

MEETING MINUTES

Examination Program Review Committee October 5, 2009

Department of Consumer Affairs
1625 North Market Boulevard, El Dorado Room
Sacramento, CA 95834

Committee Members Present:

Elise Froistad, MFT Member, Chair

Staff Present:

Paul Riches, Executive Officer
Kim Madsen, Assistant Executive Officer
Christy Berger, MHSA Coordinator
Paula Gershon, Program Manager
Sandra Wright, Examination Analyst

Committee Members Absent:

Renee Lonner, LCSW Member

Guest List:

Dr. Tracy Montez, Applied Measurement Services, LLC
Guest list on file

Elise Froistad, Committee Chair, called the meeting to order at approximately 9:00 a.m.

I. **Introductions**

Committee members, audience members, and Board staff introduced themselves. No quorum was established.

II. **Purpose of the Committee**

Ms. Froistad referred to the Purpose of the Committee provided in the meeting materials. She then provided a brief description of what the Committee has learned and accomplished since its inception in February 2008, and what is expected to be addressed in subsequent meetings. The Committee anticipates completing the review and assessment of data gathered, with presentation of recommendations to the full Board, in the summer of 2010.

III. **Review and Approval of May 4, 2009 Meeting Minutes**

No action was taken on the minutes due to the lack of a quorum.

VIII. Discussion of a Future Exam Structure

- a. Alternatives
- b. Use of National Exams

Agenda item VIII was taken out of order to allow Dr. Montez to set up her presentation for Agenda item IV.

Paul Riches stated that an ongoing topic of discussion for the Examination Program Review Committee has been, for both the LCSW and MFT professions, the use of a national examination versus a California board-constructed examination. He reported having recently attended a meeting of the AMFTRB, during which time he had the opportunity to engage in discussion with the AMFTRB executive staff and board members regarding this issue. The group identified that the cycles were similar for the occupational analyses conducted by the BBS and AMFTRB. The discussion participants agreed that collaborating on the next occupational analysis of the MFT profession would be a good starting point for beginning to evaluate if there is any possibility of working together; whether sufficient similarities exist to look at administering the national exam in California; and a good way to avoid the “apples and oranges” types of comparisons that occur when the BBS looks at national examinations. If the BBS and AMFTRB collaborated on the instrumentation to do the occupational analysis, there would be a common set of task and knowledge statements that could be used to evaluate how the exams are constructed. It would require a method of sampling that is very different because there would need to be a sufficient sampling to do a stand-alone California analysis as well as a national sample for use in reviewing the national examination. There would be common instrumentation between the two examinations and how they are developed.

Mr. Riches referred to a letter subsequently received from the AMFTRB, indicating their board’s interest in pursuing the collaboration with the BBS on the occupational analysis. He indicated this would be a draft recommendation before the Committee to consider presenting to the full Board. Mr. Riches noted that from an economic standpoint there would be benefits such as sharing the costs associated with performing an occupational analysis, particularly with respect to collection of the data. He noted that the Committee will likely be considering this recommendation at its next meeting.

Ms. Riemersma asked if the AMFTRB currently uses information from California in compiling data for their occupational analyses. Mr. Riches responded affirmatively, explaining that the AMFTRB currently uses California SMEs and samples California extensively because it is such a large portion of the profession nationally. If the two boards were to collaborate on the next occupational analysis, there would need to be an oversampling of the California licensee population so that there would be sufficient responses to justify an independent report based on California-only data. A brief discussion ensued. Mr. Riches concluded by restating that this presents an opportunity to collaborate and see where the two examination programs are on a differential basis.

Ms. Riemersma asked if the AMFTRB conducts any analysis to show any similarities or dissimilarities between California and the rest of the participants, or is the data all lumped together. Mr. Riches responded that he is not aware of any differential analysis AMFTRB performs in their survey.

Mr. Wong asked if the AMFTRB restricts who can take their current exam only to those states that use that examination. Mr. Riches responded that they do not. In response to Mr. Wong’s inquiry about whether a California candidate could take the national

examination at the present time, Mr. Riches explained that, as with many national examinations, it is dependent upon the state in question. The national association develops and administers the test, but the eligibility determinations are made state-by-state. He further explained that the BBS cannot make a candidate eligible for the national examination. The candidate would have to apply to a state that does have an agreement with the national association and be made eligible through that state's process.

Dr. Montez explained that one of the reasons for this requirement is to protect the integrity of the examination process, so individuals would not be taking the examination simply to be exposed to it and share the information on the exam.

Christine Tippett added that she had at one time participated in the process Mr. Riches was describing, on behalf of social workers. She spoke briefly about her experience indicating that people from many states attended and contributed and the outcome of that collaboration. She added that this process seems like it could also be useful for MFTs. Mr. Riches responded that one of the Board's subject matter experts recently attended a meeting in Colorado and participated in a pass point workshop regarding the national examination.

Ms. Froistad returned to Agenda Item IV.

IV. Presentation of Pass Score by Dr. Tracy Montez

Dr. Tracy Montez indicated that the presentation that day would pertain to the examination's passing score and to examination construction. She first started with a review of the information covered by the Committee to date, including examination validation, occupational analysis, and examination development. Dr. Montez stated that she would be talking about the professional guidelines and technical standards that are specific to examination construction and passing scores. She indicated that the group would then participate in an exercise pertaining to setting passing scores, and would have discussion about recommendations that will be going to the Examination Committee and the full Board.

Dr. Montez then began to discuss the goals of examination construction. She indicated that once new examination items have been written, the next step is to begin development of a new form of the examination. During an Examination Construction workshop, subject matter experts (SME) are provided with training, and then are assigned to put together a licensing examination. She indicated that the SMEs' training includes extensive review and discussion of the examination development process. During the workshop, participants select scored items based on the test plan and weight. Also selected are pretest questions based upon the "item bank deficiencies;" essentially, areas where items are needed. She reminded that the pretest items are nonscoreable, experimental items that are interspersed randomly through the test. Once the test items, both scoreable and nonscoreable, are selected, the psychometrician/test validation specialist compiles the items in a new test form, which is then reviewed by the subject matter experts.

The group was then referred to the Professional Guidelines and Technical Standards that are followed in the development of the examination. Dr. Montez explained the meaning of some of the guidelines, and spoke about the importance of adhering to those guidelines and standards when developing a licensure examination, to ensure the test is job-related.

Dr. Montez reminded the group that at previous committee meetings, a significant amount of time had been spent discussing the guidelines for writing multiple choice and clinical vignette test questions, and the "do's and don'ts." She highlighted important pieces of the

process. She stated SMEs are reminded that the examination development process is ongoing. Once the test form is developed and used, the items are returned to the item bank where they may come up for additional development or review. She stated that following completion of an occupational analysis, the items may also come up for "reclassifying," a process where the items are reviewed to determine if they are still valid or still represent what is currently being practiced in the profession.

SMEs are also reminded that, when the questions are written, the answers should clearly be the correct answer; the question should not have multiple answers. Further, SMEs are reminded that the answer key is supported by a reference, and that multiple panels of subject matter experts have agreed that the answer is correct. Other topics of discussion are the distracters, making sure they are plausible, and that they key is used to set the pattern for the options, meaning that they look similar.

Mary Riemersma, CAMFT, asked how many experts actually agree on the key. Dr. Montez responded that it should be a consensus among a group of generally 40 experts overall, and that everyone should agree at each stage of the review process. If there are concerns about any of the items, the facilitator/test validation specialist will pull the item out and insert a different item.

Janlee Wong, NASW, asked about the purpose of the distracters in determining a minimally qualified examination candidate. Dr. Montez responded that the distracters are supposed to distract the incompetent candidate away from the key. Mr. Wong asked her to elaborate about the definition of incompetence or minimum competence. Dr. Montez indicated the issue would be discussed in more detail during the Passing Score portion of her presentation, and asked if she could defer her response to the question until that time. She added that during each workshop there is review and discussion of the exam plan, and there are steps taken during each phase of the test development process to ensure the questions and answers check minimum competence. Mr. Wong explained that candidates might call NASW and note that it seems the test has trick questions. Dr. Montez replied that candidates who raise this concern are encouraged to read the item carefully, with the idea that if the candidate is minimally competent, the answer should come to mind and then, upon review of the listed answer choices, the correct response will be there. She stated that when the SMEs are writing the distracters, the goal is to make the distracter challenging, meaning that the candidate will have to read things carefully and make sure the answer choice that is selected is accurate to the scenario. Distracters may contain pieces that are important, but are not relevant to the scenario presented in the item. She stressed that the point of emphasis is always public safety/harm issue, and the correct answer choice will be the one that is most critical in terms of scenario that is presented.

An audience member asked for clarification regarding the qualifications of the individuals/experts who review exams, specifically, if any were new therapists or social workers. Dr. Montez responded that the SMEs are all licensed individuals, and that the goal is to use clinicians with a range of experience. She indicated that the Board has a large pool of SMEs, and that the Office of Professional Examination Services (OPES) provides criteria to the Board in terms of how to select workshop participants.

Dr. Montez provided examination plans pertaining to both the marriage and family therapist and licensed clinical social worker examinations. She explained that prior to the workshop, the test validation specialist creates a pool of items for each of the content areas and sub-content areas and will take that pool of items into the workshop and have the group review the items by content or sub-content area. The facilitator will ask each

group member to independently select questions pertaining to the area being reviewed; then a tally will be run to see which questions received the most votes. If there is a majority, the items then become a part of the test form being developed. If there is a tie, the items will be discussed. There is also the opportunity for the SMEs to discuss items of concern. This process is followed until the requisite number of items has been selected. The group might also make suggestions on pretest items. The examination is then printed and reviewed, and the group is afforded another opportunity to review and comment on the exam construction.

Mr. Wong asked if the same people who work on the examination construction process are also item writers. Dr. Montez indicated that there may be SMEs who work on both item writing and examination construction. The preference is to use as many different SMEs as possible throughout the process.

Dr. Montez moved discussion to the establishment of a passing score for a version or "form" of an examination. She reviewed the goals of the passing score workshop, and spoke specifically about the methodology that is used to determine the passing score. She explained that there is a variety of techniques used to establish passing scores and they are typically grouped in terms of criterion-referenced and norm-referenced. For licensure examinations, the criterion-referenced method is used. This means that there is a standard set, and the candidate has to meet that standard to pass. There is no ranking or comparison among candidates; it is simply a standard that has been established – in the case of board examinations, it is minimum acceptable competence. She said most familiar is the norm-referenced passing score, which is used in school, and the candidate is compared against others.

Mr. Wong asked for clarification regarding the information that was included on the test plans Dr. Montez had distributed, specifically, the apparent difference between the two test plans. Dr. Montez explained that while the same process was followed through the development of all board examinations, different experts coordinated the information, and therefore there could be a difference in style or in the manner or organizing the information. Mr. Wong spoke of the different populations that might be covered on an examination, and asked if, given the premise that some of those populations might be overly familiar to social workers, there was a possibility that an LCSW candidate might encounter a question that pertains to a population group with which they have little or no experience. Dr. Montez replied that this was a possibility. She indicated that the SMEs have said that in order to perform at minimum acceptable competence, the candidates must have exposure to what is on the examination plan.

Mr. Riches interjected that this was based on the responses that came back from practicing professionals in the occupational analysis. He indicated that the examination outline should reflect current practice among licensed clinical social workers. He further stated that the board licenses individuals to engage in the full spectrum of practice, and the examination therefore presents questions that assess minimum competence in a variety of areas and with various populations.

Dr. Montez reiterated that the exam plan is a snapshot of current scope of practice and addresses what the experts have indicated are the most critical areas to practice safely and competently. The expectation is that practice is independent so once licensure is obtained, an individual who may have been trained in one specific area may practice in any area covered by the license. She noted that California is unique in the level of detail put in its examination plans.

An audience member shared her experiences having gained training in a specific area (children's services) and how her first client after becoming fully licensed was a senior citizen. She noted that had she not obtained some kind of knowledge base outside of the specialized area in which she was working prior to becoming fully license, she would not have been able to assist that client. She described the steps she took to ensure she was familiar with all areas covered by the scope of the license.

Other audience members shared their experiences with the licensure examination and the importance of having a broad and well-rounded knowledge base.

Ms. Riemersma noted the broad difference between the two licenses, and the Board is testing for minimum competence. Candidates are not expected to be experts in all areas, but they need to be able to apply their skills to most any area they will face in the course of their professional practice. She referred to the two examination plans that had been distributed, and expressed the opinion that excluding issues of wording and the weight that is applied to the different content areas, she found both test plans to be very similar.

Discussion continued.

Geri Esposito, California Society of Clinical Social Workers, expressed that there seems to be a role for associations to play in relation to test preparation and how associations advise with respect to the examination process and preparation for the test. She reiterated the importance of reminding candidates of their responsibility to learn a broad base of knowledge.

Mr. Wong asked if candidates were informed that there may be questions on the test that cover population groups that might be unfamiliar to some candidates. Dr. Montez noted that the candidate handbook contains the entire examination plan which includes all areas that might be covered on an examination. Sandra Wright, Examination Analyst, noted that candidates are provided a copy of the handbook each time the candidate becomes eligible to test or retest.

Discussion continued about the importance of having a broad base of knowledge and remembering that the scope of the license is very broad and licensees need to be able to apply their education and skills to all population types the licensee might be asked to treat.

Dr. Montez reminded the group about the steps that are taken to ensure the questions test minimum level of competence and are not too advanced or reflect a higher level of experience in one area or another. Mr. Riches made reference to pretest items as one such step, and one that helps identify items that might be tricky or too advanced for the population, said items becoming evident in the performance statistics obtained from pretesting.

Mr. Wong asked if there was a mechanism in place tracking the failure rate of questions. Mr. Riches responded that candidates who fail the exam are provided with diagnostic information reflecting how the candidate performed in each of the major content areas, to assist the candidate in knowing which areas to focus on which preparing to retest. He added that, internally, there are detailed statistics about each item and how they performed.

Dr. Montez next reviewed the Professional Guidelines and Technical Standards that govern the Passing Score workshops.

Mr. Wong asked for clarification regarding how an examination is monitored; did it matter if an examination is felt to be too easy or too hard, or was that issue something that is taken into consideration when reviewing a form of the test. Dr. Montez responded that passing rates are not expected to go up and down, because of all the steps that have been taken leading up to this point in the process. The expectation is to have a range for an examination that tests at the level of the board's examinations; if the pass rates drop or go high, questions are asked to determine "what is going on?" "What dynamics in the environment have changed?" She emphasized that, while the passing rates are data that are taken into consideration in determining if an examination is working, those statistics would not independently result in adjusting of the passing score.

Dr. Montez described how and when an examination might be adjusted based on the ongoing review of how items are performing. If a problem is identified with an examination, that issue would be addressed at that time. Mr. Riches added that if there was something identified in the examination that is deemed not fair to the candidate pool, then an adjustment will be made. He indicated this is not a function of whatever the pass rate is; but rather a function of fairness to the candidate.

Ms. Riemersma noted her experiences with the Board monitoring the examination and addressing unforeseen situations that have come up that may have adversely impacted candidates taking a particular form of the test.

Discussion and comment about various topics, including the use of the examination statistics that appear on the Board's website, continued among meeting participants.

Dr. Montez continued her presentation by reviewing the passing score process, including assigning ratings according to minimum competence standards. She reviewed the minimum competence standards, the purpose of those standards, and the key considerations when determining an appropriate passing score. She stated that there are usually long discussions among SMEs participating in the workshops, the goal being to create a common frame of reference of entry level expectations.

Dr. Montez spoke about the calibration component of the process, and fielded questions from the audience regarding the calibration and assigning of ratings to test items. She engaged in discussion with meeting participants about steps that are taken when there is a wide variation among SMEs in the rating of an item, or if the item is consistently being rated at the lower end of the spectrum.

Mr. Wong asked if the same process was followed for the development of both the standard written and clinical vignette examinations, even though the tests are different. Dr. Montez confirmed that the same basic process is followed across the professions.

V. Group Participation – Discussion of Pass Score

Dr. Montez presented the group with sample questions from the MFT examination study guide. These included two questions from the standard written exam, and one from the clinical vignette examination. She asked meeting participants to review and answer the questions. Upon completion of the review, the group was provided with the correct answers.

Dr. Montez then asked the group to refer to her previous explanation of the passing score process, and assign a rating based upon the expectations of how many entry level candidates would be likely to answer the questions correctly. She asked participants for their input regarding the ratings assigned to each question, and discussed those ratings.

She then discussed the actual statistics for each item, and how they compared to the group's assessment of the item.

The meeting participants continued the review and discussion of the ratings assigned to each question. A brief discussion was held regarding the items used in the study guide. Amy Welch-Gandy, Test Validation Specialist, Office of Professional Examination Services (OPES), explained that the items contained in the study guide were selected by SMEs and were meant to reflect a range of difficulty levels and be a good representation of what would appear on the examination.

VI. Review of Exam Committee Progress

No discussion occurred on this item.

VII. Discussion of Concerns Relating to all Standard Written and Clinical Vignettes Examinations

Ms. Froistad referred the group to the list of Items of Concern and to Consider. She indicated that many of these items have previously been addressed by the Committee, though some remained to be discussed. Ms. Froistad invited the meeting participants to make comment or add concerns that might not have been dealt with to date.

A variety of issues was discussed. With respect to being assured that a multiple choice examination was the best way to test the profession, Dr. Montez reported having recently researched this issue for another licensing agency and spoke about her findings, which support the premise that a multiple-choice examination is the most effective method of testing for licensure.

Mr. Wong asked if there had been studies about licensee performance based on the type of examination taken. Dr. Montez responded that there are strengths and weaknesses with various types of examination. She reiterated that no testing tool is perfect, and while there are formats that are good at measurement, research shows that the multiple-choice tool by far is the best. She then spoke about other types of examinations, such as oral and essay formats and the advantages and disadvantages to each.

Dr. Montez spoke briefly about rating of candidates, and the human error factor that is inherent in such a testing process. She described how a rating error might be made, and indicated that while training provided to a rater has been shown to reduce the errors, they never are eliminated. Dr. Montez was unaware of any studies that looked at clinician performance post-licensure, based on the type of licensure examination taken by the licensee. Meeting participants briefly exchanged thoughts about how this type of data could be collected.

Discussion continued regarding the various types of examination formats, the impact of the licensure examination on licensee performance; the importance of well-developed examination items; and the length of time allowed for administration of the examination.

Ms. Froistad next raised the issue of using a national examination. Mr. Riches indicated that the latest information obtained from ASWB is that their validation report is expected in early 2010. At that time the information can be reviewed by the Board and steps taken to address any significant changes that result from that study. Mr. Riches reiterated that, with respect to the Association of Marital and Family Therapy Regulatory Boards (AMFTRB), the Committee is looking at making a recommendation to the full Board regarding collaboration on the next MFT occupational analysis.

The next issue concerned the honoring of licensees coming into California for work done in another state. Mr. Riches noted that the law pertaining to clinical social workers was changed within recent years to allow individuals who have been licensed in another state at a clinical level for at least four years to bypass the clinical experience requirements and move directly into the examination process. Some changes were also made regarding the out-of-state requirements for individuals seeking licensure as an MFT; however, it remains unclear how much the new curricular requirements for MFTs will impact the overall process for that profession, including the impact on out-of-state licensed candidates. The issue of reciprocity was touched on.

The group then discussed the need for two licensure examinations. Mr. Riches spoke about the information obtained to date about this issue, and factors that would have to be considered in making a decision to move to administration of only one test.

The group then discussed administration of the first examination upon graduation based on knowledge gained during the education process, such as law and ethics. The next issue discussed was the pre-occupational exam. Would this distinguish those suited for profession and those that are not? Mr. Riches provided general information about this subject.

Ms. Froistad then raised the subject of an interactive exam or simulation of practice setting in a video game format. She noted that certain aspects of this issue had been discussed previously. Mr. Riches indicated that another issue is innovative styles of testing are a one-shot deal. He spoke about the reuse of some test items. Standardized examinations were also briefly discussed.

The group then touched on the subject of bilingual exams, including how many languages and which languages might be used. Dr. Montez spoke about various aspects of translating the examinations into foreign languages, including costs. The group then continued exchanging ideas about this topic, including the special accommodations that are currently allowed or could be allowed for candidates with English as a second language. Mr. Riches indicated that this specific issue was currently under review by the Board.

The group then shared their understanding about role playing scenarios. Kim Madsen expressed the recollection that this issue was in conjunction with the video issue, i.e., use of actors to present the vignette and then from that the candidate would answer the questions. She repeated the idea that this would fall along the same lines as video. A brief discussion ensued among meeting participants.

It was determined that the last issue pertaining to national examinations had previously been addressed.

Ms. Froistad then again invited the meeting participants to make comment or add concerns that might not have been dealt with to date.

IX. Suggestions for Future Agenda Items

An audience member raised the subject of the extent to which cultural competency is evaluated in the examination process. Mr. Riches referred to the task and knowledge statements associated with the test plans for both MFT and LCSW licensure and stated that each document contained reference to the cultural competency issue and its impact on treating patients.

X. Public Comments for Items Not on the Agenda

There were no public comments for items not on the agenda.

The announcement was made that the next Committee meeting is planned for December 7, 2009.

The meeting was adjourned.