

MEETING MINUTES

Examination Program Review Committee December 8, 2008

Holiday Inn San Diego Downtown
1617 First Avenue
San Diego, CA 92101

Committee Members Present:

Elise Froistad, MFT Member, Chair

Staff Present:

Paul Riches, Executive Officer

Kim Madsen, Assistant Executive Officer

Committee Members Absent:

Joan Walmsley, LCSW Member

Guest List:

Tracy Montez

Guest list on file

Elise Froistad, Committee Chair, called the meeting to order at 1:43 p.m.

I. Introductions

The Committee introduced themselves in place of roll. A quorum was not established. Staff and audience members also introduced themselves.

II. Purpose of the Committee

Ms. Froistad provided a history of the Examination Program Review Committee (Committee) from its initial appointment in February 2008. The Committee will be conducting a holistic review of the Board's examination programs and evaluate the issues regarding the exams. Ms. Froistad reported that the Board had obtained the services of Dr. Tracy Montez and Applied Measurement Services, LLC, who will work with the committee as an integral part of the evaluation process. To begin, the Committee will focus on listening to stakeholders and others who wish to attend Committee meetings or otherwise provide thoughts and opinions regarding the process. The Committee anticipates receiving "hands on" training regarding the entire exam development process, including item writing, item review, passing score and exam construction. During the next phase, the Committee will assess the content of the examination to ensure it appropriately addresses the tasks, knowledge and skills required for safe and competent practice.

Ms. Froistad indicated that the Committee's work will include an assessment of the examination process to determine if the required training and intervals of the examination are appropriate. The Committee will also discuss the appropriateness of using the national licensure examination.

The Committee recognizes that during the initial process, problems unique to each profession (MFT, LCSW, LEP) will arise. Ms. Froistad indicated that time within each Committee meeting will be set aside to address those exclusive issues.

It is anticipated the process taken on by the committee will require approximately 18 months for completion. At that time the committee will make recommendations to the full Board, which is expected to occur by summer 2010.

Ms. Froistad then introduced Dr. Tracy Montez, and explained that Dr. Montez had been asked to provide an overview of the examination development and validation.

III. Overview of Examination Development and Validation by Dr. Tracy Montez

Dr. Montez indicated that her goal for that day was to provide the Committee with a broad overview of the examination validation process. She further stated that in future meetings she anticipated taking each of the components or phases that she introduced during the December 8, 2008 meeting, and go into greater detail about how those are accomplished.

Dr. Montez restated that examination validation contains several components. She began by discussing the professional guidelines and technical standards that are followed in the development of the examinations. She noted that two of said standards, the Standards for Educational and Psychological Testing and the Federal Uniform Guidelines for Employee Selection Procedures, apply to examinations on a national level. Dr. Montez provided a brief description of the standards and the guidelines. She indicated that the standards referred to as the general guidelines that were put together that describe the development of educational tests, certification tests, and licensure tests. The guidelines are more technical kinds of standards that have been in place for many years and go into specific details about how to establish evidence of content validity. Both guidelines are applied to all tests at a national level. She stated that courts will look to them when making decisions about the validity and defensibility of an examination.

The next two items referenced by Dr. Montez were the California Business and Professions (B&P) Code and the California Government Code, both of which are California specific. Section 139 of the B&P Code is based upon a mandate by the legislature that recognizes the first two reference materials. Simply stated, the legislature told the Department of Consumer Affairs (DCA) that they wanted boards, bureaus and programs to adhere to those standards. They mandated DCA 1) to follow those guidelines and standards; 2) establish a schedule of how examination validation would be conducted; 3) ensure there is a budget to support that; and 4) report to the legislature on an annual basis.

The first phase of examination validation is an Occupational Analysis (OA). This is an empirical study that looks at those important tasks or behaviors that are performed in a profession. It is a large project where a technical expert conducts interviews with licensees to establish what is being done currently in the field, what is critical for licensure. Subject Matter Experts (SME) participate in workshops to identify and lay out the tasks and knowledge statements, trying to identify what is done in the scope of the specific practice being reviewed. SMEs are made up of licensees.

The goal of an occupational analysis is to update the scope of practice for the profession, and then determine which tasks and knowledge within that profession are most critical to examine on.

Dr. Montez indicated that the occupational analysis is the foundation for most work associated with the profession – should be used for education, training, policy review, legislation – it is a very important step in the examination validation process as well as to the profession itself.

Dr. Montez stated that the Federal Uniform Guidelines indicate that an occupational analysis should be conducted every three to seven years, with five being the preferable number. DCA generally uses five years as the amount of time between OAs. Dr. Montez reported that the last LCSW occupational analysis was conducted in 2004; the last MFT occupational analysis was completed in 2007; and the occupational analysis of the LEP profession is beginning this year (2008). She indicated that the BBS is on target for adhering to the Federal Uniform Guidelines.

Dr. Montez stated she will provide committee participants with questionnaires used in previous OAs, and other documents related to the OA process, and would describe how SMEs are used to perform the OA and the analysis of the data obtained. She also touched on the Exam Plan and indicated that this was a document that described the most critical knowledge and skills of a profession to be measured by an examination. The information contained in the Exam Plan is used in the next phase – Exam Development.

Examination Development consists of two pieces – Item Writing and Item Review. During this phase, a technical expert will work with SMEs to write test questions and review those questions. A series of guidelines is followed through that process. The SMEs receive training on those guidelines, to make sure the test questions reflect the scope of practice, are tied to a particular reference used in the profession, reflect entry level practice, are clearly worded, etc. Dr. Montez emphasized that it is a series of workshops involved in the writing of the test questions. She indicated that the BBS examination development workshops are conducted throughout the fiscal year. She encouraged any parties interested in assisting in this process to contact the Board.

Paul Riches clarified that the workshops occur almost weekly through the year, across the three programs (LEP, LCSW, MFT).

Examination Construction is the next phase. A technical expert works with the SMEs to make decisions about which items will actually make up the form/version of the test being developed. Dr. Montez clarified the difference between scoreable and non-scoreable questions. Before a question becomes scoreable – meaning that it counts toward the candidate's score – it must be pretested. Pretest questions developed in Item Review workshops are put in a separate pool of "nonscoreable" items, meaning there is no data yet available on the items.

During an Exam Construction workshop, items that are used in a test as scoreable are those that have been used over time and have statistics that show that they are "good" questions/items. The technical expert will facilitate a discussion – essentially give the SMEs pools of questions from each of the content areas covered in the exam plan. In a process she described as fairly straightforward, an SME chooses questions he/she feels should be on the exam and then those items are discussed and voted on. The goal is 175 scoreable items in the standard written exam that represent the Exam Plan and reflect entry level work. Usually the test experts will then add the trial or pretest items that are intermixed with the scoreable items. The BBS develops and initiates a new form or version of the exam every six months.

Janlee Wong, National Association of Social Workers (NASW), asked how the distinction was made as to what is entry level when it is clinicians with a good deal of experience making that determination.

Dr. Montez responded to the question in her discussion on the next phase of examination development – Passing Score. During this phase, the clinicians and test specialists talk about minimally acceptable or entry level competence. Dr. Montez explained that training occurs at all of the examination related workshops. Such training includes discussion about the guidelines for exam development, construction, etc., as well as entry level standards. Often, worksheets are used that delineate expectations for entry-level or minimally acceptable competent practice for each of the content areas, especially in passing score because that is the most challenging workshop. There are exercises and discussions, and in these workshops newly licensed practitioners are used so there is more of a balance between those who have recently completed the exam and those who have more years of experience.

Mr. Riches added that the Board actively encourages new licensees to participate in the process. The more newly licensed people the Board can get to participate, the easier it is to get that entry-level assessment completed in a more realistic manner. Although it is sometimes difficult to be able to get entry level practitioners to be able to make the time commitment required of SMEs, the Board nonetheless considers new practitioners to be incredibly valuable to the process.

Mr. Riches indicated that the Board regularly discusses the need for SMEs, whether at professional conferences, local society meetings, etc., and encourages licensees to let the Board know if they are interested in serving in this capacity. The Board is constantly seeking to refresh its pool of SMEs. He indicated that one of the projects for the coming year is to put together a more cohesive recruitment program for SMEs.

Ben Caldwell, Alliant International University, asked Dr. Montez for additional information regarding the source of the worksheets that help to define entry level competence, which she had referenced as used during the Passing Score phase of examination development.

Dr. Montez clarified that the worksheets were not a formal publication, but rather reflected discussion among the SMEs at the various workshop meetings and use of the data obtained from the occupational analysis. She explained that the goal is to have 6 – 9 participants at each workshop, and indicated that the Board constantly seeks to infuse the process with clinicians who have various specialties and levels of experience so there is discussion that is balanced and productive. Dr. Montez indicated that another step that is taken to help ensure entry level is to have SMEs taking part in the Passing Score workshop to take the exam. She summarized by saying that all of the steps that are taken – training, use of different groups of experts with different backgrounds, discussion, use of different tools – help to ensure a strong passing score that reflects the minimally acceptable competence for the profession.

Mr. Wong asked about the minimally acceptable competence standard, and if those who were developing the examination recognized that those standards might vary based on geographical regions or racial/ethnic lines. Dr. Montez responded that the examination is intended to be general enough to cross all lines; the standard that is set is the standard that must be met in order to be licensed in California, not one part of the state or another.

An audience member asked if the minimal standard translated into a test score, or are there certain items that are seen as more important, and therefore, more highly rated; and

people must get those right in order to pass. Dr. Montez responded that the passing score is an overall score. Items are rated individually based upon their difficulty but it is an overall score. One score must be achieved in order to pass.

Dr. Montez recapped that there is a new passing score established for each form of the exam when it is administered.

Dr. Montez then briefly discussed Test Administration. She reported that the DCA uses Psychological Services to do computer-based testing. That allows BBS to not only improve the integrity of the process by increasing security etc., but also to provide convenience to candidates who, once qualified, may take the exam when and where they want. It also benefits the test experts by allowing them to quickly obtain data about the performance of the exam.

Dr. Montez spoke about Exam Performance. She stated that part of examination validation is about obtaining data about the test and using that data in those phases she discussed earlier. She explained that when a new form of the exam has gone into place and between 50-75 candidates have taken the test, the test specialist at the Office of Examination Resources (OER) reviews the data from those examinations and conducts an analysis to ascertain the “quality” of the exam. There are certain expectations with the exam. The items have been administered previously so there is a general sense of how they will perform; however, the test expert wants to make sure the exam is fair and does not in any way penalize candidates by an inconsistency or abnormality. Items that may be flagged will be researched. Such a review will be repeated throughout the life of a form/version of the exam, and at the end of the exam cycle another analysis or evaluation will be conducted. The information obtained from these reviews is posted into the item bank and used in future workshops, at which time the test expert may discuss item statistics or performance of items. This is an ongoing process with the goal of constantly trying to improve test questions.

Mr. Caldwell asked about steps that might be taken if something unusual comes up during the exam cycle. Is anything done to the existing test?

Dr. Montez responded that it depends on what comes up. She indicated that if an item is performing below the standard considered to be acceptable, immediately it will be researched to determine the source of the problem – is it miskeyed? If it is determined the item was not miskeyed, then the specialist will look at the history of the item, how it has performed previously – the item will be monitored. If it continues to be low then usually the Board is contacted. An SME is asked about the item - what is going on with the item that was not caught previously in the workshops? A decision will then be made about the item. It is extremely rare for this to happen, because during one of the many workshops involved in the development of a form/version of the exam, errors or problems are usually caught. Additionally, the Board reviews the exam before it goes on line. The bottom line is if there is any problem, an item is not operating properly, etc., the problem will be addressed.

Dr. Montez spoke briefly about her experience with licensing boards and bureaus other than the BBS where an exam item was miskeyed, and noted the steps that were taken to correct the problem once it was identified. Again, she indicated that the goal is to have an examination that is fair to the candidates and adequately tests knowledge and skills to ensure the candidate who passes the exam is safe and competent. She reinforced that the exam is constantly under review; the performance is continuously monitored.

Mr. Riches interjected that when incidents arise where there is a problem with the exam, the Board wants to make sure the incident is addressed and ensure the candidates are not being treated unfairly. If there is a question, when at all possible, the preference is to resolve the question in favor of the candidate. The bottom line is just as important as making a valid assessment of competency is ensuring the exam being administered is a fair instrument. He stated that when making decisions pertaining to the exam, the Board will go the extra mile to ensure nothing is done to systematically disadvantage the candidate.

Dr. Montez reported receiving calls directly from candidates who had a concern about a test item. The test specialist would take the information provided by the candidate and research the item to determine if there was anything incorrect or otherwise problematic with the item. Candidates also have the opportunity to provide feedback via a survey; from time to time they will comment about items and again, based on those concerns or comments, the test specialist will look at the item to make sure it is not problematic.

An audience member reported that students who had completed the exam talked about a comments key on the keyboard that allowed test takers to make comments about specific items. The audience member asked if information was gathered from that source by the test specialists. Dr. Montez and Mr. Riches both indicated that feedback is received from candidates in a variety of forms, from the survey to letters to telephone calls.

Dr. Montez concluded her presentation by speaking about the importance of making sure the examination was not perceived to be secret. As much information about the exam that can be shared without impacting the integrity of the test should be shared. Candidates should know the guidelines; the steps that are taken to develop the exam; that clinicians are involved in the development of the exam; and that the tasks and knowledge statements are available and should be reviewed. Such information should be made available to stakeholders, candidates, and anyone involved in the testing process.

She emphasized the importance of having three different groups of individuals involved in the development of a defensible examination – SMEs; stakeholders or those involved in the regulation of the profession; and technical experts. It is a team approach; a collaboration. It is important to develop a process that does not present artificial barriers to meeting client/consumer needs and getting people licensed who need to be licensed.

IV. Review of Information Sources and Key Stakeholders

Committee meeting participants asked questions and exchanged ideas and perspectives about examination-related issues.

Mr. Wong asked about research or work performed, or policy or standards developed, regarding comparing exams across exam cycles. Was any kind of study or analysis conducted about the disparity between pass rates from version to version?

Dr. Montez responded that it happens occasionally, but she was not aware of DCA doing any specific research because of the infrequency of such occurrence. When it does happen, the exam itself is reviewed and analyzed and then other related factors are reviewed and analyzed. She noted that in the previous evaluations of the exam versions that she discussed earlier, it is noticed if a pass rate is not increasing as the version is used. If such discrepancy is noted, the test specialist immediately begins taking steps to determine the source of the problem.

Questions were raised about similarities in the development of the two exams – standard written and clinical vignette. Dr. Montez responded that the same process is followed in the development of both tests.

An audience member stated that the clinical vignette exam measure reading comprehension and logic as opposed to skills as a therapist.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), asked how interested parties could be assured a multiple choice exam was best for what is a “talking” profession. Dr. Montez stated that one reason for the Committee’s work is review the process to see if it can be improved. The current examination process is working, but due to several variables it is time to look at perhaps a better way.

Dr. Montez encouraged participants to bring information to the discussion. If a participant was aware of another type or manner of testing, bring it up. She reiterated that the purpose of the Committee’s work was to study the examination and make improvements in the process as deemed warranted. Dr. Montez encouraged feedback. That will allow the Committee to compile information and ultimately make recommendations to the Board.

An audience member asked about the need for two exams. Was the decision to have a standard written and a clinical vignette based on the fact that the Board previously had two exams, multiple choice exam and oral exam? Has any thought been given to having one exam?

Dr. Montez stated that the clinical vignette exam is intended to address the higher order cognitive processing skills to try to efficiently create a scenario that would more objectively evaluate the candidate’s skill than the alternative. It is defensible. The Committee will be studying if there is a better way.

Ms. Riemersma expressed concern that the current exam might be written in a manner was that would allow someone without the knowledge or background of a clinician to pass the test, and stated that she may be able to pass the exam as a non-clinician based on the sample questions.

Mr. Riches responded that he shared those concerns, which is part of the reason the Committee was conducting the review at hand. Still, he emphasized that the items presented to the meeting participants were retired and not a comprehensive representation of the exam outline.

Dr. Montez stated that if an item is retired, it is because it’s not performing well or is not a good item. She also noted that the questions used were so the meeting participants could get a feel for the items, see the format of the question, how long the stem is, and get a sense of what those questions would look like.

Mr. Riches continued by discussing the benefit to Committee members and other participants at the meeting of going through a capsulated training in the examination development process from start to finish. After hearing several overviews of the process, it is still difficult to relate to until you’ve seen the workshops. This will enable everyone at the successive meetings to have a clearer knowledge of the process and be able to connect with what Dr. Montez is presenting.

Mr. Wong asked if other exam groups, such as the Association of Social Work Boards (ASWB), followed those similar standards, procedures, practices, criteria that were outlined.

Dr. Montez responded that her overall conclusion was that it is a valid and legally defensible examination. They were just measuring some things a little differently, and there were a few areas the Board needed to address; but it could stand alone and be defended.

An audience member asked if there was any thought to looking at the MFT national exam. Mr. Riches responded that such a decision would be up to the Board to make. The Board was specifically approached by ASWB about using the exam and taking a look at it. That was the genesis of going through that audit and review process.

Mr. Caldwell stated that the Association of Marriage and Family Regulatory Boards (AMFTRB) is interested in at least having some discussion regarding the national exam including the degree of influence that California could have on the national exam. If the occupational analyses are close enough as to be bendable, there is the option of having the national exam and a state exam that included the jurisprudence issues and anything that is unique to California.

Mr. Wong asked about the time frame for exam development, from the first step until it is implemented for use by candidates. Dr. Montez provided basic timelines, reporting that essentially it is a continuous process. A new form is constructed every six months, so every six months candidates have that opportunity to take that test. Only 25 questions go in non-scoreable. So once they get data, there are some that will fall out and some that will go in the item bank. So they just keep getting added to that bank.

Mr. Riches added that examination development workshops are conducted on an almost weekly basis throughout the year. Exam development is non-stop. Forms are being written about a year in advance.

Dr. Montez stated that forms are not written too far in advance because sometimes things change. That is one of the reasons why California's exams are so rigorous. They have the ongoing exam development, always looking and always working.

The question was raised about how long it takes for shifts in the profession to appear on the licensure examination. Dr. Montez explained that once the occupational analysis was completed, the results of that study are presented to the Board in a validation report, and the Board votes to adopt it. Mr. Riches indicated that the report is generally accepted as a matter of routine.

Dr. Montez continued that at that point then the technical expert assigned to their program takes that exam plan and starts to utilize it, and they conduct what are called reclassification workshops where all the items in that item bank get reviewed to ensure they are defensible. Then they will start writing new test questions. The SMEs in those item writing workshops and review will generate questions based upon the ideas that are outlined in that exam plan. They are typically written broad enough that as things change they can be incorporated without having to wait five years.

A meeting participant asked about the inclusion of questions regarding public mental health, the recovery model, and the new educational requirements in the exam plan, and when those would be reflected in the exam.

Mr. Riches responded that it would depend. When the new MFT required curriculum is passed and signed, the Board will have to sit with OER and have a specialist go through the new requirements and determine what fits within the construct of the exam we have now that could be adapted. There is also a timing issue. People are not taking the exam until about 4-5 years post graduation. The first classes that are going to be taking this exam most likely are not going to be in the test process until 2014 or 2015. We do not want to test people on information that was not part of their curriculum. There needs to be a transition.

Mr. Wong stated that there is a separable link between education and practice and the occupational survey. People filling out or completing the occupational survey will not have had the recovery model in their Master's program, but will have work experience. These people completing the survey will be using that experience they have in the field and influencing the survey. It will show up in the exam through that route rather than through the required courses in the Master's Degree program.

Dr. Montez stated that is why we have to be sensitive when doing survey work – about constructing the questionnaire, doing interviews, making sure that those important mandates are covered, and analyzing the data in light of those mandates because people may not be doing the work but it may be very important. Typically, if it's not frequently done and important, it falls out. It's going to be tricky when the LCSW occupational analysis comes up to make sure that there is a balance of data analysis.

Kathy Wexler stated that sampling the people who area completing the survey seems so critical. If you get a skewed sample it impacts everything.

Ms. Riemersma responded that if you get only people in private practice, then you have a skewed occupational analysis. That is why it is so important to make sure that you have an ample amount of people taking the survey.

Discussion ensued about the time involved in the development of the exam, and the need to remain fair to candidates by not testing those individuals on issues that were not part of their curriculum. The discussion also involved the use of questions that pertained to knowledge gained through supervised experience.

Ms. Froistad noted the comments provided by meeting participants. She summarized the discussion up until that point: 1) Is the multiple-choice computer exam the best exam method? 2) Is it the best timing to test candidates two years after supervision or immediately after graduation?

V. Future Meeting Dates

The next Committee meeting is scheduled for February 2, 2009 in Sacramento. No further meeting dates were announced.

VI. Suggestions for Future Agenda Items

The following issues were raised for discussion at future committee meetings:

1. The use of "therapist jargon" in the exam.
2. The current Clinical Vignette exam – appears to test logical thinking as opposed to clinical skills.

3. The current Clinical Vignette exam – appears to measure reading and comprehension skills rather than cognitive skills. Does not seem to validate/measure the skills set utilized in the profession.
4. Responses to legal questions could vary depending upon what is assumed. Candidates would like more information or background pertaining to the question.
5. Some questions appear to cross-over between categories (e.g. Law and Ethics). Many candidates are not sure how to answer.
6. Individuals licensed in another state for many years struggle with the California exam.
7. How do we honor those licensees coming into California for work done in another state?
8. How are we assured the multiple choice examination is the best way to test the profession?
9. Consider using the national licensing examinations for all Board licensing programs (MFT, LCSW, LEP).
10. How is new science integrated into the exam?
11. Are two tests (multiple-choice and clinical vignette) required?
12. Administer a first test upon graduation to test knowledge gained during the education process (e.g., Law and Ethics). Such an exam should not prevent an individual from gaining hours of experience, but would distinguish those suited for the profession and those who are not.
13. Use of an interactive exam, simulation of practice in a video game format.

The meeting was adjourned at 3:38 p.m.