

American Board of Dental Public Health Examination

Policies and Procedures for Certification

The American Board of Dental Public Health examination for certification as a Diplomate is designed to be comprehensive and fair to all candidates. The examination has four sections as follows:

ABDPH Examination Section	Percent
Section 1: Written Project Reports	20%
Section 2: Oral examination 1 on Project Reports	20%
Section 3: Oral examination 2 on Assigned Problem	30%
Section 4: Written examination on General Knowledge	<u>30%</u>
Overall Score →	100%

Each section of the examination, except the written examination, is scored separately and individually by each member of the Board. A candidate receives a final score, which is the weighted average of all sections using the percentages described above. A passing score requires BOTH an overall average score of 70, AND a score of 60 or above on each of the four sections.

The Board evaluates each component of the examination annually, and after completion of the examination, each candidate has an opportunity to comment about the examination and to make suggestions for future improvement. The Board Directors are aware that a certain amount of apprehension exists and make every effort to put the candidates at ease.

Preparation for the examination should be thorough. An excellent reference to serve as the basis for review is: "New Competencies for the 21st Century Dental Public Health" Journal of Public Health Dentistry Volume 76, Supplement 1, 2016.

Upon request, candidates may receive from the Executive Director the results of their separate section and total examination scores. Those candidates who would like to receive their exam score must submit a written request to the ABDPH Executive Director within 60 days of completing the examination.

Description of each Examination Section:

1. **Section 1: Written Project Reports.** This is the Board's evaluation of two project reports. The reports must be received by October 1st of the year prior to the one in which the applicant will be examined. One portable document format (pdf) file for each report must be submitted electronically to the Executive Director at TheABDPH@icloud.com. Name the Project Reports as: ABDPH-2XXX (Year of Exam)-PR1 (or PR2)-YYY (YYY is the # Assigned by Executive Director, for

example: ABDPH-2099-PR1-007 and ABDPH-2099-PR2-008). The Executive Director will review the reports for compliance with the guidelines, so **it is important that candidates fully comply with the instructions** – please see “Instructions for Preparing Project Reports” below. Board Directors will score the reports and send the scores to the Executive Director. Candidates will be informed as to whether they have received a failing score for one or both reports no later than February 1st. A failing score is less than 60% on either of the two reports. Candidates will not be informed, however, if they have received a passing score.

Failure of Section I: Written Project Reports constitutes a failure of the full examination. A candidate failing the examination may reapply for the examination for a fee after submitting revised or new project reports. For further information, please see ABDPH Informational Brochure on the American Association of Public Health Dentistry Home Page, www.aaphd.org, link to the **ABDPH Webpage**.

Scoring of Project Reports

The two Project Reports are considered as one of the four sections of the examination. The scores on the two projects count for 20% of the final score. Candidates will be scored based on the information provided showing logical processes and scientific rigor, from the initial question to the conclusions of the project.

Prior to grading, each Project Report is evaluated according to the following criteria to determine if it is eligible for grading:

- A. Is the project primarily the work of the candidate?
- B. Is the project primarily concerned with dental public health, defined as: *“Dental Public Health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice that serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs, as well as the prevention and control of dental diseases on a community basis. Implicit in this definition is the requirement that the specialist have broad knowledge and skills in public health administration, research methodology, the prevention and control of oral diseases, and the delivery and financing of oral health care.”*
- C. Does the project report’s format conform to the sections’ guidelines specified in the “Instructions for Preparing Project Reports”? (see below)

If the Board approves the Project Reports after applying these three criteria, then each project is scored anonymously based on each of the following criteria. (If a report does not meet these three criteria, the candidate will fail the exam and will need to reapply in a future year)

- A. Problem identification.
- B. Background and review of the current pertinent literature.
- C. Objective(s) and Hypothesis(es).
- D. General description of the project.

- E. Methods and procedures.
 - F. Results.
 - G. Discussion.
 - H. Strengths and limitations of the study.
 - I. Conclusions and public health recommendations.
 - J. Clarity of writing and overall style of the report.
2. **Section 2: Oral Examination 1 on Project Reports.** This is the Board's evaluation of the candidate's ability to discuss, defend, and explain various aspects of the two written project reports previously submitted. For each project, the candidate will be asked to give a brief five minute oral overview of the project, followed by 30 minutes of questions and answers from the Board. Residents will be expected to answer questions appropriately to: a) display their familiarity with all aspects of their project, to include research, epidemiological and/or administrative methodology, b) justify selection of project protocol and consideration of alternatives, and c) display general knowledge of topics related to projects and methodology.
3. **Section 3: Oral Examination 2 on Assigned Problem.** This is a test of the candidate's ability to discuss his or her analysis and possible solutions to a hypothetical dental public health problem. This section of the examination is designed to: a) evaluate the candidate's ability to understand the problem in relation to the information provided; b) present rational solutions and alternatives based on the available information; c) assess the candidate's rationale for selecting the choice of approaches; and d) evaluate the reasonableness and practicality of the choice of solution in regard to timing, resources, public and professional acceptance, legal and ethical considerations, cost-effectiveness and justification of the resources required. Although, there is no single correct solution, but any solution proposed by a candidate must be reasonable, practical and realistic and each candidate's approach is expected to be his or her own work. A written description and supplementary information on the dental public health problem will be given to each candidate on the first day after completion of the oral examination of the project reports. An oral examination of the candidate's solution to the problem will be conducted the following day. The candidate will be given 20 minutes to present his/her solutions, followed by 40 minutes for questions from the Board. The candidates may bring written notes to this examination for reference while making their presentation. The Assigned Problem and handouts must be returned after the presentation. PowerPoint presentations on an LCD projector are NOT allowed due to time constraints; however, the candidate MUST provide a handout to each board member that outlines/summarizes the components of their solution (i.e. 6 for entire board; 3 if split board) There is no requirement for the format of the handout. A PowerPoint handout is acceptable.

4. **Section 4: Written Examination.** This is a comprehensive 100-item multiple choice examination (five choices). The written examination is designed to test the candidate's knowledge of the theory and practice of dental public health. Questions are based upon the four (4) areas in the Definition of the Specialty of Dental Public Health and the ten Dental Public Health Competencies. The overall score is based upon the number of correct answers; thus, the candidate should choose what he or she considers to be the most correct answer for each question (Do not leave questions answered). You are allowed to bring into the examination room ONLY a pen, No. 2 pencil(s), pencil eraser, time piece, and a pocket calculator. There will be some simple calculations on a few of the questions and a calculator, although not absolutely necessary, would be helpful. Cell or smart phones, I-pads or tablets are NOT allowed. A proctor will be available during the four hours allocated for the written examination. The proctor will not be able to answer issues of content but will bring to the attention of the Board if there is a missing page or a typographical error.

Additional Information

If a failing score (below 60%) is received on the **written examination only**, the candidate can retake the written examination upon payment of the appropriate fee when taken at a regularly scheduled examination (usually April of the following year). If the written examination is the only section receiving a failing score, the candidate may request to take the written exam at an alternative time and site. The time and site must be approved by the Board and must have a strong justification for consideration by the Board. In these cases, Candidates will be required to pay usual fee for re-taking the written exam, plus an additional off-site fee. The written examination may be retaken no earlier than six months after the original examination. The examination must be proctored by a Diplomat who has been approved by the Board and who is not the candidate's residency supervisor. Contact the Executive Director, ABDPH for additional information.

If a candidate fails a single portion of the examination besides the written examination, the candidate would be given the opportunity to retake only that portion of the examination at a regularly scheduled examination, with payment of the appropriate fee. If the candidate is unsuccessful on two or more portions of the examination or if an overall average score of 70% is not achieved even though no score is below 60%, it would be at the discretion of the Board as to what the requirements would be for reexamination. If the Board allows the candidate to retake two or more sections of the exam, the fee is the same as for the full exam.

Instructions for Preparing Project Reports

1. Project Report Guidelines

Project Reports should be clearly numbered 1 and 2. The projects **must** be completed at the time of submission. Terms such as "results will be presented at the oral examination" or "these are preliminary results" are NOT acceptable. Those projects will receive a failing score. Each report should summarize a **dental public health** project originated and completed by the Candidate, or one where he or she have made a major contribution to its planning, implementation, and interpretation. Protocols, grant applications, reviews of the literature, site visit reports, and preparations for a conference, are **not** acceptable project reports. Term papers, dissertations or published papers may serve as a basis for

project reports but need to be re-written to meet the required format. A systematic review of the literature may be a suitable project report if a meta-analysis or some other analytical procedure is included in the methodology.

The project reports should demonstrate a depth of experience in dental public health, and must represent a separate project (not two reports from one project), with the two projects having distinct methodology and data sources. The projects must be significant in scope and represent an extensive effort. At least one project must demonstrate the analytical or statistical skills of the candidate.

Types of acceptable Project Reports include: 1) administrative program planning and implementation, 2) epidemiologic studies, 3) health services research, 4) clinical trials, 5) oral health promotion and disease prevention, and 6) other research related to dental public health. Major secondary analyses of existing datasets are also acceptable for one of the project reports. Another secondary analyses may be accepted if the project reports clearly demonstrate knowledge of two bodies of distinct literature, have different questions that are being addressed, use different analytical skills, demonstrate different competencies and make contributions to divergent policy areas.

The chosen projects must have been completed within 10 years of the applicant's examination and the project report must represent current knowledge. If a candidate postpones an examination after projects have been graded, and changes affecting the projects or the relevant scientific literature have occurred, the ABDPH may ask the candidate to resubmit project report(s). The ABDPH does not provide advice on the suitability of specific studies (planned or conducted) as project reports. The Board encourages candidates to discuss the two project reports with their supervisors before and after the projects are completed.

2. Project Report Format

Project Reports should be no more than 25 double-spaced, numbered, typewritten pages, including the cover page, table of contents, abstract, main body of the report, references, tables and figures, and appendices if needed. The body of the report should be no more than 15 pages. Font size should be Times, New Roman font 12. All margins should be one inch on standard 8.5 x 11 inch paper. Number and label each section as recommended in the guidelines (below). Do not alter the order of the sections. Do not leave extra line spaces between sections. The ABDPH strongly suggests having the final manuscript reviewed by your Program Director or another person with previous experience in editing scientific publications. The submitted manuscript should be of the same quality as one would submit as a publishable paper to the Journal of Public Health Dentistry (JPHD). See JPHD's Instructions for Contributors at: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1752-7325/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1752-7325/homepage/ForAuthors.html)

After completing each of these steps, candidates must make a portable document format (pdf) file for **each** project report and both project reports to the Executive Director, ABDPH.

Project Reports **must** conform to the following sections and guidelines:

- A. Title of the Project. A cover sheet bearing the title should be the first page of the report. Please do not place your name on it. The Executive Director, ABDPH will assign a three digit code number to each report. Name the Project Reports as: ABDPH-201X (Year of Exam)-PR1 (or PR2)-YYY: (YYY is the # assigned by the Executive Director) followed by the Title of the Project. [Example: ABDPH-2016-PR1-007: Title of the Project and ABDPH-2016-PR2-008: Title of the Project).
- B. Table of contents.
- C. Abstract. Structured abstract with clearly labeled Objectives, Methods, Results, and Conclusions/Recommendations and no longer than 250 words or one page in length.
- D. Candidate's role. Describe in one or two paragraphs with sufficient level of detail the candidate's specific role as originator or major contributor to the project. Explain your participation in the planning, implementation, interpretation and completion of the project.
- E. Problem identification. Please describe the public health problem addressed in the project and described in your project report.
- F. Background and review of the current pertinent literature. Candidates should not only describe the studies supporting hypothesis or objectives, but also should provide some assessment of the quality of the works cited.
- G. Objective(s) and hypothesis(es). Describe study/project objective(s) and/or the specific hypothesis(es).
- H. General description of the project. Please include aspects such as the population studied geographic location and inclusive dates. If the project relies on analysis of secondary data indicate the sources of the data and a general description of the characteristics of the dataset.
- I. Methods and procedures. Provide sufficient information to demonstrate the logical process and scientific rigor of the approach to test the hypothesis or achieve the objectives. Include analytic methods with sufficient level of detail. Reports must address human subjects' considerations, including consent and assent if applicable. Discuss Institutional Review Board (IRB) approval. If the study involves human subjects or animals and was exempt from informed consent, explain why and who granted that exception. (For example, if a project was administrative and not research, IRB approval would not be necessary.)
- J. Results. Besides text, include self-standing information in tables and graphs.
- K. Discussion. This section should be comprehensive and clear. Did the project achieve its objectives? Did the project support or reject the hypotheses? How do results agree or disagree with similar studies? Provide potential reasons for lack for agreement. Highlight how results contribute to filling gaps, resolving controversies, or providing new knowledge on the topic. What are the public health implications of the results?
- L. Strengths and limitations of the study. Include what would be done differently if having the opportunity to repeat the project.

- M. Conclusions and public health recommendations. Emphasize the new and important aspects of the study and conclusions that follow from them, particularly as these relate to public health policy.
- N. References. Please be sure that all references in the text are included in the list of references and that references are not repeated. Check special formatting requirements below.
- O. Tables and Figures.
- P. Appendices. Use this section to provide any documentation in support of the methods. Please do not include figures and tables here. Keep in mind that these pages are included within the total number of pages allowed.
- Q. Clarity of Writing and Overall Style of the Report. Consider syntax, grammar, presentation, formatting, following guidelines, table of contents, role of candidate, etc.

Note: Candidates are advised to follow the preceding guidelines exactly before submitting them electronically to the executive director. The ABDPH evaluates the project reports in the format they are received. Candidates will not receive full scores if the information requested is not present or is misplaced.

References. The author(s) must verify cited references against the original publications. Identify references in text, tables, and legends by Arabic numerals in parentheses; number them consecutively in the order in which they are first mentioned in the text. Avoid using abstracts as references. Abstracts not published in the periodical literature (e.g., printed only in an annual meeting program) may be cited only as written communications in parentheses in the text. "Unpublished observations" and "personal communications" may not be used as references, although references to written, not oral, communications may be inserted (in parentheses) in the text. For papers accepted but not yet published, designate the journal and add "In press." Information from manuscripts submitted, but not yet accepted, should be cited in the text as "unpublished observations" (in parentheses). Candidates should use the Vancouver style as requested by the Journal of Public Health Dentistry Instructions for Contributors at: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1752-7325/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1752-7325/homepage/ForAuthors.html)

Tables and Figures. These should be numbered as they appear in the presentation of results, and included at the end of the report (as described above). Each Table and Figure should have a descriptive title indicating what is in the table, the population represented, place of the study, and time. Use footnotes in each table to clarify acronyms or groups in the table that are statistically compared. Use Arabic numbers as call characters for each footnote. A large table can be broken into two components with clarification on the title that the second part is a continuation of a previous table.

Graphs are meant to be easy to understand and clarify an item that is not visually clear in the tables. Make graphs of appropriate size and clearly labeled. Do not break a Figure across separate pages. Keep in mind that tables and graphs are “self-standing” meaning a reader should make sense of what is in the table without referring to the written text. Include all figures and tables after the references in the project reports. Do **not** insert the tables and figures in the text. Do not collate all Tables and Figures in an Appendix.

3. Timelines:

- A. Electronic Application for Full Examination submitted no later than September 1 of the year before the candidate intends to take the examination.
- B. Candidate notified of eligibility to take examination and submit Project Reports no later than September 24 of the year before the candidate intends to take the examination.
- C. Electronic Project Reports due to Executive Director no later than October 1 of the year before the candidate intends to take the examination.
- D. Results of unacceptable scores (less than 60%) for either Project Report are sent to Candidates no later than February 1 of the year of the examination.
- E. Electronic Application for Written Examination only submitted no later than December 1 of the year before the candidate intends to take the examination.
- F. Notification of eligibility to take written examination only is sent to Candidates no later than February 1 of the year of the examination.

Note: Please be aware of the timelines and check with the Executive Director with any questions. After the Executive Director’s notification that a candidate is eligible to take the examination, the candidate has only about a week before the Executive Director must receive the project reports. Thus, candidates should complete most of the final format of the project reports before applying for the examination on September 1. Candidates who receive notification from the Executive Director that there are problems with one or both project reports, should reply immediately. If timelines are missed candidates will not be able to take the examination that year.

4. Conflict of Interest:

Many ABDPH Directors are currently or have been past Residency Directors, or supervised dental public health residents' Projects. When a Director evaluates a candidate's application, the Director can be objective and "vote" for Board eligibility under most circumstances. The ABDPH takes into consideration potential conflict of interest when a Director has to provide a score to a candidate who has been a former resident. In such cases, the Director is not assigned as primary or secondary reviewer of the Project Reports but will be asked to score the written component of the project reports. If a Director reports a concern about their ability to objectively evaluate the written project report, the Director

discusses the potential conflict with the President, ABDPH or the Executive Director, ABDPH. If there is doubt, the Director will be recused from scoring the project to avoid possible conflict of interest.