

## Myths vs. Truth About Dental Education, Testing, and the DDH Compact

This document is prepared in reference to repeated questions raised about the impact of the Dentist & Dental Hygienist Compact on education and testing standards. It endeavors to rebut misinformation and provide clarity as to the standards expected across dentistry.

1. “Dentistry is unique and requires hands skills testing because there is no requirement for residency or supervised practice before a dentist is licensed. Physicians don't need hands-skills testing because there is a required residency component to their training.”

**Not true!** Making this claim demonstrates a misunderstanding of the rigors of dental education and how an “in-clinic” environment is incorporated into its curriculum, much like a residency. After completing two years of hand-skills training on manikin models, third- and fourth-year dental students provide “hands-on” care to patients in dental school clinics directly supervised by faculty. The last two years of providing care to patients under supervision with frequent clinical assessments is analogous to a medical residency.

2. “There is consensus by state dental boards that a single-encounter hand-skills assessment is the best method for screening out an incompetent practitioner and thus, protecting the public.”

**Not true!** Currently, fourteen states require a single-encounter hand-skills clinical assessment in statute or state dental board rules, while ten states accept alternative clinical assessments, either DLOSCE, PGY-1, or both. There are several accepted pathways to obtaining a dental license. The DDH Compact ensures that all recognized pathways are valid for use of the Compact, to ensure maximum portability.

3. “A “hand-skills” exam is “harder” or “more robust” than computer-based examinations, such as the Dental Licensure Objective Structured Clinical Examination (DLOSCE).”

**Not true!** The published validity and reliability evidence for dental licensure computer-based exams, like the DLOSCE, is much stronger than for any of the current single-encounter, “hand skills” clinical assessments. That means the computer-based DLOSCE is better at screening out an incompetent practitioner and thus, is substantially better at protecting the public.

4. “The currently available computer-based competency assessment, the DLOSCE, is a “simple, online-test”.’

**Not true!** The DLOSCE is a state-of-the-art, computer-based examination which tests dentists on the clinical knowledge, skills, and judgement needed to practice safely. **It has never been administered online.** Dentists must take the exam at secure Prometric Testing Centers which utilize strict security procedures (e.g., finger printing, metal detectors, security wands, and video monitoring). It takes approximately 7 hours to complete the test and includes numerous clinical questions involving sophisticated 3-D models that can be rotated and magnified by the test-taker.

5. “Disciplinary action taken against dentists by dental boards is mostly due to “hand-skill” deficiencies.”

**Not true!** Most disciplinary actions taken by dental boards are related to deficiencies in clinical knowledge/judgment, ethics violations, fraud, and/or substance abuse. The reasons for discipline can be complex and multi-faceted. Further, there is absolutely no evidence that students who

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receive their initial license by taking the DLOSCE are disciplined more frequently for “hand-skill” deficiencies when compared with dentists who receive their initial license through a single encounter “hand-skills” clinical assessment.

6. “Accredited dental schools do not do a good job in evaluating the hand-skills of their graduates.”

**Not true!** The majority of curriculum hours in the first two years of dental school is dedicated to hand-skills training on manikin models. It is estimated that dental schools average close to 100 hand-skills assessments on these manikin models before the students even begin to treat patients.

7. “There is no independent analysis that the DLOSCE is an appropriate clinical assessment in dentistry.”

**Not true!** Recently, the California Department of Consumer Affairs-Office of Professional Examination Services (DPA-OPES) completed a comprehensive analysis and evaluation of the DLOSCE. The conclusion of the report was that DCA-OPES “...generally supports the Board’s potential use of the DLOSCE for licensure in California, as an alternative to the ADEX, and in addition to the INBDE and the LEX.”

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