Strategies for Assessing Students’ Progress Toward Competency

ADEA Regional Accreditation Workshop Series

Bill Hendricson MS, MA
Assistant Dean, Education & Faculty Development
UTHSCSA Dental School
Hendricson@uthscsa.edu
(210) 567-0436

Your Goal: Do Everything You Can To Help the SVT Do Their Job

SSR Developers’ Challenge

Implement Educational & Management Best Practices
Provide Evidence of Standard Compliance
Communicate a Clear, Convincing & Compelling Story to Consultants
A - S - K

Assumed Shared Knowledge

Use the 2013 Self Study Guide

Commission on Dental Accreditation

Self-Study Guide for Dental Education Programs

Today’s Agenda

Context for CODA 2013: current assessment concepts
A new assessment dimension: components of dental practice and overall readiness for general dentistry
Implications of 2013 standards for organization of clinical education
Tips: writing standards 2-5 & 2-23
Let’s talk points & requirements: writing standard 5-4
My Role in These Workshops

Discuss Assessment Best Practices
Help Schools Assess Readiness
Relate to CODA 2013 Standards

Sources: Competency Assessment
Leung. Competency-Based Medical Training. BMJ. 2002; 32
Swing. Evaluating ACGME Competencies. Acad Emerg Med. 2005
CBE Planning Process

1. Reference Standards?
2. What do entry-level DDS need to KNOW & DO? Competencies
3. What learning experiences help students obtain the competencies? Operationalize
4. What EVIDENCE will we accept as proof of competency? Outcomes


Current Concepts of Competency Assessment

Purpose of Assessment?
Certify readiness for unsupervised patient care (Public Trust)

Milestones
Monitor progress toward competency Are students hitting expected developmental stages along the path to competency?
How do you certify who is ready for practice?

How do you make progression decisions?

Miller’s Pyramid of Competence

Knows Comprehends “Fundamentals”

Knows How Can apply knowledge

Shows How “Safe” practice

Does Patient care

Safely and efficiently closes incisions on patients without assistance

Closes an incision on a model; narrates technique & answers questions

Explains how to place sutures to close an incision

Knows suture materials & instruments used to close incisions

Miller GE. Acad Med. 1990; 65: 563-567

Assess work performance
Assess process, product/outcomes with portfolio, test patients and longitudinal observation

Assess use in controlled situations OSCE, lab projects, simulations, clinic assisting

Assess knowledge application Extended essays, Case-based MCQ, Oral exams

Assess comprehension: MCQ, Short answer essay, MTF, Matching

Miller GE. Acad Med. 1990; 65: 563-567
Pathway to Competence

Create Assessment Map for Each Standard
Help CODA do their job!

Revise Competency Statements to Address & Parallel CODA 2013 Stds
Assessment Matrix
Readiness for Practice

<table>
<thead>
<tr>
<th></th>
<th>Student IS Competent</th>
<th>Student is NOT Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pass</strong> (Promote, Graduate)</td>
<td>Correct Decision</td>
<td><strong>False Positive</strong></td>
</tr>
<tr>
<td><strong>Fail</strong> (Remediate, Dismiss)</td>
<td><strong>False Negative</strong></td>
<td>Correct Decision</td>
</tr>
</tbody>
</table>

4 / 100 attrition


Why Do We Have False Positives & False Negatives?

What Gets in the Way of Getting Assessment Right?

Factors that Influence Assessment

- Are we assessing the right things?
- Lack of evaluator consistency
- Nature of experts & expert judgment
- Teacher role perceptions: “coach vs. cop”
- Inconsistent interaction / observation
- Quality of assessments and data collection instruments (reliable & valid?)

Albino. Assessing Dental Students’ Competency. JDE. 2008; 72(12).
Are We Assessing the Right Things?

It’s more important to measure the right skills with less than perfect precision than to assess less important skills with perfect precision. John Tukey, 1952

We measure what we value. Our tests tell us who we are as a profession. George Miller, 1984; 1990.

What is Competence?

What is Competence?

Biomedical Knowledge

Professional & Ethical Values

Personal Characteristics and Work Habits

Clinical Skills

Mental Capacities (Problem Solving)


What Is Evaluated?

Biomedical Knowledge 20%

Professional & Ethical Values 5%

Personal Characteristics and Work Habits 10%

Mental Capacities (Problem Solving) 5%

Clinical Skills 60%

Conn, 2006; ADEA McGuaghe, 1994; RIME Davenport, 2010; UTIHPE
Also Include:
Assessment of students’ performance during community experiences / rotations

CODA 2013 Standard 2-23
- “Programs should assess overall competency, not simply individual competencies in order to measure the graduate’s readiness to enter the practice of general dentistry.” DEP Standards, 2013; pg. 45

DEP Standards; Pg. 46
Standard 2-23 Description
# 3: Describe how students are assessed in each of the areas (a. through 0.). Describe how students’ overall competency is assessed to determine the graduate’s readiness to enter the practice of general dentistry.
New Focus: Components & Overall Domain of General Dentistry

Professional competence is more than demonstration of isolated competencies. When we see the whole, we see its parts differently than when we see them in isolation.


So, How Do We Accomplish Both Component & Overall (Domain) Assessment?

Individual (Component) Competencies

Overall Readiness for General Dentistry Practice

What Are the Components of General Dentistry?

Professional Role, Demeanor, Values (N = 12; 44%)

Patient Care / Clinical Skills (N=15; 56%)
<table>
<thead>
<tr>
<th>Std</th>
<th>Role, Demeanor, Values (12)</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-09</td>
<td>Use critical thinking in patient care, inquiry and research</td>
<td>This PM</td>
</tr>
<tr>
<td>2-10</td>
<td>Use self-assessment to develop competency</td>
<td></td>
</tr>
<tr>
<td>2-14</td>
<td>Apply biomedical science knowledge in patient care</td>
<td></td>
</tr>
<tr>
<td>2-15</td>
<td>Apply behavioral sciences &amp; patient-centered approaches to promote, improve &amp; maintain oral health</td>
<td></td>
</tr>
<tr>
<td>2-16</td>
<td>Manage a diverse patient population</td>
<td></td>
</tr>
<tr>
<td>2-17</td>
<td>Practice Mgmt: regulatory, principles</td>
<td></td>
</tr>
<tr>
<td>2-18</td>
<td>Health care delivery models</td>
<td></td>
</tr>
<tr>
<td>2-19</td>
<td>Function as oral health care team leader</td>
<td></td>
</tr>
<tr>
<td>2-20</td>
<td>IPE: Collaborate with other health care team members</td>
<td></td>
</tr>
<tr>
<td>2-21</td>
<td>Apply ethical decision making &amp; professional responsibility</td>
<td></td>
</tr>
<tr>
<td>2-22</td>
<td>Provide oral health care to patients in all life stages</td>
<td></td>
</tr>
<tr>
<td>2-23</td>
<td>Assess Tx needs of patients with special needs</td>
<td></td>
</tr>
</tbody>
</table>

**Standard 2-23 Clinical Skills**

- Patient assessment, dx, comprehensive TxP, prognosis & informed consent
- Screening and risk assessment of head & neck cancer
- Recognize complexity of patient Rx & identify when referral is indicated
- Health promotion & disease prevention
- Anesthesia, and pain & anxiety control
- Restoration of teeth
- Communicate & manage patient care
- Replacement of missing teeth: partial & complete prosth therapy
- Periodontics
- Pulpectomy
- Oral mucosal & osseous disorders
- Hard & soft tissue surgery
- Dental emergencies
- Malocclusion & space management
- Evaluation of Tx outcomes, recall strategies & prognosis

**Component Credentialing**

<table>
<thead>
<tr>
<th>San Antonio Competency</th>
<th>SA Comp</th>
<th>CODA 2013 Std</th>
<th>Assessment (Credentialing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate ethical reasoning &amp; professional responsibility</td>
<td>1</td>
<td>2-20</td>
<td></td>
</tr>
<tr>
<td>Use critical thinking &amp; problem-solving during patient care</td>
<td>2</td>
<td>2-9</td>
<td></td>
</tr>
<tr>
<td>Self-assess performance</td>
<td>3</td>
<td>2-10</td>
<td></td>
</tr>
<tr>
<td>Apply biomedical knowledge during patient assessment &amp; treatment</td>
<td>4</td>
<td>2-14</td>
<td></td>
</tr>
<tr>
<td>Perform patient assessment &amp; diagnosis</td>
<td>5</td>
<td>2-23</td>
<td></td>
</tr>
</tbody>
</table>

Based on What Evidence?
### 2-23a Credentialing

<table>
<thead>
<tr>
<th>Evaluated Performances (20)</th>
<th>Year</th>
<th>Appraisal / Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Medicine Competency Assessment in DIAG 6035 (2)</td>
<td>2</td>
<td>P</td>
</tr>
<tr>
<td>Full Mouth Radiographic Survey (3)</td>
<td>3</td>
<td>S</td>
</tr>
<tr>
<td>Radiographic Interpretation (2)</td>
<td>3</td>
<td>P</td>
</tr>
<tr>
<td>Online Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio Review / Presentations [4]: Complex, Implant, Special Pt, Student pick</td>
<td>3 &amp; 4</td>
<td>S</td>
</tr>
<tr>
<td>TMD Occlusal Assessment &amp; TMJ Function</td>
<td>3</td>
<td>P</td>
</tr>
<tr>
<td>Periodontal Therapy Part I: Assessment, Diagnosis and Plan for Therapy (3)</td>
<td>3 &amp; 4</td>
<td>S</td>
</tr>
<tr>
<td>Case Presentations (2) Select &amp; EBP</td>
<td>4</td>
<td>S</td>
</tr>
<tr>
<td>Dental Emergency Care (2)</td>
<td>3 &amp; 4</td>
<td>S</td>
</tr>
<tr>
<td>Mock WREB: Patient Assessment &amp; TxP</td>
<td>4</td>
<td>P</td>
</tr>
<tr>
<td>Monthly Progress Assessments</td>
<td>3 &amp; 4</td>
<td>E or S each month</td>
</tr>
</tbody>
</table>

### 2-23a Composite Data; Class of 2012

<table>
<thead>
<tr>
<th>Evaluated Performances (20)</th>
<th>Year</th>
<th>1st Attempt</th>
<th>Ultimate Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Medicine Competency Assessment in DIAG 6035 (2)</td>
<td>2</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Full Mouth Radiographic Survey (3)</td>
<td>3</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>Radiographic Interpretation (2)</td>
<td>3</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Online Examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio Review / Presentations [3]: Complex, Implant &amp; Special</td>
<td>3 &amp; 4</td>
<td>91%</td>
<td>97%</td>
</tr>
<tr>
<td>TMD Occlusal Assessment &amp; TMJ Function</td>
<td>3</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Periodontal Therapy Part I: Assessment, Diagnosis and Plan for Therapy (3)</td>
<td>3 &amp; 4</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>Case Presentation (2) Select &amp; CAT/EBP</td>
<td>4</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>Dental Emergency Care (2)</td>
<td>3 &amp; 4</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Mock WREB: Patient Assessment &amp; TxP</td>
<td>4</td>
<td>86%</td>
<td>97%</td>
</tr>
</tbody>
</table>
Where is the Evidence for Each Student To Support Decisions?

Comprehensive Profile

Students’ profile includes:
- Procedures/experiences linked to 2-23
- Results for evaluations for 2-23 a - 0
- Results of evals for 2-14 to 2-22 & 2-24
- Inventory of 2-25 CSL experiences
- Monthly GPG progress reports (Aug - May)
- Final evals from rotations
- Incident reports / disposition
- Remediation reports
- GPG Leader year-end summary letter

Student Portfolio

- Exemplary (best) work vs. representative work
- Linked to all or just some CODA standards?
- What type of evidence?
- Augment comprehensive profile?
- Nature & extent of self assessment & other essays
- What % of overall assessment? – must have “teeth”
- Needs review panel & criteria
So, How Do We Accomplish Both Component & Overall (Domain) Assessment?

Individual (Component) Competencies

Overall Readiness for General Dentistry Practice

Assess Overall Readiness With Longitudinal Observation By Core Faculty Group For 2+ Years

- Problem-Solving
- Process
- Professionalism
- People Skills
- Procedure (tech skill)
- Products (outcomes)
- Perspiration (work habits)

General Practice Groups (GPGs)

GPG Community

PROBLEM-SOLVING

- Process
- Professionalism
- People Skills
- Procedure (tech skill)
- Products (outcomes)
- Perspiration (work habits)

ADEA CCI. Assessing Students’ Competency. JDE, 2008
Leung. Competency-Based Training. BMJ. 2002

General Practice Groups (GPGs)

- GPG Community

- GPG Leader – General Dentist
- GPG Assist Leader – Gen Dentist
- Prosthodontist
- Operative Dentistry

- 40% P/T faculty
- Clinical consultants available

- Patient Care Coordinator
- Patient Scheduler
- Dental Assistant

- 12-13 DS3s
- 12-14 DS4s
- 1000+ patients in each GPG
Overall, Global Assessment

2 Yr Observation
1. D3 Progress Assessments
2. D4 Graded Clinical Exams
3. Daily feedback
4. Monthly Progress Reports
5. Productivity / chairtime
6. Mock WREB
7. Professionalism
8. Rotation evals: DS, Pedo, FQHC, Sp
9. Case Presentations
10. Peer teaching
11. Portfolio of cases / projects
12. South Texas Experience
13. GPG Seminar

Today’s Agenda

Context for CODA 2013: current assessment concepts
A new assessment dimension: determining overall readiness for general dentistry
Implications of 2013 standards for organization of clinical education

Tips: writing standards 2-5 & 2-23
Let’s talk points & requirements: writing standard 5-4
The dental education program must employ student evaluation methods that measure its defined competencies

1. Your definition of general dentistry
2. Refer (link) to your DS competencies
3. Introduce your assessment model (one para):
   – Measure acquisition of **foundations**: K, S & V
   – Evaluate **progress** toward competence
   – **Certify** (credential) readiness to graduate [ultimate evaluation of competence]
Table 2-23 - Global Competencies that Apply to All Aspects of Clinical Education at UTHSCSA Dental School and All Components of Standard 2-23, a – e

<table>
<thead>
<tr>
<th>Competency</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Graduates will use principles of ethical reasoning and professional behavior during their interactions with patients, other health care providers and the public.</td>
</tr>
<tr>
<td>2</td>
<td>Graduates will use critical appraisal during patient care.</td>
</tr>
<tr>
<td>3</td>
<td>Graduates will be able to self-assess quality of patient care, identify learning needs and identify strategies for enhancement of professional performance.</td>
</tr>
<tr>
<td>4</td>
<td>Graduates will be able to apply biomedical science knowledge and principles for the management of patients.</td>
</tr>
<tr>
<td>5</td>
<td>Graduates will be able to assess the health care status of patients across the age spectrum from child to elderly, including individuals with special needs, and develop a differential for identified abnormalities and problems.</td>
</tr>
<tr>
<td>6</td>
<td>Graduates will be able to develop treatment plans to address and health care problems of patients across the age spectrum from infant to elderly including individuals with special needs, and assess the outcomes of treatment.</td>
</tr>
<tr>
<td>7</td>
<td>Graduates will be able to provide counseling and education to promote patients’ oral health.</td>
</tr>
<tr>
<td>8</td>
<td>Graduates will be able to apply psychosocial and behavioral principles for promoting, improving, and maintaining patients’ oral health.</td>
</tr>
<tr>
<td>9</td>
<td>Graduates will be able to manage patients’ anxiety and pain.</td>
</tr>
</tbody>
</table>

Writing 2-23 – Con’t

Patient Assessment, Diagnosis and Treatment Planning

CODA Standards: 2-23a (Patient Assessment & Diagnosis); 2-23b (Comprehensive Treatment Planning)

Dental School Competencies: 5.6.6

- Graduates must be competent in patient assessment and diagnosis (educational outcomes on PDEX pg. 7)
- Graduates must be competent in comprehensive treatment planning and assessment of treatment outcomes (educational outcomes on PDEX pg. 17)

Table 2-23 – Con’t

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Assessment/Physical Examination 1</td>
</tr>
<tr>
<td>b)</td>
<td>Assessment/Visual Exam 1</td>
</tr>
<tr>
<td>c)</td>
<td>Diagnosis of Disease in Clinical Medicine</td>
</tr>
<tr>
<td>d)</td>
<td>Patient assessment and treatment planning for dental implant patients</td>
</tr>
<tr>
<td>e)</td>
<td>Patient assessment and treatment planning for dental implant patients</td>
</tr>
<tr>
<td>f)</td>
<td>Patient assessment and treatment planning for dental implant patients</td>
</tr>
<tr>
<td>g)</td>
<td>Patient assessment and treatment planning for dental implant patients</td>
</tr>
<tr>
<td>h)</td>
<td>Patient assessment and treatment planning for dental implant patients</td>
</tr>
</tbody>
</table>

Self-Assessment Worksheet for 2-5 & 2-23

NOTE: 2-23 New / Revised Standards

b) screening and risk assessment for head and neck cancer
c) recognizing the complexity of patient treatment and identifying when referral is indicated
g) communicating and managing dental laboratory procedures in support of patient care
h) replacement of teeth including fixed, removable and dental implant prosthodontic therapies
Standard 5 – 4
Use of Points & Requirements in the Assessment of Students

2 Sides to the Coin

Skill Acquisition
- Preparation/ Precursors
- Prompted Practice (Reps)
- Perform Personally (Solo)
- Persistent Performance
- Perfecting (Refining)
- Plateau

“I’ve spent 3 appointments doing stuff for you that don’t benefit me. I need you show up when you are supposed to, so I can start work on you that will earn me points that I need or I’m going to have to drop you.”

Ericsson. Acad Med. 2004; 570-581

Comparing 2008 & 2013

2008: Quantitative criteria for student advancement & graduation must not compromise delivery of comprehensive patient care.
- Describe the school’s philosophy on comprehensive patient care.
- How are patients assured of receiving comprehensive care?

2013: Quantitative criteria for student advancement & graduation must not compromise delivery of comprehensive patient care.
The use of quantitative criteria for student advancement & graduation must not compromise the delivery of comprehensive patient care. (2013)

A. Description:
Describe the school’s philosophy on comprehensive patient care. How are patients assured of receiving comprehensive care?
Describe how patients are assured of best practices care and not care related to quantitative requirements.
Comment on the effectiveness of the system in place to ensure that all students encounter the specified types of patient/clinical conditions needed for the clinical objectives to be met.

B. Supportive Documentation:
List of clinical requirements & clinical competency exams required for graduation.

---

### Full Disclosure – We Have These Requirements & Deadlines

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Academic Year</th>
<th>Required Units</th>
<th>Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ</td>
<td>DS3</td>
<td>6</td>
<td>Dec 1</td>
</tr>
<tr>
<td>XYZ</td>
<td>DS4</td>
<td>3</td>
<td>Feb 1</td>
</tr>
<tr>
<td>Etc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### UTHSCSA-DS Table 2-25-3 (2012 SSR)

**Major Examinations of Competencies**

<table>
<thead>
<tr>
<th>Component</th>
<th>Evaluations of Students’ Independent Performance of Clinical Skills</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient assessment &amp; Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Module: Competency Assessment in Otolaryngology (2)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Radiographic Interpretation (2) - Online Companion</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Portfolio Presentations (2): Complex Patients (1) and Implant Patients (1)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy Part I: Assessment, Diagnosis and Plan for Therapy</td>
<td>3 and 4</td>
<td></td>
</tr>
<tr>
<td>Case Presentations</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Dental Emergency Care</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Minor Exams: Patient Assessment and Treatment Planning</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Daily Assessment of Student: Technical Development &amp; Professions</td>
<td>3 and 4</td>
<td></td>
</tr>
<tr>
<td>Monthly Assessment of Professions, Clinic &amp; Progress Toward Competency</td>
<td>3 and 4</td>
<td></td>
</tr>
<tr>
<td>Total: Patient Assessment and Treatment Planning</td>
<td>3 and 9</td>
<td></td>
</tr>
</tbody>
</table>

| B. Treatment Planning                                      |                                              |      |
| Portfolio Presentations (2): Complex Patients (1) and Implant Patients (1) | 3    |
| Physical Therapy Part I: Assessment, Diagnosis and Plan for Therapy | 3 and 4 |
| Case Presentations                                         | 4                                            |
| Emergency Room: Patient Assessment and Treatment Planning  | 4                                            |
| Daily Assessment of Student: Technical Development & Professions | 3 and 4 |
| Monthly Assessment of Professions, Clinic & Progress Toward Competency | 3 and 4 |
| Total: Treatment Planning                                   | 3 and 4                                      |

---

**Screen shot**
5 – 4 Narrative (5 pages)

<table>
<thead>
<tr>
<th>Item</th>
<th>Documents (Append)</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>How training &amp; assessment system works vis-à-vis patient care</td>
<td>1 pg</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Care Policy</td>
<td>Yes</td>
<td>½ pg</td>
</tr>
<tr>
<td>Standards of Care</td>
<td>Yes</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient screening and selection</td>
<td>Flowchart</td>
<td>1 pg</td>
</tr>
<tr>
<td>How are patients scheduled and by who?</td>
<td>Flowchart</td>
<td>½ pg</td>
</tr>
<tr>
<td>Policy on patient transfer among students</td>
<td>Yes</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient outcomes assessment data; patient completion data</td>
<td>Tables</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient satisfaction data</td>
<td>Table</td>
<td>½ pg</td>
</tr>
</tbody>
</table>

Assessment Checklist for 5-4

- Does the clinic function as a patient-first facility?
- Is patient selection & scheduling managed by faculty?
- Is patient scheduling based on the patients’ TxP, unless in an emergency situation or a designated emergency clinic?
- Is Tx based on an approved TxP that is accessible in the patient management system for inspection?
- Is Tx sequence is altered to benefit students’ acquisition of procedural requirements / points or facilitate an assessment?
- Are students’ assessments based on Tx needs of patients at that point in time?
- Who is the compliance officer for std 5-4?
National Issue: Students’ Understanding of Assessment

Students see competency assessments as “Requirements” rather than as measurements of progress.

Students do not understand how overall (global) assessments are calculated; often convoluted.

Level playing field issues related to point accumulation.

Group practice model increases student perception of low calibration.

Course grading vs. assessing competency.

---

Final Thoughts

What is the school’s definition of General Dentistry?

How would we describe our methods to ensure calibration of faculty?