

Michigan Dental Association

**MEETING OF THE BOARD OF TRUSTEES**

August 31, 2021

Zoom Videoconference

**OFFICERS**

Dr. Michael Maihofer, President  
Dr. Vincent Benivegna, President-Elect  
Dr. Stephen Meraw, Immediate Past President  
Dr. Eric Knudsen, Secretary/Treasurer  
Dr. Todd Christy, Speaker  
Dr. Christopher Smiley, Editor  
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Dr. Melanie Mayberry  
Dr. Cheri Newman  
Dr. William Patchak  
Dr. Erick Rupprecht  
Dr. Lauryne Vanderhoof

**GUESTS**

Dr. Saranna Berger, MDA Committee on Governmental and Insurance Affairs  
Kimber Cobb, American Board of Dental Examiners  
Dr. Naila Farooq, MDA Committee on Governmental and Insurance Affairs  
Dr. Gabriel Holdwick, MDA Committee on Governmental and Insurance Affairs  
Brianna Kosecki, MDA Committee on Governmental and Insurance Affairs  
Dr. Jason Mashni, MDA Committee on Governmental and Insurance Affairs  
Dr. Daniel Miller, MDA Committee on Governmental and Insurance Affairs  
Dr. Debra Peters, MDA Committee on Governmental and Insurance Affairs  
Dr. Julio Rodriguez, ADA Ninth District Trustee  
Dr. Connie Verhagen, MDA Committee on Governmental and Insurance Affairs

**PRESENTERS**

Dr. Mert Aksu, Dean, University of Detroit-Mercy  
Dr. Mark Johnston, Member, Michigan Board of Dentistry  
Dr. Laurie McCauley, Dean, University of Michigan  
Dr. Jacqueline Plemons, Chair, ADA Council on Dental Education and Licensure  
Dr. Guy Champaine, American Board of Dental Examiners  
Dr. Patrick Tepe, Wisconsin Dental Association  
Dr. Irene Tseng, Member, Michigan Board of Dentistry  
Dr. David Waldschmidt, ADA Joint Commission on National Dental Examinations  
Dr. Pete Yaman, American Board of Dental Examiners

**STAFF**

Neema Katibai, Government Affairs/Insurance Affairs Manager  
Angie Kanazeh, Director of Membership  
Michelle Nichols-Cruz, Governance Manager  
Bill Sullivan, JD, Vice President/Advocacy and Professional Relations

38 **CALL TO ORDER AND PURPOSE OF MEETING**

39 The meeting was called to order by President Maihofer at 7:00 p.m.

40  
41 The purpose of this meeting was to hear from relevant parties and stakeholders regarding the clinical  
42 licensure process. Subsequently, the MDA Board of Trustees will meet to decide whether the  
43 association wishes to adopt a formal policy about the use of human patients in clinical licensure.

44  
45 **PRESENTATIONS**

46 The Board heard several presentations from stakeholders.

47  
48 *Drs. Mark Johnston and Irene Tseng, Michigan Board of Dentistry*

49 Dr. Johnston provided the Board with the LARA's Michigan Dentist Licensing Guide, which contains the  
50 minimum requirements needed to obtain a dentist license in Michigan.

51  
52 Dr. Johnston noted that he is representing the State of Michigan and will only be discussing the State's  
53 opinion and not his personal opinion.

54  
55 The ADEX (American Board of Dental Examiners) exam has approved manikin type exams and the state  
56 will accept either live patient or manikin exams. Any ADEX approved exams are accepted in Michigan.  
57 Other testing agencies will not be administering the ADEX exam until 2023. A merger between CDCA and  
58 WREB is currently being developed.

59  
60 ADEX develops the exams and CDCA (Commission on Dental Competency Assessments) administers the  
61 ADEX exam. Changes are made to the exam annually and CDCA travels to different schools throughout  
62 the country to administer the exam.

63  
64 Current members of the Michigan Board of Dentistry are invited to be members of the CDCA and ADEX  
65 and are able to assist in administering the exams. The state does not cover the membership fees for  
66 these organizations. Examiners are paid a daily rate and reimbursed for travel, food, and hotel.

67  
68 Michigan allows licensure by endorsement by petition of the Board of Dentistry. Qualifications depends  
69 on number of years the dentist has been out of dental school, type of licensure exam taken and  
70 disciplinary status. The Governor and legislature are currently discussing licensing of Canadian dentists,  
71 and this will be finalized during the rules review within the next 18 months.

72  
73 *Drs. Guy Champaine and Peter Yaman, American Board of Dental Examiners (ADEX)*

74 A component of the licensure examination process is to ensure that only competent practitioners that  
75 can perform appropriately receive a license and identifies individuals who should not receive a license-  
76 not a certification process.

77  
78 ADEX Exam: ADEX is the longest running, continuously maintained independent, third-party cognitive  
79 OSCE in dentistry. A task analysis on the ADEX exam is conducted every 5-7 years on the scope of  
80 practice to determine what changes may need to be made to the exam. By 2023, the ADEX exam will be  
81 the only exam delivered by CDCA-WREB (Western Regional Examination Board).

82  
83 OSCE: Computerized OSCEs are a form of a multi-station examination for clinical subjects and cover a  
84 broad range of dentistry. Cognitive tests cannot predict motor skills/clinical performance. ADEX OSCE is

85 available year-round with flexible scheduling and is accepted in 49 states, PR, Jamaica, US Virgin Islands  
86 and Canada.

87  
88 CompeDont: CompeDont is a non-patient-based exam developed in 2017. Mode effects study was  
89 conducted in 2019 and approved by ADEX in April 2020. CompeDont was utilized for 2020 and 2021  
90 exam seasons.

91  
92 CompeDont is not a plastic tooth; it is life-like enamel with the same hardness and character of a real  
93 tooth, caries progresses as it does in a patient, it is restorable, etchable and bondable, and meets all  
94 exam standards. Performance did not change over time as there is no tooth alike.

95  
96 It is identical to patient-based exam and allows for a more difficult challenge than what would normally  
97 be accepted. Due to COVID-19, candidates completed the OSCE and National Boards through these  
98 types of exams. This year, 95% took a non-patient-based exam.

99  
100 The CompeDont tooth is a better test than a live patient with a small carious lesion as it provides more  
101 variability and is more than what one patient can provide. The candidate will be able to conduct  
102 modifications and alter the treatment plan which tests the judgement of the candidate and identifies  
103 deficiencies as it is more difficult than what you would find in a live patient. This also removes the  
104 uncertainty with patients that don't show up, aren't able to attend due to illness or require payment.

105  
106 *Dr. Mert Aksu, Dean University of Detroit-Mercy, School of Dentistry*

107 Dr. Aksu noted that he is a consultant examiner for the CDCA exam. The fundamental philosophy is an  
108 exam with psychometric validity where the live patient can be eliminated. With live patients, every  
109 lesion is different, so the students are not taking the same exam. Mannequin exams are the same exams  
110 for all, with critical decision making the essence of the exam. Educationally, the dental school would like  
111 to move away from live patient exams with an exam that meets the needs of the Michigan Board of  
112 Dentistry and protects the public.

113  
114 *Dr. Laurie McCauley, Dean, University of Michigan, School of Dentistry*

115 Dr. McCauley noted that dentistry is centered around an ethical and science-based profession. It is  
116 critical to look at a partnership of the professional associations, state boards and dental schools.

117  
118 Live patient exams are subject to error and pose ethical challenges for those taking the test. The single  
119 focus of a live patient exam is not on the patients' comprehensive care but on the examination process,  
120 follow up care is lacking, and some patients are abandoned following the test. In addition, patients have  
121 been known to blackmail their candidates.

122  
123 The UM is a member of the Coalition for Modernizing Dental Licensure, a coalition of 75 entities whose  
124 mission is to ensure patient safety, increase access to care and promote professional mobility by  
125 modernizing the dental licensure process. Most dental professional organizations, ADA, ADEA, many  
126 state dental associations are members. Its primary goal is to do away with live human examinations. The  
127 DLOSCE is used in six states, the portfolio model in three states and the PGY1 in three states.

128  
129 Dr. McCauley stated that research is lacking for non-patient-based exams and she hopes that it holds up  
130 to rigorous scientific standards. There is no evidence that patient-based exams are successful in

131 predicting future performance and there should be more research conducted in this area. Most  
132 disciplinary actions are not patient care but ethical and substance abuse issues.

133  
134 In addition to live patients, students now practice on CompeDont teeth. With CompeDont being so new,  
135 the first class using CompeDont did not have extensive time to practice. The tooth is available now for  
136 the dental schools to purchase so that students can practice. It is possible the data from the first class  
137 and subsequent classes may differ.

138  
139 *Dr. David Waldschmidt, Joint Commission on National Dental Examinations*

140 Professional standards indicate that exams must be supported by evidence; this is particularly important  
141 in the case of licensure exams impacting public health.

142  
143 There is a lack of peer-reviewed evidence supporting existing clinical licensure examinations involving  
144 live patients. Continued use of an examination is not evidence of an examination's effectiveness. Failure  
145 rates similarly are not evidence that an examination is working (failures can be at random).

146  
147 The DLOSCE does not require the use of live patients and no patients were harmed in the development  
148 of the DLOSCE. While the DLOSCE does not directly measure psychomotor skills, it measures clinical  
149 judgment and identifies those who lack skills. There is a system of checks and balances to confirm that  
150 the candidate possesses the skills to determine if efficiencies have been met. Having strong  
151 accreditation standards in place is critical to the pass rate. Failure rates are less than those that are not  
152 taught with standards in place.

153  
154 *Dr. Jacqueline Plemons, Chair, ADA Council on Dental Education and Licensure*

155 Dr. Clemens is a periodontist in Dallas, Texas, and part time faculty at Texas A&M. While the ADA's  
156 comprehensive policy on dental licensure was approved in 2018, the elimination of patients in licensure  
157 has been the position of the ADA since 2005.

158  
159 Dr. Plemons mentioned several ethical concerns with the use of live patients. There is the potential to  
160 cause harm to the patient, many times there is a lack of follow-up with the patient, students run the risk  
161 of a patient not showing on exam day causing the student to have to wait three months to take the  
162 exam, competition for patients, and at times being held hostage by a patient for additional money  
163 sending a message that it is acceptable to use patients for personal gain. Students at that stage are  
164 forming their initial opinions on what is right and what the professional norms are and reinforces that  
165 the patient is a commodity. Dental school issues with using live patients are patient brokering and clinic  
166 time lost by having to screening board patients.

167  
168 The ADA Council on Dental Education and Licensure urges states to look at not using single encounter  
169 patients for exams.

170  
171 *Dr. Patrick Tepe, Wisconsin Dental Association*

172 The Wisconsin Dental Association supports the ADA's policy from 2005 on the eliminating human  
173 subjects in the clinical examination process. It is WDA's goal to open more opportunities as more exams  
174 became available; not which exam is better or worse but those exams that are valid.

175

176 At one time, the licensing board approved the elimination of human subjects, however it was  
177 subsequently reversed at a later time. The next step for WDA is to attempt to made changes to the  
178 dental practice act.

179

180 **ADJOURNMENT:** The meeting was adjourned by President Maihofer at 8:50 pm.

181

182

183 Michael Maihofer, DDS

Eric Knudsen, DDS

184 President

Secretary/Treasurer

185