

Orthodontic examiners seek synchronization

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One of the remarkable results of human effort is the precision with which 105 musicians coordinate their individual sounds to a single, collective note countless times during a symphony orchestra performance. The synchronization of a squadron flying in formation and a collegiate kick-line are similar in that the individual becomes a component of the whole, in perfect harmony of action.

The American Board of Orthodontics (ABO) conducted its clinical examination during the last week in February, preceding the examination with a similar effort toward synchronization. Fifty examiners from the United States and 1 each from Canada and Mexico assembled in Dallas to assess candidates for certification or recertification. They underwent a calibration session in which they thoroughly scored 2 sets of patient records and compared their scores in case complexity, cast and radiograph grading, and treatment delivery to the mean scores of their examining group. The examiners also compared their scores to the measurements of experienced ABO directors, labeled as the “gold standard.” The intent of the exercise was to direct the examination team toward a mean to make the most severe examiners less critical and the most lenient ones more critical. Each of the 52 examiners scored at least 31 components of 2 full cases, for a total of 1612 scores.

The results of the exercise were remarkable. Despite variations in education, practice experience, treatment

philosophies, and clinician and academic profiles, 5 of the 6 collective examiner scores were within one half of a standard deviation of the gold standard, demonstrating success in the objectives of calibration. The examiners were thus trained to approach a common level of assessment. These examiners then examined the candidates for certification and recertification.

This process benefits the examinee in many ways. First, it is a significant step toward standardization of examiner assessment levels by identifying examiner “outliers” and providing remediation if necessary. Extremely harsh and extraordinarily lenient examiners were equated. Calibration also permits an examiner’s self-assessment of testing skills. It allows examiners to practice their testing skills in the presence of their peers for collaboration and enrichment. Finally, it is a fair and just method of determining pass-fail thresholds for the clinical examination.

Calibration is not a novel concept or unique to the ABO. Yet, the board’s efforts at structuring calibration to “level the playing field” has become an effective tool to standardize treatment assessment in an arena that is replete with variables and nuances because of the subject of our treatment: the human body. But just as an equally varied and diverse cadre of professional musicians can be orchestrated toward precision of action, orthodontic examiners continue to become synchronized in the fair assessment of the treatment our specialty provides to the public.

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