

2013

Clinical Course Syllabus

Division of Operative Dentistry

Class of 2014 and 2015

Courses: DEN7744L, DEN7745L, DEN7746L,
DEN 8747L, DEN8748L, and DEN8749L

Dr. Deborah Dilbone
University of Florida College of Dentistry
April 2013



**Department of Operative Dentistry
Clinical Syllabus**

I. General Information:

Dr. Deborah Dilbone is the Director of the Operative Dentistry Division and the course director for all clinical courses in the Division of Operative Dentistry. Please contact Dr. Dilbone at (352) 273-5839 or ddilbone@dental.ufl.edu should you have any questions or to schedule an appointment. You can also contact Nikki Nicholas, the grade coordinator, in D9-6 or at 273-5830, for matters related to your semester grades, clinical progress, and academic records in this division. She is also responsible for the distribution and collection of Skills Assessment and Competency Assessment Forms and updating the Electronic Curriculum Organizer (ECO) with all necessary information bi-weekly.

II. Course Goals

Under Construction
Coming Soon!

III. Courses Objectives

Under Construction
Coming Soon!

IV. Courses Materials

A. Required texts (from pre-clinical courses):

Fundamentals of Operative Dentistry - A Contemporary Approach by Summit J et al, 3rd ed., 2006
Art & Science of Operative Dentistry by Sturdevant et al, fifth ed., 2006
Phillips' Science of Dental Materials, Anusavice, K.J., 11th ed., W.B. Saunders Co., 2003.
Pulp-Dentin Biology in Restorative Dentistry by Ivar A. Mjor, Quintessence books, 2002

B. Operative Clinical Courses Manual (DEN 7744L, DEN 7745L, DEN 7746L, DEN8747L, DEN8748L, DEN 8749L) – Separate Document

V. Courses Competencies

This course contributes to teaching to the following competencies:

Domain I: Professionalism – Apply standards of care in an ethical and medicolegal context to assure appropriate informed consent, risk management, quality assurance and record keeping and delivered within the scope of the dentist's competence in a patient-centered environment that interfaces with diverse patient populations.

1. Ethical Standards. Apply ethical standards to professional practice.
2. Legal Standards. Apply legal standards (state and federal regulations) to professional practice.

Domain II: Health Promotion and Maintenance - Educate patients and the community, based upon critical thinking and outcomes assessments, about the etiology of oral disease, promote preventive

interventions and effectively work with patients to achieve and maintain a state of optimal oral health through evidence-based care.

1. Communication and Interpersonal Skills. Communicate effectively using behavioral principles and strategies with patients from diverse populations, applying cultural sensitivity.
2. Critical Thinking. Apply scientific and clinical literature to make decisions about patient evaluation and treatment.
3. Assessment of Treatment Outcomes. Analyze the outcomes of patient care and previous treatment to improve oral health through application of best practices.
4. Practice Management. Understand the business principles and the human and technologic resources necessary for developing, managing, evaluating and protecting a general dental practice.
5. Patient Management. Apply behavioral and communicative management skills during the provision of patient care.

Domain III: Health Assessment – Evaluate the patient's medical and oral condition and plan treatment needs.

Examination of the Patient. Perform a comprehensive patient evaluation that collects patient history including medication, chief complaint, biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions.

Domain IV: Health Rehabilitation – Perform procedures that manage oral diseases and restore the patient to optimal oral health.

1. Prescribe and/or apply pharmacotherapeutic agents and monitor their effect on the patient's oral health.
2. Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prostheses.
3. Manage pulpal diseases and subsequent periradicular pathosis.
4. Manage oral mucosal and osseous diseases or disorders, including oral cancer.

VI. Evaluation

Clinical Operative Dentistry Performance Expectations and Grading For Semesters 6 – 11

Achieving competency, *per se*, as it relates to professionalism, diagnosis, treatment, and oral health maintenance in the Division of Operative Dentistry, is a process, not an event. This process extends over semesters six through eleven. Facilitating and validating this accomplishment are the expressed goals of our department as stated above and occur by measuring the breadth of your clinical experience over time and by measuring your ability to perform more independently with increasing experience, and ultimately demonstrating complete independence. Clinic evaluation is based on a quality evaluation which consist of skills assessments in the junior year, competency assessments in the senior year, and daily clinic evaluations. In addition, the amount of experience gained in the clinic is evaluated by the number of RVUs earned in clinic sessions.

A. Quality Evaluation

a. Skills Assessments and Competency Assessments

From semester 6-8, students are expected to complete six Skills Assessments to assess clinical progress. These assessments are both formative and summative in nature and are similar to the Competency Assessments given in semesters 9-11 (senior year). Skills Assessments are designed to prepare students to challenge Competency Assessments in their senior year. During Skills Assessment evaluations the attending faculty member will provide feedback and instruction as needed.

The Skills Assessments will not only evaluate a student's psychomotor ability but will also evaluate the student's ability to select appropriate cases, manage patients, and make critical, evidence-based decisions while providing dental treatment with limited faculty intervention. Competency Assessments evaluate the same in addition to the student's ability to operate independently while providing dental treatment without faculty intervention.

Students select procedures to challenge for Skills Assessments and Competency Assessments that are compatible with the needs of their family of patients from the menu below. **Students must have completed a minimum of one clinical case of the same classification before challenging an assessment. It is strongly recommended that the student achieve clinical proficiency with that specific classification prior to challenging the assessment. Once all Skills Assessments have been successfully completed, students can begin challenging Competency Assessments. All six Skills Assessments must be completed by the end of the junior year. All six Competency Assessments must be completed by the end of the senior year.** Each Skills Assessment or Competency Assessment is graded by operative faculty members using the same performance criteria taught in the preclinical courses. Competency Assessments are graded by two faculty members.

Each Skills Assessment or Competency Assessment must receive an overall score of 72% or higher and no "1" grades. Any "1" grade in any criteria is a failing error for the entire assessment. All failed skills assessments and all failed competency assessments must be retaken until an acceptable score is obtained. Remediation is required if a student fails two Skills and/or Competency Assessments over the junior and senior years combined.

Skills Assessment and Competency Assessment Procedure Menu

- | | |
|---|--|
| 1. <u>Class II Composite or Amalgam</u> | New or replacement.*
Must be in occlusion and must replace a proximal contact. |
| 2. <u>Complex Class II Composite or Amalgam</u> | New or replacement.*
Must be in occlusion and must replace a proximal contact. A core build-up on a posterior tooth that replaces a cusp may be used in this category but all of the same standards must be met as definitive Complex Class II preparation and restoration. The procedure code used must be D2161 or D2394. Note: The first one may be done on a dentof orm in the clinic; however, the dentof orm exercise must be restored with amalgam. RVUs are not given for dentof orm exercises. |
| 3. <u>Class III Composite</u> | New or replacement.*
Must replace a proximal contact. |
| 4. <u>Class IV Composite</u> | New or replacement.*
Must replace a proximal contact. |
| 5. <u>Class V Composite</u> | New or replacement.*
A carious lesion must be present.. |
| 6. <u>Caries Management</u> | |

** If a replacement restoration is chosen for assessment, all restorative material must be removed for the preparation.*

7. Miscellaneous Requirement

A Cerec Restoration and a Veneer or Diastema Closure must be done in both the junior and senior years. Two assists are permitted in the junior year to replace either the Cerec or the veneer or diastema closure.

If a procedure is selected for competency and it does not meet the specific requirements in the competency procedure menu, faculty may issue a failing grade of 70% for that competency and it will be averaged into your competency grade for the semester.

b. Daily Clinic Evaluation

A clinical evaluation is completed during every clinic procedure. Below is an example of the daily grade evaluation:

	Did Not Meet Expected Outcome	Modification/Intervention Necessary	Achieved Expected Outcome	Exceeded Expected Outcome
Preparedness, Time Management and Patient Management				
Ability to Provide an Appropriate, Evidence-Based Rationale for Treatment <i>(includes planned treatment and each step in treatment provided in this clinic session)</i>				
Psychomotor Ability				
Infection Control				
Professionalism				
Comment (optional)				

(Please refer to the Operative Clinic Manual for a detailed description of the grading criteria.)

Remediation will be required if a student receives two or more "Did Not Meet Expected Outcome" evaluations in the daily clinic evaluation over the junior and senior years combined. A third "Did Not Meet Expected Outcome" evaluation over semesters 6-11 cumulatively will result in a failing grade in the semester in which the third "Did Not Meet..." is received.

B. Quantity Evaluation

It is expected that proficiency and competency will be gained over time with a variety of formative clinical experiences. Each operative procedure is assigned a number of RVUs. Students will receive operative RVUs for each accomplished operative procedure. Breadth of experience is measured by the number of accumulated RVUs. A grade of 1-4 will be assigned according to the number of RVUs accumulated each semester. Offsite rotations begin in semester 9. RVUs are accumulated during offsite rotations with a cap of 700 per semester.

RVU Grade Scale

Grade	Semester 6	Semester 7	Semester 8	Semester 9	Semester 10	Semester 11
4 -	>600	>2200	>4100	>7000	>9500	>12000
3 -	400-599	1500-2199	3500-4099	5500-6999	8000-9499	10500-11999
2 -	300-399	1300-1499	3000-3499	5000-5499	7500-7999	10000-10499
1 -	<300	<1300	<3000	<5000	<7500	<10,000

Note: Students earn an additional 60 RVUs for assisting another student doing an Operative procedure provided the student assists the entire clinic session. A maximum of 60 RVUs may be obtained in this manner in any given semester. Students must have special permission to provide treatment on another student's assigned patient.

C. Graduation Requirements

Each student must pass each of the six skills assessments in their junior year and demonstrate competency on each of the competency assessments during the senior year. In addition, a minimum of 10,000 RVUs must be accumulated over semesters 6-11. 1 Cerec restoration (or 2 assists) and 1 veneer or diastema closure (or 2 assists) must be completed in the junior year and 1 Cerec and 1 Veneer or Diastema Closure in the senior year.

Remediation: An "E" grade will be given if a student's semester grade average is below 72% or if the student has not achieved semester requirements. Any student receiving a final "E" grade will be placed on academic probation by the SPEC following a hearing with the student; if determined necessary to assure due-process. At a minimum, the student will be required to complete all requirements not completed in that given semester within a given time frame of the next semester and successfully repeat any failed skills assessments or competencies on a dentofom and then on a patient. The operative clinic director will determine all of the remediation requirements on a case by case basis. Students will have two chances to successfully remediate. After two failed remediation attempts the student will be suspended from doing any operative procedures in clinic and will be referred back to the SPEC. **Successful remediation will result in a grade change to a remediated "D".**

VII. Grade Assignment:

Each semester a letter grade will be given by the division.

The semester grade will be computed as follows:

1. **Daily Clinic Evaluation - 50%**
2. **Breadth of Experience/RVUs – 50%**
3. **Competency or Skills Assessment –**
The minimum number of skills assessments and competency assessments must be completed each semester or a grade of "E" will be issued.
4. **Aesthetic Dentistry Requirement –**
The minimum number of aesthetic procedures must be completed by the end of the junior and senior years or a semester grade of "E" will be issued. (Item 7 on the skills and competency assessment menu)

Details of Computation of Semester Grades:

1. **Breadth of Experience (Quantity):** 50% of the semester's grade will be determined by the breadth of clinical experience each student gains in a semester. Please refer to the above chart for the specifics of this semester grade. A total of 10,000 RVUs must be completed prior to graduation. **If less than 10,000 RVUs are accumulated, the student should not expect to graduate on time.**

2. **Daily Clinic Evaluation (Quality):** 50% of the semester's grade will be determined by the average of all daily clinical evaluations in that given semester. Please refer to the Evaluation in section VI. The grade scale is as follows:
 - 4-Exceeded Expected Outcome
 - 3-Achieved Expected Outcome (deemed to be of satisfactory quality)
 - 2-Modification/Intervention Necessary (outcome was satisfactory after unanticipated or unwarranted modification and/or intervention)
 - 1-Did Not Meet Expected Outcome (deemed to be below a marginally acceptable quality and may require repair/replacement)

The grading criteria for specific clinical operative procedures performed as Skills Assessments or Competency Assessments are the same as those used in the preclinical courses. **A student will fail the assessment if any of the questions under "Professionalism and Patient Management" are given an "F" by the faculty evaluators.**

The 1 grade rule: If a "1" is received in any category, the grade issued will be the calculated percentage or a 70%, whichever is lower.

Assessments must be completed and ready to grade by **12:30 pm or 4:30 pm**. Before asking faculty to grade the preparation and before asking faculty to grade the restoration, you must self evaluate by filling in the form for each criterion listed. The assessment will be graded at that time (AS IS). (Faculty may issue a time extension, but only under very special circumstances.)

Note: No treatment rendered as a part of the mock board examinations will count toward performance expectations in clinical operative dentistry.

Grade Scale

The following grade scale will be used for all operative clinical courses:

Letter Grade	4 point Scale	Percentage Scale
A	3.50-4.00	95-100
A-	3.25-3.49	92-94
B+	3.00-3.24	88-91
B	2.75-2.99	84-87
B-	2.50-2.74	80-83
C+	2.25-2.49	76-79
C	2.00-2.24	72-75
E	< 2.00	< 72

Clinical Operative Syllabus Overview

Semester	Summer/6	Fall/7	Spring/8	Summer/9	Fall/10	Spring/11	Graduation	
Course #	7744L	7745L	7746L	8747L	8748L	8749L		
Credit hours	1	2	2	2	2	2		
Quality Evaluation								
Daily Clinic Evaluation (50%)	The Following 5 Criteria are Evaluated During Each Clinic Session: 1. Preparedness, Time Management and Patient Management 2. Ability to Provide an Appropriate, Evidenced-Based Rationale for Treatment <i>(includes planned treatment and each step in treatment provided in this clinic session)</i> 3. Psychomotor Ability 4. Infection Control 5. Professionalism			Evaluation is based on whether a student: Exceeded the Expected Outcome Achieved the Expected Outcome Achieved an Acceptable Outcome with Modification/Intervention Did Not Meet the Expected Outcome				
Skills Assessments		Minimum of 3	Successful Completion of all 6				Successful Completion of all 6	
Competency Evaluation				Minimum of 2	Minimum of 4	Successful Completion of all 6	Successful Completion of all 6	
Aesthetic Requirement	1 Cerec (or 2 assists) and 1 Veneer or Diastema Closure (or 2 assists)			1 Cerec and 1 Veneer or Diastema Closure			Successful Completion of Jr. & Sr. Requirement	
	<i>Students must complete a minimum of one case in the same clinical classification prior to challenging the skills assessment. Students must select the case and patient and declare the skills assessment or competency evaluation at the morning huddle. A grade of "2" in all categories is the minimum passing grade for skills assessments and competency evaluations.</i>							
Quantity Evaluation								
Breadth of Experience/RVUs	4	≥600	≥2200	≥4100	≥7000	≥9500	≥12000	10,000
	3	400-599	1500-2199	3500-4099	5500-6999	8000-9499	10500-11999	
	2	300-399	1300-1499	3000-3499	5000-5499	7500-7999	10000-10499	
	1	<300	<1300	<3000	<5000	<7500	<10,000	
Semester Grade Quality 50% Quantity (RVUs): 50%								
<u><i>In addition, all skills assessments, competency assessments, and aesthetic requirements must be completed by semester 8 and 11 or an "E" grade will be issued.</i></u>								

Faculty Development Dates

	Friday, May 10, 2013	Friday, May 31, 2013	Friday, August 02, 2013	Fall Break Week Monday, October 21, 2013
8:00	Faculty Practice Meeting	RDS Calibration -Session I (RPD/Caries)TEAM Meeting-MI	Medical Emerg Update	Advanced Topics in Cultural Competency Workshop Dr. Lense
9:00	Part I-Developing Effective		RDS Calibration-Session 2	
10:00	Active Learning In Your Course			
11:00				
12:00		*Part II-Test Construction	Lunch?	
1:00		Considerations in Your	Intro to Cultural Competency and Health Disparities Dr. Lense	
2:00		Course_LSB		
3:00				
4:00				

*Working Lunch-orders
will be taken for Jason's
Deli

March 22 – D1-9, 12:30-2:30
April 17 – D8046, 7:45-9:15

?Other small group facilitation
training

Curriculum Committee Semester Debriefing Template

Semester: 4 _____ Date 4/1/2013 _____

Attendees: M. Dennis, M. Gibbs, R. Caudle, C. Spencer, D. Culp, U. Nair, M. Ottenga, W. Willis, G. Childs, V. Sposetti, J. Garcia, C. Miskovich, J. Parmar, M. Yuan

<p>Criteria</p> <p>Courses & Content Sequencing <i>Are the courses sequenced adequately?</i> <i>Is the semester of courses sequenced to build on content development sufficiently?</i> <i>Identify where this stream incorporates emerging information?</i> <i>Do the courses have excessive content overlap with other streams in the curriculum such that time could be used in other ways?</i> <i>Are their content gaps or redundancies that need to be addressed?</i> Comments: Pain lectures should be closer to anatomy's neurology lectures. Oral Pathology after general pathology, students found it helpful despite the repetition. The students thought the slides were well put together and effectively augmented the lectures, and when preparing for boards this information was helpful. Pros 1, 2 and intro courses, students felt more prepared for the lab courses the following semester. Dr. Wills' 5013 course with clinical observation opportunities are very spaced apart and difficult to retain information from session to session. The students suggested written material to help retain and use for reference. The course's clinical experiences were very helpful, but the groups were large. If the groups could be segmented into smaller groups it might be make the shadowing experience more meaningful.</p>
<p>Teaching Methods <i>What are the primary methods of instruction this semester?</i> <i>Where do teaching methods support:</i> <i>active learning,</i> <i>evidence-based practice, Pretty much all S4 courses</i> <i>multidisciplinary integration, Pain Course</i> <i>the development of critical thinking skills and reflective judgment? Oral pathology DEN 6351</i> <i>Where and how does faculty mentoring occur? Dr. Spencer's course, faculty walking around lab giving help and advice.</i> Also it's in Operative Dentistry and Prosthodontics. Comments: Shelly Taylor is our class' community service coordinator is great. There is always stuff to volunteer for. We are constantly getting emails. No students are in electives except for the Spanish elective.</p>
<p>Methods of Evaluation <i>What are the primary methods of student assessment this semester? Psychomotors and written electronic exams</i> <i>Are there more integrated ways to assess student performance?</i> <i>How did the faculty interpret the most recent course evaluations?</i> Comments: Students did not feel the need for practice psychomotor exams later in the course. This semester students are studying for for National Boards</p>
<p>Student Preparation and Assignments: <i>Are course readings and assignments throughout the semester appropriate?</i> <i>Identify where group projects/student presentations occur this semester?</i> Comments: IPL no one liked it at all, and it seemed like none of the students from other colleges like it either. As a result, some of them just left groups. A lot of the issues didn't relate to dentistry. They talked about access to care</p>

but it was all Pharm. med nursing, audiology and dental students felt left out. It was all hospital setting and did not affect dentistry. There is a big disconnect between dentistry and medicine. The point of the class is totally being missed, and the students are not learning from each other's' issues. Also, there was a denture patient in the last case and the treatment plan did not even include new dentures as part of treatment to improve patient nutrition.

AxiUm a huge interference with learning treatment planning...it was more likely that it wouldn't work than it would. The students suggested a PowerPoint presentation with screen shots as a guide. Also working with a partner in AxiUm was helpful

Criteria

Credit Hours

Does credit assignment for the courses reflect the hours scheduled and the assignments completed?

Do the credit assignments for the courses reflect appropriate weight within the curriculum?

Comments:

No specific comments

RECOMMENDATIONS

Arrange student scheduled time to allow more clinical time in the TEAM program in semesters 3-5.

ACTION: Incorporate in Curriculum Revision

Integrate AxiUm use in preclinical courses.

ACTION: Meet with IT to get more nodes in the Sim Lab and confirm enough VDI licenses.

Develop electives for 1DN and 2DN offerings.

ACTION: Dr. Probert is developing a Leadership Elective and Dr. Mugayer has a meeting with the OOE to discuss an elective this month. Final proposals will be sent to the Curriculum Committee.

Develop more diversity in student assessment.

ACTION: An active learning and student assessment faculty development programs are scheduled. Part I- Developing Effective Active Learning In Your Course-May 10, 2013 from 9-noon in D1-9 and Part II-Test Construction Considerations in Your Course-August 2, 2013 from noon to 2:30

Re-assess COD involvement in IPLE in year 2.

ACTION: Invite Dr. Black from COM to share the IPLE evaluations with the Curriculum Committee.

Curriculum Management Reference Information

EDUCATIONAL MISSION

The educational mission of the College of Dentistry is to graduate a scientifically knowledgeable, biologically oriented, technically competent, socially sensitive practitioner of dental medicine who adheres to the highest standards of professional conduct and ethics and who can function effectively as a member of the nation's health care delivery system. Our graduates must be competent in the prevention, diagnosis and care of patients with oral-facial conditions that affect overall health and patient well-being. A competent practitioner is one who is able to begin independent, unsupervised dental practice.

EDUCATIONAL PHILOSOPHY

The College of Dentistry is committed to the development of the competent graduate in the art, science and practice of general dentistry. The foundation of our educational philosophy is the nurturing of a humanistic environment honoring the values of integrity, honesty, respect, fairness, cooperation and professionalism. In this environment, it is critical that faculty and staff develop, integrate, and facilitate effective and active learning among the students. These collaborative efforts must result in graduates who possess and demonstrate knowledge and skills in the cognitive, psychomotor, and affective domains.

COMMITTEE RESPONSIBILITY

The Curriculum Committee is responsible for overseeing and managing the four year (eleven semesters) DMD curriculum. The committee ensures that the curriculum is consistent with the Commission on Dental Accreditation Standards and College's educational mission and philosophy. These responsibilities confirm that the content is current (evidence-based) and that teaching methods are based on sound educational principles, and that evaluation activities are ongoing and include a variety of assessment methodologies. The committee strives to maintain adequate hours of instruction by minimizing unnecessary redundant material among departments, incorporates emerging information and ensures that students receive sufficient exposure to the curriculum material and clinical skills so that they retain the necessary knowledge, attitudes and skills to become competent dentists. The Committee's activities and recommendations are reported in monthly meeting minutes, posted on the College's website, and reviewed by the Dean and the College's Faculty Advisory Board before implementation.

**University of Florida College of Dentistry
Administrative Debriefing Summary
DEN 8960L, Clinical Examination II**

April 8, 2013

Present: D. Dilbone, L. Echeto, U. Nair, T.W. Willis, V. Sposetti, L. Mintz, M. Vaughn, R. Kelowitz, G. Childs

Purpose: To evaluate student preparation, faculty and staff responsibilities, student grading and student learning outcomes for Clinical Examination II.

Student performance summary: (as reflected in ECO and Evalsuite 3/12/13)

Prosthodontics

Psychomotor Anterior Ceramic: Passed=79, Failed=0

Psychomotor PMF Crown: Passed=79, Failed=0

Psychomotor Cast Crown: Passed=79, Failed=0

Laws

Written laws and rules exam: 3/19/13-Passed=55, Failed=23, 4/3/13-Remediation I, Passed=2, Failed=12, Remediation II

Operative

Clinical Operative CL II Preparation: Passed=76, Failed=3, Remediation I, Remediation II

Clinical Operative CL II Restoration: Passed=76, Failed=3, Remediation I, Remediation II

Clinical Operative CL II Composite: Passed=76, Failed=3, Remediation I, Remediation II

Clinical Operative CL III Preparation: Passed=76, Failed=3, Remediation I, Remediation II

Clinical Operative CL III Restoration: Passed=75, Failed=4, Remediation I, Remediation II

Clinical Operative CL III Composite: Passed=75, Failed=4, Remediation I, Remediation II

Periodontology

Clinical Periodontics: Passed=76, Failed=3, Remediation I, Remediation II

Endodontics

Clinical Endodontics Access: Passed=79, Failed=0

Clinical Endodontics Completion: Passed=79, Failed=0

Sim-Lab Psychomotor Exam:

- This portion of the examination was administered earlier (Fall 2012) than the clinical portion (February 2013.)
- Dr. Echeto reported that these sessions were administered and graded as planned.

Written laws and rules exam:

- Dr. Kelowitz felt he needs more administrative assistance for the secretarial tasks so he can concentrate on updating the DEN 8960L exam.
- Dr. Kelowitz felt the students have not put in their due diligence in learning the laws and rules in preparation for the exam.
- Gail noted there is some loss of continuity in where the laws and rules are taught and evaluated, and suggested a meeting to review the exam questions and where they can be referenced in the 2012 Board of Dentistry Chapter 466. Gail suggested the best way

to prepare for the laws and rules exam a couple of practice exams prior it to drive students back into reading the laws and rules.

- Dr. Echeto felt the students are not taking the exam as seriously as they should. Perhaps making it a higher stakes exam as in years before might help them prepare better.
- Gail noted in Dr. Minden's course, DEN 8321, and Dr. Watson's laws and rules material is available in the documents section but is unclear how it is emphasized or incorporated in this course.

Clinical Exam:

Operative:

- Dr. Dilbone suggested no clinic that day so all faculty could be assigned to grading. Dr. Kelowitz commented the students do not use common sense when selecting their task for the boards. The difficulty level of the task slows everything down.
- Dr. Kelowitz felt a system for pre-approval for class 2 and 3's needed to be created for the Operative portion. It would allow a way of monitoring what the student is doing, decrease the request for modifications and create more effective use of clinical time for the student.
- Dr. Dilbone felt the juniors participating had a positive experience.
- Dr. Dilbone suggested going back to using a manual with the specifics that are different than the actual exam, and to send it out 1 month prior to the exam.
- Dr. Kelowitz felt students learn time management skills from the practice exam (duration of 5 hrs.) before taking boards. Lee Mintz felt it should go back to 6 hours to give them the actual experience of the boards.
- Marilyn suggested only one faculty member or a 3DN student to be assigned to taking pictures.
- Marilyn noticed interruptions by students entering the testing area who not involved with the mock boards. Something needs to be done to keep them out while testing was in progress.

Clinical Exam --all other sections:

- Drs. Kelowitz, Echeto and Nair noted the prosthodontic, periodontic and endodontic sessions went smoothly.
- Marilyn also noted the some of the volunteer 3DN students were a bit bossy.

Suggestions – Supplies:

- Lee noted the clinics ran out of supplies even though they were reminded 3 months in advance about the mock board exam. Marilyn noted it would help if there was someone to dispense the supplies at the exam. Lee, Drs. Willis and Kelowitz added students have the tendency to help themselves to supplies a couple months before the exam which also depletes the supplies.

Exam Comments and Suggestions – Orientation Session:

- Dr. Kelowitz reported not all the students came to the orientation session. Students who were missed the orientation were on interviews or were rotation, and it was about 5 students were missing so it wasn't a big problem.

Summary of Recommendations:

- RDS consult with the Office of Clinical Administration regarding the advantages and disadvantages of canceling all TEAM clinical patient appointment for this exam.
- Dr. Kelowitz to work with Clinical Course Directors in developing a manual for Clinical Examination II to be sent out 1 month prior to the exam.
- Dr. Kelowitz, to review the laws and rules examination items with the 2012 version of Chapter 466.
- The Educational Recourse Manager (Marilyn) and the Instrument Leasing Manager (Lee) continue to provide staff support for this course.
- Dr. Kelowitz to assign a faculty or 3DN student to be assigned to taking pictures. A image template should be established to assist this person.
- Dr. Kelowitz, Dr. Willis, Marilyn an Lee develop a process and document to assist 3DN runners participating in this exam and delivery and maintenance of supply issues.
- Dr. Kelowitz coordinate the syllabus and orientation session so that students on rotations or interviews must meet with him upon their return to certify they have watched the Medisite orientation and pick up their examination packet.

Curriculum Committee Syllabus Evaluation Form

Course number DEN5010 Course title: Interdisciplinary Service Learning I.

Faculty reviewer: Bhattacharyya, Sposetti, Rey Date 3/2013

Criteria	Yes	No
<p>Educational Goals and Objectives</p> <p>Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document?</p> <p>Are the educational goals and objectives clearly stated?</p> <p>Are the course objectives and content thorough and appropriate for predoctoral students?</p> <p>Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency?</p> <p>Comments: This course is difficult to evaluate as one since it spans all four years of the training and has increasing levels of learning as the student progresses through the years.</p>	<p>XX X XX X XX X</p>	
<p>Teaching Methods</p> <p>Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment?</p> <p>Comments: I am assuming this since it involves writing a reflective paper based on the students personal experience as they perform the various volunteering activities.</p>	<p>XX X</p>	
<p>Course Content:</p> <p>Does the course incorporate emerging information?</p> <p>Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways?</p> <p>Comments: Has same requirements every year but changing experiences are probably more important here. Emerging information could not be found anywhere on ECO unless students are provided with literature before or after their experience starts.</p>	<p>XX X</p>	<p>X XX</p>
<p>Methods of Evaluation</p> <p>Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course?</p> <p>Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall?</p> <p>Comments: PASS/FAIL course but administrative practices uses the boiler plate language with grades detailed etc. I saw a comment about make up sessions , I may suggest a little more elaboration</p>	<p>XX X XX X</p>	
<p>UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines?</p> <p>Comments:</p>	<p>XX X</p>	
<p>Readings and Assignments:</p> <p>Are course readings and assignments thorough and appropriate?</p> <p>Comments: No reading material could be found except for a suggested textbook</p>	<p>n/a XX</p>	

Criteria	Yes	No
<p>Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum?</p> <p>Comments: All four years of the dental school have this activity.</p>	<p>XX X</p>	
<p>Credit Hours</p> <p>Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum?</p> <p>Comments: No clock hours are listed</p>	<p>XX X XX X</p>	
<p>Summary: Strengths of the course</p> <p>Should provide students with a valuable experience.</p> <p>Interdisciplinary small group experiences involving home visits with an assigned family in the community. Introduction to patient safety and quality assurance issues. Introduction to tobacco cessation. Service learning by teaching middle school science students. 6 hours of required community service of the student's choice.</p>		
<p>Summary: Weaknesses of the course</p> <p>Interdisciplinary aspects of the course can be poorly integrated with the needs of dental students with a heavy focus on hospital based issues. Interdisciplinary portion of the course is too long. Should be fewer home visits and group meetings by one each.</p>		
<p>Recommendations (continue on separate sheet, if necessary)</p> <p>Very difficult to evaluate the course syllabus or other details since this is not a didactic or practical lab based class.</p> <p>Continue to participate but recommend a shorter experience for students.</p> <p>From the evaluation I gathered when the screening the families to be visit by the students that the families selected may be more interested in the information the students will share with them</p>		

Curriculum Committee Syllabus Evaluation Form

Course number DEN5100C Course title: Gross Anatomy

Faculty reviewer: Bhattacharyya, **Guelmann, Rey** __ Date 3/2013

Criteria	Yes	No
<p>Educational Goals and Objectives</p> <p>Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document?</p> <p>Are the educational goals and objectives clearly stated?</p> <p>Are the course objectives and content thorough and appropriate for predoctoral students?</p> <p>Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency?</p> <p>Comments:</p>	<p>XX X XX X XX X</p>	
<p>Teaching Methods</p> <p>Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment?</p> <p>Comments: NO this is a basic science course which is foundation for numerous future classes students will take. More emphasis appears to be given to occlusion, gnathic system, head and neck, etc</p>	XX	X
<p>Course Content:</p> <p>Does the course incorporate emerging information?</p> <p>Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways?</p> <p>Comments: Cannot comment on emerging information as this is a foundation course.</p>	XX	X XXX
<p>Methods of Evaluation</p> <p>Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course?</p> <p>Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall?</p> <p>Comments:</p>	XX XX	
<p>UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines?</p> <p>Comments:</p>	XX X	
<p>Readings and Assignments:</p> <p>Are course readings and assignments thorough and appropriate?</p> <p>Comments: Numerous websites, texts, handouts are available to students</p>	XX X	

Criteria	Yes	No
<p>Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments:</p>	<p>XX X</p>	
<p>Credit Hours Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments:</p>	<p>XX X XX X</p>	
<p>Summary: Strengths of the course Foundation course essential for students Very organized course.</p>		
<p>Summary: Weaknesses of the course I am not sure if students need to attend the actual class since everything is available on mediasite recordings. None. Not found.</p>		
<p>Recommendations (continue on separate sheet, if necessary) None. Maintain the same structure The course had excellent evaluations.</p>		

Curriculum Committee Syllabus Evaluation Form

Course number DEN 5404C _ Course title: Dental Anatomy and Cariology _____

Faculty reviewer: Freymiller, Culp, Harrison _____ Date__3/2013_____

Criteria	Yes	No
<p>Educational Goals and Objectives</p> <p>Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document?</p> <p>Are the educational goals and objectives clearly stated?</p> <p>Are the course objectives and content thorough and appropriate for predoctoral students?</p> <p>Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency?</p> <p>Comments: Most lectures are followed by laboratory exercises</p>	<p>XX X XX X XX X XX X</p>	
<p>Teaching Methods</p> <p>Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment?</p> <p>Comments: Within limits, the lab exercises afford active application of didactic knowledge and self-evaluation of accuracy with which this is replicated on dental models</p>	<p>XX X</p>	
<p>Course Content:</p> <p>Does the course incorporate emerging information?</p> <p>Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways?</p> <p>Comments: Foundation knowledge. Limited potential for incorporating emerging information. Subsequent courses should adapt to these issues and avoid overlap.</p>	<p>X X</p>	<p>XX XX</p>
<p>Methods of Evaluation</p> <p>Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course?</p> <p>Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall?</p> <p>Comments:</p>	<p>XX X XX X</p>	
<p>UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines?</p> <p>Comments: Very clearly stated. Grade can be reduced for absence/tardiness/inappropriate dress - is this consistent?</p>	<p>XX X</p>	
<p>Readings and Assignments:</p> <p>Are course readings and assignments thorough and appropriate?</p> <p>Comments:</p>	<p>X n/a, n/a</p>	

Criteria	Yes	No
<p>Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments:</p>	XX	
<p>Credit Hours Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments: May consider increasing to 3 credits</p>	XX X XX	X
<p>Summary: Strengths of the course Basic material and not allowing a student to fail a psychomotor exam without remediation are strengths. Highly detail-oriented, hands-on application of foundational knowledge.</p>		
<p>Summary: Weaknesses of the course A lot of practical detail covered and fine motor skills needed, at time when dexterity may yet be underdeveloped - does this affect students' potential for learning/carrying forward information? Likely sessions are quite faculty heavy (or need to be) to adequately teach practical skills.</p>		
<p>Recommendations (continue on separate sheet, if necessary) Students could receive some learning materials ahead of course, so that sessions be used for ensuring understanding of concepts and more one-on-one practical time (rather than initial learning, due to level of detail covered). Briefly (2-3 session)recap modelling of tooth anatomy following entry to clinics, when students are now addressing issues of tooth and restoration anatomy and design. While foundational, a lot of this course subject matter may be forgotten and not applied by the time students get to clinic.</p>		



Curriculum Committee DMD Rotation Form
Rotation Director and CC Member please each complete this form.

Rotation Title: Clinical Oral Surgery I

Course number: DEN 7805L Rotation Director completing form: M. Dennis

Description of Rotation:

- When does rotation occur in curriculum? Semesters 6 & 7 & 8
- Length of Rotation : 1 week each semester
- How many times does an individual repeat the rotation?
3
- Describe any other required DMD rotations in your discipline:
DEN 8809L Advanced Oral surgery
- What are the rotation's educational goals and objectives?
As stated by rotation director

Methods of Evaluation

- How are students' achievement of the educational goals and objectives evaluated? Daily grade evaluation and competency evaluations. Increased emphasis on patient presentation and medical/pharmacological management.
- This **rotation certifies** which of the UFCD 20 Competencies?
Domain II: 7. Patient Management
Domain III. 9 Examination of the patient; 10. Diagnosis; 12. Emergency treatment
- This **rotation teaches towards** which of the UFCD 20 Competencies?
Domain I: 2. Legal standards.
Domain II: 3. Communication & Interpersonal skills; 4. Critical Thinking; 7. Patient Management
Domain III. 9 Examination of the patient; 10. Diagnosis; 12. Emergency treatment
Domain IV: 16. Manage conditions requiring surgical procedures...
- Could this rotation be shortened? What would be lost? What would be gained?
The Course Director says no. Students would have decreased opportunity to acquire skills in exodontias and oral surgery. This clinic places significant emphasis on building students' skills in differential diagnosis and assessment of the impact of medical factors on overall health and dental care provision.

- Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways? No. There is limited exposure to exodontia via Team clinics; and students do have to "present" cases/patients each day, however, these skills are assessed with greater rigor through these rotations.
-

Summary: Rotation Strengths

Development of critical thinking through making differential diagnoses, detailed consideration of medical factors of relevance etc.

Opportunity to see and treat dental emergency situations.

Development of skills in exodontia and surgical dentistry.

Opportunity for students to work independently.

Summary: Rotation Weaknesses

Experience in each individual week somewhat dependent on nature and number of patients who attend. This is reflective of daily practice, however, and likely balances out over the multiple weeks of rotation.

Student assignment varies - there are generally fewer students assigned than in past years. This may affect the peer mentoring component acquired through working in teams of junior and senior year pairs.

Recommendations

Rotation appears satisfactory and productive.

No request to increase time allotted. Leave as currently is.

Curriculum Committee DMD Rotation Form

Rotation Director and CC Member please each complete this form.

Rotation Title: _____ Clinical Oral Surgery I _____

Course number _7805L_ Rotation Director completing form: M. Dennis

Description of Rotation:

- When does rotation occur in curriculum? Semester 6,7 and 8
- Length of Rotation: one week rotations (85 hours)
- How many times does an individual repeat the rotation?
_____ 3 _____
- Describe any other required DMD rotations in your discipline. 8809L Advanced Oral Surgery _____

What are the rotation's educational goals and objectives? provides clinical experiences for the student in patient evaluation, diagnosis, treatment of common dental emergencies, simple extraction of erupted teeth, surgical extraction of erupted teeth, basic preprosthetic surgery, diagnostic biopsy and early treatment of odontogenic infections. The foundation knowledge and skills acquired through these experiences contribute to the development of a general dentist competent in basic oral and maxillofacial surgery and in basic medical risk assessment of all dental patients.

Cognitive objectives include local anesthesia, asepsis, postoperative instructions to patients, management of postoperative complications, suturing, diagnosis and treatment of pain.

Methods of Evaluation

- How are students' achievement of the educational goals and objectives evaluated?
- **The following four criteria are evaluated for every clinical case or competency.**
 1. Medical history: Areas of evaluation include a thorough current and past medical history, past and current medication and their action, allergies to drugs or latex, and a past surgical history. Tobacco, alcohol and or drug use.
Critical Error: Failure to identify a significant finding in the medical history that contraindicates dental treatment, such as a recent myocardial infarction, blood dyscrasias, radiation therapy to the head and neck region, and or medication usage; failure to identify a drug allergy or latex allergy; failure to identify the need for antibiotic prophylaxis according to the AHA guidelines.
 - 2. Diagnostic work-up: Areas of evaluation include the chief complaint of the patient, history of present illness, vital signs to routinely include blood pressure and pulse and a temperature for those patients with an odontogenic infection, radiographic interpretation and a complete, head and neck and oral examination.
Critical Error: Failure to record vital signs; failure to develop an appropriate differential diagnosis that correlates to the chief complaint, radiographic findings and the clinical examination.
 - 3. Procedure: Areas of evaluation include anesthesia technique, instrumentation, flap design and execution, alveoloplasty as needed, closure of surgical wound, biopsy technique & infection control. For a non-surgical procedure, referral for endodontic therapy, pain management and or restorative or prosthetic repair.

Critical Error: Inappropriate anesthetic technique; gross violation of infection control guidelines; extraction of the wrong tooth; unnecessarily traumatic, surgical procedure which injures adjacent tissue, excessive bone removal.

- 4. Patient management: Areas of evaluation include the informed consent; preoperative explanation to the patient; postoperative instructions; post-operative prescriptions to include analgesics, antibiotics or other necessary medication; disposition, self-evaluation.

Critical Error: Failure to provide informed consent to the patient; observed unprofessional behavior toward the patient; failure to provide post-operative instructions; contraindicated prescriptions due to a drug allergy or drug interactions.

- **Grading Criteria**

- Performance Criteria for Clinical Procedures and Clinical Competencies

- To receive credit for a clinical procedure, the student must perform at a minimally acceptable level (a grade of "3" or "4"). To receive credit for a clinical competency, the student must receive a grade of "4". A grade of "0", "1", or "2" is unsatisfactory for a clinical procedure and a grade of "3" is unsatisfactory for a clinical competency, indicating a deficiency in one or more of the following:

1. The chief complaint and history of present illness
 2. The review of the medical history, to include past medical history, current illnesses and symptoms, medications and allergies
 3. Accurate vital signs, to include blood pressure, pulse, respirations and temperature
 4. A correlation between a positive finding in the medical history and the dental diagnosis and or required treatment
 5. Performance of appropriate diagnostic tests (pulp testing, probing)
 6. The development of an appropriate differential diagnosis which correlates the chief complaint, clinical and radiographic findings
- Adequate pain control techniques
 Appropriate stress management techniques
 Appropriate choice of treatment based upon the diagnosis
 The use of strict infection control techniques
 Obtaining an informed consent for the proposed procedure
 The clinical procedure, to include the appropriate extraction, a non traumatic simple or surgical technique, incision design and suturing technique
 Providing appropriate preoperative and postoperative information to the patient
 Providing correct analgesic or antibiotic medications

This **rotation certifies** which of the UFCD 20 Competencies?

- **Domain II:** Health Promotion and Maintenance - Educate patients and the community, based upon critical thinking and outcomes assessments, about the etiology of oral disease, promote preventive interventions and effectively work with patients to achieve and maintain a state of optimal oral health through evidence-based care.

7. Patient Management Apply behavioral and communicative management skills during the provision of patient care.

- **Domain III:** Health Assessment - Recognize systemic diseases, substance and patient abuse and evaluate the patient's medical and oral condition and plan treatment needs.

9. Examination of the Patient Perform a comprehensive patient evaluation that collects patient history including medications, chief complaint(s), biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions accordingly.

10. Diagnosis Perform a differential, provisional, or definitive diagnosis by interpreting and

correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.

12. Emergency Treatment Prevent, recognize and manage dental and medical emergencies in the office.

- **Domain IV:** Health Rehabilitation - Using universal infection control guidelines perform procedures that manage oral diseases and restore the patient to optimal oral health or refer appropriately.

16. Manage conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.

This rotation teaches towards which of the UFCD 20 Competencies?

Domain I: Professionalism - Apply standards of care in an ethical and medicolegal context to assure appropriate informed consent, risk management, quality assurance and record keeping and delivered within the scope of the dentist's competence in a patient-centered environment that interfaces with diverse patient populations.

2. Legal Standards Apply legal standards (state and federal regulations) to professional practice.

- **Domain II:** Health Promotion and Maintenance - Educate patients and the community, based upon critical thinking and outcomes assessments, about the etiology of oral disease, promote preventive interventions and effectively work with patients to achieve and maintain a state of optimal oral health through evidence-based care.

3. Communication and Interpersonal Skills Communicate effectively using behavioral principles and strategies with patients from diverse populations, applying cultural sensitivity.

4. Critical Thinking Apply scientific principles and clinical expertise to critically evaluate literature when making decisions in the diagnosis and treatment of patients.

7. Patient Management Apply behavioral and communicative management skills during the provision of patient care.

- **Domain III:** Health Assessment - Recognize systemic diseases, substance and patient abuse and evaluate the patient's medical and oral condition and plan treatment needs.

9. Examination of the Patient Perform a comprehensive patient evaluation that collects patient history including medications, chief complaint(s), biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions accordingly.

10. Diagnosis Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.

12. Emergency Treatment Prevent, recognize and manage dental and medical emergencies in the office.

- **Domain IV:** Health Rehabilitation - Using universal infection control guidelines perform procedures that manage oral diseases and restore the patient to optimal oral health or refer appropriately.

16. Manage conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.

- Could this rotation be shortened? What would be lost? What would be gained?

No. Students require multiple experiences evaluating patients in pain and gaining a breadth of knowledge of medically compromised patients. They also need additional experiences in dealing with the difficult local anesthetic case, prescription writing, pain management and treatment planning around the psychosocial issues patients present with. A small group of comprehensive care patients does not supply these experiences in adequate volume to prepare the student for independent entry into practice.

Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways?

No _____

Summary: Rotation Strengths

Provides student with vital experiences in basic medical risk assessment, diagnosis of dental pain and disease, local anesthesia and pain control, uncomplicated and complicated oral surgery, preprosthetic surgery, infection control and infection treatment, pertinent cultural, social and psychological factors affecting patient care, prescribing medication and post treatment evaluation of the dental patient.

Summary: Rotation Weaknesses

none

Recommendations

Continue current rotations as is.



Curriculum Committee DMD Rotation Form

Rotation Director and CC Member please each complete this form.

Rotation Title: Advanced Oral Surgery

Course number: DEN 8809L Rotation Director completing form: M. Dennis

Description of Rotation:

- When does rotation occur in curriculum? Semesters 9 & 10 & 11
- Length of Rotation : 1 week each semester
- How many times does an individual repeat the rotation?
3
- Describe any other required DMD rotations in your discipline:
DEN 7805L Clinical Oral Surgery I
- What are the rotation's educational goals and objectives?
As stated by rotation director

Methods of Evaluation

- How are students' achievement of the educational goals and objectives evaluated? _

Group exercise for assessment of "cognitive objectives" (10%).
Minimum number requirement of clinical procedures (60%)
Clinical surgical competency evaluations (30%)
- This **rotation certifies** which of the UFCD 20 Competencies?
Domain II: 7. Patient Management
Domain III: 9. Examination of the patient; 10. Diagnosis; 12. Emergency treatment
Domain IV: 16. Manage conditions requiring surgical procedures...
- This **rotation teaches towards** which of the UFCD 20 Competencies?
Domain I: 2. Legal standards.
Domain II: 3. Communication & Interpersonal skills; 4. Critical Thinking; 7. Patient Management
Domain III. 9 Examination of the patient; 10. Diagnosis; 11. Treatment planning;
12. Emergency treatment
Domain IV: 16. Manage conditions requiring surgical procedures...
- Could this rotation be shortened? What would be lost? What would be gained?
The Course Director says no. Students would have decreased opportunity to

acquire skills in exodontias and oral surgery. This clinic places significant emphasis on building students' skills in differential diagnosis and assessment of the impact of medical factors on overall health and dental care provision.

- Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways?
No. There is limited exposure to exodontia via Team clinics; and students do have to "present" cases/patients each day, however, these skills are assessed with greater rigor through these rotations.

Summary: Rotation Strengths

Development of critical thinking through making differential diagnoses, detailed consideration of medical factors of relevance etc.

Opportunity to see and treat dental emergency situations.

Development of skills in exodontia and surgical dentistry.

Opportunity for students to work independently.

Summary: Rotation Weaknesses

Experience in each individual week somewhat dependent on nature and number of patients who attend. This is reflective of daily practice, however, and likely balances out over the multiple weeks of rotation.

Student assignment varies - there are generally fewer students assigned than in past years. This may affect the peer mentoring component acquired through working in teams of junior and senior year pairs.

Recommendations

Rotation appears satisfactory and productive.

No request to increase time allotted. Leave as currently is.

Curriculum Committee DMD Rotation Form

Rotation Director and CC Member please each complete this form.

Rotation Title: Advanced Oral Surgery _____

Course number _8809L_ Rotation Director completing form: M. Dennis

Description of Rotation:

- When does rotation occur in curriculum? Semester
9,10,11 _____
- Length of Rotation one week _____
- How many times does an individual repeat the rotation?
_3 _____
- Describe any other required DMD rotations in your discipline. 7805L Clinical Oral
Surgery _____
- What are the rotation's educational goals and objectives?

provides clinical experiences for the student in patient evaluation, diagnosis, treatment of common dental emergencies, simple extraction of erupted teeth, surgical extraction of erupted teeth, basic preprosthetic surgery, diagnostic biopsy and early treatment of odontogenic infections. The foundation knowledge and skills acquired through these experiences contribute to the development of a general dentist competent in basic oral and maxillofacial surgery and in basic medical risk assessment of all dental patients.

COGNITIVE Objectives:

Seven cognitive objectives are required to be completed by the student during 8809L. These objectives are completed in teams (groups). A grade of satisfactory or unsatisfactory will be given. Each student will be required to participate to the faculty member's satisfaction. Cognitive objectives will be completed with specific faculty members, as assigned below. A written short answer exercise which is a narration of the objectives discussion may be completed in lieu of the participation group exercise. Satisfactory completion of all seven cognitive objectives will earn the student 10 grade points. Cognitive objectives account for 10% of the total grade and must be completed by the end of the spring semester of the senior year.

1. Patient Management I - Dr. Dennis/Dr. Foerster

1. Discuss the clinical signs, diagnostic tests and preparation of patients for routine oral and maxillofacial surgery with the following medical conditions:

- a. Hypertension
- b. Diabetes mellitus
- c. Cardiac disease

2. Patient Management II - Dr. Dennis/Dr. Foerster

1. Discuss the clinical signs, diagnostic tests and preparation of patients for routine oral and maxillofacial surgery with the following medical conditions:

- a. Pregnancy
- b. Corticosteroids
- c. Anticoagulation
- d. Immunocompromised patients

3. Medical Emergencies

1. Be prepared to discuss the following emergency conditions and their prevention and treatment:

- a. Asthma
- b. Syncope **NOTE: This objective is to be completed every semester in the team program.**
- c. Diabetes mellitus
- d. Cardiovascular
 - 1) Hypertension
 - 2) Myocardial Infarction
 - 3) Cerebrovascular Accident
- e. Anaphylaxis
- f. Compromised airway

2. Be prepared to discuss the following areas with your evaluator:

- a. The role of oxygen therapy, hypotensive drugs, nitrates, antihistamines, epinephrine, and steroids in the treatment of emergencies in the dental office.
- b. The role of the patient's history in the preparation for and avoidance of emergencies.
- c. A protocol for the preparation of a private dental office and its staff for the treatment of emergencies.

3. You will show a CPR qualification card of Basic Rescuer or higher.

4. Complications of exodontia - Dr. Dennis/Dr. Foerster

1. Discuss the reasons for the following complications, their diagnoses and the required treatment.

- a. Oroantral (OA) fistulas
- b. Lost root tips
- c. Fractured root tips
- d. Nerve injuries
- e. Aspiration/ingestion of dental objects

5. Management of Dental Infection - Dr. Dennis/Dr. Foerster

1. Discuss the microorganisms that cause dental infections, the dental conditions associated with them, their clinical presentation and the appropriate treatment for various dentally-related facial infections.

- a. Pericoronitis
- b. Space infections
- c. Insertion and drainage procedures

6. Nitrous Oxide Sedation - any OMFS faculty

1. You are required to perform nitrous oxide/oxygen sedation with supervision for a minimum of 6 patient-contact hours. (These hours can be "carried-over" from Semesters 6, 7 and 8.)

2. You will perform a nitrous oxide/oxygen sedation effectively and safely.

3. You must be prepared to discuss the following areas with your evaluator:

- a. Armamentarium used for nitrous oxide/oxygen sedation
- b. Respiratory physiology
- c. Mechanism of action of nitrous oxide
- d. Care and hazards of high pressure equipment
- e. Care and hygiene of inhalant therapy equipment
- f. Hazards of recreational use of nitrous oxide
- g. Hazards of therapeutic use of nitrous oxide/oxygen sedation

Methods of Evaluation

- How are students' achievement of the educational goals and objectives evaluated?

Clinical Procedures:

Each student will be required to complete the minimum twenty-five (25) procedures (simple or surgical extractions, biopsies, alveoloplasty or other preprosthetic surgeries, and treatment of dental emergencies). For the student to receive credit for the treatment, they must receive a grade of "3" or "4" from the faculty member. Students receiving a "0", "1" or "2" will not receive credit for the clinical procedure. Completion of the minimum twenty-five procedures at a grade of "3" will be required for the student to receive a passing grade (C or better).

Grading for Minimum Number of Clinical Procedures for 8809L:

The grades received for the 25 required clinical procedures will be used to determine the student's grade. The 25 minimum procedures are recommended to include the following:
Extractions 19

Alveoloplasty 4, Surgical Extraction 2.

At an average grade of 3.0 for all 25 procedures, the student would receive a grade of C. A range of points available for the 25 procedures would be 75 to 100. An increasing average for the 25 procedures would elevate the grade according to the scale below:

Total Number of Points x 0.6 = Grade Points

Grade Points Grade

55.8-60.0 A

51.0-55.7 B

45.0-50.9 C

<45 E

Students can improve their grade in the clinical procedures section only by increasing the number of procedures performed at an acceptable level (grade of "3" or "4") by the following scale:

Procedures over minimum 13 Grade increase >25 One letter grade

The increase will boost the student grade points to the lowest number for that grade (i.e., if moving from a "C" to a "B", the student would receive 51.0 grade points).

The grading policy rewards those students who do well at the minimum required number of procedures as well as those who require or desire additional experience to improve their skills.

The clinical procedures account for 60% of the total grade.

- Clinical Competencies:

Each student will be required to perform 2 specific procedures as graded competencies. These competencies represent 30 percent of the student's grade. Students must obtain a grade of "4" in order to receive credit for the clinical competency. The clinical competencies will be added into the total number of clinical procedures required only if a grade of "4" is obtained. If the student receives a grade of "0", "1", "2", or "3" they will not receive credit for the clinical competency or the clinical procedure and will be required to repeat the clinical competency until they can do so at a competent level. A "0" grade will be given if a critical error is performed.

Required competencies:

*Surgical extraction of an tooth with a flap 1

*Alveoloplasty, maxillary or mandibular tori removal, removal of buccal exostosis, or tuberosity reduction (Alveoloplasty in conjunction with 2 or more teeth or of an edentulous ridge) 1

- The possible grade points would range from 0 to 48. The grade is calculated as follows:
- Total points x 0.625 = Grade Points

Grade Points Grade
 27.9-30.0 A
 25.5-27.8 B
 22.5-25.4 C
 <22.50 E

- Clinical competency cases must be discussed with and approved by the oral and maxillofacial surgery faculty member prior to starting the procedure. Exceedingly simple surgical procedures (e.g., highly mobile teeth, minimal alveoloplasty) is not acceptable. The competency procedure is to be performed independently by the student.
- This **rotation certifies** which of the UFCD 20 Competencies?

This course certifies the following competencies:

- **Domain II:** Health Promotion and Maintenance - Educate patients and the community, based upon critical thinking and outcomes assessments, about the etiology of oral disease, promote preventive interventions and effectively work with patients to achieve and maintain a state of optimal oral health through evidence-based care.
- 7.Patient Management Apply behavioral and communicative management skills during the provision of patient care.
- **Domain III:** Health Assessment - Recognize systemic diseases, substance and patient abuse and evaluate the patient's medical and oral condition and plan treatment needs.
- 9.Examination of the Patient Perform a comprehensive patient evaluation that collects patient history including medications, chief complaint(s), biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions accordingly.
- 10.Diagnosis Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.
- 12.Emergency Treatment Prevent, recognize and manage dental and medical emergencies in the office.
- **Domain IV:** Health Rehabilitation - Using universal infection control guidelines perform procedures that manage oral diseases and restore the patient to optimal oral health or refer appropriately.
- 16. Manage conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.

This **rotation teaches towards** which of the UFCD 20 Competencies?

- **This course contributes to teaching to the following competencies:**

Domain I: Professionalism – Apply standards of care in an ethical and medicolegal context to assure appropriate informed consent, risk management, quality assurance and record keeping and delivered within the scope of the dentist's competence in a patient-centered environment that interfaces with diverse patient populations.

2.Legal Standards Apply legal standards (state and federal regulations) to professional practice.

Domain II: Health Promotion and Maintenance - Educate patients and the community, based upon critical thinking and outcomes assessments, about the etiology of oral disease, promote preventive interventions and effectively work with patients to achieve and maintain a state of optimal oral health through evidence-based care.

3.Communication and Interpersonal Skills Communicate effectively using behavioral principles

and strategies with patients from diverse populations, applying cultural sensitivity.

4.Critical Thinking Apply scientific principles and clinical expertise to critically evaluate literature when making decisions in the diagnosis and treatment of patients.

7.Patient Management Apply behavioral and communicative management skills during the provision of patient care.

Domain III: Health Assessment - Recognize systemic diseases, substance and patient abuse and evaluate the patient's medical and oral condition and plan treatment needs.

9.Examination of the Patient Perform a comprehensive patient evaluation that collects patient history including medications, chief complaint(s), biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions accordingly.

10.Diagnosis Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.

11.Treatment Planning Develop properly sequenced, alternative treatment plans as appropriate to achieve patient satisfaction and that considers the patient's medical history and all the diagnostic data; to discuss the diagnosis and treatment options to obtain informed consent; and to modify the accepted plan based upon regular evaluation, unexpected situations, or special patient needs.

12.Emergency Treatment Prevent, recognize and manage dental and medical emergencies in the office.

Domain IV: Health Rehabilitation - Using universal infection control guidelines perform procedures that manage oral diseases and restore the patient to optimal oral health or refer appropriately.

16. Manage conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.

- Could this rotation be shortened? What would be lost? What would be gained?
- No. Students require multiple experiences evaluating patients in pain and gaining a breadth of knowledge of medically compromised patients. They also need additional experiences in dealing with the difficult local anesthetic case, prescription writing, pain management and treatment planning around the psychosocial issues patients present with. A small group of comprehensive care patients does not supply these experiences in adequate volume to prepare the student for independent entry into practice.

Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways?

No _____

Summary: Rotation Strengths

Provides student with vital experiences in basic medical risk assessment, diagnosis of dental pain and disease, local anesthesia and pain control, uncomplicated and complicated oral surgery, preprosthetic surgery, infection control and infection treatment, pertinent cultural, social and psychological factors affecting patient care, prescribing medication and post treatment evaluation of the dental patient.

Summary: Rotation Weaknesses

none

Recommendations

Continue current rotation as is.



Curriculum Committee DMD Program Rotation Form

Complete one form for each rotation

Rotation Title: Clinical Radiology-Radiographic Technique and Interpretation

Course number DEN7762L Faculty completing form: Rotation Director & Sposetti

Description of Rotation:

- When does rotation occur in curriculum? Semesters 6 through 9
- Length of Rotation 3 weeks, half day 15 half days
- How many times does an individual repeat the rotation? Rotation is repeated three times, 5 half days each time in S6, S7, and S8
- Describe any other required DMD rotations in your discipline. None
- What are the rotation's educational goals and objectives? To give hands on experience on 1. Taking intraoral and extra oral radiographs under the supervision of Radiology faculty and trained radiology staff, 2. Troubleshooting, 3. Developing radiographic interpretation skills through critical thinking and pattern recognition.

Methods of Evaluation

- How are students' achievement of the educational goals and objectives evaluated? Daily grades on technique and interpretation. Competency in semester 8.
- This rotation certifies which of the UFCO 20 competencies? Domain III, Competencies 9. Examination of the Patient, & 10. Diagnosis of the Patient.
- This rotation teaches towards which of the UFCO 20 Competencies? Domain I, Competencies 1 & 2, Domain II Competencies 3. 4. 6. & 7. , Domain III Competencies 9. 10. 11. & 12., Domain IV 18. 19. & 20.
- Could this rotation be shortened? What would be lost? What would be gained? No. The students need at least 3 weeks, half day each, rotation in radiology under the supervision of trained Radiologists and technicians. They need to learn proper techniques avoiding retakes ad using adequate radiation hygiene (importance of radiation safety and ALARA principle). The new clinic schedule has reduced students radiology experience by 1 hour each morning rotation as patients don't arrive in clinic until close to 11 AM.
- Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways? No

Summary: Rotation Strengths

Students get hands on experiences in obtaining, troubleshooting and interpreting radiographs with experienced Radiologists and Radiology assistants.

Summary: Rotation Weaknesses

The screening and rotation schedules do not synchronize well.

Recommendations

We have recently merged the 2 clinical courses into one course, deucing the span from semester 6-11 to semester 6-9. The rotation could be stared earlier in the junior year.

UFCD Intramural Rotations

Course	Department	Credits	Course Director	Reviewers
7762L	Radiology	1	Dr. Katkar	Dr. Sposetti
8765L		1		
7805L	Oral Surgery	2	Dr. Dennis	Dr. Harrison
8809L		2		
7825L	Pediatric Dentistry	1	Dr. Perez	Dr. Rey
7826L		1		
8827L		1		
8828L		1		
7819L	Orthodontics	1	Dr. Donatelli	Dr. Guelmann
7743L	Hospital Dentistry	1	Dr. Torres	Dr. Spencer
8767L	Oral Oncology	1	Dr. Sandow	Dr. Clark
8837L	Periodontology	(part of 3)	Dr. Harrison	Dr. El-Kerdani
7735L	Endodontics	2 half days	Dr. Nair	Dr. Clark