

Curriculum Committee

February, 2013

The Curriculum Committee was charged by the Dean of the college to consider the impact of expanding the current three senior year offsite rotations. The existing rotations would be lengthened from two weeks to three weeks each, adding a total of an additional three weeks of experience in community clinics.

A workgroup was created at the request of the Curriculum Committee to study this proposal. The workgroup findings are attached.

The Curriculum Committee has identified two overarching issues that need to be addressed in order to move forward with this proposal.

- 1) Clinical patient care in the UFCD TEAM clinics must continue to be comprehensive, high in quality and timely.
 - a. Timely clinical patient care in the TEAM clinics is already a concern. Adding an additional 3 weeks out of the building will increase the burden on the current system. The CC requests a workgroup from Clinical Affairs and relevant departments develop a plan, including an implementation timeline to address this issue.(Name/date)

- 2) Experiences in offsite clinical settings need to be meaningful and integral to DMD Clinical Education
 - a. Continue ongoing monitoring of clinical sites to maintain high quality educational experiences for dental students. (Dr. Gibbs/ongoing active monitoring is already taking place)
 - b. Explore potential for multi-visit procedures to take place in offsite clinics due to additional week of rotation time.(Dr. Gibbs, Dr. Echeto/ DATE)
 - c. Revisit clinical assessment processes in departments to allow for seamless assessment of student clinical progress.(Dr. Dilbone, Echeto, Willis, Harrison, U. Nair/ DATE)

Curriculum Committee Workgroup on Clinical Rotation

Executive Summary

February 11, 2013

Members: Dr. Nery Clark, Chair, Dr. Peter Harrison, Dr. Micaela Gibbs, Dr. Christopher Spencer, Ms. Censeri Abare

This workgroup met on <insert date>, to review clinical rotation hours, student evaluations of rotations and available clinical data. This information was shared at the February 11, 2013 Curriculum Committee meeting and contributed to this Executive Summary.

- 1) For each internal and external rotation identify the purpose, scheduling, strengths, weaknesses, student productivity and student evaluation comments.
- 2) Evaluate and compare the productivity of seniors in their last semester versus the previous two semesters. Does productivity decline for the class as a whole in that last semester
- 3) Calculate the average time for completion of a i) denture, ii) partial and iii) crown in the TEAM clinic in the senior year (semesters 9-11) and the impact of rotations on each average time

“What are the significant issues currently affecting comprehensive care and case completion process in the TEAMS clinic and how is it affected by the existing rotations? How could we improve this part of the student education?”

The Curriculum Committee appreciates the value of the extramural rotations in the student’s educational process and in administratively managing student assignment to complete patient care in the clinics. The clinical years of the curriculum balance some coursework, TEAM clinics, intramural rotations and extramural rotations. To add a third week to each rotation, (increasing from 6 weeks to 9 weeks) without addressing the existing concerns below would not be in the best interest of our students and patients in providing comprehensive patient care.

- Student assessment is driven by clinical expectations (requirements) and RVU’s and does not adequately address the accompanying processes needed for completing comprehensive patient care in the TEAM program.
- **Lack of correlation between RVUs and delivery of comprehensive care.** Students and faculty do not always adhere to Comprehensive Patient Care in our DMD clinics since many patients are transferred between students as and when their competencies are complete or “requirements” are done.

- Lack of data on multi step appointments from start to completion and ways this could be streamlined to provide more timely patient care,
- ~~Many of the~~ Faculty observe that some senior dental students have open appointment times due to lack of motivation and perception that they are “done”.
- ~~The same does not translate to the COD clinics since they~~ Students perceive several roadblocks to completion of cases such as delay in lab processing, long waits for faculty supervision, red tape, etc .
- There are a large number of internal rotations that impact student availability for TEAM clinical scheduling and maintenance of comprehensive patient care. (3DN students spend 106 half days on rotations in semesters 6, 7 and 8. 4DN students spend 61 half days on rotations in semesters 9, 10, and 11.

Additional information needed:

Could multistep appointment procedures (i.e. dentures, crowns) be coordinated for completion by students on a 3 week extramural rotation? Which sites?

Is it possible for patient coordinators to block book multi-step appointments in coordination with QA processes?

Summary from the Rotation Ad hoc Work Group

Critical factors affecting comprehensive care

1. Continuity of care with procedures that take more than one appointment
 - a. *Laboratory issues*, QA, time in lab
 - b. Some *Coordinators* ability to track multiple appointments and the number of patients assigned
2. *Limited Patient pool*
 - a. Concerns there are not sufficient patients to certify competency for all procedures without the “sharing of patients”.
3. *EHR documentation*
 - a. Labor intensive treatment plan process and obstacles to treatment efficient
4. Significant number of internal *rotations*
5. External *rotations* and other events pulling the students out of the comp care clinics.
6. *Clinical assessment evaluation*
 - a. A departmentally driven clinical assessment process that is based on #'s of procedures and RVU
7. *TEAM leaders* overwhelmed with number of students/patients to adequately manage the case load
 - a. APGD works because it's a smaller group of the same students in clinic and the TEAM leader is able to manage both the patient pool and students' abilities.
 - b. The current model has two TEAM leaders managing 40 students. Since the TEAM leaders are in clinic 50% of the time and the students are in the clinic less than 50% of the time, (rotations, other activities) it is possible that a TEAM leader has very little contact with his students.

Suggestions

1. Consider removing requirements, and go to a case completion model.
 - a. Can't guarantee that each student will have procedures that are in short demand, but we aren't fulfilling that at the moment with our current model.
2. Consider a tiered approach to clinical activities where students transition to a more independent practice with evidence of competency.
 - a. Engage the student, reward positive behavior
3. Re-examine the intramural and extramural rotations and decrease or restructure ineffective rotations. Utilize offsite rotations to have students gain competency. May require departmental calibration, participation and intervention to assure the department of its practices.
 - a. Identify which rotations have the greatest ability to serve as a distant calibrated site.
 - b. No external site at the moment has sufficient volume of prosthodontic cases to significantly reduce the cases they provide at UFCD. The majority of the patient care is restorations, extractions and diagnosis. See attached info.
4. Re-examine the treatment planning process and analyze if the changes made have fulfilled their intended purpose.
 - a. Mounted casts on all patients or only those that will need complex treatment
 - b. Photographs on all patients
 - c. Streamline the data gathering process, health history, etc. in axium

5. Re-examine the laboratory process. Students need to do some of the laboratory work so they see the quality of the work they are sending out to the lab, i.e. trimming dies, but occlusal rims and custom trays should be done internally.
 - a. Quality Issues – identify and correct
6. Place the TEAM leaders in positions where they excel, with beginning students VS seasoned students. Develop expectations of TEAM leaders that are achievable.
7. Redefine the role of the Clinic Coordinators/Dental Assistants. Remove Clinic Coordinators/Dental Assistants who are ineffective. Reward the Clinic Coordinators/Dental assistants who excel.
8. Critically examine axiUm to streamline its utilization.
9. Streamline care for patients. Fast track those who have the ability to pay.
10. Develop other payment plans for patients. Patients should have the payment plan sequenced with the completion of their treatment. They should have a positive balance as they begin definitive care.

Can the time the students spend on external rotations be increased without further affecting comprehensive care?

No

What are the major obstacles specifically to spending increased time at offsite rotations?

1. Coordinators must be able to manage the student's patient pool.
2. Students must be able to appoint their patients receiving prosthodontics cases, to completion.
 - a. Laboratory work must become predictable as to the time at the lab and quality.
3. Rotations:
 - a. The number of internal rotations must decrease. Currently, half of the class is out of clinic every day on some type of rotation. Some of the other half of the students that remain, are also unavailable, due to scheduled radiographic interpretations, attending specialty clinics for the care of their patients (esthetic, periodontal surgery or oral surgical procedures), personal or sick leave, interviewing for specialty programs, completing laboratory procedures and many canceled or missed appointments with patients.
4. axiUm: needs to be of assistance, not an impediment to care.
5. Streamline comprehensive care: from the screening process to completion of care.
6. Reexamine the procedures completed at offsite rotations. Include the departments in assessing the quality of the offsite rotation, especially if it becomes a substitute for care provided at UFCO.

Rotation Fact-finding

1) For each internal and external rotation identify the purpose, scheduling, strengths, weaknesses, student productivity and student evaluation comments.

Information gathered: scheduling, student evaluation comments

Need to develop a questionnaire for all directors of rotations, both internal and external, to understand the:

Purpose

Strengths

Weaknesses

St Productivity

Competencies addressed

2) Evaluate and compare the productivity of seniors in their last semester versus the previous two semesters. Does productivity decline for the class as a whole in that last semester?

Attempted evaluation however. do not have the ability to query the information in a reasonable time efficient manner

3) Calculate the average time for completion of a i) denture, ii) partial and iii) crown in the TEAM clinic in the senior year (semesters 9-11) and the impact of rotations on each average time.

Need average dates, maximum date, quickest date.

Should we look at specific students?

Crown: Start-Completion

Partial Start – Completion

Denture Start - Completion

Unable to accomplish. Do not have the ability to query the information.

Proposals

Come up with 2 to 3 proposals with the goal to enhance overall student productivity and to also allow efficient seniors to stay engaged during their last semesters. Consider whether we will have the chairs and the patients required for each proposal.

Unable to accomplish. Not sure we can do this without more time and research.

I would like to invite the workgroup (or a representative) to attend and present their findings to the curriculum revision committee at our meeting on **Feb 15 from 7:40 to 9:40 in D8-11.**

I am able to attend from 7:40 to 8:30. I have a division meeting at 8:30 if you desire me to attend.

UFCD Clinical Expectations and Competencies 2011-2013

Academic Year	1		2			3			4		
Semester	Fall-Sem 1	Spr-Sem 2	Sum-Sem 3	Fall-Sem 4	Spr-Sem 5	Sum-Sem 6	Fall-Sem 7	Spr-Sem 8	Sum-Sem 9	Fall-Sem 10	Spr-Sem 11
Course/Department Comprehensive Patient Care											
Clinical Administration/ Professionalism											
<i>rotations</i>		BLS		SCS	SCS	SCS		BLS			
<i>events/seminars</i>		ICI		IC2		TEAM EM SUCCESS	TEAM BODDH	TEAM IC3	TEAM EM SUCCESS	TEAM ACD	TEAM PA
<i>certifications</i>		BLS BBP		HIPAA	BBP		HIPAA	BLS BBP		HIPAA	BBP
										TEAM ACD PTA Law-FDPA	
Oral Diagnosis/Medicine & Treatment Planning						2 TP	2 TP	2 TP	2 TP Initial Case Pres	1 TP Interim Case Pres	
						C-TPC1		C-TPC2			C-Completed Case Pres
Periodontology						2 COE	3 Ph1	3 Ph1	2 Ph1	2 Ph1	(9 Ph1 total/ 4 complex)
							C-SRP 1	C-SRP 2	C-Phase I	C-SRP 2 C-CI Ex 2	C-Case Based
						1 SE	1 SE	1 SE	1 SE	1 SE	1 SE (6 total)
Operative Dentistry								3,000 RVU min by this sem			12,000 RVU culumulative
						C-2 on dentoform	C-2X	C-2X/ 1 of each of 7	C-2X	C-2X	C-2X/ 1 of each of 7
Prosthodontics							C-6X competencies				
							20 completed units				
							13,250 RVU's minimum				
Radiology						Technique and Interpretation					
						C-1 Technique					
						C-2 Interpretation					
Endodontics- required							1 Ant/Pre/Molar RCT	1 Ant/Pre/Molar RCT	2 Ant/Pre/Molar RCT	1 Ant/Pre/Molar RCT	2 Recall Eval/ Cumulative
supplemental							Caries Control/Emergency Therapy/Non-Vital Bleaching/Diagnosis/Molar RCT				
							C-Access Prep	C-Diagnosis Competency	C-Tx Plan (P/F)	C-Ant RCT/ C-Molar Access	C-Ant/Pre RCT

UFCD Clinical Expectations and Competencies 2011-2013

Semester	Fall-Sem 1	Spr-Sem 2	Sum-Sem 3	Fall-Sem 4	Spr-Sem 5	Sum-Sem 6	Fall-Sem 7	Spr-Sem 8	Sum-Sem 9	Fall-Sem 10	Spr-Sem 11
Clinical Rotations											
Pediatric Dentistry							R1		R3		R4
							R2-Tacachale, Shands OR				
							Cl II Amal Sim		Mod Cl II Comp Sim		1 Recall/NP
							Case-based Sim		Pulp/SS Crn Sim		LA admin
									Emerg Sim		Strip Crown
							X1		X2		X3
Oral Surgery							R1		R2		
							25 OS Procedures (inc 4 alveoplasties/2 surg ext)		25 OS Procedures (inc 4 alveoplasties/2 surg ext)		
							6 Cognitive Objectives		6 Cognitive Objectives		
							10 Surgical Assists		5 Surgical Assists		
							1 Max Ext		1 Surg Ex		
							1 Mand Ext		1 Alveoplasty		
							1 Dental Emerg				
Oral Oncology									R (exam)		
Hospital Dentistry							R (CR)				
Community-Based Dentistry									R-1	R-2	R-3
											C-RP
	SL/CS-10 hrs			CS-10 hrs			CS-20 hrs				
Orthodontics							R1	R2	R3		
							C-CB1	C-CB2	C-CB3		

ACD=Am College of Dentists Ethics Program and paper

BLS = Basic Life Support

C=Competency Evaluation

CS=Community Service

EM = Emergency Management

FDPA=Florida Dental Practice Act

HIPPA, BBP = Blood Borne Pathogens/OSHA

IC = Infection Control

PA = Practice Assessment

PTA = Post-treatment Assessments

R=Rotation

RP=Reflective Paper

SCS = Specialty Clinics Shadowing

SE=Surgical Experiences

SL=Service Learning

SUCCESS = ADA practice m

X=Care based on pt need

Rotations by Semester

Semester 6 Summer Junior				Semester 7 Fall Junior				Semester 8 Spring Junior				Semester 9 Summer Senior				Semester 10 Fall Senior				Semester 11 Spring Senior				
Course	#	half day	hours	Course	#	half day	hours	Course	#	half day	hours	Course	#	half day	hours	Course	#	half day	hours	Course	#	half day	hours	
Preclinic Courses		6 half days																						
endo shadowing		1 half day																						
Radiology	8	5 half days	am or pm	Radiology	8	5 half days	am or pm	Radiology	8	5 half days	am or pm	Radiology	8	variable	am or pm									
SOS		3 to 4 half days	full week	SOS	6 7	10 half days	full week	SOS		10 half days	full week	SOS	6 7	10 half days	full week	SOS	6 7	10 half days	full week	SOS	6 7	10 half days	full week	
				Hosp Dent	2 3	8 half days	1 week	Hosp Dent	2 3	8 half days	1 week													
				Biomaterial	1	2 half days	3 1/2 hours	Biomaterial	1	2 half days	3 1/2 hours					Biomaterial	6	3 half days	9 hours	Biomaterial	6	3 half days	9 hours	
				Ortho	8	3 half day	Wed PM	Ortho	8	3 half day	Wed PM													
				Pedo	6	9 half days	full week	Pedo	6	9 half days	full week									Pedo	6	9 half days	full week	
								Grad Pedo		4 half days		Grad Pedo		4 half days										
				Perio Surgery Course				Grad Perio	5	8 half days	"1 week"	Grad Perio	5	8 half days	"1 week"									
								CPR		1 half day														
												oncology				oncology								
								Ortho Elective	6	3to4 half day	Wed PM	Ortho Elective	6	3to4 half day	Wed PM	Ortho Elective	6	3to4 half day	Wed PM					
												Offsite Rot	15	20	2 weeks	Offsite Rot	15	20 half days	2 weeks	Offsite Rot	15	20 half days	2 weeks	

Rotation Workgroup: Initial Meeting, February 3, 2013

Members: Drs. Chris Spencer, Micaela Gibbs, Nery Clark, Peter Harrison, and Censeri Abare

Definitions

Comprehensive Dental Care: Providing for the full range of dental health services for diagnosis, treatment, follow-up, and rehabilitation of patients. The coordinated delivery of the total dental care required or requested by the patient

Coordinated: Operating as a unit, intentionally matched.

Competent: properly or sufficiently qualified, capable or efficient. Having suitable skill, knowledge, experience for some purpose.

What factors are affecting comprehensive care?

i.e. it's not just "rotations".

Prosthodontics:

Cases take a significant amount of time to complete, average time to complete a crown is 3 months. (Dr. Young's assessment)

Laboratory Procedures:

Inability to predict when item is coming back from the lab so cannot schedule the return appointment or a series of appointments while the patient is in the clinic,

QA: items turned in that fail QA which requires a return to student.

Dental laboratory quality control poor.

Many errors: student errors, faculty errors, lab errors "not my patient" issue

Rotations (*both internal and external*):

Number of students out is 20 at a time with not more than XXX per clinic. Rotations do not undermine total time in the clinic

Students either have other students cover one of the sequenced appointments or the case gets delayed until they are back from rotation and have an opening in the schedule. Continuity of care is compromised

Many errors: student errors, faculty errors, lab errors "not my patient" issue

Need to re-evaluate rotations to assess their value

Additional activities in addition to the rotations that take clinic time:

Perio surgery for their comprehensive patients

Oral surgery for their patients

Radiographic interpretations for XXX of their comprehensive care patients.

Students:

Patient's care incomplete and passed on from one student to another when they graduate
Students not aware of the current status of their patients care
Significant sharing of patients to meet requirements
Students thinking of patients as "not my patient", depersonalization of patients to procedures
Lack of productivity and or busy-ness of some students
Students "check out" once requirements are met

Fall: Many students go on interviews for specialty programs (9-12 days?)

Spring: Mock Board Screening, State Board Screening, job interviews

Summer:

April - June: Graduating seniors/no activity Sophomores not in clinic

June - August: New Juniors are still in many preclinic and didactic courses

Screening Process:

Inefficiencies initially getting patients into program (from phone call, screening appointment, tx planning
3 appointments - leads to patients dropping out, and a lot of wasted time.

Treatment coordinators:

Some are better at coordinating treatment than others. Critical issue: keeping up with patient's
sequenced appointments especially for prosthodontics cases, keeping the schedule full, ability to fulfill
responsibilities of position.

Faculty:

Continuity of care, changes in treatment plans

Not informed of students' abilities to allow for more independence in treatment of their patients.

axiUm inefficiencies and obstacles:

Many checks and inefficiencies placed into the system to try to control a "problem".

For instance, Start Check: new process needed because the forms were not signed at initial patient
entry, also used to check if patient is up to date in payment, if at the start check, want to add another
procedure, have to plan the procedure, swipe the planned procedure, reopen the start check add the
procedure to the start check.

Three individual parts to a progress note

Forms used but the information is not in the progress notes

Forms do not automatically add a procedure code, have to go find the code for the form, plan it, swipe
it, and then complete it.

PTA requires 3 different faculty approvals, ask the same type of question and the three forms are not
integrated.

Patients:

Limited quality of patient pool to meet the needs of a variety of clinical needs

Inability of patients to pay for treatment

Too many patients assigned that do not follow through with care

Overscheduled:

No time for reflective learning

If students are not "in clinic", time is wasted

Our Environment

Comments students made about our clinical environment

Fewer competencies to be met at UFCD/allow dentists who are overseeing students while on rotation in their clinics to grade for competencies. I feel as though the rotations give us an understanding of what 'real' dentistry is like. Then we come back to UFCD and *the amount of time wasted; waiting for checks (procedural; notes; etc.) leaves a bad taste in the mouths of students. Plus; with the need to achieve competency on procedures that students may have performed several times previously; students essentially waste time performing these tasks for a grade; versus expanding their abilities by performing new procedures.*

The first day back in UFCD clinic after coming back from rotation feels like you're waking up from a dream and realizing you're in a nightmare. *The red tape makes it an uphill battle to get the littlest thing done. It's so hard to get things done at the school (especially lab cases) that unless you need it for your requirements; you end up putting off the treatment for as long as you can because you dread going through the red tape. The only solution I see for that is to either decrease the amount of red tape or increase the amount of faculty in the clinics so that things can get checked and signed off quicker.*

SUMMARY OF THE ROTATIONS:

Assess the need for the activity to occur in a rotation. Is the time allotted appropriate? Does it occur at the appropriate time in the curriculum?

Biomaterials

- Sem 7 and 8 for Juniors 2 sessions Sem 10 and 11 for seniors 3 sessions
- Juniors: one on one experience. Seniors groups of 6 students
- Lit review
- Manipulate dental materials
- Scheduled as a rotation as oppose to a course due to the manner that it is set up.
- Positive student input

- Takes 5 half days of clinic however is not critical to use clinic time
- Questions: Could it be scheduled differently, before clinic to allow for more efficient scheduling
- Is the manner in which the learning occurs appropriate, faculty-time intensive?
- Lit review: articles are not relevant to competencies based on student input.

Grad Perio

- Sem 8 and 9 (this timing occurs because perio surg course is in semester 7)
- 1 week rotation - 8 half days (not on Wed PM or Fri PM)
 - New rotations, Reduced from 12 half days
- Purpose:
 - Rotations is not intended to providing actual surgery
- Students have the ability to schedule their own patients for surgery on Monday PM so they have the opportunity to provide surgical procedures on their patients. More time will be made availability if needed
- Students are also supposed to assist on their patient's surgery cases
 - Could be a scheduling issue

- Complaint that they could not actually operate, but instead only assist and observe

Radiology:

- Sem 6, 7, and 8 9 (only when there aren't Jrs. available)
- one week, AM or PM, each semester 20 to 25 half days total
- Purpose: is to provide experience taking FMX or Pan
- No interpretation of radiographs
 - Interpretations must schedule another half day for each patient

- Questionable learning experience. Sense that the experience is purely for labor needs
- Can interpretations be included while on rotation?
- Can time commitment be limited to ten half days?
- Can it be a sophomore rotation?
- Noted that the quality of the radiographs seen in the clinic needs improvement, QA process?: overlapped BWs, pixelated images, blurry, missed apexes,

- Clinical faculty need calibration as to how to do the interpretations
- Clinic 3A xray machine taking very poor radiographs, problem has been reported, no results

SOS:

- Sem 6, 7, 8, 9, 10, 11 (sem 6 not full week as the students are not available all week)
- 1 week, am and pm each semester 50 to 55 half days total
- Critical thinking learning
- Very positive evaluation from students
- Scheduling? Work thru lunch? Starts at 8 AM, not 10AM finished by 2 PM on most days
 - Should students only be assigned for AM sessions?
- Insufficient appointments for Comp Care patients due to chair availability. Should there be more availability in the PM?

Ortho:

- Sem 7 and 8 ½ the class each semester broken up into 5 groups of 8 students
- 3 half days total
- Wednesday afternoon only -feedback: not in the clinic the whole time
- Difficult to integrate into a productive half day when coming into the middle of care
- Comment that residents do not help teach
- NOT productive time, quality of experience is lacking
- CODA requirement but should be reassessed

Ortho elective:

- Sem 8 ,9, 10
- 3 to 4 half days per semester,
- Popular elective however now limiting it to 24 students
- Broken up into 4 groups of 6 students
- Include 8 hours of Invisalign training
- Note: Checked on CODA requirements and spoke to Dr. Sposetti- no specific CODA requirement- basic space management experience which could be achieved in Pedo with space maintainers, crown and bridge, or removable therapy. This needs to be further explored.
- How can we make the rotation more productive?
- Not enough ortho from student clinic. If they have a patient, they can provide care. If not, they provide ortho care on each other.

Pedo:

- Sem 7, 8, 11
- One week, 9 half days
- 6 students per week

- What care do they provide in clinic
- Are they set up to work in pairs?
- Students say there is not a lot of patients and there are a lot of cancelations
- Do they have the right mix of patients?
- What is the value of the rotations?
- How are patients scheduled?
- Are students engaged?
- Follow through on quality of experience with students.

Grad pedo:

- Sem 8 ,9
- 4 half days
- Observation only- what value?
- Could not find CODA requirement for this. Evaluate further
- Is there a possibility of incorporating a special needs component- we need to be able to measure competency as a college in the area of special needs.

NOTE: Offsite rotations, one of the three rotations is a pediatric experience. Students provide more care in that environment.

CPR

- Sem 8
- One half day

Hospital Dentistry:

- Sem
- 4 full days, (8 half)
- 2 to 3 students per week
- Hospital experience, admitting patients, medical protocol, more advanced surgical procedures
- Some felt they were in the way
- Felt residents were rude
- (CODA requirement?) No CODA requirement found. Internal medicine aspect- is it addressed?
- Do they come in with them in the morning and evening for rounds.
- What activities and purpose during the day, besides the day spent in OR
 - Stand around for the rest of the time during the day?

Oral Oncology:

- Sem 9, 10,11
- 3 half days total
- 6 students at a time
- Some differences in opinion but generally good

- Would it be more beneficial in sophomore year?

Endo shadowing;

- Sem 6
- 1/ half day

Extramural Rotations:

- Sem 9, 10, 11
- 2 weeks in each semester in senior year
- One rotation is a pediatric experience, the other two are mostly adult patient care
- Positive comments from the students
- Have dental assistant at each site
- Make them feel
- Students figured out that in some rotations they were able to ask for a lot of restorative and managed to get most of their operative requirements at the offsite experience, which lead to some quality control concerns of the students when they returned to Gainesville.

Draft Not Approved

TO DO

- Devise a survey for all directors of rotations, both internal and external, to understand more clearly what the is the student experience and value.
- Evaluate and compare productivity
- Calculate avg time for completion

Draft Not Approved

Student Assessments

Dental Biomaterials

Class of 2011	<p>This took up a lot of clinic time.</p> <p>The students wished it could be put on Fridays so that the sessions did not interfere with clinic time.</p> <p>They learned a lot, but they wished they had more practical information about products or product selection.</p> <p>The three presentations on the research papers were not particularly helpful because they were not clinical enough.</p>
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Periodontology

These comments do not pertain to the current rotation

Class of 2011	<p>Rotation: they felt that they could only suction and assist, without gaining any surgical experience. Students requested more crown lengthening experiences.</p> <p>-----</p> <p>graduate periodontics clinic difficult scheduling appointments</p> <p>there were no dental assistants.</p> <p>students were relied upon too heavily to assist.</p>
Class of 2012	<p>Some students liked the new rotation</p> <p>Other students did not agree and felt that the rotations took away from their learning time</p> <p>Had to work as dental assistants for the residents.</p> <p>They asked for flexibility in the rotations in terms of scheduling and the number of experiences based on the student's level of interest.</p> <p>-----</p> <p>Grad Perio care is not well coordinated. Takes too long to get a patient back from residents.</p>

Radiology

Class of 2011	<p>The interpretations are mostly done in the third year, and, unfortunately, the clinic is not open on Mondays and Fridays for interpretations. There is not enough availability during the peak times. Students would appreciate having the clinic open on Fridays for interpretation.</p> <p>The students are also suggested using AxiUm to schedule radiographic interpretations rather than having the sign-up system that they did.</p>
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Student Oral Surgery Clinic

Class of 2011	<p>The faculty are an incredible source of knowledge. Dr. Forester and Dr. Dennis were excellent.</p> <p>The students said they really liked the Tuesday morning lecture case conferences. They liked the small group learning in case discussions. Perhaps this would be better in the third year.</p>
Class of 2012	<p>Comments were uniformly positive about the SOS clinic. Dr. Dennis and Foerster are great</p> <p>-----</p> <p>DMD students get a lot of experience in oral surgery and students had only great things to say about the SOS clinic. They appreciated the level of supervision and the quality of instruction in this clinic</p>

Hospital Dentistry

Class of 2011	
Class of 2012	<p>The comments about the hospital rotation were mixed, and several students commented that the students' reactions to the hospital rotation reflected their clinical interests.</p> <p>Some commented about the importance of exposure to all types of dental practice including hospital dentistry.</p> <p>Some asked if the rotation could be scheduled earlier in the curriculum.</p> <p><i>Others suggested a menu approach to scheduling such specialized rotations, allowing students to select some rotations based on their interest.</i></p>

Oral Oncology

Class of 2011	
Class of 2012	<p>The feedback about the oral oncology rotation was mixed.</p> <p>Some thought it was very valuable, and others didn't like the experience.</p> <p>Others described the tumor board as "interesting" while others described it as a "waste of time."</p>

Orthodontics

Class of 2011	<p>The majority of classes were redundant. The students were not sure if they received grades. The elective was great, but the students did not understand the point of having the graduate orthodontics or graduate pediatric dentistry rotations.</p>
Class of 2012	<p>Students can't access records in Dolphin, and this "gets in a way of patient care." a half day per semester – too much. Should be an elective</p> <p>Students felt that they didn't learn much from the orthodontic rotations, except for Dr. Neubert who is the only resident who tries to teach the students.</p> <p>The care is provided by residents and they are not teachers.</p> <p>The residents need an orientation to what is expected in terms of teaching the dental students. They should review the cases with the students, and the session should have some structure</p>

Ortho Elective

Class of 2011	<p>The elective was great, but the students did not understand the point of having the graduate orthodontics or graduate pediatric dentistry rotations.</p>
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Pediatric Dentistry

Class of 2011	<p>The students felt that they got very limited experience in the student pediatric dentistry clinics.</p> <p>If the patient needed more complex care such as a stainless steel crown, they were referred to the graduate clinic.</p> <p>During pediatric rotations in the school, students only "worked as hygienists."</p> <p>They did not get enough experience with stainless steel crowns, pulpotomies, or restorative dentistry.</p> <p>They were scheduled for recall visits on children over 10 years old.</p>
Class of 2012	<p>Students consistently commented that they do not feel competent in more complex restorative procedures on children based on their rotations at the college, and learn most of</p>

	<p>their clinical pediatric dentistry at the extramural sites. Comments included: "The faculty don't let you do anything. We work as assistants. You are assigned for a week; you can do new and recall exams, cleanings and sealants. But usually students are not allowed to do pulpotomies or SSCs. 95% of what you do is what a dentist would delegate to an auxiliary." As a counter point, a student commented that if you want to do more complex procedures, the pedo faculty will let you. But they don't push things on you. Some students don't want to do anything in pediatric dentistry.</p>
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Grad Pedo

Class of 2011	The graduate pediatric rotation was too observational, and students wished they had more hands-on experience.
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CPR and Endo Shadowing

Class of 2011

Endodontics

Class of 2012	The faculty really owned the problem of not having adequate clinical experiences and we're grateful to have the four experiences. The department really stepped up and solved a problem.
	The students made both positive and negative comments about the endodontic residents. Some complained that when the residents do consultations in the care groups, the endodontic residents "steal all of our patients. And they are mean." But other students commented that it depends which resident shows up in the clinic. Some don't do their notes in a timely way. It's hard to figure out what was going on with a patient that was referred to another clinic.
	Interdepartmental communications is not always the best. Patient transfers between clinics don't always work efficiently. I will graduate with only four root canals and I would have liked to do more.

Extramural Rotations

Class of 2011	<p>The students thought that the rotations overall were excellent and really helped them to build their clinical speed and confidence. They requested additional rotations towards the end of their education, feeling that it would be a good sendoff and would help them build their skills and confidence. The amount of work a student was able to complete depended on the amount of trust between the student, the supervising dentist, and the dental assistant. They loved Winter Garden, ACORN, and Leon County. They really enjoyed the mix of activities in Naples, including going to different clinics and working on the Care Mobile. The students loved the freedom of the extramural rotations.</p> <ul style="list-style-type: none">• Have more of them; and less dental school requirements. Or; let us achieve competencies at extramural rotations sites.• Allow seniors to do more of them or allow them to be 1 month in length.• Optional additional rotations for students who have completed their semester requirements. It would help students increase speed and gain confidence. The extramural rotations I went to were supervised by dentists that were more supportive and less intimidating than many of the UFCD faculty.• Include more locations for potential rotations.• Efficiency Was exposed to more treatment options in dentistry Had a great time learning and helping the community• they were great• Have more of them! Start them in last semester of junior year; maybe to have 4 instead of just 3. . . they are really the best part of the clinical experience because you get to treat many more pts per day and develop skill; speed and clinical judgement in a true dental office setting• More than 2 weeks. Possibly begin in the junior year.• Add another rotation; and ALLOW COMPETENCIES there! Otherwise; you will have a student revolt. It's a great opportunity to do more; and faster; dental work; but let it all count!• Make them longer.• More; more; more• I learned more in the six weeks of these rotations than I did the entire rest of my two year clinical experience. There is an overall positive atmosphere making for a better learning experience compared to the negative and disrespectful way we are treated in our own clinic hindering our ability and desire to learn.• Add one additional rotation• I would like a required rotation each semester at ACORN. I felt that was the best rotation and they have enough patients to accommodate 80 students per semester; then we could also go to 2 or 3 off site rotations in addition to ACORN.• I learned more during my extramural rotations than I would sometimes learn in an entire semester at UFCD.• a second one in our last semester• Increase the time at extramural sites.• The extramural rotations were amazing that allowed you to learn
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	<p>how to work with an assistant and the whole clinical team!</p> <ul style="list-style-type: none"> • Have more extramural rotations. It is so much easier to get things done during rotation. • Nothing! They are perfect. • More time for students to go do extramural rotations <ul style="list-style-type: none"> • The extramural rotations are a very valuable training and educational tool but two weeks at each site is plenty of time. Being away longer makes personal life; managing patients and managing school too difficult. • They need to equilibrate the programs and their teaching instructors as well as do personal off-site evaluations to ensure that students should be engaging in dentistry at these locations. • I agree that extramural rotations are very valuable training; however; I worry about adding more time to the rotations. I wouldn't advise more time only because it is hard already to be in clinic enough to treat patients in a timely manner. It is hard when you need to deliver a denture but have rotations that keep you out of clinic for 2; 3; or even 4 weeks at a time. • Certain extramural rotations are beneficial; but certain are not. Extramural rotations may hurt if some practice philosophies of the clinics go against what we learn in UFCD clinics. Also; if we have more time at extramural sites; our home base of patients would suffer. It also makes it more difficult to fulfill UFCD requirements if we have less time to be in our home clinics to complete them. • 2 weeks of rotations a semester is all that you have time for. It is a great experience; but you won't have time to complete school requirements if you add more rotations...
<p>Class of 2012</p>	<p>The rotations are great but we are out of the clinic a lot which can be challenging in terms of providing comprehensive care.</p> <p>positive experience. These rotations were a highlight of the program.</p> <p>Rotations disrupt patient care in the Care Groups, and you can only get RVUs. Why can't we do competencies while on rotation?</p> <ul style="list-style-type: none"> • More time spent at these rotations • More and longer • I would incorporate Extramural rotations beginning in Junior year. I learned a lot from offsite rotations; particularly from Dr. Wray in Jacksonville and Dr. Morse in ACORN. • Shorter rotations. • they were Wonderful!!!! • Offer to send us on more of them • longer rotation times! I learned so much for the rotations because of the amount of patients we were able to see and the 1-on-1 attention we had from facility. I wish we could either increase the amount of time on rotation or start rotations a semester earlier so we can incorporate more rotations into our schedule. • As good as a non-licensed student can do! • More!

	<ul style="list-style-type: none"> • Eliminate the number of rotations we need to complete. • Rotations could be improved by making sure the student will be scheduled at all times. • If you expand time at extramural sites then you have to decrease the requirements at school. There is just not enough time to get everything done. So please don't do both! • While I agree that more time at extramural sites would be very beneficial; it sometimes is a disservice to patients to be gone from the clinic so long. Also; for some students (like myself); I barely finished all my requirements; and I feel that even more time away from clinic would have prevented me from finishing on time. Some rotations were much more useful to my clinical training than others - more time spent at a nonproductive rotation would be detrimental to my training. • I think that the extramural rotations are a great time; but I don't think that we need MORE time at them. It is already hard enough to meet requirements; and keeping us away from clinic does not allow for successful completions of competencies at times. • Be sure the doctors overseeing the rotations actually CHECK your work!!! • They need to be further evaluated because some of them are very weak. • Improve the apartments we stay in and provide us more compensation for gas/tolls • Less disgusting apts. losing sleep over fear of cockroaches crawling on you does not help the following day with a full schedule of pts.
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Jacksonville:	Jacksonville was great and Dr. Wray was amazing. more rotations like jax and st pete
Jacksonville	learned a lot, was great. Drs. Wray was great!
Eastside clinic:	<p>There were mixed comments about the Eastside rotation. They felt the rotation was very slow and they were not allowed to do anything except examinations. The clinic scheduled students with prophies all day long. There was no restorative dentistry. The assistants were not helpful. The students were not encouraged to do a lot. The supervising dentist seemed to be inexperienced. The students served as dental assistants for each other but would have preferred to work with a dental assistant. Also, they were instructed to provide only one covered service at a time. if a patient needed four sealants, the student was instructed to do only one and reappoint the patient.</p> <p>Maybe this rotation would be better in the junior year?</p> <p>Better rotations; I did not learn anything from east side and naples rotation!!!</p>
Eastside	mixed reviews; there is a lot of down time, patient cancelations, and a lot of sitting around. Students reported that they were assigned a lot of cleanings and extractions, but little restorative treatment.
Marion County	Marion County was a slow rotation, but the opportunity to learn pulpotomies was appreciated.
Leon County clinic:	The students really liked the Tallahassee rotation. They noted that Dr. Cober did not allow the student to do anything but Dr. Bidwell was really excellent. Both practitioners were very good dentists and provided two different learning experiences. Both were excellent but very different. Students asked whether the supervising dentists knew where they were academically and why they did not let them do more in some cases. Maybe this rotation would be better in the junior year?
ACORN clinic:	The ACORN clinic was awesome. Dr. Morse was great, and the system really worked well. ACORN was amazing. I wish I could have spend much more time there. I learned so much and

	<p>the people are so wonderful.</p> <p>ACORN</p> <p>They commented that the ACORN clinic was very helpful, and there were quite a few opportunities for endodontics cases. The students wished that they had more instruction on pulpotomy verses pulpectomy. Dr. Pileggi gave an excellent lecture, but the students did not get a lot of clinical experience in this area.</p>
ACORN	<p>Drs. Wray and Morse are great!</p> <p>Every student should be mandated to have a rotation at the Acorn clinic with Dr.Morse. I learned more with him in 2 weeks on rotation than 6 months in clinic.</p>
Naples clinic:	<p>“They didn't let me do anything but observe.”Naples was inconsistent. Naples was transitioning with a new dentist. Dr. Kelly Johnson is very nice.</p> <p>Better rotations; I did not learn anything from east side and naples rotation!!!</p> <p>The Naples rotation was terrible please do not send anyone else there. I think that rotation should be closed it was a complete waste of time.</p>
Naples	<p>it is great to stay at the beach but they didn't push you to be productive.</p> <p>UF pedo was a waste of time. They don't let you do anything.</p> <p>Countryside lets you do treatment.</p> <p>Naples you are seeing Dr. Hester's patients, and patients are not scheduled for the students. But he would check your work.</p> <p>I think buying us iPads was a great contribution because I am currently filling this out on mine. But honestly the extramural rotations could benefit from less shadowing and more working. For explain Naples was a waste of time;</p>
Winter Garden	<p>learned a lot, was great.</p>
Orange Blossom	<p>The students were assigned a lot of restorative procedures at the Orange Blossom clinic.</p> <p>Learned a lot at, were great.</p>
St. Pete	<p>St. pete clinic needs improvements to integrate students into the program. While I was there is was just an SOS clinic...not cool! more rotations like jax and st pete</p>
St. Pete	<p>Was terrible. I never had an assistant.</p>

Summary of Current and Planned Senior Extramural Rotation Sites: January 2013

<u>Rotation Site and location</u>	<u>Status</u>	<u>Dental Director</u>	<u>Financial Liability amt spent FYTD</u>	<u>Site Contribution</u>	<u>Number of current students</u>	<u>Potential increase in students</u>	<u>Comments</u>
ACORN-Brooker	Active- Currently hiring new dental director	Pyaal Bhatka UFCD Graduate	0	0	3	0	Great site from a student educational perspective-wide variety of procedures (both pediatric and adult), good communication Faculty transition recently has been challenging
Eastside-Gainesville	Active	Brandon Greenwalt UFCD Graduate	0	0	2	0	Great leadership with Dr. Greenwalt, predominantly pediatric with some adult care Poor Evals 2010, 2011
Sulzbacher-Jacksonville	Active	Suzanne Ebert	Travel: \$640.80 year to date	Housing	2	1-2 Immediately	Outstanding faculty, broad range of procedures, large numbers of patients
Health Care Center for the Homeless-Orlando	Active	Mary Ann Andrews, RDH	Travel: \$905.13 year to date	Housing	1	Possibly 1 Fall 2013	Great site from an educational and productivity standpoint, predominantly adult with pedo on Fridays.
Collier Health Services-Naples	Active-suspended	Kelley Johnson, UFCD Graduate	Travel: \$2765.23 year to date	Housing	0	2	Great leadership in Kelley Johnson, UFCD grad, who provides a comprehensive community experience. Underutilization of affiliation with UFCD peds- have attempted student presence, will revisit.

UFCD AEGD- St. Pete	Active	Tom Porter UFCD Faculty	Travel: \$1379.50 year to date	Increased UFCD production	1	0	Great pre –AEGD experience for senior students. Has resulted in acceptance of 4-5 UFCD seniors yearly into the program Poor Eval – no assistant help
Leon County Health Department- Tallahassee	Active	Ed Zapert	Travel: \$1527.24 year to date	Housing	2	0	Strong pediatric experience with active instruction in four handed dentistry Variable
Community Health Centers- Apopka	Active	Gregg Stewart Roger Wray	Travel: \$2352.63 year to date	Housing	2	2-4	Longest standing affiliation, strong leadership, good communication, great faculty, wide variety of experiences.
Community Health Centers- Winter Garden	Active	Gregg Stewart UFCD Graduate	Travel: \$1415.10 year to date	Housing	2		Potential to increase student presence by putting them in other CHC dental facilities excellent evals
Langley Medical Center- Ocala	Planned	Julie Vavruska UFCD Graduate	Proposed Travel Costs: \$32.93 per student (37 miles one way)	Housing	0	2-3	Close proximity to UFCD, UFCD grad, state of the art facility, great patient mix
Gadsden County Health Department- Quincy	Planned		Proposed Travel costs:: \$155.75 per student (175 miles one way)	Housing	0	1-2	Panhandle presence, great patient mix, motivated partner

Current total cost of program FYTD: \$10,985.63

Opportunities:

- Practice management practical application has been discussed with Drs. Minden and Robinson and will be incorporated into experience in near future.
- Expansion of time is supported by all partners as it will increase student productivity
- Existing partners are longstanding and stable
- Yammer as a tool for interactive learning
- Evaluation system being changed- evaluate current parameters and improve measures

Challenges:

- Calibration and inclusion of extramural courtesy faculty
- “Relevant” RVU discrepancies based on location site and patient population
- Funding
- UFCD patient continuity of care
- Personal interface at UFCD less than optimal- proximity to college, accessibility of Jennifer

UF College of Dentistry Extramural Education Program

Facility Visit Report

Name of Parent Organization: _____

Primary Location: _____

Additional Locations (please list on page 2): Yes No # of Affiliated or satellite sites: _____

Contact Person: _____ Phone: _____ Email: _____

Dental Services Provided (Check all that apply):

- _____ Health Education (HE)
 - _____ Preventative (prophylaxis, sealants, fluoride treatment)
 - _____ Emergency care and/or extractions
 - _____ Clinical Services (___ amalgams, ___ root canals, etc)
 - _____ More comprehensive clinical services (_____ crowns, _____ bridges, _____ dentures, etc)
 - _____ Specialty (e.g., pediatrics) or specific focus (e.g., HIV/AIDS): _____
-

of operatory units (chairs): _____ # of chairs you are willing to allow students to use: _____

% of Medicaid/SCHIP: _____ Private Insurance: _____ Fee for Service: __ (Sliding scale: Yes No)
Other: _

Average # of dental patients per day: _____ Dental Hygienist(s)? Yes No FTE: __

Dental Assistant: Yes No FTEs: _____ Available to students: Yes No

Office Manager: Yes No FTEs: _____

Receptionist: Yes No FTEs: _____

Total # of attending licensed dentists: _____ #of FT dentists: _____ # of PT dentists: _____ # of volunteer dentists:

A. Clinical Community Site Information
UF College of Dentistry Extramural Rotations

Name of Site: _____

Dental Director: _____

Title: _____

Phone #: _____

Email: _____

Rotation Contact: _____

Title: _____

Phone #: _____

Email: _____

Site Information:

Address: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

1. Community/patient Population (Percentages):

a. Caucasian: _____ %

b. Hispanic: _____ %

c. Asian: _____ %

d. African-American: _____ %

e. Other: _____ %

Please explain: _____

2. What percentage of your patient population has special needs?

a. Developmentally disabled: _____ %

b. Psychological disability: _____ %

c. Medically compromised: _____ %

d. Living with HIV/AIDS: _____ %

e. Other: _____ %

Please explain: _____

3. Patient Financial type

a. Please check all that apply:

- Fee for service
 - Medicaid
 - Capitation
 - PPO
 - Private Insurance
 - Sliding fee scale
 - Uncompensated care
 - Other
- Please explain: _____

b. Estimate % of population at or below:

- _____ 100% of FPL
- _____ 150% of FPL
- _____ 200% of FPL
- _____ >200% FPL

4. Tell us about your dental clinical site:

- a. # of patient care units _____ (e.g., dental chairs, operatories)
- b. # of patient care units that will be designated for student use _____
- c. # of patient care units that are adaptable for left-handedness _____
- d. # of dental assistants available for students _____
- e. # of patient care units set up for four-handed dentistry _____
- f. Average # of patients scheduled for 1 day per dentist _____

5. What are your clinic hours?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M.							
P.M.							

6. What hours are available for students?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M.							
P.M.							

7. How many licensed dentists do you have present during clinical hours?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M.							
P.M.							

8. Current Personnel

Position	Number Employed	Percent Time (or FTE)	CPR Certified (Yes/No)	License Current (Yes/No)
General Dentists				
Oral Surgeons				
Endodontists				
Periodontists				
Orthodontists				
Pediatric Dentists				
Other Dental Specialists				
Dental Hygienists				
Dental Assistants (DA)				
Expanded Duty DA				
Receptionist(s)				
Lab Techs				
Office Managers				

9. Within the last 12 months, what were:

The average # of new patients per month? _____

The average # of patient visits per month? _____

10. What is the approximate distribution of your patient population by years of age?

<2 _____%

2-12 _____%

13-20 _____%

21-65 _____%

65+ _____%

11. Is there a dental wet laboratory available on premise? Yes No

12. What type of sterilization is used? (Please list all if more than one type.)

13. Is there a water line disinfection system on units? _____ What type? _____

14. How are instruments sterilized? (Please check all that apply)

___ Individually bagged

___ Cassette system

___ Other (Please explain): _____

15. What agent is used as topical disinfectant spray? _____

16. Radiology:
 Number of x-ray units: _____
 Number of Panorex machines: _____
 Number of x-ray developers: _____
 Number of x-ray duplicators: _____
 Number of digital x-ray units: _____

17. What anesthesia is available on site (Please check all that apply):
 Local anesthetic
 Nitrous oxide
 Oral sedation
 I.V. sedation
 General anesthesia
 Other (Please explain): _____

18. Electronic office management system: (Please check all that apply):
- | | Software Utilized |
|---|-------------------|
| <input type="checkbox"/> Patient Record | _____ |
| <input type="checkbox"/> Billing | _____ |
| <input type="checkbox"/> Recall | _____ |
| <input type="checkbox"/> Scheduling | _____ |

19. Is there wireless internet access on site? Yes No

20. How are patients referred to this facility?

21. Do you have a policy/procedure manual? Yes No

22. Do you have a written PEP policy? Yes No

23. Do you have a written cancellation policy? Yes No

24. Are appointments confirmed? Yes No

25. Is there a recall system in place? Yes No

26. How are patients scheduled?

27. How is hazardous waste disposed?
 Fixer: _____
 Lead Backing: _____
 Used amalgam: _____
 Other (name): _____

28. Are x-ray technicians properly certified? Yes No
29. Is all office staff currently CPR certified? Yes No Interval of recertification? _____
30. What provisions have been made for after hour emergencies/treatments?

31. Once dental treatment has begun, what is the average time interval between appointments?

32. How are grievances or complaints about dental care processed?

33. What is your perception of the biggest obstacle in providing dental services at this facility?

34. Do you have a quality assurance protocol in place? Yes No

35. Availability of dental services (Please complete the table below with a check mark for how the service is provided for this clinic).

SERVICE	ON SITE	REFERRED	Please explain if the service is referred (where) or not provided.
Prevention:			
Prophylaxis			
Sealants			
Fluoride treatment			
Basic Restorative:			
Amalgam			
Composite			
Stainless steel crown			
Crown and Bridge:			
Anterior crown			
Posterior crown			
Bridge			
Emergency Care			
Endodontics:			
Pulpotomy			
Single root			
Multiple root			
Oral surgery:			
Simple (single tooth)			
Complex (multiple teeth or difficult single tooth)			
Orthodontics:			
Comprehensive treatment			

Space maintainers			
Periodontics: Scale and root plane			
Surgery			
Removable Prosthodontics: Full dentures			
Partial dentures			
Other:			

36. Do you have students from other institutions at this site? Yes No
If yes, please list: _____

37. How many dental students can be accommodated at one time? _____

38. Will these preceptor dentists be available for training and continuing education at the College of Dentistry? Yes No

39. Are any patients excluded from being seen at this site? Yes No
If yes, please explain: _____

40. What other health care services are offered at this site? (Please check all that apply)
 Medicine
 Nursing
 Podiatry
 Mental Health
 Midwifery
 Pharmacy
 Physical Therapy
 Social Work
 WIC Program
 Other? Please list: _____

41. Who is your privacy officer? _____ Phone #: _____

42. Please describe any special characteristics of your site or add any additional comments:

B. On-Site Assessment

UF College of Dentistry Extramural Rotations/Offsite Clinics

(To be completed Annually)

1. Site Information

Site Name: _____

Dental Clinic Location: _____

Dental Clinic Phone #: _____

Dental Director: _____

Dental Director's Phone #: _____

Dental Director's Email: _____

2. Site Inspection

Date: _____

Conducted by: _____

Infection Control: Procedures and Manuals	Yes	No	N/A	Comments/Person Responsible
Infection control policy and procedure manual present.				
Manual current and updated				
Policies and procedures available on disinfection and sterilization				
Staff familiar with disinfection and sterilization procedures				
Log of monitoring spore reports on sterilizer present and legible				
Waterline disinfection system present				
Hepatitis B immunization offered to staff				
Exposure control plan present and updated yearly				
Yearly OSHA training				
Supplies and Equipment				
Clean supplies and equipment are separated from dirty supplies and equipment				
Sterilized supplies are stored in a clean enclosed area				
There are no expired supplies				
Patient treatment areas are clean				
Patient care units are working and maintained				
Instruments are maintained and sharpened				
Sterilizer is working/maintained and monitored				
Sink and water available to sterilizer				
Eyewash station available and working				
Waste Handling				
Sharp containers are less than $\frac{3}{4}$ full				
Trash is disposed of appropriately (infectious waste into red bags; non-infectious waste into clear bags)				
Access to red waste cans and needle boxes is not obstructed				

Handwashing				
Adequate supplies of liquid soap and towels near sink				
Hand antiseptics performed before and after patient contact. Observed				
Policies and Procedures				
Clinic policy and procedure manual present				
HIPAA Policy forms present				
Notice of privacy practices present				
HIPAA training log				
PPE				
Appropriate personal protective equipment used and discarded correctly				
Observed usage and disposal				
Patient protective eyewear available				
Refrigerators				
Separate refrigerator for supplies				
Supplies labeled and current				
Security and Safety				
Staff knows location of all procedure manuals				
MSDS information available				
Emergency plan present				
Staff familiar with emergency plan				
Corridors and doors are clear of obstruction				
There is free access to fire equipment				
Staff knows whom to call in case of emergency or security problem				
Emergency #'s posted near phone				
Emergencies				
Emergency kit available and easily accessible				
All meds in cart labeled and current				
Oxygen tank available with mask				
Oxygen tank is full				
X-Ray				
X-ray machines in working condition				
X-rays passed radiation safety inspection; documents current and displayed				
Licenses				
Professional licenses current and displayed				
DEA licenses current and filed				
Building Safety				
Parking facility provided and secure				
Escort service provided upon request to parking and to public transportation				
Security guard present within facility				
Drugs and Medications				
Dispensed on premises				

c. Action Items: Post Visit
UF College of Dentistry Extramural Rotations

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Class of 2012
 Senior RVU amounts
 Pink Lowest - Green Highest

SENIOR YEAR				
NAME	Clinic	UNITS	RVU	\$
D3030-Adam Gutwein	6	388	15,500.00	16,956.00
D3078-Eniko Toth	6	453	21,039.00	15,679.00
D3059-Susana Perry	6	460	21,095.00	15,771.00
D3062-Ana Piedrahita	9	498	21,810.00	20,549.00
D3018-Debbie Darius	5	506	21,820.00	16,862.00
D3033-Ashley Harris	9	475	21,895.00	18,610.00
D3056-Akshita Patel	10	505	21,920.00	20,316.00
D3022-Ferishta Faqeeri	9	464	22,417.00	18,329.00
D3028-Andrew Gooch	6	559	22,930.00	23,514.00
D3034-Matthew Holman	3	494	23,752.00	20,309.00
D3015-Kerri Claussen	8	519	23,900.00	20,952.00
D3037-Meghan Keskar	6	535	23,935.00	17,994.00
D3054-Evelyn Ortiz	8	562	23,990.00	23,460.00
D3042-Lauren Levi	5	536	23,995.00	18,709.00
D3055-Kevin Parekh	6	560	23,995.00	17,779.00
D3061-Kimberly Phelps	8	546	24,175.00	24,634.00
D3079-Rachel Turner	5	589	24,185.00	23,595.00
D3014-Ji Chu	9	515	24,235.00	18,224.00
D3065-Amber Roberts	8	516	24,290.00	20,675.00
D3057-Sarah Patel	4	557	24,345.00	23,836.00
D3012-Danielle Case	10	537	24,480.00	21,784.00
D3049-Kelly Nedimyer	5	584	24,585.00	26,011.00
D3041-Rebecca Lenard	4	543	24,590.00	21,774.00
D3021-Nathaniel Durtschi	6	582	24,800.00	22,854.00
D3080-Christina Schimenti	5	537	24,825.00	21,873.00
D3043-Sha-San Liou	3	575	25,077.00	25,284.00
D3011-Lindsey Carballo	7	543	25,110.00	19,866.00
D3006-Matthew Banks	6	553	25,165.00	18,727.00
D3048-Lindsay Morris	5	566	25,600.00	21,899.00
D3005-Rondre Baluyot	5	651	25,700.00	23,848.00
D3036-Robert Kalifeh	7	596	25,725.00	24,016.00
D3045-John Mazzuocolo	6	592	25,735.00	24,874.00
D3025-Courtney Garland	4	589	25,805.00	21,103.00
D3020-Alan Dransfield	10	540	26,040.00	25,156.00
D3047-Dena Mizrahi	3	555	26,190.00	23,798.50
D3023-Daniel Forbes	4	573	26,250.00	24,789.00
D3046-Laura Milles	10	613	26,265.00	23,199.00
D3013-Alexis Cenami	8	573	26,340.00	24,700.00
D3040-Lauren Laube	7	568	26,500.00	24,209.00
D3069-Neil Simmons	10	542	26,560.00	23,119.00
D3067-Amy Sagatys	4	571	26,780.00	22,766.00
D3066-Elizabeth Griffis	9	649	27,215.00	26,116.00
D3009-Eric Broe	9	625	27,435.00	25,581.00
D3016-Thomas Currie	3	573	27,725.00	25,573.00
D3008-Victor Bond	7	587	27,730.00	26,365.00
D3024-Devin Gapstur	10	615	27,825.00	25,312.00
D3026-Michael Geiger	8	578	27,957.00	25,373.00
D3007-Enea Bifsha	4	615	28,020.00	21,907.00
D3044-Cassandra Luceus	8	656	28,040.00	25,096.00
D3003-Amir Azari	6	582	28,055.00	26,330.00
D3068-Renee Schulte	10	610	28,475.00	25,910.00
D3053-Aylin Okcular	8	613	28,490.00	21,319.00
D3077-Nicole Toomey	7	624	28,655.00	21,894.00
D3050-Michael Newman	9	643	28,705.00	24,844.00
D3070-Tori Steele	4	659	28,800.00	29,690.00
D3063-Lindsay VonMoss	9	634	28,965.00	25,451.00
D3060-Joshua Perry	9	650	28,995.00	29,189.00
D3038-John Kim	3	679	29,219.00	24,744.00
D3027-Thomas Gilton	4	627	29,760.00	25,327.00
D3074-Lauren Tabis	4	681	29,950.00	26,485.00
D3017-Andrea Danhof	3	671	30,030.00	26,860.00
D3072-Irivelisse Porter	7	631	30,115.00	29,450.00
D3071-Laura Benjamin	3	634	30,120.00	22,499.00
D3073-Stephanie Strauss	3	658	30,800.00	28,460.00
D3035-Kimberly Service	8	609	30,955.00	29,557.82
D3064-Sudeep Rao	7	662	31,235.00	25,625.00
D3019-Kristen Debonis	8	737	31,275.00	30,181.00
D3032-Clayton Hamrick	4	683	31,415.00	33,041.00
D3084-Ashley Younkman	7	749	31,900.00	24,097.00
D3076-Bryan Thatcher	10	670	32,170.00	30,006.00
D3004-Bianca Badaro	3	682	32,585.00	29,503.00
D3031-Farid Hamidzadeh	10	740	33,060.00	35,892.00
D3058-Jenee Ware	9	709	33,345.00	31,070.00
D3010-Norberto Camacho	4	724	33,455.00	30,790.00
D3039-Christopher Kuhns	6	705	33,830.00	32,368.00
D3082-Miranda Wright	10	750	33,855.00	26,762.00
D3029-Brandon Greenwalt	3	764	34,720.00	28,080.00
D3002-Lauren Capozza	8	729	34,860.00	28,267.00
D3075-Shabnam Tehrani	5	753	34,980.00	33,458.00
D3083-Kyu Yo	7	805	36,885.00	33,793.00
D3001-Michael Abraham	5	915	37,585.00	42,362.00
D3081-Jennifer Westcott	5	797	39,555.00	33,583.00
D3052-Gabriel Nossa	5	810	39,740.00	38,372.00
D3051-Andrew Norton	7	1,037	48,210.00	45,374.00

University of Florida College of Dentistry Course Debriefing
DEN8263 Advanced Oral Medicine and Clinical Pharmacology
January 9, 2013

Present: C. Weldon, M. Alfonso, S. Young, C. Eastman, A. McNeight, G. Childs,
Dr. C. Stewart

Course Evaluation: Respondents: 14

Mean course evaluation scores on all items ranged from 4.6-4.8. Overall course evaluation, 4.6.

Debriefing Purpose: Course revision to online material to replace lecture portion of the course.

Syllabus

- No recommendations

Course Content

- Two lectures were just the handout; which was difficult to discern what information was important.
- Acquired more cases to assist with independent learning, but made it that much more for students to review.

Teaching Methods

- Overall the class was receptive to the lectures being online.
- It was suggested students didn't review all of the cases for the exam since it was a lot of material
- Scheduling was a challenge for students to attend all five seminars

Text(s)

- No comments

Evaluation

- The midterm was helpful for Board Review and the final was fair.

Summary of Recommendations:

- Prepare voice narrated PowerPoints for topics without Mediasite recordings.
- Consider assigning two students per case to cover more depth than breath.
- Have all the course's online e-lectures available at one time as opposed to one per week.
- Keep the Advanced Differential Diagnosis course, 8352, close to 8263 since they have correlational material.
- Include Tobacco cessation, anti-cancer and codeine alternative drugs, perhaps adding these and/or tweaking the existing material to the lectures and/or cases since boards do cover them.
- Condense the six lectures to two weeks, three each week, and then a midterm exam.
- Put all the review cases in one document making it easier to download and less time consuming.

University of Florida College of Dentistry
Course Debriefing Summary
DEN 6412C, Preclinical Fixed Prosthodontics I

February 7, 2013

Present: M. Yanes, E. Ramirez, J. Garcia, J. Parmar, M. Yuan, Drs. Fernandez, Echeto, Sposetti

Debriefing Purpose: New Course Director, Dr. Maria Fernandez

Course Evaluation: 44 responses, Overall course evaluation 2.9.

Syllabus

No recommendations

Course Content

The schedule was very detailed and well organized, yet overwhelming due to the amount of material.

Quizzes assisted in the learning process by making students keep up and understand the course material.

Course Materials/Textbook

No recommendations

Laboratory

Lab synopsis sheet was very helpful due to its specific detailing and it additionally serves as the psychomotor grade form.

TA's were knowledgeable and potentially a bit more stringent with grading.

The white board gave all students the opportunity for feedback.

Evaluation

The percentage grade break down with the added mid-term would be: 10% quizzes, 10% midterm, 25% psychomotors, 20% final and 35% labs.

Summary of Course Recommendations

- Divide the lecture into information given during lectures and slide(s) with its dimensions during lab.
- Add a midterm, so the class will have a total of two exams. To account for the grade percentage change for the new midterm, the first psychomotor and quizzes would be worth less of the total grade.
- Biomaterials definitions vs. the clinical applications of them needed more integration to make them more relevant on the exam. A midterm exam might assist in clearing up this disconnect.
- Last lab project of pin-dexing, change how the project is presented such as a video and a quiz since this is now done by the lab.
- Make announcements in sim-lab at the beginning of the class to avoid classroom noise interruptions.

2012-2013 Curriculum Committee Charge

Strategic Actions	Timeline/Progress	Person Responsible
1. Select an electronic platform to support the Department of Community Dentistry and Behavioral Sciences initial implementation of student assessment in professionalism and cultural competency across the curriculum.	Implemented Spring 2013/DEN 5221/CBDS	OOE
2. Complete the curriculum revision design resulting in a curriculum that more closely simulates general clinical practice, promotes active learning, is patient-centered, supports interdisciplinary professional education and provides for earlier clinical experiences.		Dr. Culp
3. Review revisions in the CODA Standards and update the UFCD Competencies Document while assisting the Restorative Dental Sciences Department in designing and executing a “completed cases” requirement model.	Curriculum Committee completed CODA review standards in 2011-2012 Charge. RDS under new leadership. Dr. Robinson and Dr. Sposetti to discuss further with Dean Dolan	
4. Collaborate with the Office of Clinical Affairs in evaluation of the APGD Clinic model and transfer innovations as appropriate to the DMD TEAM clinics.	A meeting is scheduled with Dr. Rey, Dr. Robinson, Richelle Janeic, Dr. Sposetti, G. Childs in February to determine these attributes.	
5. Collaborate with the Student Performance Evaluation Committee and the TEAM Program Director in reviewing processes and metrics which evaluate student’s professionalism, cognitive, critical thinking and clinical skills.	An informal process has begun with the 3DN and 4DN class review with TEAM leaders and awarding of grades to DEN 7016, 7017, 8018. A February meeting is scheduled with Dr. Willis, Dr. Robinson, Richelle Janic and Dr. Sposetti to formalize the process.	Dr. Sposetti
6. Assist in the Commission on Dental Accreditation self-study beginning in 2013.	The Dean to assign which faculty member will lead this process.	Committee and OOE
7. Assist the Office of Education, the Office of Clinical Administration and the TEAM Program Director in the development of a Gainesville-based two year DMD program for international dentists.	The Dean and the Associate Dean for Education are reviewing this charge.	Dr. Sposetti

Completed

Not Yet Determined

2012-2013 Curriculum Committee Charge

Ongoing Actions		
1. Implement the UFCD Curriculum Management Process and identify methods to further enhance the curriculum.	Ongoing	Committee and OOE
2. Assist the program coordinator in implementing a DMD/PhD track in the DMD curriculum.	Implemented Fall 2012. One student currently enrolled.	Dr. Culp
3. Produce an annual report of committee activities and accomplishments.	6/1/2013	G. Childs, Dr. Bhattacharyy
4. Monitor proposed centralization of educational technology and support with the HSC IT services and UF AT services.	Ongoing	OOE
5. Recommend potential programs and retreats for consideration by the Faculty Development Committee.	Small Group Case Based Learning and Teaching Methods workshop scheduled for Spring 2013 Faculty Development Week and a Teaching Methods Workshop	
6. Refer all committee action items to the FAB on an ongoing basis for FAB review, discussion and subsequent action, as needed.	Mediasite and Podcasts	
Review of Outcome Measures		
D.M.D. students' first time pass rate on NBDE Parts I and II		
D.M.D. students' % pass rate on Florida licensure exam		
Proportion of classroom clock hours in evidence-based practice and critical thinking/active learning		
DMD student confidence in 20 clinical competencies upon graduation (senior survey).	Re-review data with Department Competency Process	
First time competency pass rate		
Student satisfaction (Senior Exit Interviews)		
Number of DMD students accepted/applied to advanced education programs		
Alumni periodic survey (2012-13)	The Dean and the Associate Dean for Education are reviewing this process and timeline.	Dr. Sposetti
Trends in number of students graduating with research honors		
Educational expenses and indebtedness for DMD students		

Completed

Not Yet Determined