Joint Commission Update and Progress on the Integrated National Board Dental Examination (INBDE)

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Dr. Chien-Lin Yang
Mr. Nicholas B. Hussong

National Dental Examiners’ Advisory Forum (NDEAF)
April 27, 2015
Overview

- JCNDE background and policy updates
- Test Administration update
- Research and Development update
- Update on the Integrated National Board Dental Examination (INBDE) and the Committee for an Integrated Examination (CIE)
- Q & A
The purpose of the JCNDE is:

- to provide and conduct examinations to assist state boards in determining qualifications of dentists and dental hygienists who seek licensure.

- to make rules and regulations for the conduct of National Board examinations and certificates.

- to serve as a resource for the dental profession in the development of examinations.
Mission Statement of the JCNDE

“The JCNDE develops and conducts highly reliable, state of the art cognitive examinations that assist regulatory agencies in making valid decisions regarding licensure of oral health care professionals, develops and implements policy for the orderly, secure, and fair administration of its examinations, and is a leader and resource in assessment for the oral health care profession.”
Joint Commission National Board Examinations

- The JCNDE oversees the following examinations:
  - National Board Dental Examination Part I (NBDE Part I)
  - National Board Dental Examination Part II (NBDE Part II)
  - National Board Dental Hygiene Examination (NBDHE)
  - Integrated National Board Dental Examination (INBDE) (in development)
# JCNDE Appointments

<table>
<thead>
<tr>
<th>Appointing Organization</th>
<th>Appointees</th>
</tr>
</thead>
</table>
| ADEA (3)                | Marc E Levitan, DDS  
                           | Frank W Licari, DDS, MPH, MBA  
                           | Nader A Nadershahi, DDS, EdD, MBA |
| AADB (6)                | MH Reggie VanderVeen, DDS, Vice Chair  
                           | Dale R Chamberlain, DDS  
                           | Luis J Fujimoto, DMD  
                           | Conrad P McVea, III, DDS  
                           | Patricia Ann Parker, DMD  
                           | David W Perkins, DMD |
| ADA (3)                 | Robert A Hersh, DDS, Chair  
                           | Lisa Heinrich-Null, DDS  
                           | Rhett L Murray, DDS |
| ADHA (1)                | Melissa G Efurd, RDH, EdD |
| ASDA (1)                | Kristopher Mendoza, BS |
| Public (1)              | Issie L Shelton-Jenkins, JD, LLM |
| Liaisons and Observers  | Robert N Bitter, DMD (ADA Board Liaison)  
                           | Greg P Shank, BS (ASDA Observer)  
                           | Liaisons/observers do not participate in voting |
Department of Testing Services

• Test Development
  • Conduct 40+ test construction committee meetings
• Test Administration
  • Administer 40,000+ examinations, respond to 80,000+ phone calls/emails/faxes, investigate irregularities.
• Research and Development/Psychometrics
  • Analysis and scoring of 40,000+ administrations; professional investigations and publications in support of exam programs
• Client Services and Special Projects
  • INBDE project management, etc.
• Additional examination programs
  • Dental Admission Test
  • Advanced Dental Admission Test
JCNDE Updates: NBDE/NBDHE Actions

• Approved actions reaffirming the JCNDE’s commitment to the quality and validity of the National Board Dental and Dental Hygiene Examinations (NBDE and NBDHE):
  • Updated standard setting activities for the NBDE Parts I and II.
  • Updated practice analysis for the NBDHE.
  • Approved investigation into the quality of NBE images.
  • Approved various enhancements identified for the Integrated National Board Dental Examination (INBDE) directly into the NBDE and NBDHE where appropriate.
  • Affirmed the JCNDE’s existing practices with respect to the use of cognitive levels within test construction committee meetings.
  • Approved enhanced training to Test Construction Committee members concerning fairness and sensitivity considerations in examination development.
Approved actions to help support the National Board Dental Examinations (NBDE) and the National Board Dental Hygiene Examination (NBDHE):

• Appointment and reappointment of NBDE and NBDHE Test Constructors for 2015.
• NBDE and NBDHE Technical reports.
• Sunset the Innovative Dental Assessment (IDEA) Research and Development Grants program. This program was no longer meeting its intended goals.
• Approved a 3-year renewal of the Joint Commission’s licensing agreement with the American Student Dental Association (ASDA), concerning sales of NBDE released item content.
• Permissions pertaining to released examination materials and development guides for use by dental and dental hygiene educational programs.
• Sales of NBDHE released materials.
JCNDE Updates

• Modified policies and procedures as follows:
  • A candidate’s eligibility to take an examination may be revoked if the Joint Commission has reason to believe that the candidate is taking an examination for purposes other than National Board certification.
  • Candidates who receive information concerning unreleased examination content should destroy the information immediately without reviewing it. Candidates who have been found to be in possession of such information—or to have participated in the distribution of this information—may have their examination results voided. Penalties may be imposed subsequent to discovery and investigation of the original incident, which may occur years after the incident itself.
  • Updated its privacy policy to permit the Joint Commission to release examination results—with personally identifying information removed—to legitimately interested parties for research and policy making purposes.
JCNDE Updates

- Affirmed that the predominant consideration in appeal and testing accommodations decisions concerns the validity of examination results.
- Approved a resolution requesting that the Committee on Administration investigate possible modifications to the 12 month retest requirement.
- Directed staff to monitor the activities of the Commission on Dental Accreditation (CODA) as it develops accreditation standards for dental therapy education programs.
- Approved 2014 and 2015 research and development projects and corresponding expenditures; the JCNDE is no longer required to seek approval from the ADA BOT concerning R&D expenditures.
JCNDE Policy Updates: Fees

- Examination fees for 2015:
  - NBDE Part I: $420
  - NBDE Part II: $465
  - NBDHE: $410
- Candidates from non-accredited institutions are assessed an additional $100 processing fee at the time of application.
- Score report request fees: $34
Call for Case Materials

The Joint Commission needs high quality case materials to support its examination programs. Please contribute to this effort.

For additional information:

Test Administration
Update
Irregularities

**Definition of Irregularity:** there is a question about the validity of test results accurately reflecting the ability/skills of candidate.

Reasons for withholding results include, but are not limited to:

- Unusual answer patterns.
- Atypical score increases from one testing attempt to another.
- Inconsistent performance on different parts of test.
- Improper access to secure test content.
- Test administration irregularity.
- Falsification of personal identification, application information/supporting documents.
- Violation of rules/regulations.
- Falsification of official report.
- Information indicating the results may not be valid.
Irregularity Detection, Investigation, and Appeals

- Detection through testing vendor irregularity reports or miscellaneous sources (e.g., anonymous tips, routine audit procedures).
  - Conduct investigation.
  - Take action (e.g. withhold results, impose retest restriction)
  - Candidate notified; 30 days to submit appeal.
  - Appeal forwarded to Chair.
  - Chair grants, denies, or forwards appeal to JCNDE for ballot.
  - Candidate notified of decision.
Testing Accommodations

Testing accommodations are offered to those with a qualified impairment/medical condition to offer equal access to testing. Candidates must request testing accommodations with each application, but will not be required to submit additional documentation for the same impairment with subsequent retests. Candidates requesting the same accommodations offered previously by the JCNDE need only submit the testing accommodations form.

Information concerning testing accommodations will not be shared outside of the JCNDE and Test Center, and will not be indicated on test results, reported to dental schools, nor provided to additional report recipients.

Submit the following (single attachment) to testingaccommodations@ada.org:

- Testing Accommodation Request Form indicating the impairment/medical condition and the request for accommodations.
- Current evaluation report from an appropriate health care professional. The report should include:
  - Specific diagnostic procedures/tests administered.
  - Results and interpretation of the diagnostic procedures/tests.
  - Diagnosis of the impairment/medical condition, with description of limitations.
  - Recommendations for testing accommodations.
Testing accommodatations provided by Prometric.
(Data represents 4 of the 5 testing programs conducted by DTS)
Examination Volumes

Part I Monthly Volumes

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

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Examination Volumes

Part II Monthly Volumes

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Examination Volume

Testing volume as reported by Pearson VUE.

NBDHE Monthly Volume
Research and Development Update
Research and Development Update

- Annual National Board Examination Trends
  - Administration Volume
  - Failure Rates
- Research and Development activity update
  - Standard Setting for National Board Examinations
  - Practice Analysis for the National Board Dental Hygiene Examination
Figure 1. NBDE Part I Administrations (2005 - 2014)
** A new standard was introduced this year, based on updated standard setting activities.
NBDE Part II Failure Rates

**A new standard was introduced this year, based on updated standard setting activities.**
NBDHE Administrations (2005-2014)

Figure 3. NBDHE Administrations (2005 - 2014)
** A new standard was introduced this year, based on updated standard setting activities.
Standard Setting and the National Board Examinations

- Standard setting activities are used to set the cut score that separates passing and failing candidates for the high-stakes national dental board examinations.
- The identification of a cut score represents a collective judgment by subject matter experts that those who fall below a particular skill level (as represented by the cut score) have an unacceptably high likelihood of making serious errors in the practice of dentistry.
- The Joint Commission periodically conducts standard-setting activities and updates its standards to ensure the appropriateness of the minimum passing score for the National Board Examinations.
- The current cut scores for Part I, Part II, and the NBDHE were implemented in 2008, 2009, and 2011, respectively.
Standard Setting and the National Board Examinations

- Standard setting activities for NBDE Part I and Part II occurred in late 2014, and were facilitated by Dr. Gregory Cizek, a nationally recognized expert in standard setting.
- In April 2015 the JCNDE will review the recommendations of the standard setting panels and make decisions concerning the updating of standards and deployment dates.
- In 2015 the Joint Commission will be conducting standard setting activities for the NBDHE.
- It is anticipated that the JCNDE will examine panel findings in 2016, and will identify an implementation date for an updated standard at that time.
2015 Research and Development Activities

• Practice analysis for the National Board Dental Hygiene Examination.
  • Validity is a primary indicator of test quality.
  • A chief component of the validity argument is content validity, which involves the relevance and representativeness of content appearing on the examination.
  • To provide this necessary content related validity evidence, it is required to periodically review and define the domain of knowledge, skills, and abilities that are relevant to the safe, entry-level practice of dental hygiene. This is done through a practice analysis.
### Overview of Practice Analysis Activities

<table>
<thead>
<tr>
<th>Step</th>
<th>Key Tasks and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identification and establishment of a dental hygiene competency framework for practice analysis purposes.</td>
</tr>
<tr>
<td>2</td>
<td>Development of a dental hygiene practice analysis survey, to understand the competencies performed and their criticality to patient care.</td>
</tr>
<tr>
<td>3</td>
<td>Administration of the practice analysis survey to entry-level dental hygienists.</td>
</tr>
<tr>
<td>4</td>
<td>Development of recommended test specifications based on practice analysis findings and the judgment of a review panel consisting of subject matter experts.</td>
</tr>
<tr>
<td>5</td>
<td>Joint Commission review of panel findings, and a resolution concerning the test specifications to be implemented.</td>
</tr>
<tr>
<td>6</td>
<td>Test Construction Committees begin working to develop new NBDHE forms, adhering to the final, updated test specifications.</td>
</tr>
<tr>
<td>7</td>
<td>Publication of updated forms to Pearson test centers.</td>
</tr>
<tr>
<td>Competency Area ID</td>
<td>Current NBDHE Competencies</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>18</td>
<td>23. Perform a risk assessment for oral diseases and oral habits. 48. Assess the oral health needs of the community. 50. Develop community-based disease prevention and health maintenance strategies.</td>
</tr>
</tbody>
</table>
Update on the Integrated National Board Dental Examination (INBDE)
An Important Note

The INBDE is currently under development. As such, the specific details associated with this examination program are evolving and will change over time. Information shared in this presentation should be regarded as tentative and based on preliminary program requirements and the best available information as of the date of this presentation.
What is the INBDE?

- In 2009, the JCNDE appointed a Committee for an Integrated Examination (CIE) to develop and validate a new examination instrument for dentistry that integrates basic, behavioral, and clinical sciences to assess entry level competency in dental practice, to supplant Part I and Part II.
- The integrated examination retains the same fundamental examination purpose as Part I and Part II; to assist state boards of dentistry in determining qualifications of dentists who seek licensure to practice in the US.
How did the CIE and INBDE come about?

• A convergence of factors led to the INBDE, all intent upon finding better ways of serving communities of interest.

• Specific opportunities were seen to:
  – Increase the appropriateness of test content and align content with contemporary dental education
  – Improve processes and the experience of candidates
  – Better assist regulatory agencies

• There was also recognition of examination content trends and a movement towards integration and clinical relevance.
The original members of the CIE are all well acquainted with the mission and workings of the Joint Commission.

Mark Christensen, DDS (Chair)  
(AADB 2006-2009)  
Vice-Chair – JCNDE (2009)  
Chair - Administration (2008)  
Chair – Dental Hygiene (2006 & 2007)

Andrew Spielman, DMD, MS, Ph.D.  
(ADEA 2008-2011)  
Chair – JCNDE (2011)  
Chair – Examination Development (2009)

Bruce D. Horn, DDS  
(AADB 2007-2010)  
Chair – JCNDE (2010)  
Chair – Administration (2009)  
Chair – Dental Hygiene (2008)

Ron J. Seeley, DDS  
(ADA 2007-2010)  
Chair – JCNDE (2009)  
Chair - Examination Development (2008)

B. Ellen Byrne, DDS, Ph.D.  
(ADEA 2009-2012)  
Chair – Research & Development (2012)  
Chair – Administration (2011)

Stephen T. Radack, III, DMD  
(ADA 2008-2011)  
Chair – Research & Development (2010 & 2011)  
Vice-Chair - JCNDE (2010)
Committee for an Integrated Examination

Joint Commissioners Serving as Ex-Officio CIE Members (2015)

The Joint Commission Chair and Standing Committee Chairs serve as ex-officio members of the CIE.

Robert A. Hersh, DDS
Chair – JCNDE (2015)
Chair – Administration (2014)

Luis J. Fujimoto, DMD
Chair – Research & Development (2015)

Frank W. Licari, DDS, MPH, MBA
Chair – Examination Development (2015)

Rhett L. Murray, DDS
Chair – Administration (2015)
## Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Key Tasks and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>ADEA Commission on Change and Innovation (CCI) in Dental Education recommends changes to dental education and assessment.</td>
</tr>
<tr>
<td>2006-2007</td>
<td>JCNDE monitors and considers CCI progress and recommendations.</td>
</tr>
<tr>
<td>2008</td>
<td>JCNDE creates ad hoc Committee on Strategic Planning, conducts environmental scans, considers the future.</td>
</tr>
<tr>
<td>2009</td>
<td>JCNDE resolves to create an integrated examination, appoints members to the ad hoc Committee for an Integrated Examination (CIE).</td>
</tr>
<tr>
<td>2010</td>
<td>CIE works to lay the content foundation for the exam.</td>
</tr>
<tr>
<td>2011</td>
<td>Practice analysis and science panels conducted using content foundation.</td>
</tr>
<tr>
<td>2012</td>
<td>Development of general test specifications.</td>
</tr>
<tr>
<td>2013</td>
<td>Solidification of many details concerning item development and approach. Resolutions to enhance communication and alignment between the Joint Commission and the CIE.</td>
</tr>
<tr>
<td>2014</td>
<td>Refinement of approach. First INBDE TCCs formed. Item writing begins.</td>
</tr>
</tbody>
</table>
Test Specifications

- At its April 2013 meeting, the Joint Commission reviewed the methodology and resulting test specifications. The following four key deliverables were approved:
  - Model of the Domain of Dentistry.
  - Statements and annotations underpinning the Foundation Knowledge for the General Dentist.
  - The percentage of items to be devoted to the ten Foundation Knowledge areas assessed by the INBDE.
  - The percentage of items to be devoted to the three clinical component sections appearing within the INBDE.

*The approved materials can be viewed in the INBDE section of the Joint Commission’s website ([www.ada.org/jcnde.aspx](http://www.ada.org/jcnde.aspx)).*
Item Development Approach

• In 2014, the Joint Commission approved model items and operational recommendations in the following areas:
  – The Concepts of Integration, Clinical Relevance, and Examination Purpose
  – Item Presentation Considerations Involving Content
  – Language Conventions
  – Administration Conditions
  – Item Writing Standards
  – Item Content Standards
  – Item Writing/Review Process
  – Item Classification/Tagging Approach
  – Field Testing Approach

• In 2015, the Joint Commission is continuing to refine INBDE model items and its approach in the above areas. Most notably, the Joint Commission has greatly refined the development of a “Patient Box” to present patient information within items.
Guiding Principles in INBDE item development

• Examination purpose drives all development decisions.
• Focus on clinical relevance.
• Promote the clinical relevance of the basic sciences by placing foundation knowledge areas within the context of clinical competencies.
• Increased focus on the general dentist in item writing.
• Standardized presentation format and conventions for presenting information.
• Direct and concise wording that focuses examinees on the concept tested as opposed to language/item wording.
• Increased accuracy, validity, and fairness/sensitivity through a thorough, multi-faceted item development and review process that capitalizes on the unique expertise of the individuals involved.
**Patient**

Female, 28 years old.

**Chief Complaint**

“I haven’t been able to open my mouth for two days.”

**Background and/or Patient History**

Three days prior, left mandibular third molar extraction.

**Current Findings**

Maximum opening is 10 mm

### INBDE Patient Box: Patient Section

<table>
<thead>
<tr>
<th>Section</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>• This section presents patient demographic characteristics (gender, age, and potentially ethnicity).</td>
</tr>
</tbody>
</table>
| **Presentation Format** | • Male or Female, \( x \) years old.  
• Ethnicity may be included if relevant. |
| **Example**      | • Female, 28 years old.                                                 |
**Chief Complaint Section**

**Patient**
- Female, 28 years old.

**Chief Complaint**
- “I haven’t been able to open my mouth for two days.”

**Background and/or Patient History**
- Three days prior, left mandibular third molar extraction.

**Current Findings**
- Maximum opening is 10 mm

---

### Chief Complaint Section

<table>
<thead>
<tr>
<th>Section</th>
<th>Chief Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>• This section presents the chief complaint as described by the patient or a guardian.</td>
</tr>
<tr>
<td><strong>Presentation Format</strong></td>
<td>• If quoted directly from the patient, enclose the statement in quotation marks and voice the statement in the first person.</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>• “I’ve been unable to open my mouth for two days.”</td>
</tr>
</tbody>
</table>

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**Patient**

Female, 28 years old.

**Chief Complaint**

“I haven’t been able to open my mouth for two days.”

**Background and/or Patient History**

Three days prior, left mandibular third molar extraction.

**Current Findings**

Maximum opening is 10 mm

---

### INBDE Patient Box: Background/Patient History

<table>
<thead>
<tr>
<th>Section</th>
<th>Background/Patient History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>• This section presents background information such as history of dental diagnosis and treatment, medical conditions, allergies, social history, etc.</td>
</tr>
<tr>
<td><strong>Presentation Format</strong></td>
<td>• The information is assumed to be factual and provided by the treating dentist.</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>• Three days prior, left mandibular third molar extraction.</td>
</tr>
</tbody>
</table>
### INBDE Patient Box: Current Findings Section

<table>
<thead>
<tr>
<th>Section</th>
<th>Current Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>• This section presents information collected by dental professionals during the current visit.</td>
</tr>
<tr>
<td><strong>Presentation Format</strong></td>
<td>• Can include information such as height and weight, vital signs, results of diagnostic tests, and a general assessment of the patient condition.</td>
</tr>
</tbody>
</table>
| **Example**              | • Facial edema  
• Lymphadenopathy  
• Extensive apical radiolucency associated with tooth 6  
• Temp. 100.3°  
• Blood glucose 240 mg/dL  
• BP 150/93 |

**Patient**
- Female, 28 years old.

**Chief Complaint**
- “I haven’t been able to open my mouth for two days.”

**Background and/or Patient History**
- Three days prior, left mandibular third molar extraction.

**Current Findings**
- Maximum opening is 10 mm
Which graph best shows the patient's likely plaque pH response after drinking a sugary beverage?

Patient
Female, 75 years old

Chief Complaint
“My mouth has been dry for over a month.”

Background and/or Patient History
Oropharyngeal cancer treated by radiation.

Current Findings
### JCNDE Updates: INBDE Model Items

<table>
<thead>
<tr>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, 75 years old</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>“My mouth has been dry for over a month.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Background and/or Patient History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oropharyngeal cancer treated by radiation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Findings</th>
</tr>
</thead>
</table>

Which graph best shows the patient’s likely plaque pH response after drinking a sugary beverage?

- **A**
- **B**
- **C**
- **D**

**Answer:** A
INBDE Model Items

Model Item 12

Where would a loss of taste be expected?

A. 1 and 2
B. 2 and 3
C. 3 and 4
D. 2, 3, and 4

Patient
Male, 38 years old

Chief Complaint
“I haven’t been able to taste on the left side of my tongue for the past three days.”

Background and/or Patient History
Left inferior alveolar nerve block during a prior dental treatment.

Current Findings
Where would a loss of taste be expected?

A. 1 and 2

B. 2 and 3

C. 3 and 4

D. 2, 3, and 4

---

**Patient**

Male, 38 years old

**Chief Complaint**

“I haven’t been able to taste on the left side of my tongue for the past three days.”

**Background and/or Patient History**

Left inferior alveolar nerve block during a prior dental treatment.
The patient is scheduled for an MOD amalgam. What is the correct protocol?

A. Obtain an INR the morning of the procedure.
B. Proceed without treatment modification.
C. Discontinue Pradaxa® the morning of the appointment.
D. Use lidocaine 2% with 1:50,000 epinephrine.
The patient is scheduled for an MOD amalgam. What is the correct protocol?

A. Obtain an INR the morning of the procedure.
B. Proceed without treatment modification.  
C. Discontinue Pradaxa® the morning of the appointment.
D. Use lidocaine 2% with 1:50,000 epinephrine.
**INBDE Model Items**

**Model Item 33**

<table>
<thead>
<tr>
<th><strong>Patient</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male, 75 years old</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chief Complaint</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’m here to have my filling done.”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Background and/or Patient History</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial fibrillation</td>
<td></td>
</tr>
<tr>
<td>Medications: dabigatran (Pradaxa&lt;sup&gt;®&lt;/sup&gt;) metoprolol (Toprol&lt;sup&gt;®&lt;/sup&gt;)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Current Findings</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The procedure results in a carious exposure of the pulp. The patient chooses to have the tooth extracted. What is the next step at this appointment?</td>
<td></td>
</tr>
</tbody>
</table>

A. Prophylactic antibiotics and extraction  
B. Pulp cap and temporary restoration  
C. Discontinue Pradaxa<sup>®</sup> for three days followed by extraction  
D. Immediate extraction and placement of sutures if necessary
The procedure results in a carious exposure of the pulp. The patient chooses to have the tooth extracted. What is the next step at this appointment?

A. Prophylactic antibiotics and extraction
B. Pulp cap and temporary restoration
C. Discontinue Pradaxa® for three days followed by extraction
D. Immediate extraction and placement of sutures if necessary
INBDE Implementation Timeframe

• The Joint Commission will provide stakeholders and communities of interest with at least four years’ notice prior to the full implementation of the INBDE.

• The Joint Commission and the CIE recognize that the development of the INBDE takes place within a much larger context.

• State boards are viewed as key stakeholders, and educators, students, dental professionals, and the public are viewed as critical communities of interest.

• Communication, participation, and feedback are critical to the success of the effort.

• Please visit the INBDE web site. Make sure to direct any questions and feedback to jcndecie@ada.org.
Summary

• The impetus for the INBDE was environmental change and the need to find a better way of serving stakeholders and communities of interest.

• The INBDE emerged through a carefully planned process that reflected the needs of those groups and the validity of the examination.

• Examination purpose is guiding all decisions pertaining to examination development.

• The Joint Commission and the CIE have articulated principles to guide item development, and model items to illustrate the types of INBDE items the Joint Commission would like TCCs to create.

• The item development process is now underway
News and Resources

- JCNDE Unofficial Actions
- Meeting Presentations
- Newsletters
- Reference Texts
- Technical Reports
- Test Construction
- Case Submission Guidelines
Use of DENTPIN®

- The American Dental Association has issued guidelines concerning the use of DENTPIN®
- Inquiries should be directed to:

  Annie Driscoll  
  Manager, Administrative and Credentialing Services  
  Division of Education and Professional Affairs  
  driscoll@ada.org
Additional Information and Resources

Joint Commission on National Dental Examinations
http://www.ada.org/en/jcnde

Integrated National Board Dental Examination
http://www.ada.org/en/jcnde/inbde/

National Boards (Examination Guides, FAQ’s, DENTPIN® Information, Score Report Requests)
  Part I and Part II:
    http://www.ada.org/en/jcnde/examinations/nbde-general-information
  Dental Hygiene:

Test Construction Committee Information
  http://www.ada.org/en/jcnde/examinations/test-construction/

Technical Reports, ADEA Presentations, Item Development Guides
  http://www.ada.org/en/jcnde/news-resources/technical-reports
  http://www.ada.org/en/jcnde/news-resources/presentations
Questions?
Lunch Reception

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