



Summary of Annual HCHS/SOL Dental Examiner Calibration
Chapel Hill, NC - July 27-31, 2009

The week long dental calibration was split into two sessions. Nine examiners attended on Monday and Tuesday (July 27 and 28), a new examiner on Wednesday July 29 and an additional four examiners on Thursday and Friday (July 30 and 31). The standard examiner for all exams was Marguerite Laccabue. Materials were distributed to all attendees that included: an updated March 20, 2009 Manual of Procedures, website list of examiners and the coordinating center, website calendar for the month of July, and a schedule for the calibration. The new examiner was also provided with a calibration notebook that included questionnaires, etc. Examiners that attended the calibration includes:

Bronx

Olga Gonzalez

Rose Hores

Fleur Wheeler

Miami

Jenny Bello

Elsa Hernandez

Chicago

Shirley Beaver

Gabi Bovio

Amy Molenda (new examiner)

Maybelline Pereda

Evita Sanchez-Rios

Delia Vazquez

San Diego

Karen Becerra

Jonathan Rudin

Ricardo Cuadra

As part of the dental calibration, examiners were asked to provide feedback on concerns or issues they had dealt with at their site over the past year. These are summarized as follows:

1. The computer data entry software program is very slow to respond.
2. Concern was expressed by the examiners of not having the answers to the safety questions (premed, latex allergy, etc) asked of the participants before the exam, and to document participant responses. All acknowledged that they had access to the medical history and safety screening form although some said that the dental questions were not always completed because the interviewers did not feel knowledgeable enough to ask the questions (Chicago).
3. The oral health questionnaire is presenting a problem with the last four to five questions written as a double negative. Some examiners stated that they were rewording/rephrasing the questions so that participants understood. This is occurring more often with the Spanish questionnaire.
4. Some examiners have had difficulty with the data entry system when they have coded an implant as "yes". When that page is saved and they go to the next page, it is not recognized. When they go back to the previous page, it is coded as an implant, then when they go forward a second time it is recognized as an implant.
5. Discussion occurred regarding abfractions, lost restorations, etc. It was suggested that orthodontic study models would be useful when teaching appropriate calls for rotated teeth. These should be coded as "=". Examiners were encouraged to separate out the screen where restorative material is noted. Marguerite explained that that screen was an added piece and not part of the original NHANES exam material. The best way to think of this screen is to separate it from the rest of the exam information. Clarification also occurred regarding if there is a temporary crown. If so, it should be coded as a crown. If a crown is lost, then on the restorative material screen, it should be called as what you see at that moment in regards to material. If enamel only, then code the call as sound. On the surface screen, then you would call as a "2" (restored) for the 5 surfaces.

6. Other data entry questions included:

Does the second box on the last screen have to be filled in?

The screen will skip a page if you hit page down twice. This has created problems when the recorder isn't knowledgeable enough to realize the examiner is at a different place in the exam. In Chicago, the rooms are set up so that the examiner cannot see the lap top screen.

Chicago has complained that they do not always have a recorder.

Not all recorders in Chicago have staff ID number for the computer, so these are being shared among the recorders.

Classification of what to enter if the person refuses to have an exam or complete the exam?
Chicago is entering " =" for all entries.

7. Questionnaire:

Examiners have noted cultural differences in wording in regards to the questionnaire questions. For example, when you use the term teeth, participants may interpret that as anterior teeth only. They consider molars to be different than teeth. Molars are the posterior teeth. Examiners feel it is impossible to do questionnaires without explanations. For the oral cancer screening question, as soon as you mention cancer the participants respond "no". They feel cancer means there will be a lot of doctors, x-rays, etc.

Participants would like to be told to bring a toothbrush. They don't want to participate in the dental exam because they ate during the time they were at the study and their teeth were dirty.

Other comments:

San Diego provided several helpful tips for the way they do things. Their participants walk from station to station with a folder that has a copy of the 6 safety questions as well as other pertinent material they need to have. San Diego appears to be following the proper protocol for asking about the safety questions, etc.

The new examiner, Amy Molenda, needs to complete her IRB ethics training which was not done prior to the calibration. She also needs to be instructed as to how to access the on-line training program for administering the oral health questionnaire. In addition, Amy was instructed to complete 5 practice patients upon return to Chicago and then she would be certified if the data looked appropriate. After certification, then she would be eligible to conduct exams.

All participants completed a minimum of six half mouth exams. Percent agreement for all examiners was above 90%. Both restorative/caries and periodontal measures were assessed for reliability.

Submitted by:

Sally M. Mauriello
July 31, 2009