

PORTFOLIO EXAMINATION AUDIT PROCESS



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Chapter 1 – Introduction

Purpose of audit process

This Audit Process is designed to serve multiple purposes. First it will provide information for auditors who will conduct site visits on behalf of the Dental Board of California (Board). The purpose of the site visits is to determine if the participating dental schools are following the procedures established for the evaluation and calibration system set forth by the Board for the Portfolio Examination. Second, it will provide information on which participating dental schools can conduct a self-assessment of its adherence to the Board's examination procedures. Third, it will provide a protocol for collecting documentation that will serve as validity evidence for the examination.

During an audit, in-depth information is obtained about the administrative and psychometric aspects of the portfolio examination, much like the accreditation process. An audit team comprised of faculty from the dental schools and persons designated by the Board would verify compliance with accepted professional testing standards, e.g., Standards for Educational and Psychological Testing, as well as verifying that the portfolios have been implemented according to the goals of the portfolio process.

Applicable psychometric standards

Standard 3.15 of the Standards for Educational and Psychological Testing¹ state:

“When using a standardized testing format to collect structured behavior samples, the domain, test design, test specifications and materials should be documented as for any other test. Such documentation should include a clear definition of the behavior expected of the test takers, the nature of expected responses, and any materials or directions that are necessary to carry out the testing.” (p. 46)

Role of the Board

The Board has several responsibilities with regard to the audit:

- Oversight of audit process
- Establishment of grading standards necessary for public protection

¹ American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (1999). Standards for Educational and Psychological Testing. Washington, DC: Author.

- Developing audit protocols and criteria for assessing schools' compliance with the evaluation system and calibration process
- Hands-on training for auditors in the evaluation system
- Selecting auditors who can maintain the independence between themselves and the Portfolio Examination process

Role of the audit team

The audit team is responsible for verification of the examination process, examination results, collection and evaluation of specific written documentation which respond to a set of standardized audit checklist, and summarizing the findings in a written report. A site visit can be conducted to verify portfolio documentation and clear up unresolved questions.

The audit team would be comprised of persons who can remain objective and neutral to the interests of the school being audited. The audit team should be knowledgeable of subject matter, psychometric standards, psychometrics and credentialing testing.

The audit team should be prepared to evaluate the information provided in a written report to the Board that documents the strengths and weaknesses of each school's administrative process.

Documentation for validity evidence

Each student will have a portfolio of completed, signed rating (grade) sheets which provide evidence that clinical competency examinations in the six areas of practice have been successfully completed.

In addition to the signed grade worksheets and summary of candidates' competency examinations, the following content specific documentation should be provided at the time of the audit site visit:

<i>ORAL DIAGNOSIS AND TREATMENT PLANNING</i>	<ul style="list-style-type: none"> • Full workup of case
<i>DIRECT RESTORATION</i>	<ul style="list-style-type: none"> • Restorative diagnosis and treatment plan • Preoperative radiographs, e.g., original lesion in Class II, III, IV
<i>INDIRECT RESTORATION</i>	<ul style="list-style-type: none"> • Restorative diagnosis and treatment plan • Preoperative radiographs
<i>REMOVABLE PROSTHODONTICS</i>	<ul style="list-style-type: none"> • Removable prosthodontic diagnosis and treatment plan • Preoperative radiographs illustrating treatment condition
<i>ENDODONTICS</i>	<ul style="list-style-type: none"> • Endodontic diagnosis and treatment plan • Preoperative radiographs of treatment site • Postobturation radiographs of treatment site

<i>PERIODONTICS</i>	<ul style="list-style-type: none">• Periodontal diagnosis and treatment plan• Charted pocket readings• Preoperative radiographs including subgingival calculus• Follow-up report
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It is anticipated that auditors will be presented with a representative sample of documentation from the candidate competency examination.

Schedule for audits

The Board will conduct audits of the Portfolio competency instructors and examinations every two years (biennially).

Chapter 2 – School Audit Information

RESOURCES

- Who is responsible for training dental school staff to assign final scaled scores and prepare final score reports and other required documentation to the Board?
- What quality control procedures are in place to ensure that the final scaled scores and score reports are accurate?

TRAINING AND CALIBRATION OF EXAMINERS

- Who is responsible for the Calibration Training of Board-approved Portfolio examiners?

TEST SECURITY

- Are procedures in place to permit auditors to view patient information for the purposes of the audit?
- Are procedures in place to maintain the security of the Portfolio examination materials before, during and after each competency examination?
- Are procedures in place to maintain security of final scoring procedures and final scores?

QUALITY OF DOCUMENTATION

- Is the quality of the documentation consistent with accepted standards of care for each type of competency examination?
- Are comments routinely available on the grading worksheets to justify an examiner's ratings?

PERFORMANCE STATISTICS

- Are procedures in place to produce reliability statistics for Portfolio examiners?
- Are procedures in place to maintain pass/fail statistics for all factors?

INCIDENT REPORTS

- Are procedures in place to handle incidents that may arise during the implementation of competency examinations of the Portfolio Examination?

UNSUCCESSFUL CANDIDATES

- What procedures are in place for candidates who fail a competency examination and who wish to pursue the Portfolio Examination pathway to initial licensure?

Chapter 3 – Portfolio Audit Checklist

The audit checklist will be used to determine the standardization of the candidate portfolios at each dental school and must be completed prior to the ending of the site visit.

Portfolio Examination Audit Checklist

Candidate Name: _____

Candidate ID #: _____

Review of Applicant Portfolio			
Oral Diagnosis and Treatment Planning (ODTP)			
Clinical Experiences			
Does the portfolio include documentation of ODTP for a minimum of twenty (20) cases?	Y	N	Comments:
Competency Examination			
Does the portfolio contain completed grade sheets in the required fifteen (15) scoring factors?	Y	N	Comments:
How many attempts did the candidate take in order to pass the portfolio competency examination?	# of attempts _____ <i>(After three (3) failed attempts remedial education is required.)</i>		
Was remediation required?	Y	N	Comments:
If yes above, was remediation form completed?	Y	N	Comments:
Does the treatment plan include at least three (3) of the following six (6) disciplines? Mark all that apply: Periodontics Endodontics Operative (direct and indirect restoration Fixed and removable prosthodontics Orthodontics Oral Surgery	Y	N	Comments:
Patient Parameters			
<ul style="list-style-type: none"> • Maximum of ASA II • Missing or will be missing two or more teeth, not including third molars • At least moderate periodontitis (probing depth of 5 mm or more) 	<i>Informational Only</i>		

Portfolio Examination Audit Checklist

Elements of ODTP Portfolio			
Does the medical history include: Evaluations of past illness and conditions, hospitalizations and operations Allergies Family history Social history Current illnesses and medications and their effect on dental condition	Y	N	Comments:
Does the dental history include: Age of previous prostheses, existing restorations, prior history of orthodontic/periodontic treatment, and oral hygiene habits/adjuncts	Y	N	Comments:
Documentation of a comprehensive examination for dental treatment provided to patients?	Y	N	Comments:
Documentation the candidate evaluated data to identify problems?	Y	N	Comments:
Documentation the candidate worked up the problems and developed a tentative treatment plan?	Y	N	Comments:
Documentation the candidate developed a final treatment plan?	Y	N	Comments:
Was this a full workup of the case?	Y	N	Comments:
Direct Restoration			
Clinical Experiences			
Does the portfolio include documentation of Direct Restoration clinical experiences for a minimum of sixty (60) restorations?	Y	N	Comments:
Competency Examination			
Does the portfolio contain completed grade sheets in the required seven (7) scoring factors for the Class II amalgam or composite; maximum one slot preparation?	Y	N	Comments:

Portfolio Examination Audit Checklist

Does the portfolio contain completed grade sheets in the required seven (7) scoring factors for the Class II amalgam or composite or Class III or IV composite?	Y	N	Comments:
How many attempts did the candidate take in order to pass each of the portfolio competency examinations?	# of attempts _____ (After three (3) failed attempts remedial education is required.)		
Was remediation required?	Y	N	Comments:
If yes above, was remediation form completed?	Y	N	Comments:
<i>Patient Parameters</i>			
<p>Class II Any permanent posterior tooth</p> <ul style="list-style-type: none"> • More than one test procedure can be performed on a single tooth • Caries shown on either of the two required radiograph of an unrestored proximal surface must extend to or beyond the dento-enamel junction • Tooth treated must be in occlusion • Must have adjacent tooth to be able to restore proximal contact • Tooth must be asymptomatic with no pulpal or periapical pathology • Tooth with bonded veneer not acceptable <p>Class III/IV Any permanent anterior tooth <i>(optional)</i></p> <ul style="list-style-type: none"> • Treatment needs to be performed in the sequence described in the treatment plan • Caries shown on radiograph image of an unrestored proximal surface must extend to or beyond dento-enamel junction • Carious lesions must involve the interproximal contact area • Must have adjacent tooth to be able to restore proximal contact • Tooth must be asymptomatic with no pulpal or periapical pathology • Tooth with bonded veneer not acceptable 	<i>Informational Only</i>		

Portfolio Examination Audit Checklist

<i>Elements of Direct Restoration</i>			
Includes documentation of the candidate's competency to perform a class II direct restoration on a tooth containing primary carious lesions to optimal form, function and esthetics using amalgam or composite restorative materials?	Y	N	Comments:
Includes documentation of the candidate's competency to perform a class III/IV direct restoration on a tooth containing primary carious lesions to optimal forms, function and esthetics using composite restorative material?	Y	N	Comments:
Was there a restorative diagnosis and treatment plan?	Y	N	Comments:
Were there preoperative radiographs, E.g., original lesion in Class II, III, IV?	Y	N	Comments:
Indirect Restoration			
Clinical Experiences			
Does the portfolio include documentation of Indirect Restoration clinical experiences for a minimum of fourteen (14) restorations?	Y	N	Comments:
Competency Examination			
Does the portfolio contain completed grade sheets in the required seven (7) scoring factors?	Y	N	Comments:
How many attempts did the candidate take in order to pass the portfolio competency examination?	# of attempts _____ (After three (3) failed attempts remedial education is required.)		
Was remediation required?	Y	N	Comments:
If yes above, was remediation form completed?	Y	N	Comments:
<i>Patient Parameters</i>			
Was the treatment performed in the sequence described in the treatment plan?	Y	N	Comments:

Portfolio Examination Audit Checklist

Was the tooth asymptomatic with no pulpal or periapical pathosis?	Y	N	Comments:
Was the tooth in occlusal contact with a natural tooth or permanent restoration?	Y	N	Comments:
Does the restoration include at least one cusp?	Y	N	Comments:
Is there an adjacent tooth in order to restore proximal contact?	Y	N	Comments:
Did the candidate perform any portion of the crown in advance?	Y	N	Comments:
Direct restoration materials which are placed to contribute to the retention and resistance form of the final restoration (build-ups) may be completed ahead of time if needed.	<i>Informational only</i>		
Was the restoration completed in the same tooth on the same patient by the same candidate?	Y	N	Comments:
Validated lab or fabrication error will allow a second delivery attempt starting from a new impression or modification of existing crown.	<i>Information only</i>		
<i>Elements of Indirect Restoration</i>			
Includes documentation of the candidate's competency to complete a ceramic onlay or more extensive indirect restoration? The treatment needs to be performed in the sequence in the treatment plan. The tooth must be asymptomatic with no pulpal or periapical pathosis and cannot be in need of endodontic treatment. The tooth selected for restoration, must have opposing occlusion that is stable. The tooth selected for restoration must have an adjacent tooth to be able to restore a proximal contact. The proximal surface of the tooth adjacent to the planned restoration must be either an enamel surface or a permanent restoration. Temporary restorations or removable partial dentures are not acceptable adjacent surfaces. The tooth selected must require an indirect restoration at least the size of the onlay or greater. The tooth selected cannot replace existing or temporary crowns.	Y	N	Comments:

Portfolio Examination Audit Checklist

Buildups may be completed ahead of time, if needed. Teeth with cast post are not allowed. The restoration must be completed on the same tooth and same patient by the same candidate.			
Was the treatment performed in the sequence of the treatment plan?	Y	N	Comments:
<p>Includes documentation of the candidate's competency to complete a partial gold restoration must be an onlay or more extensive indirect restoration?</p> <p>The treatment must be performed in the sequence of the treatment plan. The tooth must be asymptomatic with no pulpal or periapical pathosis; cannot be in need of endodontic treatment. The tooth selected for restoration must have opposing occlusion that is stable. The tooth selected for restoration must have an adjacent tooth to be able to restore a proximal contact. The proximal surface of the tooth adjacent to the planned restoration must be either an enamel surface or a permanent restoration. Temporary restorations or removable partial dentures are not acceptable adjacent surfaces. The tooth selected must require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns. Buildups may be completed ahead of time, if needed. Teeth with cast post are not allowed. The restoration must be completed on the same tooth and same patient by the same candidate.</p>	Y	N	Comments:
Was the treatment performed in the sequence of the treatment plan?	Y	N	Comments:
<p>Includes documentation of the candidate's competency to complete a full gold restoration?</p> <p>The treatment must be performed in the sequence of the treatment plan. The tooth must be asymptomatic with no pulpal or periapical pathosis; cannot be in need of endodontic treatment. The tooth selected for restoration must have opposing occlusion that is stable. The tooth selected for restoration must have an adjacent tooth to be able to restore a proximal contact. The proximal surface of the tooth adjacent to the planned restoration must be either an enamel</p>	Y	N	Comments:

Portfolio Examination Audit Checklist

<p>surface or a permanent restoration. Temporary restorations or removable partial dentures are not acceptable adjacent surfaces. The tooth selected must require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns. Buildups may be completed ahead of time, if needed. Teeth with cast post are not allowed. The restoration must be completed on the same tooth and same patient by the same candidate.</p>			
<p>Was the treatment performed in the sequence of the treatment plan?</p>	Y	N	Comments:
<p>Includes documentation of the candidate's competency to complete a metal-ceramic restoration? The treatment must be performed in the sequence of the treatment plan. The tooth must be asymptomatic with no pulpal or periapical pathosis: cannot be in need of endodontic treatment. The tooth selected for restoration must have opposing occlusion that is stable. The tooth selected for restoration must have an adjacent tooth to be able to restore a proximal contact. The proximal surface of the tooth adjacent to the planned restorations must be either an enamel surface or a permanent restoration. Temporary restorations or removable partial dentures are not acceptable adjacent surfaces. The tooth selected must require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns. Buildups may be completed ahead of time, if needed. Teeth with cast post are not allowed. The restoration must be completed on the same tooth and same patient.</p>	Y	N	Comments:
<p>Was the treatment performed in the sequence of the treatment plan?</p>	Y	N	Comments:
<p>A facial veneer is not acceptable documentation of the candidate's competency to perform indirect restorations.</p>	<i>Informational only</i>		
<p>Was there a restorative diagnosis and treatment plan?</p>	Y	N	Comments:

Portfolio Examination Audit Checklist

Were there preoperative radiographs?	Y	N	Comments:
Removable Prosthodontics			
Clinical Experiences			
Does the portfolio include documentation of removable prosthodontics clinical experiences for a minimum of five (5) prostheses?	Y	N	Comments: <i>One of which may be used for the portfolio competency examination.</i>
Competency Examination			
Does the portfolio contain completed grade sheets in the required scoring factors for the prosthodontic performed?	Y	N	Comments:
How many attempts did the candidate take in order to pass the portfolio competency examination?	# of attempts _____ (After three (3) failed attempts remedial education is required.)		
Was remediation required?	Y	N	Comments:
If yes above, was remediation form completed?	Y	N	Comments:
Patient Parameters			
Procedures may be performed on patients with supported soft tissue, implants or natural tooth retained overdentures.	<i>Informational only</i>		
Elements of Removable Prosthodontics			
Includes documentation of the candidate's competency to: <ul style="list-style-type: none"> • Develop a diagnosis • Determined treatment options and prognosis for the patient to receive a removable prosthesis 	Y	N	Comments:
Includes documentation of the candidate's competency to successfully restore edentulous spaces with removable prostheses?	Y	N	Comments:

Portfolio Examination Audit Checklist

Includes documentation of the candidate's competency to successfully manage tooth loss transitions with immediate or transitional prostheses?	Y	N	Comments:
Includes documentation of the candidate's competency to successfully manage prosthetic problems?	Y	N	Comments:
Includes documentation of the candidate's competency to successfully direct and evaluate the laboratory services for the prostheses?	Y	N	Comments:
Was there a removable prosthodontic diagnosis and treatment plan?	Y	N	Comments:
Were there preoperative radiographs illustrating the treatment condition?	Y	N	Comments:
Endodontics			
Clinical Experiences			
Does the portfolio include documentation of Endodontic clinical experiences for a minimum of five (5) canals or any combination of canals in three separate teeth?	Y	N	Comments:
Competency Examination			
Does the portfolio contain completed grade sheets in the required ten (10) scoring factors?	Y	N	Comments:
How many attempts did the candidate take in order to pass the portfolio competency examination?	# of attempts _____ (After three (3) failed attempts remedial education is required.)		
Was remediation required?	Y	N	Comments:
If yes above, was remediation form completed?	Y	N	Comments:
Patient Parameters			
Any tooth to completion by the same candidate on the same patient. Completed case is defined as a tooth with an acceptable and durable coronal seal.	<i>Information only</i>		

Portfolio Examination Audit Checklist

<i>Elements of Endodontics</i>			
Includes documentation of the candidate's competency in applied case selection criteria for endodontic cases?	Y	N	Comments:
Includes documentation of the candidate's competency to perform pretreatment preparation for endodontic treatment?	Y	N	Comments:
Includes documentation of the candidate's competency in performing access openings?	Y	N	Comments:
Includes documentation of the candidate's competency in performing proper cleaning and shaping techniques?	Y	N	Comments:
Includes documentation of the candidate's competency in performing proper obturation protocols?	Y	N	Comments:
Includes documentation of the candidate's competency in demonstrating proper length control of obturation, including achievement of dense obturation of filling material, obturation achieved to a clinically appropriate coronal height?	Y	N	Comments:
Includes documentation that the candidate competently completed the endodontic case including evidence that the candidate achieved coronal seal to prevent re-contamination and the candidate created diagnostic, radiographic and narrative documentation?	Y	N	Comments:
Includes documentation of the candidate's competency in providing recommendations for post endodontic treatment, including evidence that the candidate recommended final restoration alternatives and provided the patient with recommendations for outcome assessment and follow-up?	Y	N	Comments:
Was there an endodontic diagnosis and treatment plan?	Y	N	Comments:
Were there preoperative radiographs of the treatment site?	Y	N	Comments:
Were there postobturation radiographs of the treatment site?	Y	N	Comments:

Portfolio Examination Audit Checklist

Periodontics			
Clinical Experiences			
Does the portfolio include documentation of periodontal clinical experiences for a minimum of twenty five (25) cases?	Y	N	Comments:
Competency Examination			
Did the combined clinical experience include a minimum of five (5) quads of scaling and root planing procedures?	Y	N	Comments:
Does the portfolio contain completed grade sheets in the required nine (9) Scoring factors?	Y	N	Comments:
How many attempts did the candidate take in order to pass the portfolio competency examination?	# of attempts _____ (After three (3) failed attempts remedial education is required.)		
Was remediation required?	Y	N	Comments:
If yes above, was remediation form completed?	Y	N	Comments:
Has the case been scored in the following three (3) parts? Part A Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, treatment plan Part B Calculus detection, effectiveness of calculus removal Part C Periodontal re-evaluation	Y	N	<i>In the event that the patient does not return for periodontal re-evaluation, Part C may be performed on a different patient.</i>
Patient Parameters			
Examination, diagnosis and treatment planning <ul style="list-style-type: none"> • Minimum twenty (20) natural teeth with at least 4 molars • At least one probing depth of 5 mm or greater must be present on at least four (4) of the teeth, excluding third molars, with at least two of 	<i>Informational only</i>		

Portfolio Examination Audit Checklist

<p>these teeth with clinical attachment loss of 2 mm or greater</p> <ul style="list-style-type: none"> • Full mouth assessment or examination • No previous periodontal treatment at this institution, and no nonsurgical or surgical treatment within past 6 months 	
<p>Calculus detection and periodontal instrumentation (scaling and root planing)</p> <ul style="list-style-type: none"> • Minimum of six (6) natural teeth in one quadrant, with at least two (2) adjacent posterior teeth in contact, one of which must be a molar. • Third molars can be used but they must be fully erupted • At least one probing depth of 5 mm or greater must be present on at least two (2) of the teeth that require scaling and root planing. • Minimum of six (6) surfaces of clinically demonstrable subgingival calculus must be present in one or two quadrants. Readily clinically demonstrable calculus is defined as easily explorer detectable, heavy ledges. At least four (4) surfaces of the subgingival calculus must be on posterior teeth. Each tooth is divided into four surfaces for qualifying calculus: mesial, distal, facial, and lingual. <p>If additional teeth are needed to obtain the required calculus and pocket depths two quadrants may be used.</p>	<p><i>Informational only</i></p>
<p>Re-evaluation</p> <ul style="list-style-type: none"> • Candidate must be able to demonstrate a thorough knowledge of the case • Candidate must perform at least two (2) quadrants of scaling and root planing on the patient being reevaluated • Candidate must perform at least two 	<p><i>Informational only</i></p>

Portfolio Examination Audit Checklist

<p>documented oral hygiene care (OHC) instructions with the patient being reevaluated 4-6 weeks after scaling and root planing is completed. The scaling and root planing should have been completed within an interval of 6 weeks or less.</p> <ul style="list-style-type: none"> • Minimum twenty (20) natural teeth with at least four (4) molars • Baseline probing depth of at least 5 mm on at least four (4) of the teeth, excluding third molars 			
<i>Elements of Periodontics</i>			
<p>Includes documentation that the candidate competently performed a comprehensive periodontal examination?</p>	Y	N	Comments:
<p>Includes documentation that the candidate competently diagnosed and developed a periodontal treatment plan that documents the following:</p> <p style="padding-left: 20px;">The candidate determined the periodontal diagnosis</p> <p style="padding-left: 20px;">The candidate formulated an initial periodontal treatment plan that demonstrated the following:</p> <ul style="list-style-type: none"> ○ Determined to treat or refer patient ○ Discussed with patient the etiology, periodontal disease, benefits of treatment, consequences of no treatment, specific risk factors, and patient specific oral hygiene instructions ○ Determined non-surgical periodontal therapy ○ Determined need for re-evaluation ○ Determined recall interval 	Y	N	Comments:
<p>Includes documentation that the candidate competently performed nonsurgical periodontal therapy that he/she:</p> <p style="padding-left: 20px;">Detected supra and subgingival calculus</p> <p style="padding-left: 20px;">Performed periodontal instrumentation</p> <ul style="list-style-type: none"> • Removed calculus • Removed plaque • Removed stains 	Y	N	Comments:

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Demonstrated that the candidate did not inflict excessive soft tissue trauma Demonstrated that the candidate provided the patient with anesthesia			
Includes documentation that the candidate competently performed a periodontal re-evaluation?	Y	N	Comments:
Was there a periodontal diagnosis and treatment plan?	Y	N	Comments:
Were there charted pocket readings?	Y	N	Comments:
Was there preoperative radiographs?	Y	N	Comments:
Was there a follow-up report?	Y	N	Comments:

