

The Use of Portfolios as a Substitute for Current Clinical Licensure Examinations in Dentistry

Delma H. Kinlaw, DDS

The following document contains information presented to the AADE/ADEA Innovative Testing and Educational Methodologies Committee (ITEM) at meetings of that committee in September, 2002 and February, 2003. The information was presented by Dr. David Chambers, a speaker selected by the American Dental Education Association and Dr. Stephen Klein, a nationally renowned expert and author of articles on the use of portfolios in assessment of educational efficacy.

The first presenter, Dr. David Chambers, was selected by the American Dental Education Association (ADEA) representatives of the Innovative Testing and Education Committee. His credentials are recorded in the transcript of the meeting. Portions of the transcript are presented below in italics. Dr. Chambers was introduced by Dr. James Cole II, the president of the AADE.

“Our first presenter will discuss use of portfolios in determining initial licensure competency. That’s Dr. David Chambers, who is a Professor and Associate Dean for Academic Affairs and Scholarship at the School of Dentistry, University of the Pacific, and editor of the Journal of the American College of Dentists.”

“David’s training and interest lie in education, psychology, evaluation and business, and he is recognized for having introduced competency based education and evaluation to the health professions”.

“He continues to explore the fields of professional development, what he calls learning while earning, intellectual capital, adding value through acknowledge, and outcomes based practice, a practical alternative to evidence-based dentistry.”

“David has served as consultant to the ADA, ADEA, and to our organization, AADE, and to over 40 other dental schools. He has authored 250 publications, and in 1999 was appointed by the U.S. Department of Commerce as one of the Malcolm Balldrige National Quality Award Examiners.”

Dr. Chambers at the September, 2002 meeting of ITEM presented his description of the process that describes the practitioner’s evolution through the profession.

“And you begin as a novice and you become a beginner, then you become competent, proficient, and finally you’re a master. And when you graduated from dental school, you’re not a master. You’re not even proficient. You should be competent or the school shouldn’t graduate you,…….” Pg.30 of the transcript.

Dr. Chambers continues his presentation by a depiction of the role that the educator plays in the evolution of the students' progress through the educational continuum, and relates that at some time during that process the student must begin to recognize and assume the responsibility and skill sets required for competency,

"Up here, the teacher takes a lot of responsibility. Down here the learner takes all the responsibility. Here's the transition, here's the point where they shift. And that's very important. The competency point is the point where the learner shifts and assumes responsibility."

"Evaluation methods also change during that process. So that the best way to evaluate a first- or second-year dental student is not the best way to evaluate a third- or fourth-year dental student. It's not the way to evaluate beginning practitioners or those who have been in practice for some period of time, including one reason why you just can't take the cumulative grades and other results of student's education and say, well, they did all those education things, therefore they can practice. You can't say that. Because the evaluation method changes, depending on the level the person is in that journey to become an expert. Where novices' tests are great, a test is a technical word meaning standardized opportunity to show your ability. Everybody does it the same way. That's what standardized means. Simulations are good for beginners. They contain the essential features or some of the essential features of a realistic situation, but they are not the realistic situation. They pull out parts of that that are important, but they provide it in a structure that is not realistic. It's not a whole structure. So a person can do well in a simulation and not do well in a realistic situation. Generally, there's a good correlation between them, but they're not the same thing. Competency is evaluated through what is called authentic evaluation. Actually, I'll show you the definition of that in a minute. And then there are other measures that could be used for practitioners. They're not what you normally think of as evaluation.

Authentic evaluations are evaluations that resemble the work performance the person is expected to do if you let them do it. In other words, it's realistic, it's representative of what a person does and it's realistic. It's in a realistic setting." Pg.33

While the argument can be made that the portfolio model is a "realistic" assessment, the argument can be equally advanced that performance measurements under the tutelage of faculty is anything but realistic. The use of portfolios is a continuation of the educational process and not an independent assessment of the candidate's competency. Secondly, we do agree with Dr. Chamber's analysis of the learning process. It is of the utmost importance to bring a student to the point where the student is capable and possesses the skill sets to operate independently. This point of accomplishment is critical for a student to attain prior to being allowed to exercise their skills without supervision on the general public. This is the essence of the licensure process and it is indeed structured to independently make this assessment in as realistic as feasible, independent environment.

Dr. Chambers goes on to say:

“Dental schools graduate incompetent students. You saw it there. It's in writing. I'm not going to pretend that we don't. We -- I can tell you where they are and where they practice. (Inaudible). There are incompetent dentists allowed to begin practice. Some of them are caught eventually, some of them are caught later, and that's promising.” Pg.43 of the transcript.

And we in the examining community wonder how students who have failed dental school are allowed to sit for clinical licensure assessments. Even given this perspective, does that not speak well of the licensure process? Is that not the intent of the licensure process? Dr. Chambers' subsequent comments are even more revealing.

“And some faculties lack moral courage. I know who they are. Monitor it regularly. Some faculty will not fail a student.” Pg.45 of the transcript.

The evolution of Dr. Chambers' observations reaches fruition in the following statement, which is worthy of discussion. While on the one hand it would appear worthy to combine efforts to delineate the incompetent, it would have to be accomplished in such a way so as to not diminish basic testing parameters such as candidate anonymity in the assessment process. Anonymity should be the foundation of all measurements.

“Now the problem with the system as I see it, one of the problems with the system is the schools make their decision, they use their information to come to a conclusion, yes or no. The examining community uses its evidence and makes a decision. Independently, they have less of a chance of finding those false positives than they do when they work together.” Pg.45-46 of the transcript.

Dr. Chambers relates the difficulties of having the licensure community interwoven into the educational system.

“Some dental educators won't like this. Maybe a little bit more than some, because regrettably there are some in the educational community that don't want to have more to do with the examining (inaudible) last year. I think that's unfortunate. I think there's a reciprocal relationship for some in the examining community that have comparable (inaudible). And of course the dental educators don't -- many of them don't readily welcome other people in their shop. That's too bad. I don't have any sympathy for that.” Pg.47 of the transcript.

In summary, the most salient aspect of Dr. Chambers' presentation would be that the educational system and the licensure community can improve the reliability, validity and predictability of identification of those who are not qualified to begin the practice of dentistry by engaging in an interwoven process of student evaluation.

The second presenter was Dr. Steven Klein. Dr. Klein is a nationally renowned authority in the use of portfolios to enhance the educational process, having participated in the Vermont studies. Dr. Cole introduced Dr. Klein.

“Our second speaker will present his views also on portfolios as an assessment tool. Dr. Stephen Klein is a senior research scientist at Rand where he has led studies in the fields of health, criminal justice, military manpower and education. His healthcare related research has included analysis of the costs and the benefits of school based preventative dental care for children and the reliability of dental examiners.”

“His research has been funded by many well known agencies, including the National Science Foundation, Carnegie and the Robert Wood Johnson Foundations”.

“Dr. Klein is a senior partner in Gas & Associates, a consulting firm, and has consulted for licensing and certifying boards for accountants, actuaries, physicians, dentists, attorneys, psychologists and educators. He, too, has published over 250 articles and papers in a wide range of journals. His baccalaureate degree is in psychology, and his master's and Ph.D. are in industrial psychology.”

“Prior to his service at Rand, he worked at ETS, the Educational Testing Service, in Princeton, New Jersey.”

Dr. Klein begins his presentation with a discussion of the four major features of any licensure examination.

“A lot of the work that I do on licensing boards is for (inaudible), and we are concerned about the four major features of any licensing candidate, which is validity, as Dr. Chambers indicated, reliability, (validity), costs and fairness. And it's this last one that makes a big difference, which is this fairness issue.” Pg. 55

Dr. Klein begins his discussion with the pronouncement that all licensure examinations presently conducted in the United States share certain common elements. Additionally, there are specific criteria of those examinations that makes them valid, reliable and legally defensible.

“These are the four criteria that you look at. Validity, reliability, fairness and cost. I will touch on some of those along the way. The fairness one is the big issue because if there's going to be a challenge, that's where you're going to get it from.” Pg. 56 of the transcript.

Dr. Chambers' commentary appears to stress predictive reliability, while Dr. Klein evolves an argument that supports fairness and defensibility. Both agree that validity and reliability are worthy aspirations. Dr. Klein places fairness at the forefront of licensure considerations and is not willing to concede the necessity for anonymity in the licensure process.

"So many of the things that Dr. Chambers said I agree with. But I do have these nagging concerns about some of these issues." Pg.56 of the transcript.

Dr. Klein comments on the wisdom of allowing educators to be involved in the licensure process and making scoring determinations accurately. He also comments on the legitimacy of who should be in charge of the licensure process, independent third parties or the educators.

"That in some ways is the heart of the problem. Do you want the licensing process to be in the hands of individuals who have a vested interest, clearly a vested interest in whether that person passes or fails? Or do you want it to be somebody independent, impartial from the process of the education?" Pg.58 of the transcript.

It was interesting to hear that most all other licensure entities have a clear distinction between who performs the licensure examinations and who does the educating.

"There is no profession right now that I'm aware of that puts licensure or certification in the hands of the people doing the education of those people. It's always by an independent agency, whether it's in medicine, accounting, law, and so on."
Pg.58 of the transcript.

Aside from who is empowered with the authority, it is interesting to note how few entities utilize a portfolio approach to licensure.

"Knowing -- by the way, the only portfolio program that I know where there is actual pass/fail decisions for certification on a large scale is the National Board of Professional Teaching Standards. This is board certification. This is not an initial licensure, this is advanced licensure. These are the top of the field." Pg.60 of the transcript.

Dr. Klein then develops his presentation to focus on the proposed rationale for the utilization of a portfolio approach to licensure and through a list of potential problems with the portfolio concept.

"But let's come to your problem in terms of the proposal using those five quotes that I gave you from the proposal from the portfolios."

The first is the anonymity problem.

“The first one is: Do the examiners know the candidates whose work they are evaluating? The anonymity problem. This is a concern for psychology boards, social work boards where they do face-to-face interviews, and they have to balance the down side of losing anonymity against the importance of having that interaction. For teacher certification, the initial licensure is done anonymous. Board certification they do know, but it does raise concerns, particularly with respect to the second question, which is do you know the characteristics of the candidates whose work they are evaluating, age, gender, racial, ethnic group, background, what school they may have gone to, whether they're in-state or out-of-state educated.”

“These are concerns that are going to be voiced when you lose anonymity. In the proposed portfolio process, anonymity is out the window.” Pg.64 of the transcript.

“Large scale, high stakes testing began in 1115 BC in China. That's the first record of it. There was an essay test, and what did they do? They took the person's name off the answer, they put a number in. In fact, they even rewrote the answers so somebody couldn't recognize the handwriting. They had proctors, they had two evaluators per answer.”

“It sounds just like what we do today. It's exactly the same stuff, and they did it for a reason. This was a high stakes exam, and they wanted it completely anonymous, and we do that on bar exams” Pg.62 of the transcript.

Dr. Klein discusses the problem of grading in a context where the faculty member is facing the student they are grading and the inherent problem with this concept. The question is asked “Is it feasible to pressure an examiner?” He uses the term “examiner” in this instance in referring to faculty graders.

“All right. Let's look at the third one. Is it feasible to pressure an examiner? Portfolios, it certainly is. Your current process it would be pretty difficult”.

Another question that Dr. Klein raises is the question of faculty grader (examiner) bias, in this case, a bias toward grade inflation.

“Do the examiners have a stake in the outcome? Sure, they do, under the portfolio plan. You want the students from your schools to pass. I was at UCLA and taught for seven years at UCLA. I would want my students to pass. There's no question about it. Whether it's unconscious, conscious and so on, there is a problem.”
Pg.63 of the transcript.

And that tendency toward grade inflation is augmented by the psychology of peer pressures within the educational system. Dr. Klein stated:

“Would family and applicant reflect negatively on the examiners or their colleagues? Dr. Chambers said, sure, its going to happen. If I fail somebody, if I am an examiner at a school and I fail somebody, who my colleagues passed, its going to create problems. It’s bound to create problems. And the simplest way to avoid problems is to pass them. Don’t make waves.”

There is an excellent article on grade inflation by a Duke University instructor, Stuart Rojstaczer, entitled, “Where All Grades Are Above Average. An even more revealing site for information regarding grade inflation can be obtained at GradeInflation.com.

“I recently handed in my grades for an undergraduate course I teach at Duke University. They were a very limited assortment: A, A-minus, B-plus, B and B-minus. There were no C's of any flavor and certainly no D's or F's. It was a good class, but even when classes aren't very good, I just drop down slightly, to grades that range from A-minus to B-minus.

The last time I gave a C was more than two years ago. That was about the time I came to realize that my grading had become anachronistic. The C, once commonly accepted, is now the equivalent of the mark of Cain on a college transcript. I have forsworn C's ever since.

How rare is the C in college? The data indicate that not only is C an endangered species but that B, once the most popular grade at universities and colleges, has been supplanted by the former symbol of perfection, the A.

For example, at Duke, which all evidence indicates is not a "leader" in grade inflation -- by a long shot -- C's now make up less than 10 percent of all grades. In 1969 the C was a respectable thing, given more than one-quarter of the time. A's overcame B's to reach the top of the charts in grade popularity in the early 1990s.

At Pomona College, C's are now less than 4 percent of all grades. About half of all grades at Pomona, Duke, Harvard and Columbia are in the A range. State schools are not immune to this change. At the University of Illinois, A's constitute more than 40 percent of all grades and outnumber C's by almost three to one. (More information on this subject can be found at www.gradeinflation.com.)

This trend of the dominance of the A and the diminution of the C began in the 1960s, abated somewhat in the '70s and came back strong in the '80s. The previous signs of academic disaster, D and F, went by the wayside in the Vietnam era, when flunking out meant becoming eligible for the draft. At Duke, Pomona, Harvard and elsewhere, D's and F's combined now represent about 2 percent of all grades given.

A perusal of grade inflation rates at those few institutions open enough to publish such information indicates that, on average, grade-point averages are rising at a rate of about 0.15 points every decade. If things go on at that rate, practically everybody on campus will

be getting all A's before mid-century, except for the occasional self-destructive student who doesn't hand in assignments or take exams -- if exams are even given.

A's are common as dirt in universities nowadays because it's almost impossible for a professor to grade honestly. If I sprinkle my classroom with the C's some students deserve, my class will suffer from declining enrollments in future years. In the marketplace mentality of higher education, low enrollments are taken as a sign of poor-quality instruction. I don't have any interest in being known as a failure.

Parents and students want high grades. Given that students are consumers of an educational product for which they pay dearly, I am expected to cater to their desires not just to be educated well but to receive a positive reward for their enrollment. So I don't give C's anymore, and neither do most of my colleagues. And I can easily imagine a time when I'll say the same thing about B's.

University leaders, like stock market analysts talking about the Internet bubble not so long ago, sometimes come up with ridiculous reasons to explain grade inflation. We are teaching more effectively, some leaders say, or students are smarter and better than in previous decades. Many students and parents believe these explanations. They accept the false flattery as the real thing. Unlike high-tech stock prices, the grade inflation bubble, I'd guess, will not burst.

As grades spiral upward, my job becomes more difficult. Somehow, I have to get the most from my students without the external motivator of grades. True, for some students -- those with a strong internal desire to learn -- the absence of real grades is actually a blessing. Outstanding students don't need a teacher who carries a big stick. They need educators who are partners and facilitators in learning.

But not every student is so motivated. So when the commonest grade is A, I have to use other means to get them to learn: I have to cajole, to gently persuade. And in all honesty, I don't think I have the psychological skills necessary in this climate to approach my goal of educating all my students well. Many of my colleagues around the country would, I think, acknowledge a similar lack of such skills if pressed.

Today's classes, as a result, suffer from high absenteeism and a low level of student participation. In the absence of fair grading, our success in providing this country with a truly educated public is diminished. The implications of such failure for a free society are tremendous."

Dr. Klein continues with his evaluation of potential problems with the portfolio proposal. He discusses the ability to misrepresent one's work in a portfolio program.

"Can someone assist a candidate without the examiner's knowledge?" Pg.64 of the transcript. "cheating does occur. We know it occurs, and when it occurs, and it occurs in various forms, and all these efforts that are put in place by licensing boards and standardized procedures and so on try to reduce that to the extent possible, but you can certainly have it with a portfolio program."

One of the main features of Dr. Chambers's remarks was that the portfolio model may allow for the evaluation of a greater number of student performances and that this could potentially improve reliability. Dr. Klein responded as follows:

"Now, I would agree with Dr. Chambers that I would much prefer to have an examination where the person had to do five of them. No question about it. But five is not in the proposal for the portfolio. We don't have a person doing five separate ones. I would love to see it if the person had to do ten of this and 20 of that and so on, what they're going to be doing in practice. That would be great. More replications is better. No question about it."

"But we don't do that in licensing exams in other areas".

"For example, the pilot case."

"There are certain things you have to do. Taking off, you have to be able to recover from a takeoff stall alert, approach stall, you have to be able -- you have one shot at each of these things. You have to land on a certain spot on the runway, within 50 feet of that spot on the runway. You have one shot to doing it."

"And is there a reliability problem there? Sure, there is. No question about it. We'd love to have the person do it ten times and see how often they can do it."

"On the other hand, if you're a passenger in an airplane, knowing that the pilot failed one out of ten times doesn't give you a lot of confidence. It does not give you a lot of confidence. So if they can't do it on one occasion, that's pretty significant, because what you want is somebody who can do it all the time. So the fact that somebody says, okay, we failed somebody on exam who if we had given it to them seven or eight more times would have succeeded, is that protecting the public? Is failing once critical?"

"So your situation is different than most educational testing situations. And indeed many licensing boards have floors on each portion of the test so even though they may have a total overall score that you have to achieve in order to pass, there is a floor on each of the different components below which you cannot go. You can't compensate in one area for inability in another. So if you're good at takeoffs and turns and everything else, but you can't land, we're not going to pass you.

Page 67 of the transcript.

Dr. Klein acknowledges the potential for students to make accommodations for poor performances by changing/losing their patients involved in the portfolio process during the cycle of grading and assessment.

“The replacement of candidates in midstream is a real concern, because things can go awry, and they can be replaced and you don't really know why they were replaced. You know what was said was the reason for the replacement, but you may not know the real reason.” Pg. 68 of the transcript.

Many within the licensure community have expressed concern that faculty at educational facilities are not grading to any recognized standard within the particular educational institution. While discussion from the educational community centers on Class Rank and an attempt to compare Class Rank to licensure performance, the criteria and degree of error within the educational facility, and the grades rendered, remains to the most part untested. Attempts at standardization of faculty appears spotty at best. Equally problematic is that no provisions can be logistically made to standardize faculty from one dental institution to another. This is especially true when resistance of faculty to calibration and standardization appears great.

Dr. Klein in his presentation states:

“It requires calibration, it requires training, it requires a lot of effort to get people to be consistent, which goes to the fairness portion of this, as well as reliability. But you can do it. It can be done, but it has to be monitored very closely, it has to be maintained continually.”

“It is easy to get off - so if you want fairness, if you want consistency, you can't have different people doing it in different locations around the country unless there's quite a bit of effort done on training. You're certainly not going to be able to train the faculty of the school to do it consistently. There's going to be a lot of noise in that system.”
Pg.69 of the transcript.

The licensure community has attempted to create a licensure examination that treats all candidates fairly. Under the proposed portfolio system, dental school students would be afforded one avenue of licensure that could not be afforded to existing practitioners coming from other jurisdictions who are not dental students. A portfolio approach would require that licensing jurisdictions maintain validity, reliability and standardization for two distinct licensure pathways.

“Not to mention the problem that you set up a two-tiered system. One tier is for students who are at a dental school, and the other tier is for people who are coming in who are not at that school who need to be examined, coming in from another jurisdiction, coming in from another country, whatever. So you're not getting rid of the current system. You're going to have two systems, and that's automatically going to create problems.” Page 70 of the transcript.

The licensure community has expressed continued concern on the ability to know who has done the work in the portfolio process. Dr. Klein addresses this point rather nicely.

“The problem, of course, is we don't know who did the work. If you have two products that are identical sitting in front of you, you can judge the quality of the products, but you don't know under the conditions in which those products were created. So one student could have a lot of help from peers and teachers and parents and so on, and the other student did it on his own or her own.”

“Your interpretation of the score differs knowing the conditions under which the work product was produced. That's the problem.”

“So when we went to performance testing on the bar exam, we said everybody had to take the task under the same conditions at the same time and so on. So you plunk a problem down on their desk and they have three hours to work on it. But they have to do it right then and there under supervision. And when the grading is done, you don't know who the student was. The examiner has no idea about any of the characteristics of the student.” Pg. 73 of the transcript.

Dr. Klein postulates that **if there is a good use for the portfolio process it would be in better preparing dental students to perform the clinical assessments required for licensure.**

“One could picture a capstone program at a dental school which says after you've done all your training and everything else, we are going to give you an assessment over a ten-week period in which you have to do all these things, and we are going to, after that whole period, at the school, we are going to make a judgment as to whether you are competent or not. And if you are, then you can go take the licensing exam.”

“So it's a capstone program within the school, within the educational process that says, okay, we feel now you are competent, you can go take your exam. Any of those of you who are pilots know that's the way it works in pilot training. You're not going to be able to take the FAA exam until the instructor feels you're ready to pass. And that's a model that you could start off with if you wanted to use portfolios, in which the school does it. The school has the portfolio, the school says if you pass the portfolio, now you're ready to take the licensing exam. And then everybody that goes through that process should have a very high probability of passing.” Pg. 77 of the transcript.

Dr. Klein's perspective discounts the use of the portfolio process as a substitute for direct observation for initial licensure and postulates that if it does indeed have any place in the dental arena, it would be as an assessment tool to determine whether or not dental students are ready to take a licensure examination.

Dr. Delma Kinlaw, a member of the ITEM committee, inquired of Dr. Klein concerning this point:

“Dr. Klein, I think the straw-man that you're put up for us here today kind of has a little different composition than what we've heard before, and if I could kind of just go back over that with you.”

“You would see that the initial pilot project would be done within the educational system where they would articulate or construct a portfolio model that would basically within the educational system to kind of assess a portfolio model as an assessment tool within their educational system.”

“Now, do you perceive that as being a mechanism by which they would compare the portfolio model as an assessment tool to their traditional or existing assessment apparatus?”

Dr. Klein responded that the portfolio may be a new model for the educational system for doing assessments as to educational efficacy.

“I wouldn't necessarily see this as a comparison between that and what they're doing now. I would see this as they feel that this is an evolution of how they're going about doing assessment.”

And as to Dr. Chambers thoughts on portfolios increasing validity and reliability, Dr Klein was asked;

“Do portfolio approaches increase validity inherently over other mechanisms and decrease costs? Pg. 93 of the transcript.

To which Dr. Klein replied;

“I would disagree with Dr. Chambers on that. I haven't seen any evidence that would support that, particularly in your situation here.” Pg. 93

The issue of maintaining a proper distance between the examining community and the licensing community was explored by Dr. Kinlaw,

“What I think I'm hearing from you, Dr. Chambers, is that you would envision a system that the examining community and the educational community would enjoin to a greater degree in the determination of competencies of our students and of our potential candidates for licensure”.

“And I understand that, Dr. Klein, that would probably increase the validity and the reliability of the process.”

“However, though, how does that -- I have always envisioned that our dental profession is much like our system of government in that we have certain divisions, and those divisions have been put in place for just cause and just reason. And I see that same sort of division within our dental profession.”

“And I just wonder about the consequences of what is to be gained versus what is to be lost in terms of the overlapping or each individual entity losing its autonomy.”

To which Dr. Klein's responded;

“Well, my view of this is that you have a series of gates you go through. There's a gate to get into dental school, there's a gate to proceed through dental school, continue in dental school. There's a gate to get out of dental school. There's a gate to get into the profession.”

“These are all separate gates, and they're all independent in many respects. And you want to maintain the independence. I think that it's really important that the licensure process be independent from the educational process as we talked about, competencies, share information back and forth.”

“So one of the things that happened on the bar exam is really important and had to do with the story of adding the performance test section.”

“When we added the performance test section to the bar exam, we got a ton of flack from the law school. And the flack was we don't have courses in this. And the bar examiners sat back and smiled and said, that's right, now you will because we are putting this on the examination. We think it's important for people who are going into practice to be able to write a points and authorities brief, to be able to write a letter to a client, to be able to do some of the things that lawyers have to do in practice.”

“And the fact that you don't have this in your academic programs now, okay, that's not our responsibility. Our responsibility is to the public. So it's independent, fully, completely independent.”

“What the licensing community's goal is - is the public, protecting the public, and the educational community's goals are somewhat different. They're overlapping, but they're somewhat different. They should be independent. I would feel very strongly about that portion of it. These are separate gates people go through with different agendas and different responsibilities.”

“The school has the responsibility to the student, and to fulfill that responsibility with the student. It also has responsibilities to the public.”

“The licensing board has responsibilities to the public first, to the students second. And those are different, and they should be independent. You start merging them, you start having problems.”

And perhaps the encapsulating remark of the day from Dr. David Chambers,

“But educators make mistakes. That’s the reason why there are boards”.

And from Dr. Klein,

“ Asking the people to evaluate students who are responsible for educating those students has been described as asking the fox to guard the hen house.”

“You need an independent assessment, not gathering data from the people who are doing the education.”