 accepted the CDCA ADEX manikin exam in accordance with
7 the regulations.

8 Ms. Walter commented that the Board would be
9 looking at the manikin examinations from the other
10 testing companies that are set forth in the
11 regulation. She reminded members of the public and
12 Board members of some items that were published in the
13 *Pennsylvania Bulletin* at the time the testing
14 companies were specifically provided for in the
15 Board's regulations.

16 Ms. Walter noted it was stated in 2009 that the
17 Board believed, while many of the Board members are
18 experienced dentists and dental hygienists, that they
19 are not psychometricians nor are they trained in
20 education measurement or quantitative psychology;
21 therefore, the Board is not able to evaluate whether a
22 particular examination is psychometrically sound,
23 valid, reliable, or legally defensible. She stated
24 the Board would continue to rely on each of the
25 regional testing agencies to defend their examinations

1 if challenged.

2 Ms. Walter commented that her understanding from
3 other discussions during Board meetings concerning the
4 manikin exam was that in 2009, when that preamble was
5 published in the *Pennsylvania Bulletin*, it was not
6 contemplated at that time that the clinical
7 examination would be on anything other than a human
8 subject; however, the Board has made the statement
9 regarding the legal defensibility of the regional
10 testing companies, and she wanted to make sure that
11 Board members were aware of prior statements of the
12 Board relating to the reliability of the testing
13 companies listed in the regulation.

14 Ms. Wucinski further explained that the Board
15 voted to accept the CDCA ADEX manikin exam until
16 December 2022 but would have to make a decision
17 whether to accept CRDTS, SRTA, and WREB until that
18 2022 date.

19 Chairperson Lugo announced Dr. Waldschmidt will
20 be presenting on a new exam called an Objective
21 Structured Clinical Examination (OSCE) that uses
22 different kinds of methods to be able to present to
23 the individual candidate and be able to make a
24 decision. He noted it measures intellectual and
25 didactic capacity.

1 Chairperson Lugo mentioned that OSCE is used in a
2 few other states, where each state determines whether
3 they are going to use that as part of their
4 comprehensive clinical knowledge and fine motor hand-
5 eye coordination in assessing the candidate's ability
6 to practice at an entry level.

7 David M. Waldschmidt, Ph.D., Director, American
8 Dental Association Department of Testing Services;
9 Director, Joint Commission on National Dental
10 Examinations, thanked Chairperson Lugo and the Board
11 for the opportunity to present and noted appreciation
12 for their critical work.

13 Dr. Waldschmidt addressed core questions from
14 dental boards when choosing licensure exams, including
15 whether the exam was professionally developed using
16 both dental subject matter experts and
17 psychometricians and whether evidence is available to
18 support using the exam for licensure purposes.

19 Dr. Waldschmidt referred to a document regarding
20 standards for educational and psychological testing
21 concerning validity and core considerations, along
22 with providing criteria for evaluating exams.

23 Dr. Waldschmidt noted validity as the evidence
24 and theory supporting the use and interpretation of a
25 test or given purpose and to be the most fundamental

1 consideration in evaluating tests for justifiable use.
2 He commented that the public is not protected if
3 validity is not present.

4 Dr. Waldschmidt explained that OSCE was developed
5 to help address and provide a valid, reliable,
6 professionally developed exam that can protect the
7 public and eliminate undesirable situations that can
8 occur when involved in the licensure examination
9 process, to provide a comprehensive measurement, and
10 to help boards on their mission to protect the public.

11 Dr. Waldschmidt addressed various methods of
12 measurement, noting that measuring someone's written
13 expression skills by an interview would not make
14 sense, but it would make sense if someone wanted to
15 understand oral expression skills.

16 Dr. Waldschmidt stated OSCEs essentially came
17 about as a reaction to some of the issues and pitfalls
18 associated with performance-based measures and the
19 random error that is present with those. He commented
20 that OSCEs were found to be a valid and reliable exam
21 format that measured clinical skills and clinical
22 competence extremely well. He noted the exam to be
23 standardized, where candidates all experience the same
24 sets of tasks and is a key aspect to its validity.

25 Dr. Waldschmidt addressed OSCEs within dental

1 licensure, noting the National Dental Examining Board
2 of Canada has an exam that has been in use for over 20
3 years with validity evidence to support its usage. He
4 referred to a study by Dr. Jack Gerrow, the former
5 executive director of the National Dental Examining
6 Board of Canada (NDEB), that showed positive results
7 between OSCE and final year-end performance of 0.46
8 percent.

9 Dr. Waldschmidt stated the University of
10 Minnesota uses Canada's OSCE for the University of
11 Minnesota dental students and serves as their clinical
12 skills measure for licensure purposes.

13 Dr. Waldschmidt noted that the focus is on the
14 clinical tasks that are performed in direct chairside
15 treatment to assess quality, depth, and breadth of
16 clinical judgment and higher order processes when
17 building the DLOSCE.

18 Dr. Waldschmidt stated DLOSCE questions are
19 modeled on dental clinical situations and are multiple
20 choice, but there are many multiple choice options
21 available on any given question that it mimics all of
22 the possibilities that are available to candidates
23 when they are evaluating a patient condition.

24 Dr. Waldschmidt addressed options, including the
25 correct option, where an individual could get full

1 credit or partial credit; the response option can
2 represent a clinical judgment error, in which case an
3 individual would lose all credit for that question;
4 and unscored, where there might be legitimate
5 disagreement among experts as to how to approach an
6 issue or some ambiguity in an image that is present.
7 He provided an example and differential diagnosis
8 credit scoring.

9 Dr. Waldschmidt noted 3-dimensional models, where
10 candidates have the opportunity to interact with the
11 models to be able to arrive at an appropriate
12 diagnosis.

13 Dr. Waldschmidt addressed why the DLOSCE Steering
14 Committee or Joint Commission chose to not use a
15 measure of hand skills. He explained that the
16 committee sought research evidence for the current
17 clinical-based licensure exams that included both the
18 patient-based and a manikin component and noted that
19 there was a lack of evidence that supported single-
20 encounter patient procedure examinations and the
21 manikin examinations.

22 Dr. Waldschmidt also noted that the Joint
23 Commission saw what others have seen as well when they
24 look at the research available on the examinations.
25 He mentioned that Steven Friedrichsen, Dean of the

1 College of Dental Medicine at the Western University
2 of Health Sciences, stated there is no peer-reviewed
3 scientific evidence that correlates clinical licensure
4 examination outcomes with other validated assessments
5 of clinical competence, and the process yields no
6 verifiable value in its ultimate objective of
7 providing for the protection of the public.

8 Dr. Waldschmidt addressed reactions to Dr.
9 Friedrichsen's statement, where dental examiners
10 essentially say that cannot be and the dental
11 education community noted they have seen those issues
12 for decades. He commented that some of the best
13 students fail those examinations while weaker students
14 pass.

15 Dr. Waldschmidt noted it not to be surprising on
16 the psychometrician side because the exams involving
17 patients often ignore some of the fundamental
18 principles of measurement. He again mentioned that
19 standardization is a key aspect and is not present
20 with regard to the clinical licensure exams.

21 Dr. Waldschmidt addressed assessment skills,
22 noting the importance of a candidate's performance and
23 understanding their skills from a licensure
24 perspective and understanding whether someone has the
25 level of skills necessary to safely enter the

1 profession.

2 Dr. Waldschmidt addressed issues regarding
3 patient-based examination, including dental history,
4 underlying health conditions, and different carious
5 lesion, where the level of skills required to treat a
6 given lesion is going to vary based on patient factors
7 as well as characteristics of that lesion.

8 Dr. Waldschmidt addressed grading criteria during
9 the examination, where grading does not really
10 consider the level of difficulty of the specific
11 patient and their condition to accurately reflect the
12 candidate's skills.

13 Dr. Waldschmidt commented that there is a lack of
14 standardization present when patients are involved and
15 a different bar for every candidate, along with
16 disagreements in terms of performance standards and
17 differences in evaluation. He reported that most
18 candidates pass by the second administration with
19 little to no remediation in between attempts when
20 drilling in plastic teeth.

21 Dr. Waldschmidt discussed the concept of
22 convergent validity, where positive performance on the
23 exam leading to positive outcomes in dental school or
24 in other places is relevant. He mentioned the
25 importance of having correlations that provide good

1 evidence.

2 Dr. Waldschmidt addressed how to interpret
3 correlations, noting a zero correlation means that it
4 is essentially random. He noted correlations range
5 between -1 and +1, which is a perfect correlation. He
6 provided information from peer-reviewed research
7 literature regarding WREB and NERB, which is the
8 predecessor to the ADEX exam, looking at relationships
9 between overall and specific skills and various
10 outcomes.

11 Dr. Waldschmidt explained that correlations range
12 between -0.25 and 0.29 with a median of 0.05. He
13 stated Jacob Cohen guidance is widely used in terms of
14 interpreting correlations and their size, where 0.10
15 is regarded as a small relationship, 0.3 is a medium
16 relationship, and 0.5 is a large relationship. He
17 provided an example from the University of Iowa and
18 addressed what happens when there is a large amount of
19 random error present in a measurement table, which is
20 why the decision was made not to pursue a measure of
21 hand skills and noting that existing measures of hand
22 skills are not valid. Dr. Waldschmidt commented
23 that DLOSCE was designed from the ground up to be a
24 measure of clinical skills focusing on clinical
25 judgment and also the acknowledgement of rigorous

1 accreditation standards that are present in dental
2 education, over 400 exams administered in dental
3 school, and those published peer-review findings in
4 Canada. He noted it to be the reason why the Joint
5 Commission and the DLOSCE Steering Committee before it
6 chose to pursue the exam in the manner that it did.

7 Dr. Waldschmidt discussed key facts about the
8 exam, noting administration time is less than 7 hours
9 in Prometric facilities with various testing windows
10 available throughout the year. He noted acceptance by
11 six dental boards at present with some fully accepting
12 it and some accepting it in combination with a manikin
13 exam. He mentioned a technical report is available
14 that provides detailed information about the
15 examination and evidence supporting the use of DLOSCE.

16 Dr. Waldschmidt addressed correlations with Part
17 I and Part II, where the clinical exams showed $-.05$
18 and $-.25$. These are about the size of correlations
19 you want to see, and since they are measuring clinical
20 skills, it is different from the cognitive skills
21 measured by Part I and Part II.

22 Dr. Waldschmidt discussed a study involving the
23 relationship of performance under DLOSCE and
24 performance in the dental clinic in dental school. We
25 noted one outlier, and when the outlier was removed,

1 the correlation went from 0.37 to 0.57. He believed
2 that to be a student who essentially did very well in
3 school and thought that they could just go into the
4 DLOSCE and pass with no problem but were wrong. He
5 commented that the correlation is at 0.57, exceeding
6 the large-size correlation that Jacob Cohen
7 identified, and when the measurement error is
8 corrected, it goes to 0.7, demonstrating that the exam
9 is working in its efforts.

10 Dr. Waldschmidt addressed a study, where a dean
11 of a dental school was asked to look at their students
12 and rank them, put them in the top 20 percent, bottom
13 20 percent, middle 60 percent, and then looked at
14 their DLOSCE performance. He noted the finding was
15 that those in the top 20 percent were at higher scores
16 of 1.28 standard deviations on the DLOSCE.

17 Dr. Waldschmidt looked at failure rates for the
18 DLOSCE, where those trained under CODA-accreditation
19 standards fail at much lower rates, 9.5 percent in
20 2020 compared to those who are not educated with those
21 standards in place, going all the way up to 57
22 percent. He stated the sample size on the
23 nonaccredited-educated students is substantially
24 lower, so there is some caution warranted in that
25 interpretation but there is a difference.

1 Dr. Waldschmidt noted candidate feedback on
2 DLOSCE has been quite strong and positive and would be
3 used to continue to enhance the exam. He commented
4 that patient-based exams and manikin exams have been
5 available for many years, and DLOSCE is newer; but the
6 evidence for validity, reliability, and fairness that
7 has accumulated in that 50 years has not supported
8 those examinations. He noted very strong
9 relationships demonstrated with the DLOSCE in a short
10 amount of time.

11 Dr. Waldschmidt appreciated the Board's time and
12 dedication to their work.

13 Chairperson Lugo addressed strong validity and
14 the use of a failure rate and questioned whether a
15 candidate fails if the patient does not show. He
16 commented that when he took the exam, if the patient
17 did not show, they failed that section and means that
18 within the failure cohort, there is a subsection and a
19 cohort that never did the exam but failed. He noted
20 it to be a confounding element in the data, since
21 everybody is going to show up with the manikin.

22 Chairperson Lugo noted that for the other
23 comparison, they are comparing people who did
24 challenge the exam with people who had nothing to do
25 with their ability because their patient did not show.

1 He stated the data would be more valid if they used
2 the actual data of those patients challenging the exam
3 and using that as a comparison for failure rates in
4 the data being presented.

5 Chairperson Lugo stated they are using a
6 denominator that is optimal and then penalizing those
7 who fail because the patient did not show and it is
8 not a manikin. He commented that knowing that data,
9 they know who showed up and failed because of a
10 patient.

11 Chairperson Lugo stated it would be fair to
12 compare those who actually sat with a manikin with 100
13 percent show rate and those who sat with 100 percent
14 show rate of humans and not taking a cohort of
15 candidates who did not sit for the exam because of X
16 and Y reasons which led them to a failure and then
17 lump them into the entire cohort to do a comparison
18 with 100 percent show rate candidates sitting for the
19 exam.

20 Dr. Waldschmidt commented that there were perhaps
21 one or two WREB correlations where they looked at
22 final results on the WREB where that might have
23 applied but believed they had the data on that when
24 talking about scores on the exam. He mentioned that
25 it is a concern that they have as well, where there

1 are other factors at play in the results that a
2 candidate receives that have nothing to do with their
3 ability that are reflected in the score and is a
4 problem.

5 Chairperson Lugo asked Dr. Waldschmidt whether
6 studies could be run again using the data that
7 demonstrates who actually sat to be able to look at
8 data rates from an apples-to-apples comparison. He
9 stated the Board makes critical decisions on
10 percentages and numbers, and details that could make a
11 difference in the data being statistically significant
12 or not are critical for the Board to understand
13 results in a pass, fail, or percentage.

14 Chairperson Lugo commented that he would rather
15 see the confounding number removed and then run the
16 data again to be able to see a better picture.

17 Dr. Waldschmidt noted that the studies were not
18 conducted by the Joint Commission itself and are
19 independent third-party studies that have been
20 conducted over time and have been available for many
21 years. He noted repeatedly asking for more
22 information and studies on the exams and going to all
23 of the clinical testing agencies and performance
24 measures on the exams in keeping with the Standards
25 for Educational and Psychological Testing.

1 Dr. Waldschmidt commented that they were unable
2 to look at some of the material in certain cases
3 because of claims it was proprietary. He mentioned at
4 the beginning of the endeavor, there was a report
5 presented to the DLOSCE Steering Committee that looked
6 at over 20 years of attempts to seek improvements on
7 examinations due to these issues of the random error
8 and the randomness of who passed and who failed. He
9 stated they are just sharing the information that is
10 publically available.

11 Chairperson Lugo commented that the Board's role
12 is to evaluate information and decide whether it is
13 valid enough to be able to make a decision and
14 implement it in the state.

15 Dr. Funari questioned whether DLOSCE is supported
16 by the ADA.

17 Dr. Waldschmidt explained that it is an
18 examination of the Joint Commission on National Dental
19 Examinations and is an agency of the ADA that has the
20 bylaws making it their authority to pursue its program
21 of interest separately from the ADA. He explained
22 that their operational budget comes from the ADA, and
23 they work with ADA's Human Resources (HR) Department
24 and Information Technology (IT) Department but focus
25 on their mission.

1 Dr. Waldschmidt commented that the members of the
2 Joint Commission, although they have been appointed by
3 the American Association of Dental Boards (AADB), ADA
4 itself, American Dental Education Association (ADEA),
5 and American Dental Hygienists Association (ADHA), are
6 told they are not representatives of those groups.

7 Dr. Waldschmidt stated they are to focus on the
8 mission and vision of the Joint Commission, which is
9 to provide information to boards to use that
10 information to help protect the public. He reported
11 them to be an agency of the ADA, but they operate at
12 arm's length from the ADA in their decision-making.

13 Dr. Funari asked Dr. Waldschmidt what the goal of
14 the presentation is before the Board and whether it is
15 to eliminate the National Board of Dental Examination
16 Part II and the clinical skills competency exams or to
17 get the Board to consider using DLOSCE as another
18 means for individuals to gain licensure in the state,
19 in addition to the clinical skills and the National
20 Board of Dental Examination Part II.

21 Dr. Waldschmidt stated he is sharing information
22 to essentially ask the Board to consider utilization
23 of the DLOSCE in fulfilment of the clinical licensure
24 requirements. He reported some boards feel
25 comfortable using the DLOSCE by itself, and others

1 wanted a manikin-based exam in addition to it.

2 Dr. Waldschmidt commented that he is an
3 industrial organizational psychologist with
4 psychometric training and wanted to communicate
5 information regarding how to evaluate exams and what
6 criteria could be used to understand whether an exam
7 is working or not. He noted the exam is designed to
8 protect the public by focusing on clinical skills
9 through assessment of clinical judgment.

10 Dr. Funari referred to the multiple choice
11 example with the radiograph and photograph with
12 options. He argued that he had a problem with the
13 radiograph and using such a limited radiograph to have
14 somebody rule out some of the other conditions. He
15 commented that he may not have scored well because
16 there were one or two answers that were wrong in your
17 eyes but he would have put on a differential on three
18 of five.

19 Dr. Waldschmidt explained that the grading
20 criteria is created by a team of individuals who have
21 the skills necessary to evaluate and make revisions to
22 the content. He commented that the strength of the
23 exams come into play when there may be concerns about
24 a particular option, but across the weight of all the
25 questions and all the options that are available, that

1 final score that represents your skill is the key.

2 Chairperson Lugo also referred to a question in
3 the example on the website, where the answer is very
4 different when seen full circle versus a jagged edge
5 on the mandibular boarder. He found it striking that
6 one of the questions being used and one of the
7 clinical criteria looked at when determining a
8 pathological lesion is smooth boarders or jagged. He
9 commented that after looking at it online that it is
10 clinical, as a faculty, where an individual would not
11 be satisfactory if they took this radiograph.

12 Dr. Waldschmidt commented that creating questions
13 is a challenge as publishers but that the sample
14 questions are not subject to the same psychometric
15 review as the actual questions. He thanked
16 Chairperson Lugo and Dr. Funari for their feedback and
17 would take that back to the committee for their take
18 on it.

19 Dr. Jaspan asked Dr. Waldschmidt whether they
20 looked at success or failure of medical surgeons or
21 any medical practitioners with the type of exams they
22 take to become licensed and certified in their
23 specialties because we do not test general surgeons by
24 having them do a demonstration surgery.

25 Dr. Waldschmidt toured the National Board of

1 Medical Examiners and saw all their procedures and how
2 they utilize their OSCE and standardized patients. He
3 noted speaking with developers of the exams regarding
4 approval. He mentioned looking at dental simulators
5 to understand the best approach to capturing reliably
6 and accurately capturing an individual's clinical
7 skills and their clinical judgment and made the
8 determination based on the existing technology that
9 was available. He stated the data has confirmed the
10 validity of that decision on behalf of the DLOSCE
11 Steering Committee.

12 Dr. Waldschmidt mentioned attending the
13 Association of Test Publishers Conference, along with
14 15 of his employees. He stated both dental subject
15 matter experts and psychological measurements are
16 needed to have a valid, reliable exam to create
17 something that could help protect the public.

18 Chairperson Lugo thanked Dr. Waldschmidt for the
19 presentation, stating that the Board would take all of
20 the matters into consideration and invited him back to
21 present any further new data.

22 Chairperson Lugo commented that the presentation
23 gives another venue and testing vehicle mechanism, but
24 the majority of the country is still doing hand skills
25 in psychomotor assessment, whether on a manikin or a

1 patient. He noted the feeling of the Board is not to
2 eliminate hand psychomotor skill set but have to work
3 moving from a human patient to a simulated exam with
4 simulation manikins. He mentioned that the Board
5 granted a waiver to accept the manikin on the ADEX
6 exam, which is the largest exam and accepted by 48
7 different states and territories.

8 Chairperson Lugo stated counsel would like a
9 decision from the Board to accept all manikins,
10 whether it is until the December 22 date, which is
11 probably the most reasonable thing to do without
12 additional data.

13 Chairperson Lugo noted the Board to be an
14 independent body that has to determine whether the
15 presented data is strong enough for them to consider
16 validating to provide safety to the public in
17 Pennsylvania by licensees. He noted it to be a
18 temporary measure now, but the general trend from a
19 national and ethics perspective is to move away from
20 human subjects.

21 Chairperson Lugo addressed the importance of
22 honing in on the validity of each of the tools and the
23 manikin teeth and whether each testing agency has
24 either presented data where the Board is comfortable
25 with it at least as a temporary or to decide whether

1 more data is still needed and would continue the
2 waiver as is, which is not the preferred route from
3 counsel at this point.

4 Ms. Walter asked whether any Board or public
5 members had any questions or contributions to the
6 discussion.

7 Ms. Hughes addressed the process and impact of
8 the Board's vote. She noted the temporary extension
9 until December 2022 for all of the organizations. She
10 also discussed the permanent decision going forward
11 for one or more or all, where if it is something less
12 than all, which is currently in their regulations,
13 they have to go through the regulatory review process.

14 Ms. Wucinski commented that it is the end of
15 December 2022 right now for CDCA, and no regulatory
16 changes would be necessary if they all go through
17 individually through December 2022. She explained
18 that any a majority vote of no for those being
19 permanent would have to go through the regulatory
20 process and it would be expedited. She noted WREB
21 would still need something in place because they are
22 not doing the combined exam until 2022.

23 Chairperson Lugo commented that the data the
24 Board saw through the CDCA applies to the CompeDont
25 tooth, and the other testing agencies use different

1 teeth and is the reason for honing in on getting data
2 from that particular tooth. He stated what is in the
3 statute all revolves around a human. He stated
4 whatever is decided within the scope of the next few
5 months or year, the Board would have to change and
6 amend the regulations to include the simulation exams
7 and what criteria would be necessary to have a
8 baseline and avoid confusion in the future.

9 Chairperson Lugo noted the Board voted to accept
10 the CompeDont because of the validity and work gone
11 into that tooth but are now evaluating the others and
12 whether to accept their manikin even if it is
13 temporary.

14 Ms. Walter commented that the CDCA tooth is a
15 patented item, so none of these other companies are
16 going to be able to do a tooth that is substantially
17 equivalent to the CDCA tooth and recommended looking
18 at individual qualifications. She reminded the Board
19 that the vote is through December 2022 and not
20 permanent, so those who are uncomfortable with the
21 data can vote no.

22 Ms. Wucinski read a comment from Jessica L. Bui,
23 Executive Director, Southern Regional Testing Agency,
24 Incorporated, stating that SRTA's tooth is
25 manufactured by Acadental, which is the same company

1 that manufactures the CompeDont tooth.

2 Ms. Fowler questioned whether the decision is
3 reversible if the Board later decides that one of the
4 testing agencies did not meet their expectations but
5 granted temporarily permission to proceed and what
6 happens to people who have received their licensure
7 through the temporary extension.

8 Ms. Wucinski explained that the Board would not
9 be able to discontinue the allowance for the manikin
10 exam prior to December 2022, and anyone whose license
11 was issued after having taken the manikin exam, once
12 that license is issued, the individual has a property
13 interest in the license, and they would have to be
14 given due process for the Board to be able to revoke
15 that license.

16 Dr. Casey commented that the testing agencies are
17 trying their best to accomplish this, noting dental
18 schools, not only in Pennsylvania but other states are
19 accepting them and want this direction. He noted
20 dental schools are encouraging the manikin to make it
21 more effective and efficient for graduating and
22 preparing students. He stated a lot of focus is on
23 detail but also mentioned common sense, where it is up
24 to the individual to act responsible to the public no
25 matter what test they took.

1 Chairperson Lugo noted the importance of
2 understanding that the testing agencies work for the
3 Board to be able to create instruments to assess the
4 validity of the hand skills and the capability of the
5 individual to think like an entry-level dentist and is
6 ultimately the responsibility of the Board to decide
7 which vehicles are valid enough for the Board to
8 implement and ensure the protection of the public
9 because that is their ultimate responsibility.

10 Chairperson Lugo commented that there is an
11 ethical obligation for the individual to protect the
12 public and a legal one based on the regulations the
13 Board has promulgated, but ultimately for the state of
14 Pennsylvania, the Board decides whether an agency is
15 providing what is needed or not.]

16 MS. WUCINSKI:

17 I believe the Board would entertain a
18 motion to accept the simulated
19 examination for both dentists and dental
20 hygienists from the Central Regional
21 Dental Testing Service, Incorporated,
22 through December 2022.

23 CHAIRPERSON LUGO:

24 Could I have a motion?

25 MS. MURRAY:

1 I make that motion.

2 CHAIRPERSON LUGO:

3 Second?

4 DR. CASEY:

5 Second.

6 CHAIRPERSON LUGO:

7 Call the question. Let's do individual.
8 Let's begin in alphabetical order around
9 the table.

10

11 Dr. Arndt, nay; Dr. Casey, aye; Fowler,
12 aye; Funari, nay; Groody, nay; Hughes,
13 nay; Jaspán, aye; Matta, aye; Mountain,
14 nay; Murray, aye; Sizemore, nay;
15 Sullivan, nay.

16

17 I have seven nays versus five ayes, so
18 the nays have it.

19 [The motion failed.]

20

21 [Dana M. Wucinski, Esquire, Board Counsel, noted the
22 organizations were present and provided the testing
23 agencies with the opportunity to address the Board.
24 She informed the organizations that they were welcome
25 to submit additional information for the Board's

1 consideration at the November meeting if they were
2 denied today.]

3 ***

4 MS. WUCINSKI:

5 I believe the Board would entertain a
6 motion to accept the simulated
7 examination for dentists and dental
8 hygienists from the Southern Regional
9 Testing Agency, Incorporated, through
10 December 2022.

11 CHAIRPERSON LUGO:

12 Could I have a motion?

13 DR. CASEY:

14 So moved.

15 CHAIRPERSON LUGO:

16 Second?

17 MS. MURRAY:

18 Second.

19 CHAIRPERSON LUGO:

20 Let's begin with Dr. Arndt.

21

22 Dr. Arndt, nay; Casey, aye; Fowler, aye;
23 Funari, aye; Groody, nay; Hughes, aye;
24 Jaspán, nay; Matta, aye; Mountain, nay;
25 Murray, aye; Sizemore, nay; Sullivan,

1 nay; Lugo, nay.

2

3 I have seven nays and six ayes.

4 [The motion failed.]

5

6 [Dana M. Wucinski, Esquire, Board Counsel, stated the
7 applicants in the letter would need addressed with the
8 issuance of provisional denials.]

9

10 MS. WUCINSKI:

11 Moving on to WREB, I believe the Board
12 would entertain a motion to accept the
13 simulated examination for both dentists
14 and dental hygienists through December
15 2022 for the Western Regional Examining
16 Board.

17 CHAIRPERSON LUGO:

18 Could I have a motion?

19 MS. MURRAY:

20 I make the motion.

21 CHAIRPERSON LUGO:

22 Second?

23 MS. FOWLER:

24 Second.

25 CHAIRPERSON LUGO:

1 Any discussions or questions? If we do
2 have the representatives and they want
3 to add any information before we vote,
4 it is open or any questions anybody has.

5 If not, we can take a vote. I
6 don't see any comments or discussions.
7 Call the question.

8
9 Dr. Arndt, nay; Casey, aye; Fowler, aye;
10 Funari, aye; Groody, nay; Hughes, aye;
11 Jaspan, nay; Matta, aye; Mountain, nay;
12 Murray, aye; Sizemore, nay; Sullivan,
13 nay; Lugo, nay.

14
15 I have seven nays and six ayes.

16 [The motion failed.]

17 ***

18 [Shana M. Walter, Esquire, Board Counsel, again
19 informed the testing agencies that they can submit
20 additional information to the Board for review prior
21 to the next meeting.

22 Ms. Wucinski informed the Board of the need to
23 articulate the reasons for denial to the testing
24 agencies, along with a provisional denial letter. She
25 noted the provisional denial letters would need to be

1 discussed during Executive Session.]

2

3 [Pursuant to Section 708(a)(5) of the Sunshine Act, at
4 12:35 p.m. the Board entered into Executive Session
5 with Dana M. Wucinski, Esquire, Board Counsel, and
6 Shana M. Walter, Esquire, Board Counsel, for the
7 purpose of conducting quasi-judicial deliberations on
8 a number of matters currently pending before the Board
9 and to receive the advice of counsel. The Board
10 returned to open session at 1:04 p.m.]

11

12 MOTIONS

13 MS. WUCINSKI:

14

The Board just returned from Executive
15 Session to further discuss the simulated
16 clinical examinations CRDTS, SRTA, and
17 WREB, along with the applicants named at
18 agenda item 5.

19

I just want to note that, at this
20 point in time, the vote is going to be
21 for the Board to table agenda item 5.

22

I want to let all of the individuals
23 from the different testing agencies that
24 are here today know that we will be
25 reaching out, hopefully by early to mid-

1 next week with specific data that the
2 Board is looking for, . Once they
3 receive that additional information, to
4 the Board will reevaluate its decision
5 as to the simulated clinical examination
6 offered by SRTA, CRDTS and WREB, along
7 with agenda item 5 at that time.

8 I believe the Board would entertain a
9 motion to table agenda item 5 at this
10 time.

11 CHAIRPERSON LUGO:

12 Could I have a motion?

13 DR. FUNARI:

14 I'll make the motion.

15 CHAIRPERSON LUGO:

16 Second?

17 DR. MOUNTAIN:

18 Second.

19 CHAIRPERSON LUGO:

20 Call the question. All those in favor,
21 say aye. Anyone oppose, say nay.

22 [The motion carried unanimously.]

23 ***

24 Adjournment

25 CHAIRPERSON LUGO:

1 At this point, I think we're ready to
2 entertain adjournment.

3 DR. FUNARI:

4 Motion to adjourn.

5 CHAIRPERSON LUGO:

6 Second, please?

7 DR. MOUNTAIN:

8 Second.

9 CHAIRPERSON LUGO:

10 Everybody in favor of adjourning the
11 meeting now, please say aye.

12 [The motion carried unanimously.]

13 ***

14 [There being no further business, the State Board of
15 Dentistry Meeting adjourned at 1:12 p.m.]

16 ***

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Dentistry meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Dentistry meeting.



Samantha Sabatini,

Minute Clerk

Sargent's Court Reporting
Service, Inc.

STATE BOARD OF DENTISTRY
REFERENCE INDEX

September 10, 2021

1
2
3
4
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6
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8
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TIME

AGENDA

10:32	Official Call to Order
10:33	Approval of Minutes
10:34	Report of Prosecutorial Division
10:35	Report of Board Counsel
10:45	Review of Applications
10:45	Report of Board Counsel (cont.)
10:46	Report of Board Chairperson
10:51	Report of Committees
10:58	Correspondence
11:05	Appointment - Joint Commission on National Dental Examinations Dental Licensure Objective Structured Clinical Examination
12:35	Executive Session
1:04	Open Session
1:04	Motions
1:12	Adjournment