

The ABO's 75th anniversary: A retrospective glance at progress in the last quarter century

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The American Board of Orthodontics (ABO) was founded by 7 prominent orthodontists in 1929 in Estes Park, Colo, under the guidance of Dr Albert H. Ketcham for whom the ABO's most prestigious award is named (Fig 1). The ABO's goal since its inception has been to certify as many practicing orthodontists as possible. In a 1930 letter from Dr Ketcham to Dr B. F. "Tod" Dewel, Dr Ketcham wrote: "We must keep in mind that the object of the Board is to elevate the practice of orthodontia. We should not make our requirements for examinations so high that the average orthodontist may not aspire to perfect himself so that he may pass the Board's examination. We must remember that our function is different from that of the faculty of an orthodontic school, which gives examinations to students who have all received the same lecture courses and techniques. We must adapt our examinations to the applicant; try to discover if he is safe, whether he has the technical skill and scientific knowledge, coupled with good common sense, good personality, and honesty of purpose, to ensure that he is a good 'moral risk.'"

The ABO has continually certified orthodontists since 1929 with the exception of a 7-year period during World War II. Although a written research thesis in addition to clinical case reports was required through 1963, the written examination was first offered that year as an alternative to the thesis. The thesis option was discontinued in 1978, and the written examination was substituted as a mandatory adjunct to the clinical case reports.

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ABO'S FIRST EXECUTIVE DIRECTOR

Until 1980, the ABO's records and central offices were housed in the private offices of its executive director, Dr Earl Shepard, in Clayton, Mo (Fig 2). Dr Shepard practiced on the same floor, taught at Washington University, and administered all affairs of the ABO with the assistance of only a part-time secretary. His compensation did not cover his expenses, and he went to the office on weekends and holidays to handle ABO mail. He would load all examinations into his Buick Roadmaster the night before the test and arrive at the hotel early on examination day to meticulously secure the room and set up the examination. He arranged a fine continental breakfast and a lunch for all candidates. Dr Shepard was described as professional in demeanor, respectful of all candidates, and fastidious in administering the examination. The examiners then received the written tests for hand grading, and many became reclusive for at least 3 days while scoring them. One examiner graded them during a long flight to the Far East to meet scoring deadlines. Handwriting quality and misspellings added to grading difficulty. The examinations and grading sessions were preceded by preparatory sessions for the examiners so that appropriate questions and answers were discussed.

The ABO has continued to devise pathways for certification without compromising standards of excellence. When the percentage of board-certified orthodontists hovered between 13% and 17% in the late 1970s, the ABO began a series of efforts to increase the number of certified practitioners. As the pool of viable candidates grew by the mid-1980s, it became clear that both educational and administrative improvements were necessary to maintain pace with the information age and the increased demand for certification. The computer age had begun, and more staff and office space were needed to accommodate an expanded candidate pool. Daily operations then required personnel to be increased from 1 staff member to 2 full-time



Fig 1. ABO was founded in Estes Park, Colo, in July 1929 under direction of Dr Albert H. Ketcham (top), for whom ABO's most prestigious award was named, and (below, left to right) Drs Alfred P. Rogers, Martin Dewey, Abram Hoffman, Oren A. Oliver, B. Frank Gray, and Lloyd S. Lourie.

employees and a half-time employee. The ABO office was relocated to its present site in the American Association of Orthodontists (AAO) building in St Louis. The current office space occupies 1800 square feet—double that of the previous accommodations—and is fully modernized.

COLLEGE OF DIPLOMATES OF THE ABO

In 1979, the College of Diplomates of the ABO (CDABO) was formed, appropriately at the ABO's 50th anniversary. ABO directors involved themselves in the affairs of the CDABO, and the 2 groups became strong allies. That collaboration remains as the CDABO continues to serve as one of the most loyal advocates of the ABO and board certification. The CDABO supports the ABO through its mentorship programs, board preparatory courses, "Step Beyond" board certification information brochures, and university diplomate plaques.

GEORGE SELFRIDGE BECOMES ABO'S SECOND EXECUTIVE DIRECTOR

In the mid-1980s, a search was begun to identify Dr Shepard's successor. It became clear that the ideal candidate was Dr George "Satch" Selfridge, a retired Navy admiral and dean emeritus of the Washington University School of Dental Medicine in St Louis (Fig 3). Dr Selfridge, an innovative administrator, engineered some of the most significant ABO advances during his tenure from 1987 to 1997. This decade is referred to as the "Renaissance" because of the strides in logistical, administrative, and educational procedures under Dr Selfridge's guidance.

In addition to the facility expansion previously mentioned, many refinements involving the director's role in the ABO were accomplished during Dr Selfridge's tenure. The selection process for appointing a new director was standardized; it guaranteed geographic distribution from the constituent societies yet retained the ABO's prerogative of final selection. This



Fig 2. Dr Earl E. Shepard.

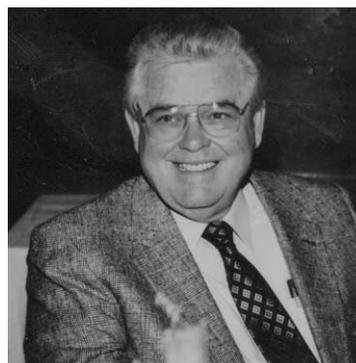


Fig 3. Dr George "Satch" Selfridge.

was a logical protocol because of frequent and extended director interaction. Final nomination of a director by the ABO required approval of the AAO House of Delegates. A director's term was increased from 7 to 8 years, and the director was allowed to succeed to the Executive Committee of the ABO. Committee structure was redesigned in 1991 to meet time allocation for project requirements. Assigned responsibilities and ABO operation became director driven and staff managed.

ABO CERTIFICATION PROCESS

All candidates applying for ABO certification must comply with American Dental Association (ADA) and AAO educational policies. Preceptorship programs leading to orthodontic specialization were abolished by the ADA in 1969, and all specialty training programs subsequently required completion at an ADA-accredited institution of higher learning. In the early 1970s, the ABO invited all final-year residents to apply for ABO certification (Phase I) and complete the 8-hour didactic examination (Phase II). Successful completion of the Phase II requirement and graduation from an ADA-approved advanced dental program qualifies the candidate as board eligible and authorizes him or her to begin preparing for the final clinical portion of certification. This pathway was called the Prospective Board Applicant program and has been influential in increasing board certification. Over 90% of final-year residents have participated in Phase II examinations since 1995, and many program directors require enrollment of the Phase II examination upon completion of a candidate's residency. Furthermore, the written examination is currently recognized by all states that require specialty licensure as partial fulfillment for state specialty board requirements. It has also proven to be a useful tool for outcome assessments by advanced education program directors.

In 1988, it was determined that the examination process required increased objectivity. Through the direct influence of Dr Selfridge, Dr Richard Diemer was retained as an educational consultant to the ABO and still remains in that position. Dr Diemer holds both a dental degree and a doctorate in higher education with expertise in tests and measurements. Coincidental with his appointment, a 10-year plan was developed to enhance objective testing techniques, develop software for examination analysis, and create a viable, referenced test bank that would meet board criteria for future Phase II written examinations. Within 5 years, the Phase II examination became totally objective, with 5 defined sections of computer-graded multiple-choice questions. An entire software package, including Par-Test, ParScore, and Big Step for test analysis, was implemented. This provided rapid assessments of grading results, a greater magnitude of score analysis, potential data for inquiries regarding a resident's performance, and question evaluation for test-bank requirements.

In the late 1990s, the Phase III examination also underwent a significant increase in objectivity. A unique system of consistent, reliable, and valid cast analysis was developed, including examiner calibration exercises conducted before every testing period. Candidates are now informed of cast analysis procedures to improve treatment quality and to self-evaluate cases submitted for examination.

In the early 1990s, during Dr Selfridge's tenure, a change in the image and demeanor of the ABO evolved from several perspectives. A public relations committee became extremely active and initiated an examination information book that is now an integral component of the ABO website and is constantly updated. It contains the official guidelines for the ABO examinations. This committee is also responsible for hundreds of press

releases and, with respect to the *American Journal of Orthodontics and Dentofacial Orthopedics*, provides editorial assistance to new diplomates whose cases have been proposed for publication as case reports. The committee also contributes to the "AAO Bulletin," "The CDABO Diplomat," and ADA and constituent society publications.

A system of conducting exit surveys immediately after the Phase III examination has also resulted in improvements in its format. Directors provide high visibility at the AAO Annual Sessions and CDABO and constituent society meetings, and are always available for a candidate's phone inquiries or internet communications. They also participate in the senior Graduate Orthodontic Resident's Program each summer. A standardized kit, developed in 1994 for all candidates participating in the Phase III examination, is available for purchase online with content information listed on the ABO website.

After many years of modifying certification requirements, the reduction from 15 to 10 cases and the elimination of a third set of records including the retention period simplified certification without compromising ABO standards.

In 1998, nondirector consultants were invited to assist in grading the increasing numbers of Phase III candidates. This practice continues, and the consultants are presently paired with a director during the examination sessions to maintain equity in the process. A consultant's tenure is only 3 years, but the consultants provide an additional perspective of the examination process and grading assistance. An in-house assessment of examiner performance is also conducted during the oral examination to their improve testing skills.

Although the written examination became more objective after the appointment of the educational consultant, the ABO again realized the need to increase objectivity of the Phase III case presentation and oral examinations. An objective grading system of cast analysis was therefore developed to grade casts with more objectivity. After 4 field tests from 1995 through 1999, the objective grading system was used for the first time at the February 1999 Phase III examination. Posttreatment casts and panoramic radiographs are assessed by using 8 parameters and a standardized measuring gauge. The ABO now supplies certification and recertification candidates with the gauge and a digital and written explanation of the grading system so that they can grade their cases before the examination. Development of this skill should encourage better treatment results for future patients.

FULL-TIME ORTHODONTIC EDUCATORS' CERTIFICATION PATHWAY

To increase the number of orthodontic educators who are boarded, the ABO has developed an academician's certification pathway that enables the educator to use several cases that are under his or her supervision in the educator's training program. The prospective Option II Pathway that permits proactive identification of cases to qualify for ABO certification has also been adapted for the educator/academician and can decrease the time required for certification.

RECENT CHANGES IN THE BOARD CERTIFICATION PROCESS

In 2001, the ABO provided a time-eligibility extension for applicants who had passed the ABO's written examination but had not completed the Phase III section. This program requires the applicant to complete only Sections II and IV of the written examination (clinical sections) to qualify for another 10 years of ABO eligibility. Another 1-time option will be offered in 2006 to allow a practicing orthodontist to complete Sections II through V of the written examination and display 10 cases from the conventional case categories without time limits on records production. Successful completion of this modified Phase II examination will provide 10-year eligibility for future case display.

ABO WEBSITE

In 2002, a new website was developed to give orthodontists, as well as the public, a source of examination requirements and pertinent additional information (www.americanboardortho.com). During the first 6 functional months of the website, 63% of the 245,200 contacts involved inquiries about locating board-certified orthodontists. This is an astounding 41,000 inquiries per month and is a sound reason to pursue certification based on practice enhancement alone.

ABO DISCREPANCY INDEX

To expand case availability and determine treatment complexity, the directors recently developed the Discrepancy Index. This instrument allows the candidate to bypass the traditional option of case categories to select Phase III cases based on treatment complexity rather than case category. The index was field tested between 1999 and 2003, and has become a viable option as of 2004.

ABO RECERTIFICATION PROCESS

Because virtually all medical and dental specialties award time-honored certificates, orthodontics was considered no exception. Beginning in 1998, all newly

certified orthodontists were awarded 15-year dated certificates with the requirement to recertify within 15 years of receiving their original ABO certificate. Those certified before 1998 are encouraged but not mandated to recertify, and presently 125 diplomates have done so voluntarily. Recertification is not a complicated process, and details can be obtained on the ABO website.

Presently, 31% of the AAO members who have been practicing long enough to do so are board-certified, and the number continues to grow. A pilot study is now being conducted involving 16 orthodontic programs to determine whether residents are capable of treating to ABO standards during their training. This project might reveal another option for achieving ABO certification without compromising standards of quality.

The ABO's productive and positive gains since 1929 have been initiated by the effort to inspire orthodontists to do their best for their patients. Each group of directors and every executive director and staff member have improved the ABO's process in a myriad of ways. The period from 1980 to the present has involved dramatic innovations in ABO administrative and examination policies. Our sincere gratitude is expressed to all past ABO directors who sacrificed so much for the ABO's commitment to quality. The present ABO will be forever grateful to the dedicated, unlimited enthusiasm of their predecessors who propelled the organization forward as one of the most sophisticated specialty boards in medicine and dentistry.