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# The Ethics of Using a Live Patient for Dental Board Exams

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## Abstract

**Objective:** This study will discuss the various viewpoints regarding the ethics of using a live patient for board examination in dentistry. It will expand upon the inconsistency of the exam to include the compromised patient care, dishonorable delay in care needed so students can perform care during boards, the dignity of both the student and the patient that is paid to agree to be subject to such procedures, and the potential and irreversible harm caused to these patients. The research in this paper will explore various options for obtaining a license for clinical boards in dentistry and dental hygiene in place of using a live patient.

**Methods:** Throughout the project we plan to review literature from various sources to collect research within the last five years supporting the elimination of using a live patient for dentistry board exams. Research will be from primary and secondary sources.

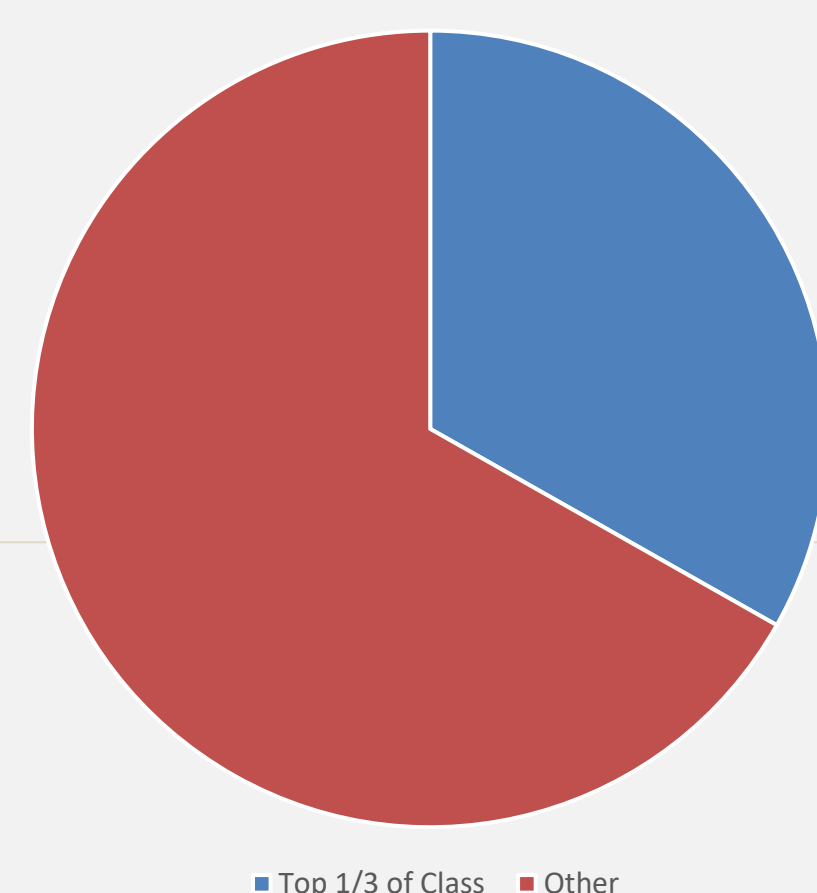
**Results:** The results of this study will highlight the current compromised patient care in dentistry's clinical boards setting and identify an alternative method to the current clinical boards exam that holds participants to the same level of competency, while sustaining ethical patient care.

**Conclusion:** Despite the current ADHA and ADA guidelines, dentistry's clinical board exam is not ethically beneficial to a patient's wellbeing and ongoing health. Through research we aim to identify sources that establish facts which support the elimination of live patient use in a clinical board exam.

## Introduction

- Clinical licensure examinations (CLE) that utilize live patients as the means for dental, dental hygiene, and dental therapy students to prove their ability to provide independent care prior to receiving a state license have been under scrutiny for decades. As it stands, when looking for a board patient students find themselves having to produce unethical tactics as motivation for a patient to participate.
- A study done in the 1980's looked at the relationship between class rank and scores on the CLE, one-third of those who failed the exam were in the top third of their class, causing further concern than already present as to the validity of the exam. This information further sparked our interest in the concern.
- Alternative options have been brought to the dental field's attention as possible solutions to the unethical problem associated with a live patient. Dentistry cannot overlook the fact that other healthcare fields have found alternative methods that successfully gauge student skill without compromising patient care.

Proportion of Students Who Failed CLE



## Results

### Alternative Options to CLE

#### New York: Postgraduate Residency Program

- Postgraduate residency is to further evaluate a dentist's competence. A set of guidelines was placed over the time of residency that focus on improving cognitive skills, critical thinking and clinic resources appropriately in order to treat a patient, spread throughout the course of the residency, rather than evaluating technical skills for one day during a live patient exam.

#### CIF Model:

- To put patient needs first and not succumb to unethical practices, a curriculum integrated format (CIF) licensure examination was created by the Commission on Dental Competency Assessments. The goal was to create an exam that eliminates all factors of a CLE that compromise a patient's safety and the ethics of dentistry. The ASDA acknowledged that the CIF model was an alternative to the traditional licensure process that was possibly preferable.

#### The Buffalo Model: Modified CIF

- In 2015 at the University at Buffalo School of Dental Medicine, the "Buffalo Model" which mimics the CIF model, was put into action. The clinical exam was incorporated into multiple checkpoints throughout their final year of school. In a traditional exam format, students are urged to delay treatment necessary for a patient, just to use the patient for board examination. In this model the dental condition is identified during regular clinic hours, and the patient receives immediate care while also getting a comprehensive treatment plan. This ensures follow up care is being provided as opposed to a student fixing one problem a patient has and being satisfied to graduate, leaving the patient with other unresolved problems.

#### Minnesota: OSCE

- The exam consists of a written portion and an OSCE. The OSCE is a station type examination that allows for the student to review material such as case history, patient charts, radiographs, casts, models, or videos to assess the competence of the individual and their factual knowledge of clinical skills and ethics by introducing different medical based scenarios

#### California: Portfolio Assessment

- The Portfolio Assessment was developed to eliminate the need to test on a live patient on one stressful day in order to receive a licensure. The advantage is that students can complete the required Competency Examinations throughout their time during their education. Thus, they are able to utilize a normal sequence of patient care and ensure that the patient's best interest and safety are in mind.



## Conclusion

### Moving Towards a Change

#### ADA:

- In February of 2017, the American Dental Association (ADA) board voted in approval of developing a OSCE to test dental student's competency that does not have live patient involvement.

#### ADHA:

- In June of 2018, the American Dental Hygiene Association (ADHA) announced that it supports eliminating exams that are single encounter, patient procedure-based for those who have graduated from a CODA accredited dental hygiene program. This movement by the ADHA shows potential for the advancement in dental hygiene and dental professions in regard to the unethical use of patients for clinical board exams. It is recommended that further research be conducted into alternative pathways to obtaining a dental licensure that does not involve a one-shot test on a patient.

#### Future Studies:

- It is recommended that further research be conducted into alternative pathways to obtaining a dental licensure that does not involve a one-shot test on a patient. More members of the dental community must become aware of the alternative pathways and encourage further trial

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