

2019

Technical Report

Objective Structured Clinical Examination



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Introduction

Organizations who administer high-stakes examinations must be concerned with validity, reliability, and fairness because these measures are required in making pass/fail decisions affecting candidates for licensure or certification. Fairness to examinees and protection of the public are the foremost concerns for the NDEB and the NDEB has an obligation to provide the highest quality examination program possible.

This Technical Report is a summary of the processes followed by the NDEB to develop, administer, and score the Objective Structured Clinical Examination (OSCE) administered in 2019. It provides a summary of the information needed to support the validity and reliability of the examination. For additional detailed information, key references are included in Appendix A. Any background information is included to assist in understanding the development of the NDEB's examination processes.

This report serves as a reference for the members of the NDEB Examinations Committee, NDEB Board, and Provincial Dental Regulatory Authorities (DRAs). The processes described in this report may differ from those used in other years.

Part A – NDEB Certification

Purpose of the NDEB Examinations

The purpose of the NDEB is, as per the Act of Parliament, to establish qualifying conditions for a single national certificate of qualification for general practitioner dentists. This purpose is restated in the NDEB's mission found on the corporate website.

The NDEB is responsible for developing, administering, and scoring the examinations. To do this, the NDEB appoints an Examinations Committee who, along with the Chief Examiners and staff, oversee all aspects of the examination processes. The responsibilities of the Examinations Committee are outlined in the NDEB By-laws.

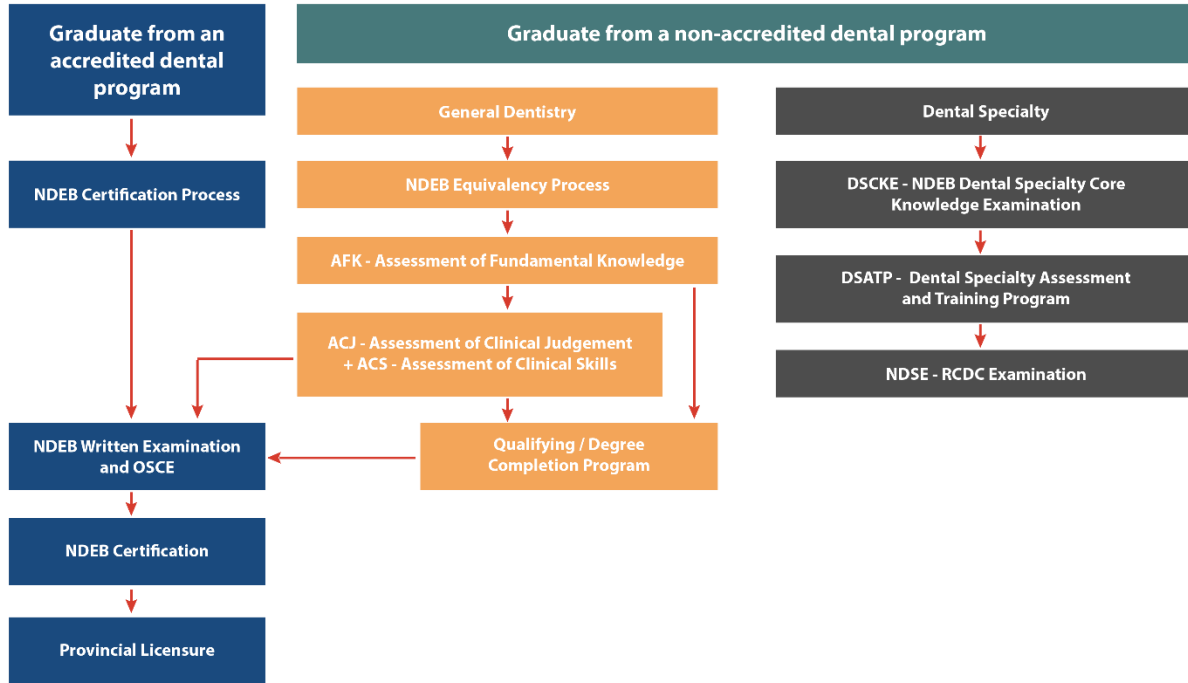
NDEB Certification

This section of the Technical Report is intended to provide an overview of all the examinations required to obtain an NDEB certificate.

Successful completion of the NDEB's Written Examination and Objective Structured Clinical Examination (OSCE) is one of the conditions for receiving a licence to practice dentistry in Canada. A candidate, as defined under the NDEB By-laws, is granted a certificate upon presentation of the following documentation:

- Proper application to the Board which includes, if applicable, providing evidence to the satisfaction of the Board that the candidate is considered in good standing with all Dental Licensing/Regulatory Authorities in all jurisdictions in which the candidate has been or is currently registered or licensed;
- Evidence, to the satisfaction of the Board, of graduation from an Accredited Program or successful completion of the Board Equivalency Process
- Evidence, to the satisfaction of the Board, that the person has passed the Written Examination described in By-law 14.00 and the OSCE described in By-law 15.00.

The following diagram illustrates the pathways to obtaining NDEB certification and licensure as a dentist in Canada.



The Certification Process - Current Examinations for Graduates of Accredited Programs¹

Written Examination

The purpose of the Written Examination is to assess the competence of beginning dental practitioners in Canada through multiple-choice questions. The content categories that form the blueprint for the Written Examination are based on the 47 Competencies for beginning dental practitioners in Canada (Appendix C). The Written Examination assesses the following constructs: basic science knowledge and applied clinical science knowledge and judgement, including diagnosis, treatment planning, prognosis, treatment methods, and clinical decision-making.

The Written Examination consists of two books, each with 150 single-answer multiple-choice questions. Each book is given in a 2.5-hour (150-minute) examination session. The sessions are held in the morning and afternoon of one day at established examination centres. Generally, candidates complete the Written Examination with time remaining. Consequently, there is no evidence that the Written Examination is a speeded test.

Resources for the Written Examination can be found on the NDEB website and include:

- the Examination format
- the Examination Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs

Approximately 3,500 questions, including many used on past examinations are also available on the NDEB website (www.ndeb-bned.ca). In 2018, the Examinations Committee voted to no longer provide new released questions annually.

Objective Structured Clinical Examination (OSCE)

The purpose of the OSCE is to assess the competence of beginning dental practitioners in Canada through multiple-choice formats. The content categories that form the blueprint for the OSCE are based on the 47 Competencies for beginning dental practitioners in Canada (Appendix C). The OSCE is designed to test aspects of clinical judgement, including diagnosis, treatment planning, prognosis, treatment methods, and clinical decision-making.

The OSCE is a station-type examination administered in two half-day sessions the day after the Written Examination. OSCE stations generally have two questions and require the candidate to review the information supplied (e.g. patient history, photographs, radiographic images, casts, models) and answer multiple response type questions. Each question has up to 15 answer

¹ Accredited programs are programs recognized by the Commission on Dental Accreditation of Canada and include the 10 Canadian dental programs and programs in the United States, Australia, Ireland, and New Zealand that are recognized through reciprocity agreements with accreditation agencies in those countries.

options and one or more correct answer(s). Some stations may require the candidate to review the information supplied and write an acceptable prescription for a medication commonly prescribed by general dentists in Canada. Candidates have five minutes at each station to answer the questions. After five minutes, the candidates move to the next station.

Resources for the OSCE can be found on the NDEB website and include:

- the Examination format
- the Examination Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs
- the OSCE frameworks

Equivalency Process - Current Examinations for Graduates of Non-accredited Programs²

Graduates of non-accredited dental programs are required to complete the NDEB Equivalency Process or a two-year Degree Completion Program prior to being eligible to participate in the Certification Process. The Equivalency Process comprises three examinations. Successful completion of the three examinations demonstrates that an individual is equivalent to a graduate of an accredited dental program.

Prior to taking the examinations, applicants are encouraged to take the on-line self-assessment available on the NDEB website. The self-assessment is 100 single-answer multiple-choice questions. Guidance is provided to individuals based on their self-assessment results. Additionally, applicants must provide a series of documents to the NDEB demonstrating their successful completion of a dental program. The NDEB performs an in-depth credential verification for each applicant prior to approving the applicant as a participant in the NDEB Equivalency Process.

² Non-accredited dental programs are international dental programs that award a BDS/DDS/DMD degree and are not recognized by the Commission on Dental Accreditation Canada through reciprocity agreements.

Assessment of Fundamental Knowledge (AFK)

The purpose of the AFK is to test biomedical science and applied clinical science knowledge. The AFK serves a dual purpose; it is both an admission requirement for Canadian Degree Completion Programs and one of the examinations in the Equivalency Process. A passing grade is required before a participant can continue to the other examinations in the Equivalency Process.

The AFK consists of two books, each with 150 multiple-choice questions. Each book is given in a three-hour session. The sessions are held in the morning and afternoon of a single day.

Resources for the AFK are found on the NDEB website and include:

- the Assessment format
- the Assessment Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs
- NDEB released questions

Assessment of Clinical Skills (ACS)

The purpose of the ACS is to assess clinical competence. During the two-day ACS, participants perform 12 dental procedures on simulated patients (manikins) in a clinical setting. Procedures must be performed as if working with real patients. Participants are required to use their judgement and follow accepted clinical care guidelines/standards.

Resources for the ACS are found on the NDEB website and include:

- the Assessment format
- the Assessment Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- handpiece connection information
- frequently asked questions specific to the ACS
- an orientation video

Assessment of Clinical Judgement (ACJ)

The purpose of the ACJ is to assess the participant's ability to formulate a diagnosis and make clinical decisions, as well as evaluate the participant's knowledge in oral radiology and ability to make a radiographic interpretation and diagnosis.

The ACJ is a computer-based test consisting of 120-150 single and multi-answer multiple-choice questions given in a 5-hour session. There is one scheduled 30-minute break during the examination. Questions may include patient histories, dental charts, and radiographs and photographs of patients of all ages. Although most questions are standalone questions, a number of questions are grouped into cases. The cases are interspersed throughout the

standalone questions. The ACJ was administered electronically by a third-party in May and November. A small administration of the ACJ was offered on paper in August. The examination consisted of three books as described in the August 2019 ACJ Protocol.

Resources for the ACJ can be found on the NDEB website and include:

- the Assessment format
- the Assessment Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs
- ACJ frameworks

Part B – Development

Test Construction Process and Validity Evidence

The examination development process follows the NDEB's development plan that is included in the Examiner's Manual and contains high-level information on the processes used to support the creation of defensible examination content. Specific elements of that plan are detailed below.

Examiners who are generally content experts at Canadian Faculties of Dentistry or recommended by Provincial Dental Regulatory Authorities are sent copies of the Examiner's Manual and other preparatory material for review prior to a question development workshop. During the workshop, examiners are trained in question construction, then construct, and criticize potential new items in their discipline. Examiners are directed to write items that assess higher cognitive processes such as application and problem-solving. They are further instructed to avoid trivial questions and avoid recall questions whenever possible. In addition, all new items are reviewed and, if required, edited by the Chief Examiner and senior staff.

Examiners who are practicing general dentists recommended by Provincial Dental Regulatory Authorities select the items for every examination in accordance with a blueprint. The results of past item analyses are used as a guide in the item selection process. Items are selected based on several criteria including consistency with the blueprint, taxonomy of cognitive levels, the need for anchor items, and statistical properties of the items.

Item Review, Verification and Translation

After test items have been selected and a first draft form built, the items are reviewed and translated using a multi-stage process. This first draft is reviewed and validated by groups of trained examiners who verify the technical accuracy of the items. They may also consult with additional subject matter experts when required. This includes identifying item enemies and verifying the representativeness of the content domain and the significance of the content being tested (NDEB, 2010). During this review, questions are subjected to intensive review to verify the wording and the correct answer. Should a question need to be reworded, it is either revised for the examination or replaced. The review focuses on three things. First, the technical content of the question is verified to ensure that it is consistent with acceptable practices and supported by the literature. Second, a sensitivity review is done to ensure that the question content is not offensive and does not discriminate against examinee subgroups. Third, a language review is done to ensure that the content does not exceed the language level needed to practice dentistry safely and effectively in Canada.

All examinations are available in both official languages. This includes all forms and preparation materials. After the first review, test items are translated by dentists familiar with the vocabulary used on the examinations. The questions and the translations are then reviewed by a group which includes bilingual subject matter experts who are approved by the *Ordre des dentistes du Québec* (ODQ). In addition, the NDEB has developed a detailed glossary of translated terms. This glossary is updated annually. This process ensures that examinees writing in either official language have equal opportunity to demonstrate their competence. The translation process ensures consistency between English and French versions of the questions.

Following this process, a second draft is produced. During a second review, trained examiners, including bilingual examiners approved by the ODQ, verify that the changes have been made to the questions and that the French translation is accurate. Additional changes are made as required to items so that all items are finalized during the review.

Following the second review, the examination is available in the final format that will be used. During a final review, trained examiners including bilingual examiners approved by the ODQ, verify that all questions are correct in both languages and that the formatting of the document is correct. Additional changes are made if required.

Production

OSCE questions are organized according to the sequence determined during selection to facilitate the timing of the examination and depending on the materials required for the questions within each section. The final version of the examination is produced in this order.

Prior to printing, NDEB ensures the appropriate page numbers and headings are included in the document. All printing is done on site. Documents that have been finalized are saved as PDF files in a specific directory and are forwarded electronically to a specific on-site printer. The quality of the images being printed is verified by examiners who are dentists. During this verification, the examiners compare the produced images of the radiographs to the hard copy of the print of the radiograph approved during the final review process.

Once the OSCE has been printed, the required number of copies of the examination are assembled. Each page of the document is inserted into a plastic sleeve and collated within the correct station which is then inserted into the station sequence. Rest stations are inserted at pre-determined locations, and removable labels are placed on pages that have questions requiring other materials, e.g. casts, models, Boley gauge. Examiners verify the accuracy of all material used in the examination.

Staff Support

The following is a summary of the roles involved in the NDEB's test construction and production processes.

Chief Examiner/Assistant Chief Examiner

The Chief Examiner is responsible for the development of the examination including coordination of question development, question selection, monitoring the item bank and results within the guidelines and parameters established by the NDEB as stipulated in the protocol.

Executive Director and Registrar

The Executive Director and Registrar is responsible for staff supervision and the implementation of all policies approved by the Board to ensure the processes operate efficiently and effectively.

NDEB staff

In consultation with the Executive Director, NDEB staff manage the operational delivery of the examinations. This includes, corresponding with examiners, developing administration instructions, production and translation of the examinations, maintenance of the question banks, and arrangements with host institutions and third-party test centres.

All staff is responsible for carrying out directives from the Examinations Committee as approved by the Board.

Test Validity and Reliability

Validity

The primary purpose of establishing content validity of credentialing examinations is to show that the process and results underlying their development are a valid reflection of that part of professional competence that the examinations purport to assess. That is, construct validity is about the relationships between the construct of professional competence and the examination instruments. The examination content categories reflect both educational programs and the requirements of practice, and general practitioners select the content for the examinations. In addition, each form is built to match the blueprint approved annually by the Board and contained in the protocols.

In addition to the logical basis for asserting construct validity, the NDEB has carried out several studies, both internal and published, that support validity claims (Appendix B).

Reliability

Test reliability refers to the degree to which examination scores for a group of examinees are consistent over repeated administration of the test and are therefore considered to be dependable and consistent for an individual examinee. Reliability is estimated using a reliability coefficient, which is a unit-free indicator that reflects the degree to which scores are free of random measurement error. Based on the data provided in the results section of this Technical Report, NDEB examinations display evidence of continued strong reliability.

Documentation

Evidence of test validity is collected through multiple means, one of which is the documentation of development and administration procedures. The NDEB makes these documents publicly available. Only confidential material or material that could jeopardize the integrity of the examination is retained internally. These documents are updated frequently (generally on an annual basis) to reflect the most recent information. References for these documents can be found in Appendix A.

To support the various sources of validity evidence, the NDEB produces the following documents:

NDEB By-laws

The NDEB By-laws contain sections related to the NDEB's examination programs. Examples of relevant information include:

- certification eligibility
- the Board's certification and equivalency processes
- conduct and appeals policies
- Terms of Reference for various examination-related committees
- test accommodations
- misconduct

The By-laws are available on the NDEB website (www.ndeb-bned.ca).

Competencies for a Beginning Dental Practitioner in Canada (Appendix C)

This document outlines the body of knowledge that is assessed by the NDEB's examinations. A clearly outlined body of knowledge is key to establishing the content validity of examinations by providing a link between practice and the examination. This document is available in English and French on the NDEB website (www.ndeb-bned.ca).

OSCE Protocol

Updated annually, the OSCE Protocol contains all the information the candidate needs to prepare to write the OSCE. In addition to providing logistical information, this document is meant

to reduce construct irrelevant variance related to testing. The document details the purpose and intended use of the examination. Candidates acquire advance information on examination content, instructions, and other procedures. At a high level, the OSCE Protocol contains the following information:

- Content and format
- Schedule
- Sample questions
- Reference texts
- Examination regulations
- Misconduct
- Passing standard
- Results
- Appeals and rescores
- Repeats

This document is available in English and French on the NDEB website (www.ndeb-bned.ca) and is posted in every candidate's online profile once the candidate has registered for the OSCE.

Examiner's Manual for the Objective Structured Clinical Examination and the Assessment of Clinical Judgement

Reviewed and updated annually, the Examiner's Manual for the OSCE is an internal document provided to examiners and outlines the question-writing philosophy and guidelines for question format and style.

Instructions and Regulations for Test Administrators

The purpose of this document is to describe, in detail, the procedures to follow before, during and after the administration of the OSCE. This document ensures that candidates have a similar experience when completing the examination, regardless of where they write. The document also enhances examination security by providing a detailed quality assurance protocol. Candidates are also reminded on numerous occasions that having someone else take the examination for them, disclosure of confidential examination material, or engagement in any other form of cheating is unacceptable and that such behavior may result in sanctions. This document contains:

- instructions prior to the examination
- instructions for examination day (which includes verbal candidate instructions)
- procedures to follow during the writing of the examination
- procedures to follow at the end of the examination
- instructions following the examination

Part C – Administration

Locations and Procedures

The OSCE is administered three times a year (March, May, and November) as established by Board policy. Except for approved test accommodations, the examination is administered on the same day at all centres. All examinations are written in a distraction-free and comfortable environment where candidates are optimally able to demonstrate their competence.

The March examination session is held across Canada with centres established in each of the ten dental schools. May and November examination sessions may be established in Canada in several locations provided that a minimum of ten candidates register in a location. Examination centres may also be established outside of Canada with an expectation that a minimum of 50 candidates will register for a centre and that an examination location with acceptable security can be established.

The NDEB tries to accommodate location preferences but may have to offer alternative locations due to space limitation at some examination sites.

Test Administrators

Each examination centre has one or more designated Test Administrator(s) appointed by the NDEB.

The Test Administrators' primary responsibilities include securing appropriate space at the examination centre, receiving the exam material and ensuring the security of examination materials before, during, and after the examination, appointing invigilators to assist in monitoring the examination, and ensuring the examinations are administered according to NDEB procedures.

When a new centre is established, or a new Test Administrator appointed, NDEB staff visit the centre and meet with the individual who will be the designated Test Administrator to review their roles and responsibilities. All Test Administrators are required to adhere to the NDEB's instructions and regulations. These documents clearly outline the responsibility of the Test Administrator and examination day procedures allowing for standardized administration across all centres. Test Administrators are encouraged to communicate with NDEB staff with questions or concerns regarding the administration or their responsibilities.

Prior to the administration, NDEB staff communicates with the Test Administrators to review any new NDEB policies or procedures in relation to the administration of the examination.

Administration Procedures

The NDEB has developed standard administration procedures for each of the examinations. The documentation includes uniform directions for Test Administrators, invigilators and examinees, the examination schedule, and the security protocols that should be undertaken during the examination.

Standard check-in procedures are in place for all examinees at each examination centre. A set of standardized instructions is read to all examinees in their language of choice prior to the commencement of the examination. Examinees are reminded of the rules of conduct and provided the opportunity to remove prohibited items from the examination room before the examination starts. No variation from the examination administration is allowed unless a test accommodation has been granted by the NDEB.

Reporting

The Test Administrator is responsible for completing a report following the administration of the examination. The report should include any irregularities that occurred that may have disrupted the administration of the examination. The report will also include details regarding any misconduct that occurred prior, during, or after the examination.

Test Accommodations

Pursuant to the NDEB By-laws and policies, test forms or administration conditions may be modified to accommodate examinees requiring test accommodations. The purpose of test accommodations is to remove construct-irrelevant barriers that would interfere with an examinee's ability to demonstrate their competence.

Accommodations may be provided for a disability, medical condition, or religious reason. Examinees must submit a written request prior to the registration deadline and are required to provide supporting documentation. Accommodations may include an alternate writing date, separate examination room, reader, or longer examination times. The number of requests for these types of accommodations is small, and as such, the NDEB is unable to establish the validity of these modified examination forms for this specific population. Test accommodations represent the only allowable variations in administration conditions, and these variations are documented in detail. In recent years, the number of examination accommodations has been increasing, and most accommodations involve no modifications to examination materials.

Part D – Scoring

Standards for Pass/Fail

It is the NDEB's statutory obligation to certify only those who are qualified to enter the dental profession in Canada. In the interest of public health, the NDEB establishes standards necessary to ensure competency.

Standard Setting

The OSCE is scored as percent correct (total score achieved divided by total score possible). Passing standards were originally established through an in-depth standard setting process that utilized both Angoff and Bookmarking methods recommending a passing standard (Buckendahl 2007, 2008). The passing standard is updated periodically to ensure the stability of scales over time.

Passing Score

Based on the recommendation of an expert committee, in January 2015, the NDEB introduced a standardized passing score of 75 for all its examinations. This change brought the NDEB in line with international standards for reporting passing scores. The new passing score has no impact on the difficulty or reliability of the NDEB's examinations.

Scoring

The OSCE items, except prescription items, are multiple response type questions with up to 15 different distractors. The items are scored using a weighted template that yields an item score between 0 and 1. Prescription items are scored on a scale of 0 to 4. After discarding weak items, a percent correct score is calculated by dividing the sum of the achieved item scores by the total possible score.

After verification and scanning of answer score sheets and reviewing any procedural abnormalities, an initial statistical analysis is performed. Reports generated from the initial statistical analysis are provided to the Chief Examiner and other attendees at a statistics review meeting. During this meeting, the following reports are reviewed:

- Candidate Performance by Exam Summary
- Question Performance by Exam Summary
- Exam Performance Detail
- Question Performance – Top/Low/Biserial Distribution (Condensed) (required for examinations which include multi-answer test items)
- Language fairness report

Review

During the review, the correctness of all answer keys is verified, and non-performing or compromised items are eliminated from the examination. A final statistical analysis is then performed, and results calculated with those items removed. Results are also validated by third-party psychometricians.

Using information provided in the Question Performance by Exam Summary report, questions identified by a colour prompt are printed for in-depth review.

Colour highlights within the report are triggered by the following criteria:

- difficulty: Less than .3
- biserial: Less than .05 (unless the difficulty is greater than .95)
- a language fairness assessment

Highlighted questions are reviewed to:

- confirm the accuracy of the answer key.
- identify potential ambiguities, including the possibility of multiple correct answers.
- identify potential “trick” items or unclear wording.
- identify a possible English – French translation issue.
- establish consistency between images and/or models.
- identify item drift as evidenced by an unusual increase or decrease in percent correct. If significant drift in a test item is noted, staff will conduct an internet search to ascertain whether the item has been released to the web in any form, or whether there is evidence of item reconstruction.

Examiners use their expert judgement to determine if:

- a question will be voided (i.e. will no longer be used on examinations) if it is unclear, ambiguous, tricky or if it presents a translation issue.
- a revision to the answer key is required.

Excluding a Question from the Test Equating Process

A question will be excluded from the test-equating process if:

- there is evidence of test reconstruction, coupled with significant drift
- it is released between the date it was used in the reference examination and the date of the current examination

The reason for excluding an item from the test equating process will be documented in writing and stored in the examination file.

Equating and Re-scaling

In addition to the passing score, candidate scores are also re-scaled using the procedure described in Maguire (2004) which is provided in Appendix D. Several data quality assurance steps are taken to ensure that the equating and re-scaling is done in a fair manner while respecting the statistical assumptions that underlie these mathematical procedures.

Given that the OSCE is a high-stakes linear examination that produces a single final score, the reliability/precision metrics are appropriate for this type of examination. Graduates of Canadian dental programs are used as the standard reference group. The passing rates are calculated for all candidates: those from Canadian universities, those from accredited universities outside of Canada, and those who have successfully completed the Equivalency Process.

Subgroup Differences

There have historically been small differences at the item and test level between candidates taking the OSCE in English and in French. In order to investigate if these differences are due to differential item functioning (DIF) and/or bias, in 2012, the NDEB conducted an in-depth study. Although a handful of items were shown to behave differently between English and French cohorts, no systematic bias was evident toward either language (Smith & Buckendahl, 2012). The NDEB conducts a DIF analysis annually to investigate differences between candidates writing in English and in French. Although the analysis continues to show that there is no systemic bias, items that behave differently are reviewed as described in the Review section above.

Pilot Testing

As part of an additional quality control step, the NDEB embeds new questions into examinations as pilot test items. These items are new and have not been properly evaluated by the examinee population. Pilot items that perform well from a statistical perspective count toward the examinee's score, while those items that do not perform well are not counted. Items are generally voided for the following reasons:

- The item difficulty index is very low, indicating that on average, examinees were unable to respond to the question or that the question was written unclearly.
- The item has negative item discrimination indicating that poorly-performing examinees responded correctly to the item more frequently than highly-performing examinees.
- The analysis of response patterns for the distractors provides strong evidence that the item is unclear or ambiguous.

In addition, item statistics are used to improve items for future use. Due to the NDEB's pilot testing methodology, items are exposed to a live examinee population, which includes all relevant subgroups.

Reporting

The results of the OSCE are posted on a secure website within 10 weeks of the administration date. Examinees access their results by logging in to their online profile. When results are posted, examinees receive an email notification. If there is an anticipated delay in the release of results, candidates are notified by email. Examinees are informed if they have passed or failed the OSCE. Results are reported as Pass/Fail. Successful examinees are given a pass result. Failing examinees receive their test equated, re-scaled score on the failed examination and the pass mark for the examination. This allows examinees to determine how close they were to passing. They are also provided with instructions on how to appeal their score.

Canadian Faculties of Dentistry are normally sent reports of the Faculty's student results for the March administration and school performance vs Canadian performance annually. On request, other accredited dental programs that have a sufficient number of candidates (more than 10) participating in a session can receive the same information. For the OSCE, the following information is provided:

1. National (Canadian) level means and standard deviations of scores broken down by blueprint category,
2. School level means and standard deviations of scores broken down by major blueprint category, and
3. Individual student pass/fail results.

Sub-scores are not included on candidate score reports but grouped sub-scores are included in school reports. These sub-scores are for diagnostic and information purposes only. Individual

pass/fail decisions are not made on the basis of sub-score performance. As a result, reliability estimates are not provided for sub-scores.

Instructions for proper score interpretation are included with the report. Specifically, schools are informed that data is provided "for information purposes only." Individual student numerical results are generally not provided to schools unless the school makes a request to the NDEB and demonstrates a valid research or academic need for the data.

A general statistical performance report for each examination is prepared for the Board.

Candidate results and records are kept pursuant to the NDEB's internal document retention policies and procedures. All information related to the OSCE (e.g., test protocol, reports) is retained.

Appeals

The appeal mechanism for written-style examinations is a manual rescore. The purpose of a manual rescore is to confirm that no errors were made during the electronic scoring process. Candidates who receive a failing grade can, within one month of the release of results, request a manual rescore. This is done through the candidate's online profile. Manual rescoring is completed by NDEB staff members who compare the answers on the answer score sheet with the master score sheet. The Manager then verifies the mark. The mark produced by the manual rescore will be the final mark.

A fee is charged for manual rescoring. Fees are posted on the NDEB website.

Other Appeals

Within a specified timeframe, candidates may appeal to the Board or Executive Committee in writing, with an accompanying filing fee, regarding:

- a decision of the Examinations Committee regarding misconduct.
- compassionate grounds.

Part E - Security

The NDEB undertakes several measures to ensure the security of its processes.

Credential Verification

Credential verification of applicants is performed to ensure that applicants to all processes are eligible for participation. While the credential verification process differs depending on the process applied for, each process includes source verification with the university to confirm the applicant's graduation.

Examinee Information

The NDEB uses a third-party web tool called BrightTrac for its online portal. BrightTrac accounts are password-protected, and the data is stored on Amazon servers.

In-house, the NDEB has candidate information in MS Access databases, and various documents are stored on NDEB servers. This information is only accessible to staff with valid network accounts and drive permissions.

Administration

The NDEB is in regular communication with on-site staff to keep them apprised of changes to administration processes and emphasize the importance of security measures such as standardized check-in procedures and restricted items. Test Administrators, invigilators, and proctors are trained to identify, manage, and report misconduct.

On-site Security

For paper and pencil examinations, the Test Administrator stores all examination material in a secure, locked area. During the examinations, invigilators monitor the examinees in the examination room and document any irregularities on the Test Administrator Report. After the completion of the examinations, all materials are returned to the NDEB office by courier. NDEB staff verifies the return of all materials including individually-labelled books, identification cards, and, answer score sheets. These security measures help maintain the integrity of the examinations by limiting exposure to examination items before and after the administration of the examination.

For examinations delivered electronically by a third party, proctors use hand-held metal detector wands to scan all examinees in the test centers prior to each entry into the test room. Proctors patrol the test room regularly and monitor examinees by video. Proctors document any irregularities and communicate with the NDEB as necessary on and after the exam.

Exam Security

The NDEB's examination metadata and statistics are stored in a SQL Server database on a separate secure server that is only accessible via the database's user interface. Individuals who do not have permissions to access the NDEB network are restricted. The questions themselves are also restricted to only those users who need to access them via their network group policy rules.

For electronic examinations, questions are stored in a third-party electronic item bank with restricted access.

The NDEB has a policy that questions in progress are never sent via email. Rather, they are uploaded to password-protected secure sites for sharing and collaboration.

All NDEB portable devices are encrypted using BitLocker so no one can access anything without the proper credentials.

Security Analysis

During exam processing, a test analysis program is applied to the item results of all examinees. Those with extreme values are flagged for attention. In rare cases, examinees are informed that results of the examination will be delayed pending a review.

Copyright

NDEB staff regularly monitors online forums for exam content that is shared and follows-up with legal action as needed.

Part F - Outcome Summaries

This report provides summary information on the structure of the Written Examination, as well as statistical summaries at the item and test levels. The yearly results are based on the March administration only since May and November administrations use instruments from other years.

This sample of candidates is also largely comprised of Canadian-educated first-time candidates. This cohort homogeneity allows for better year-to-year comparisons. Historical data is also presented to demonstrate that, in general, the Written Examination performance from this cohort of candidates is similar to previous years.

Table of Examination Items by Category

Root Category	OMarch2019
Dental Anatomy/Occlusion/Operative	18
Endodontics/Dental Emergencies	12
Foundation Science	15
Oral Medicine/Pathology/Oral Facial Pain	4
Oral Surgery/Trauma	4
Orthodontics/Pediatrics	16
Periodontics	7
Pharmacology/Therapeutics/Local Anesthesia	13
Prosthodontics/Implants	2
Miscellaneous**	15
Total Scored	102
Rejected	6
Total	108

**Miscellaneous: "Abuse and Neglect", "Anxious Patient", "Ethics and Jurisprudence", "Geriatrics", "Infection Control", "Informed Consent", "Occupational Hazards", "Prevention", "Radiology", "Records", "Relationship General/Oral Health", "Scientific Literature", "Special Needs"

OSCE Analysis Report

	Attempt	0March2019
Number of Candidates	1	744
	2	14
	3	0
	Total	758
Pass (#)	1	708
	2	9
	3	0
	Total	717
Pass (%)	1	95.2
	2	64.3
	3	0
	Overall	94.6
Passing Raw Score (%)		58.8
Mean Raw Score (%)	1	71.9
	2	61.9
	3	0
	Overall	71.8
Range Rescaled	1	53 - 100
	2	56 - 88
	3	-
	Overall	53 - 100
Mean Rescaled Score	1	89.0
	2	77.9
	3	0
	Overall	88.8
KR 20/ Cronbach's Alpha		0.77

Note: Numbers are based on all candidates who sat the examination. This includes candidates who have later been withdrawn as a result of a compassionate appeal.

Part G - Glossary

AADE	American Association of Dental Examinations
ACFD	Association of Canadian Faculties of Dentistry
ADA	American Dental Association
ADAC	American Dental Association Commission on Dental Accreditation
ADC	Australian Dental Council
AERA	American Educational Research Association
APA	American Psychological Association
CDA	Canadian Dental Association
CDAC	Commission on Dental Accreditation of Canada
CDRAF	Canadian Dental Regulatory Authorities Federation
DRA	Provincial Dental Regulatory Authorities
NCME	National Council on Measurement in Education
NDEB	National Dental Examining Board of Canada
ODQ	Ordre des dentistes du Québec
RCDC	Royal College of Dentists of Canada

Part H – Appendices

Appendix A – Key Supporting References

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Appendix C – Competencies for a Beginning Dental Practitioner in Canada

A competent beginning dental practitioner in Canada must be able to provide oral health care for the benefit of individual patients and communities in a culturally sensitive manner.

Competency assumes that all behaviours are supported by foundation knowledge and skills in biomedical, behavioural and clinical dental science and by professional behaviour. Beginning dental practitioners in Canada must be able to apply foundation knowledge and skills to justify their decisions and actions and to evaluate outcomes. Therefore, foundation knowledge, skills and professional behaviour are understood to be a part of every competency.

Competency also assumes that all behaviours are performed to an acceptable level and that the practitioner can evaluate their quality and effectiveness. Competency cannot be achieved without the ability to self-evaluate. Moreover, there are no degrees of competence: a dentist is either competent or not competent. The competencies below refer to general dental practice and include the management of patients of all ages including those with special needs. It is assumed that all oral health care is provided in an ethical manner, in accordance with legal requirements at the national and provincial level.

A beginning dental practitioner in Canada must be competent to:

1. recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged.
2. recognize the relationship between general health and oral health.
3. evaluate the scientific literature and justify management recommendations based on the level of evidence available.
4. communicate effectively with patients, parents or guardians, staff, peers, other health professionals and the public.
5. identify the patient's chief complaint/concern and obtain the associated history.
6. obtain and interpret a medical, dental and psychosocial history, including a review of systems as necessary, and evaluate physical or psychosocial conditions that may affect dental management.
7. maintain accurate and complete patient records in a confidential manner.
8. prevent the transmission of infectious diseases by following current infection control guidelines.
9. perform a clinical examination.
10. differentiate between normal and abnormal hard and soft tissues of the maxillofacial complex.
11. prescribe and obtain the required diagnostic tests, considering their risks and benefits.
12. perform a radiographic examination.
13. interpret the findings from a patient's history, clinical examination, radiographic examination and from other diagnostic tests and procedures.
14. recognize and manage the anxious or fearful dental patient.

15. recognize signs of abuse and/or neglect and make appropriate reports.
16. assess patient risk (including, but not limited to, diet and tobacco use) for oral disease or injuries.
17. develop a problem list and establish diagnoses.
18. determine the level of expertise required for treatment and formulate a written request for consultation and/or referral when appropriate.
19. develop treatment options based on the evaluation of all relevant data.
20. discuss the findings, diagnoses, etiology, risks, benefits and prognoses of the treatment options, with a view to patient participation in oral health management.
21. develop an appropriate comprehensive, prioritized and sequenced treatment plan.
22. present and discuss the sequence of treatment, estimated fees, payment arrangements, time requirements and the patient's responsibilities for treatment.
23. obtain informed consent including the patient's written acceptance of the treatment plan and any modifications.
24. modify the treatment plan as required during the course of treatment.
25. provide education regarding the risks and prevention of oral disease and injury to encourage the adoption of healthy behaviors.
26. provide therapies for the prevention of oral disease and injury.
27. recognize and institute procedures to minimize occupational hazards related to the practice of dentistry.
28. achieve local anesthesia for dental procedures and manage related complications.
29. determine the indications and contraindications for the use of drugs used in dental practice, their dosages and routes of administration and write prescriptions for drugs used in dentistry.
30. manage dental emergencies.
31. recognize and manage systemic emergencies which may occur in dental practice.
32. manage conditions and diseases of the periodontium, provide periodontal treatment when indicated and monitor treatment outcomes.
33. assess the risk, extent and activity of caries and recommend appropriate non-surgical and surgical therapy.
34. manage dental caries, tooth defects and esthetic problems and, when restoration is warranted, use techniques that conserve tooth structure and preserve pulp vitality to restore form and function.
35. manage patients with orofacial pain and/or dysfunction.
36. manage surgical procedures related to oral soft and hard tissues and their complications
37. manage trauma to the orofacial complex.
38. manage conditions and pathology of the pulp and provide endodontic treatment when indicated.
39. manage abnormalities of orofacial growth and development and treat minor orthodontic problems.
40. recognize and manage functional and non-functional occlusion.

41. select and, where indicated, prescribe appropriate biomaterials for patient treatment.
42. manage partially and completely edentulous patients with prosthodontic needs including the provision of fixed, removable and implant prostheses.
43. make records required for use in the laboratory fabrication of dental prostheses and appliances.
44. design a dental prosthesis or appliance, write a laboratory prescription and evaluate laboratory products.
45. apply accepted principles of ethics and jurisprudence to maintain standards and advance knowledge and skills.
46. apply basic principles of practice administration, financial and personnel management to a dental practice.
47. demonstrate professional behaviour that is ethical, supersedes self-interest, strives for excellence, is committed to continued professional development and is accountable to individual patients, society and the profession.

Definition

To “manage” the oral health care needs of a patient is assumed to include all actions performed by a health care provider that are designed to alter the course of a patient's condition. Such actions may include providing education, advice, treatment by the dentist, treatment by the dentist after consultation with another health care professional, referral of a patient to another health care professional, monitoring treatment provided, but also may include providing no treatment or observation. “Manage” assumes the use of the least invasive therapy necessary to gain a successful outcome in accordance with patient wishes.

Appendix D – Equating Procedure

Excerpts from Maguire (2004)

Each year, the National Dental Examining Board of Canada administers examinations to graduating students from Canadian Faculties of Dentistry. The results of the examinations are used as part of the credentialing process. In addition, the examination program plays a role in maintaining a national standard of competence for dentists entering practice in Canada. Consistent with the second purpose, it is of interest to trace the performance of candidate cohorts over successive years. Direct comparison of candidates' average performance in successive years could be made but if differences were observed, they could be due to differences in the candidates themselves, to differences between the two examinations (one may be more difficult than the other), or to a combination of both. The process of examination equating attempts to make the examination scores equivalent so that differences between equated scores can be attributed to the difference between cohorts of candidates. In effect, the equating process attempts to answer the question, how would candidates who wrote in 2013 have performed on the 2012 examination?

The equating procedure to be presented below is taken from Angoff (1971, pp579-583). It is based on an examination design in which instruments in successive years consist of two components: a common component (a set of items that appear in both years) and a unique component (sets of items that appear in one year, but not the other). Consider for example the examinations administered in 2012 (year 1) and 2013 (year 2). In 2012 a candidate's score can be thought of as:

$Y_1 = V_1 + U_1$ where V is the score on the common items and U is the score on the unique items. In 2013, a candidate's score would be:

$X_2 = V_2 + W_2$ where V is the score on the common items and W is the score on the unique items.

The goal of the equating process is to find a mathematical function that projects X onto Y or Y onto X . Unlike a regression equation, this function should yield consistent results regardless of the direction in which scores are to be equated, that is, projecting from 2012 to 2013 or from 2013 to 2012.

The general form of the equation for equating scores from 2013 to scores from 2012 is:

$$Y'_2 = bX_2 + a \quad (1)$$

or, if the direction were reversed, the equation would be:

$$X'_1 = \frac{1}{b}(Y_1 - a) \quad (2)$$

For simplicity, we will assume that 2012 will be treated as the base year, and we want to equate the 2012 score to it.

The details of the algebra can be found in Angoff's 1971 chapter, but essentially the functions are based on the supposition of a single combined sample of candidates, i.e. the 2012 group combined with the 2013 group. We will refer to this hypothetical sample as the 'total' group. There are two variables:

1. the scores on Y for all candidates (i.e. the scores on the 2012 examination).
2. the scores on X for all candidates (i.e. the scores on the 2013 examination).

Of course we only have Y scores for the 2012 candidates, and X scores for the 2013 candidates, but if all candidates had taken both examinations, the equating formula for mapping scores from 2013 to 2012 would be:

$$Y' = \frac{sd(Y_T)}{sd(X_T)} (X - mean(X_T) + mean(Y_T)) \quad (3)$$

where:

- $sd(Y_T)$ is the standard deviation of Y scores for the total sample,
- $sd(X_T)$ is the standard deviation of X scores for the total sample,
- $mean(Y_T)$ is the mean Y score for the total sample,
- $mean(X_T)$ is the mean X score for the total sample.

In terms of equation 1,

$$b = \frac{sd(Y_T)}{sd(X_T)} \quad \text{and} \quad a = mean(Y_T) - b(mean(X_T)) \quad (4)$$

The four values required for equation (3) are estimated using the common portions of the exams. The procedure, referred to in the literature as 'common item linear equating,' will be presented below. In this case the equating (common) portion of the examination forms part of the total score. The procedure is identical for situations in which the equating part of the examination is treated as a separate entity.

Equating Formulas – Common Item Equating

The actual procedure begins with the calculation of two scores in each of the two samples:

Y_1 = the score for 2001 candidates on the entire examination (300 items)

V_1 = the score for 2001 candidates on the common portion (110 items)

X_2 = the score for 2002 candidates on the entire examination (300 items)

V_2 = the score for 2002 candidates on the common portion (110) items.

To find the values needed for equation 3, four intermediate statistics must be estimated:

$$\text{var}(Y_T) = .5 \text{var}(Y_1) + .5 \text{var}(Y_2) + .25[\text{mean}(Y_1) - \text{mean}(Y_2)]^2 \quad (5)$$

$$\text{var}(X_T) = .5 \text{var}(X_1) + .5 \text{var}(X_2) + .25[\text{mean}(X_1) - \text{mean}(X_2)]^2 \quad (6)$$

$$\text{mean}(Y_T) = .5\text{mean}(Y_1) + .5(\text{mean}(Y_2)) \quad (7)$$

$$\text{mean}(X_T) = .5\text{mean}(X_1) + .5\text{mean}(X_2) \quad (8)$$

Four of the values that appear in equations 5 through 8 must be estimated under the assumption that the regression slopes of Y_1 on V_1 in Group 1 and X_2 on V_2 in Group 2 are the same. The four estimates are:

$$\text{var}(Y_2) = \text{var}(Y_1) - \left\{ \frac{\text{cov}(Y_1 V_1)}{\text{var}(V_1)} \right\}^2 [\text{var}(V_1) - \text{var}(V_2)] \quad (9)$$

$$\text{var}(X_1) = \text{var}(X_2) + \left\{ \frac{\text{cov}(X_2 V_2)}{\text{var}(V_2)} \right\}^2 [\text{var}(V_1) - \text{var}(V_2)] \quad (10)$$

$$\text{mean}(Y_2) = \text{mean}(Y_1) - \frac{\text{cov}(Y_1 V_1)}{\text{var}(V_1)} [\text{mean}(V_1) - \text{mean}(V_2)] \quad (11)$$

$$\text{mean}(X_1) = \text{mean}(X_2) + \frac{\text{cov}(X_2 V_2)}{\text{var}(V_2)} [\text{mean}(V_1) - \text{mean}(V_2)] \quad (12)$$

Calculation of the Equating Expressions:

Step 1. From the data, calculate the following values:

(a) Group 1 (2012): means and standard deviations of Y and V, also the covariance between Y and V.

(b) Group 2 (2013): Means and standard deviations of X and V, also the covariance between X and V.

Step 2. Substitute the values from Step 1 into equations (9) through (12).

Step 3. Substitute the values from Steps 1 and 2 into equations (5) through (8).

Step 4. Substitute the results of Step 3 into equations (3) and (4).

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MOTION

That the 2019 Technical Report for the Objective Structured Clinical Examination be approved.

