

<Date 2013>

MEMORANDUM

To: TBD
Chair, Curriculum Committee
TBD
Vice-Chair, Curriculum Committee

Copy to: Dr. Don Cohen, Faculty Assembly
Dr. Venita Sposetti, Associate Dean for Education
Ms. Gail Childs, Director of Curriculum and Instruction

From: Dr. Boyd Robinson, Dean

Subject: Charge to the Curriculum Committee, 2013-14

Thank you for your service to the University of Florida College Of Dentistry as Chair of the Curriculum Committee for 2013-14. As stated in the Constitution and Bylaws, it is the responsibility of the committee to evaluate, revise, and recommend policies to implement the pre-doctoral curriculum. As dean, I have empowered the committee to oversee all pre-doctoral curricular issues in the college.

I am requesting that the Curriculum Committee or ad hoc groups established by this committee accomplish a number of important activities this year. The following activities can be addressed during the recommended time period:

1. Participate in the Accreditation Self-Study
2. Develop a detailed curriculum revision plan and timeline.
3. Appoint a "Student Assessment Workgroup" that aligns with the curriculum revision efforts.
4. Develop a "completed cases" clinical education grading model.
5. Complete evaluation of rotations and develop recommendations.
6. Finalize grading criteria for the Professionalism Stream Courses to include the faculty (TEAM leaders and Clinical Course Directors) review of the student performance.

Ongoing

1. Employ adult learning teaching and assessment principles including a greater emphasis on active learning strategies in and out of the classroom.
2. Continue to monitor Community-Based Program rotations and evaluations and review for any further action items.
3. Produce an annual report of committee activities and accomplishments.
4. Monitor proposed centralization of educational technology and support at the HSC IT services and identify potential integration of emerging UF technology resources, i.e. E-Learning, portfolios, etc.
5. Recommend potential programs for consideration by the Faculty Development Committee.

Each standing faculty committee is charged with reviewing relevant outcome measures from the college's new strategic plan. The measures which should be reviewed by the Curriculum Committee in 2011-2012 include:

- D.M.D. students' first time pass rate on NBDE Parts I and II
- D.M.D. students' pass rate on Florida licensure exam
- DMD student confidence in 20 clinical competencies upon graduation (senior survey)
- Alumni periodic survey (2017-18)
- First time competency pass rate.
- DMD ADEA Senior Survey.
- Student satisfaction (Senior Exit Interviews).
- Number of DMD students accepted/applied to advanced education programs.
- Proportion of classroom clock hours in evidence-based practice and critical thinking/active learning.

The committee consists of seven faculty members elected by the Faculty Assembly, the Basic Science coordinator, the Associate Dean for Education, one student from each of the second, third, and fourth year classes, the Associate Dean for Clinical Affairs as ex officio (voting) member, the Director of Curriculum and Instruction as an ex-officio, non-voting member, and a member of the library faculty selected by the Health Science Center library as a non-

Memorandum - Amended Charge to the Curriculum Committee, 2010-11

August 3, 2010

Page 3

voting member. The Committee elects the chairperson and vice chairperson from among the members. The vice chairperson will become chairperson upon completion of the chairperson's term.

I am looking forward to another productive academic year for our college and thank you for all of your efforts leading the Curriculum Committee.

Childs,Gail Schneider

From: Sposetti,Venita J
Sent: Monday, July 15, 2013 12:09 PM
To: Robinson,Boyd E
Cc: McGee, Tammy D; Janiec,Richelle G; Abare,Censeri P; Childs,Gail Schneider; Xirau-Probert, Patricia
Subject: FW: to discuss this week at our meeting Friday? 13-14 calendar
Attachments: calendar.pdf

Can we discuss on Friday? And then at the next Deans...and maybe Chairs meetings?

Richelle brought forward an academic calendar request regarding splitting up the 2 week June break into a 1 week break at the end of Spring semester (late April/early May) where there is currently no break and a 1 week break in early July around the 4th of July holiday. All the other breaks would remain the same.

Graduating senior students would NOT have a break at the end of the spring semester so that they could practice for the boards and complete work needed for their graduation.

This would make for a smoother transition to clinics for the juniors, since they would have several weeks in clinic to practice Axium & clinic procedures before going off on a break, would give all of the classes a break after spring semester (which they currently don't have) and would address the low clinic productivity in early July because of the holiday on the fourth. It would also make didactic teaching smoother since we would not have to stop teaching class for two weeks right in the middle of the summer semester. Juniors would still have two weeks to study for the National Boards.

Richelle is putting together some numbers to show the low productivity in the first week of July for the last few years.

We would all end up with only 1 two week break in December, instead of two 2 week breaks each year in June and 2 weeks in December.

We would have to be flexible this year because I am sure some people have already made plans for this June break to get married, etc. It would mean the international trips in June would also have to be rescheduled.

So, if we are going to do this we need to get moving on it.

From: Abare,Censeri P
Sent: Tuesday, July 09, 2013 1:22 PM
To: Janiec,Richelle G; Childs,Gail Schneider; Sposetti,Venita J
Subject: 13-14 calendar

Here are the two calendars! Let me know if anything needs to be changed.

PRESENT



Approved Calendar - 2013-2014 Academic Year

FALL SEMESTER 2013

	S	M	T	W	T	F	S
Aug.	18	19	20	21	22	23	24
			Registration	Drop/Add			
	25	26	27	28	29	30	31
Sept.	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					
Oct.			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		
Nov.					1	2	
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
Dec.	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

SPRING SEMESTER 2014

	S	M	T	W	T	F	S
Jan.					1	2	3
					Registration		4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	
Feb.							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	
Mar.							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31					
Apr.			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30			
May					1	2	3
	4	5	6	7	8	9	10

SUMMER SEMESTER 2014

	S	M	T	W	T	F	S
May							
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
June	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					
July			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		
Aug.						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30

IDENTIFICATION SYMBOL:

Classes [] Exams []

PROPOSED



Approved Calendar - 2013-2014 Academic Year

FALL SEMESTER 2013

	S	M	T	W	T	F	S
Aug.	18	19	20	21	22	23	24
				Registration		Drop/Add	
	25	26	27	28	29	30	31
Sept.	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					
Oct.			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		
Nov.					1	2	
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
Dec.	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

SPRING SEMESTER 2014

	S	M	T	W	T	F	S
Jan.			1	2	3	4	
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	
Feb.							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	
Mar.							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31					
Apr.			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30			
May					1	2	3
	4	5	6	7	8	9	10

SUMMER SEMESTER 2014

	S	M	T	W	T	F	S
May							
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
June	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
July							
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		
Aug.						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30

IDENTIFICATION SYMBOL:

Classes [Exams]

NEW ELECTIVE PROPOSAL

INFANT ORAL HEALTH

Faculty: Dr. Leda Mugayar

Commencement: Fall of the Junior Year, semester 7

Completion: Spring of Senior Year (before graduation)

Total time: 10 hours (= 1 credit)

Aim: Community/Outreach Projects - small groups

GOAL

The goal of this elective is to expose predoctoral dental students to the infant population (0 to 3 years old) and pregnant teenagers, using a risk-based disease approach to establish an early prevention and intervention course of care. The participating students will use every point of intervention to engage and educate parents and caregiver, making sure the child has access to a reliable preventive and restorative care, connected to a dental home.

METHODOLOGY/ACTIVITY PLANNED

The students will receive a basic training/lecture on the Infant Oral Health /Dentistry for the Infant, learning how to perform the patient's oral health first assessment, involving the medical and dental history, the caries risk (CAMBRA) and all the educational protocol for the parents and caregivers .The oral health assessment will provide the students a baseline for treatment plan and follow ups, based on the risk assessment and caries activity. It will expose the students to the concept that a disease management and prevention model can reduce disease and improve patient outcomes.

An additional target population in the Infant Oral Health Clinic and for this elective will be teenager mothers. They will receive oral health assessment; caries risk assessment and education and preventive services for themselves and for their babies.

In addition to the Infant Oral Health Clinic, various community sites will be used, such as church groups, day care centers as part of the outreach projects. The caries risk assessment can also be performed on the Mothers as well on the Infants- to analyze vertical transmission, habits, diet and the other co-related factors.

Assessment Training - 2 hours

- Initial Training containing all the basic information in the Infant Oral Health Practices
- Project Description : each student will select a specific project / designated community / target population/ area

Clinical Experiences - 6 hours

- Conduct infant/teen oral health first assessment, involving the medical and dental history, the caries risk and all the educational protocol for the parents and caregivers, preventive services.

Faculty Meeting : 1 hour

- Each student will schedule an individual with Dr. Mugayar for project follow-up /feedback

Project Presentation Session: 1 hours

- A time will be schedule for students to share their project.
- Other classes and group of students/staff can be invited for the presentations.

EVALUATION

The students will be evaluated by their clinical activity logs and completed project.

S/U Course

S=Training completion, completed clinical activity log and completed project and presentation.

U=Failure to complete any of the above.

Date _____

Check one:

<input type="checkbox"/>	New Elective
<input type="checkbox"/>	Elective Renewal
<input type="checkbox"/>	Elective Modification

Course Title _____

Department _____

Course Director _____

Department Chair Approval: _____ YES _____ NO

Elective type (check all that apply):

<input type="checkbox"/>	lecture	<input type="checkbox"/>	research	<input type="checkbox"/>	intramural
<input type="checkbox"/>	laboratory	<input type="checkbox"/>	independent	<input type="checkbox"/>	extramural
<input type="checkbox"/>	clinical	<input type="checkbox"/>	Grad seminar	<input type="checkbox"/>	international

_____ Other, describe _____

Recommended Class Year: (check all that apply):

<input type="checkbox"/>	1DN	<input type="checkbox"/>	2DN	<input type="checkbox"/>	3DN	<input type="checkbox"/>	4DN
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----

Number of students: Maximum _____ Minimum _____

Entry level prerequisite _____

Student hours required

	Day	Evening	Weekend	Holiday/ Break Week	
Lecture/seminar					
Independent study					
Laboratory					
Clinical					
HOURS					TOTAL HOURS

Elective semester offering: _____ one time _____ recurring

Beginning date/semester _____ Completion date/semester _____

Elective Description: *(For additional space please request an ECO course be created for elective development)*

Course Goal

Outline

Methodology/Activity planned:

Evaluation mechanism / Criteria:

Send completed form as pdf to the Office of Education, gmitchell@dental.ufl.edu

Curriculum Committee Approval date _____ Credit hours assigned _____

The Foundation for The Gator Nation

An Equal Opportunity Institution

Interprofessional Learning in Health Care

Executive Summary

The University of Florida Health Science Center Office of Interprofessional Education completed its inaugural Interprofessional Learning in Health Care (IPLH) learning experience educating 639 students from five different health science colleges using an innovative small group instructional methodology, Team Based Learning.¹ Working in collaboration with faculty from the Colleges of Medicine, Nursing and Public Health and Health Professions, content addressing contemporary issues in ambulatory patient safety, ethics and health systems was developed. Preliminary evaluative information, in the form of student evaluations and comments, provides evidence of strong intra-team ideation amongst participants. Measures of individual and collaborative achievement related to content provided evidence of performance patterns exhibited in the literature.¹⁻⁴ Throughout the longitudinal experience, facilitators described increasing levels of interaction in the facilitated sessions as students and faculty grew more comfortable with team based learning.

Introduction

Learners from ten separate degree programs across five colleges participated in three separate half-day sessions of Interprofessional Learning in Health Care. Prior to the session, learners were contacted via email with specific instructions for course preparation and an invitation to a Sakai course site which provided an overview of the IPLH experience, videos introducing the concept and methods involved in Team Based Learning (TBL), and access to pre-course materials. Students were instructed to read and review materials associated with the three separate sessions. Session one, on October 30, 2012, dealt with ambulatory patient safety: the content was managed and produced by faculty associated with the UF Health Science Learning Community on Patient Safety. Session two met on January 22, 2013 and focused on clinical ethics; content related to this session was developed by the University of Florida College of Nursing with assistance from faculty in the College of Medicine. The final session, which met on February 26, 2013 focused on health systems. Content for this session was produced by faculty in the College of Public Health and Health Professions. Participation varied during the three sessions due to conflicting professional conferences and other student obligations: table one provides a breakdown of participation in each of the three sessions by profession.

Table 1: IPLH Participation by Profession

Profession	Session 1 (N)	Session 2 (N)	Session 3 (N)
Audiology	10	10	9
Dental	83	82	82
Medicine	137	134	135
MPH	26	29	33
Nursing	64	63	60
Occupational Therapy	45	46	44
PA	60	60	58
Pharmacy	127	127	124
Physical Therapy	55	44	55
Speech and Hearing	32	31	31
Total	639	626	631

Jacksonville

The Office of Interprofessional Education worked in collaboration with the University of Florida College of Pharmacy’s Jacksonville Campus and the University of North Florida Colleges of Nursing and Physical Therapy to pilot off-campus instruction for remote programs. To date two of three sessions (Ethics and Patient Safety) have been presented. The final session, Health Systems, is scheduled for early April. The Office of Interprofessional Education anticipates increasing the scope of its support to address the needs of additional UF students in remote programs (Orlando, St. Petersburg) in the 2013-2014 academic year.

Methods

Learners were divided between eight different ballrooms in the Reitz Union; four ballrooms were assigned approximately 105 students, seated at 15 tables, and four ballrooms were assigned approximately 63 students seated at nine tables. At least two facilitators were assigned to each room; one was designated as the primary facilitator for each session, while the second facilitator served as a content matter expert. In several instances there were three faculty members participating in rooms. During some of the sessions, colleges provided additional facilitators; for example, the College of Public Health and Health Professions provided several doctoral students and faculty members to serve as content matter experts during the third session on health systems. Students were assigned to enumerated tables prior to the first session, and remained at their table for all three sessions. Rooms were organized so that each table would have either six or seven students assigned to it. Most of the tables included some, students that had worked together during the first-year IFH course.

Following the standard team based learning (TBL) format, there were two colored folders on each table at the beginning of each session, one red and one blue. The red folder contained an Individual Readiness Assurance Test (IRAT) for each student (7-8 multiple choice questions); IRAT answer sheets for each student; a single scratch-off sheet for the Team Readiness Assurance Test (TRAT); and a sheet that held a description of the

appeals process if a group chose to challenge one of RAT questions. The blue folder contained a copy of a patient-based case for each student; a set of colored cards (A through D); and a set of application exercise questions. Students were instructed to complete the IRAT as individuals and their scores were collected. Following the completion of the IRAT, teams (comprised of the individuals sitting at each table) collaboratively completed the TRAT. Students then worked in teams to address application exercises concerning the case under the guidance of their facilitating faculty.

Results

The IRATs, which served as individual knowledge based assessments of assigned content, exhibited Cronbach's Alpha reliabilities which ranged from .320-.416. It is important to note that with brief assessments, such as those employed during this learning experience, it is often difficult to achieve doctrinaire reliability.

Table two details IRAT performance across the three sessions by profession. A between subjects ANOVA reveals a statistically significant difference ($p < .01$) in IRAT performance based upon profession in each of the three sessions. TRAT scores (featured in table 3) were significantly higher than IRAT scores in each of the three sessions ($p < .01$). The TRAT served as a collaborative knowledge based assessment of content.

Table2: Mean IRAT Scores (Percent Correct) by Profession

Profession	Mean (SD) Session 1	Mean (SD) Session 2	Mean (SD) Session 3
Audiology	47 (21)	60 (16)	56 (10)
Dental	47 (21)	40 (16)	55 (11)
Medicine	50 (22)	54 (18)	59 (09)
MPH	53 (25)	63 (19)	55 (12)
Nursing	54 (21)	52 (18)	58 (13)
Occupational Therapy	61 (18)	52 (17)	54 (12)
PA	43 (21)	63 (19)	59 (11)
Pharmacy	51 (19)	52 (14)	55 (12)
Physical Therapy	59 (20)	56 (18)	55 (09)
Speech and Hearing	50 (20)	56 (13)	56 (09)
Overall	51 (21)	55 (11)	56 (11)

Table 3: Mean TRAT Scores (Percent Correct) by Session

IPLH Session	MEAN (SD) TRAT
Session 1: Patient Safety	83 (09)
Session 2: Ethics	80 (17)
Session 3: Health Systems	82 (05)
Overall	81 (10)

Student Feedback

Following the third and final IPLH session, student feedback was solicited via a brief anonymous teamwork evaluation developed by Dr. Amy Blue. We consider this extremely important, as one of the major goals of interprofessional education is to introduce and nurture the concept of working in interprofessional teams. A more robust evaluation of the learning experience will be facilitated via an email-based survey prior to the end of the semester. A total of 619 of 631 students completed the brief assessment (98.09%). Students were asked to provide feedback on their own team regarding their perceptions related to three teamwork competencies, and the level of contribution by members of their team. Teamwork competencies evaluated included:

Contributing (Contributes) to team meetings to achieve group tasks by initiating, seeking and giving information, clarifying, summarizing, taking consensus and being accountable.

Maintaining (Maintains) positive group communication by encouraging, resolving conflict, acknowledging feelings, setting standards and maintaining openness to new ideas.

Displaying (Displays) a positive attitude by valuing team decisions, demonstrating high regard and respect for all members, fostering mutual trust, being open to feedback and sharing a team vision.

These competencies were assessed on a five point likert-style scale which included the following measurement points: Never (1), Rarely (2), Occasionally (3), Regularly (4) to Consistently (5).

Table 10: Student Evaluation of Teamwork Competencies

	Minimum	Maximum	Mean	Std. Deviation
Contributes	2.00	5.00	4.86	.40
Maintains	2.00	5.00	4.90	.35
Displays	2.00	5.00	4.89	.35

Member participation was evaluated via three separate questions each with a five point Likert-style response option which included the following measurement points: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5).

Table 11: Student Evaluation of Team Member Participation

	Minimum	Maximum	Mean	Std. Deviation
One or more individuals on the team did not 'pull their weight'.	1.00	5.00	1.43	.85
Everyone on the team contributed approximately equally.	1.00	5.00	4.45	.99
One person on the team was an exceptional contributor to the team's efforts.	1.00	5.00	3.06	1.04

Students also had the option of commenting on each on each of the three questions related to member participation. Comments have not been methodologically organized and analyzed, but cursory analysis provides considerable evidence of team identity, cohesion and team accolades: “we rock...as a team”; “Everyone contributed equally”; “There is no ‘I’ in team”; “Everyone was great and open-minded”. A methodologically sound qualitative analysis will be performed on these comments in the future.

The six student evaluative items were regressed against mean TRAT scores. The model produced an adjusted R square of .012, which was statistically significant, [F(6,612) = 2.20, p=.04]. Analysis of beta weights provides evidence of a statistically significant association between one variable (exceptional contribution) and the Mean TRAT score, a measure of team performance. The level and degree of influence associated with the independent variable is nominal. Table 12 summarized the results of the regression.

Table 12: Multiple Regression of Mean TRAT Performance with Teamwork Competencies and Team Member Participation Variables as Predictors.

Predictor	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	22.68	1.50		15.15	0.00
Contributes	0.20	0.32	0.04	0.61	0.54
Maintains	0.47	0.47	0.08	1.01	0.31
Displays	-0.37	0.42	-0.06	-0.90	0.37
Pulls Weight	0.05	0.12	0.02	0.39	0.70
Equal Contribution	-0.17	0.10	-0.08	-1.74	0.08
Exceptional Contribution	0.19	0.08	0.09	2.30	0.02

Approximately two weeks following the final IPLH session, student participants received an email invite for a formal learning evaluation of the experience. Of the 639 students contacted, 209 completed the evaluation (32.7%). Students received an initial evaluation invitation and two follow-ups. Students were asked to provide feedback about their perceptions related to the quality of the interactive components of the experience and the content. All responses were anonymous.

Table 13: Student Respondents – Post Experience Evaluation

Profession	Participants	Respondents (% of Profession Responding)	% of Total Respondents
Audiology	10	6 (60%)	2.8%
Dental	83	13 (15.6%)	6.3%
Medicine	137	54 (39.4%)	25.9%
MPH	33	11 (33.3%)	5.3%
Nursing	64	19 (29.6%)	9.1%
Occupational Therapy	46	12 (26.1%)	5.7%
PA	60	28 (46.7%)	13.3%
Pharmacy	127	47 (37.0%)	22.5%
Physical Therapy	55	19 (34.5%)	9.1%
Speech and Hearing	32	0 (0.00%)	0%

Student participants were asked to reflect upon the quality of the intra-team (within team) interactions associated with their teams, table 14 details students the relatively positive perceptions of these interactions by session. 68.7%, 73.1%, and 72.0 % of students reported intra-team interactions of good, very good or excellent in the three respective sessions.

Table 14: Student perceptions of intra-team (within-team) interactions across sessions

	Excellent	Very Good	Good	Fair	Poor
Session 1: Patient Safety	47	46	52	46	14
Session 2: Ethics	48	55	52	41	13
Session 3: Health Systems	50	52	50	43	14

Students participants were also asked to reflection upon the quality of the inter-team (between team) interactions associated with their teams, table 15 details students perceptions of these interactions by session. 53.9%, 53.0%, and 55.1% of students reported inter-team interactions of good, very good or excellent in the three respective sessions.

Table 15: Student perceptions of inter-team (between-team) interactions across sessions

	Excellent	Very Good	Good	Fair	Poor
Session 1: Patient Safety	18	30	61	58	35
Session 2: Ethics	18	32	66	55	34
Session 3: Health Systems	19	34	60	55	37

Student participants responded to several questions regarding their perceptions of course quality. These responses differed to a large degree from previous perceptions related to interactions. In many cases, students detailed negative opinions about the course’s effectiveness and their perception of learning and the development of new knowledge.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
IPLH provides an effective venue for students to share knowledge and opinions in patient-centered problem solving scenarios.	12	64	37	56	42
IPLH provides a unique learning experience for students that would otherwise not be found in their respective curricula.	16	69	43	45	38
IPLH provides a venue for students to learn about the roles and responsibilities of different health professions.	13	49	39	58	51
I acquired new knowledge about other health professions through my participation in IPLH.	15	44	38	65	50

Facilitator Feedback

Following the third and final IPLH session, facilitator feedback was solicited via email survey. The following results are preliminary, with 10 of 17 (58.8%) responding. Facilitators were asked to provide feedback regarding their perceptions related to the quality of intra and inter-team students interactions, their instructional self-efficacy and opinions related to the value of the interprofessional learning experience for students. Faculty reported the perception of variations in the quality of both intra- (table 4) and inter-team (table 5) interactions during the three sessions, with general trends towards more positive interactions as the longitudinal experience progressed. Faculty also reported perceptions of positive team attributes during the longitudinal experience (tables 6 and 7). Additionally, faculty reported increased efficacy with team based learning methods as the longitudinal experience progressed (table 8). Finally, faculty reported varying levels of comfort with different content areas that were focal points during the longitudinal experience (table 9).

Table 4: Facilitator Perceptions of Intra-team Interactions

Please reflect upon and indicate what you perceived to be the general quality of intra-team (within team) interactions you observed in during each of the following sessions:

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
Session 1: Patient Safety	2	2	1	2	1	0
Session 2: Ethics	2	1	3	2	1	0
Session 3: Health Systems	2	4	2	0	0	0

Table 5: Facilitator Perceptions of Inter-team Interactions

Please reflect upon and indicate what you perceived to be the general quality of inter-team (between teams) interactions you observed in during each of the following sessions:

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
Session 1: Patient Safety	1	2	3	1	1	0
Session 2: Ethics	0	4	1	2	2	0
Session 3: Health Systems	1	3	3	0	1	0

Table 6: Facilitator Perceptions of Intra-team Teamwork

Please describe the general nature of teamwork you observed intra-team (within team) during your sessions.

	Consistently	Regularly	Occasionally	Rarely	Never
Team members contributing equally	1	3	4	1	0
Team members exhibiting positive communication	3	6	1	0	0
Team members exhibiting positive attitudes	2	5	2	0	0

Table 7: Facilitator Perceptions of Inter-team Teamwork

Please describe the general nature of teamwork you observed inter-team (between teams) during your sessions.

	Consistently	Regularly	Occasionally	Rarely	Never
Team members contributing equally	0	4	3	2	0
Team members exhibiting positive communication	0	8	2	0	0
Team members exhibiting positive attitudes	1	6	2	0	0

Table 8: Facilitator Comfort with Instructional Methods

Please describe YOUR level of comfort with the team based learning and facilitation using team based learning methods while leading sessions associated with the following content areas:

	Extremely Comfortable	Comfortable	Moderately Comfortable	Slightly Comfortable	Not At All Comfortable	Not Applicable
Session 1: Patient Safety	4	1	1	2	0	0
Session 2: Ethics	3	3	3	0	0	0
Session 3: Health Systems	2	6	0	0	0	0

Table 9: Facilitator Comfort with Instructional Content

Please describe YOUR level of comfort with the educational content during the facilitation of the following content areas:

	Extremely Comfortable	Comfortable	Moderately Comfortable	Slightly Comfortable	Not At All Comfortable	Not Applicable
Session 1: Patient Safety	4	3	0	1	0	8
Session 2: Ethics	1	4	0	3	1	9
Session 3: Health Systems	1	4	3	0	0	8

Synopsis

A longitudinal interprofessional experience including three half-day sessions was completed, involving more than 630 students from 10 degree programs. Team-based learning (TBL) was the pedagogical method with teams of 7 students.¹ Preliminary preparatory readings were made available online and knowledge of the readings was assessed using individual readiness assurance tests (IRAT), with follow-up testing of team knowledge using team readiness assurance tests (TRAT). Clinically based cases and discussion questions were used to apply knowledge for each of the three sessions (patient safety, professional ethics and health systems and disparities). Performance of the students was as expected in TBL, with average responses in the 50% range for the IRAT and 80% range for the TRAT scores.¹⁻⁴ There were significant differences in performance by discipline. Faculty preceptors noted more and higher quality team interactions within teams than between teams during discussions.

Student perceptions of teamwork competencies and participation were routinely excellent, with means approximating 4.9 out of a maximum of 5 on a Likert-type scale for competencies. Using TRAT performance as a comparative variable, there was a statistically significant association between performance on the TRAT and student evaluation of teamwork; those teams that had higher levels of team variables performed better on the TRAT. Collected comments regarding teamwork were positive, with further qualitative analysis pending.

References

1. Zgheib, N. K., Simaan, J. A., & Sabra, R. (2010). Using team-based learning to teach pharmacology to second year medical students improves student performance. *Medical Teacher*, 32(2), 130-135.

2. Nieder, G. L., Parmelee, D. X., Stolfi, A., & Hudes, P. D. (2005). Team-based learning in a medical gross anatomy and embryology course. *Clinical Anatomy*, 18(1), 56-63.
3. Koles, P. G., Stolfi, A., Borges, N. J., Nelson, S., & Parmelee, D. X. (2010). The impact of team-based learning on medical students' academic performance. *Academic Medicine*, 85(11), 1739.
4. Zgheib, N. K., Simaan, J. A., & Sabra, R. (2011). Using Team-based Learning to Teach Clinical Pharmacology in Medical School Student Satisfaction and Improved Performance. *The Journal of Clinical Pharmacology*, 51(7), 1101-1111.

ACCREDITATION & CURRICULUM REVISION

3 ways you can provide input on the Curriculum Revision Plan

Online

The DMD Curriculum Revision Committee's summary document and the drivers for change are posted at the link below. You can review the information and make comments in the comment form provided. Your comments will be collected and reviewed by the committee.

<http://accreditation.dental.ufl.edu/curriculum-revision/presentations-materials/>

Curriculum Corridor Chats

From July 28 through September 27, visit three posters displayed in the third floor hallway, adjacent to D3-3. Faculty and staff are invited to view the information and share comments and concerns with members of the committee during Curriculum Corridor Chats.

- Tuesday, July 30 from 8 to 9:45 a.m.
- Wednesday, July 31 from 4:30 to 6 p.m.
- Monday, August 5 from Noon to 2 p.m.
- Wednesday, August 7 from Noon to 2 p.m.
- Tuesday, August 13 from 4:30 to 6 p.m.
- Thursday, August 29 from 4:30 to 6 p.m.
- Wednesday, September 11 from 8 to 9:45 a.m.

Faculty Forums

Dr. David Culp, who chairs the committee, will present the plan and solicit feedback during three Faculty Forums.

- Tuesday, August 20 from 1:30 to 3 p.m. in D8-46
- Wednesday, August 28 from 2:30 to 4 p.m. in D8-46
- Monday, September 9 from 8 to 9:30 a.m. in D3-3

We invite you to be active in all three methods of discussion but we truly need you to engage in at least one session.

For more information, contact Dr. David Culp at dculp@dental.ufl.edu or Dr. Nini Sposetti at sposetti@dental.ufl.edu.

— at the —

UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY

In beautiful Gainesville, Fla.

Best Practices for Classroom Teaching and Student Evaluation in the DMD Educational Program

The purposes of these guidelines are to promote excellence in classroom teaching and student evaluation by establishing uniform practices for the development/delivery of courses and the assessment of learning by defining the rights and responsibilities of the department chair, course director, teaching faculty and students. These practices are facilitated by the Office of Education directed by the Associate Dean of Education.

I. The following educational goals are highly encouraged:

- (a) The application of active learning methodologies and technologies (see potential applications at the [Instructional Support web page](#)).
- (b) The incorporation of evidence-based dentistry assignments and clinical case presentations in every course.
- (c) The use of cumulative examinations and various assessment methods in the evaluation of students.

II. Classroom Teaching Practices Student Responsibilities

1. Students are responsible for attending lectures on time and for their entirety; ensuring that conflicts in class times arising out of special circumstances such as patient scheduling, seminars or courses should be discussed before start of class with the instructor or course director. Students are discouraged from entering and leaving the classroom during class because it is disruptive and interferes with learning.
2. Students are expected to complete all assigned readings before class and be prepared to answer questions related to the assigned material.
3. Learning is an active behavior. Accordingly, students are expected to participate in classroom discussion.
4. Laptop computers may be used for note-taking or accessing course-related materials during lectures and class sessions. Violations of this policy, such as sending or reading emails or text messages, accessing websites unrelated to the course, or use of the computer for purposes other than for the class in progress will result in loss of the privilege to bring a laptop computer to class.
5. It is both the responsibility of the students and faculty to ensure that decorum in the classroom is maintained at all times. Students who cannot conduct themselves appropriately should be asked, by the teacher, to leave the room.
6. Out of courtesy to student peers and faculty, disruption in the classroom, i.e. talking, reading of newspapers, etc., is forbidden.

7. All audible communication devices, i.e. cell phones, beepers, etc., should be turned off before entering the classroom.
8. Students are knowledgeable with the material published in the [UFCD Student Handbook](#).

Course Director Responsibilities

Prior to the Beginning of the Course

1. Familiarizes him/herself with this document and the [Instructional Support web page](#).
2. Meet with the Director of Curriculum and Instruction to review:
 - a. Course goal, objectives, evaluations, associated competencies, and general philosophy of course.
 - b. Teaching methodology and instructional support that will enhance student learning
 - c. Student faculty/course evaluations of previous year's course
 - d. Curriculum Committee review of the strength's and weaknesses of this course.
 - e. Faculty or student debriefing of the course.
 - f. Suggested course schedule.
 - g. Faculty/course evaluation plan.
 - h. A timeline to complete the course organization and syllabus revision (4 weeks prior to first day of class) will be established.
3. Schedule teaching sessions no longer than 50 minutes in duration; longer sessions should have breaks built into the scheduled time.
4. Distribute a tentative schedule and draft of the new/revised syllabus to teaching faculty and the Department Chair for comments.
5. Provide a final syllabus, including course objectives, lecture topics by date and name of lecturer, readings and assignments for each class, whether class attendance will be used in determining the final grade, and the course grade scale on UFCD's Electronic Course Organizer (ECO).
6. The course grade scale is set at the **discretion of the course director** with guidance from the department chair. Although there is no standard for issuing course letter grades based upon test scores, the following two scales are **suggested** options:

Letter Grade	Narrow Interval	Wide Interval
A	95-100	95-100
A-	92-94.99	90-94.99
B+	88-91.99	85-89.99
B	84-87.99	80-84.99
B-	80-83.99	75-79.99
C+	76-79.99	70-74.99
C	70-75.99	65-69.99
E	<70	<65

While letter grades using "plus" and "minus" indicators are optional for course directors to use at the University of Florida, the College of Dentistry encourages course directors to use either both plus and minus indicators or neither when issuing course grades.

7. Complete Family Education Records and Privacy Act ([FERPA training](#)) to make sure you are updated on the privacy of education records in the Sunshine State.

8. Order required textbooks via the [UF text adoption website](#), early in the semester prior to the course offering. (Please note that Florida Law requires that students must be informed of textbooks 30 days before a course begins.) If changes are made from previous year also update on the course material section of ECO. Instruct any faculty member requiring a personally authored textbook to complete [UF Conflict of Interest](#) form and provide copies of textbook at the HSC Library, if faculty member will profit from its sale.
9. Arrange for and verify room reservations with the [Office of Education](#).
10. Arrange for staff assistance.
11. Review course materials located at the [Library Media Reserve](#) for renewal.
12. Coordinate development of new course materials (web/video) with a review of prior / concurrent course material available on ECO to minimize redundant curricular material.
13. All classroom lectures will be video recorded on Mediasite. The benefits include: 1) providing students with excused absences the ability to view missed presentations, 2) allowing students to review presentations for study purposes, 3) providing students with the previous year's presentation in cases when a faculty member is unable to present. Faculty can preview the recording and indicate any desired edits prior to posting to Mediasite. The posting and availability of lectures will be according to the guidelines listed on the COD web site under Education, Instructional Support, Mediasite (Streaming Videos & Presentations) <https://www.dental.ufl.edu/intranet/IT/Instructional-Support/mediasite.php>. As indicated above, "student attendance and attentiveness are paramount to learning". Course directors have the option to take attendance and to assign attendance as part of the final grade.

During the Course

1. Send each member of the teaching faculty the link to the current ECO syllabus for review. A class composite will be viewable when the students are enrolled one week prior to the course start date.
2. Be competent in using the [Electronic Curriculum Organizer \(ECO\)](#) and [EvaluSuite](#) web course management applications (ECO and/or [E-Learning](#)) and minimally, use this course tool to make announcements, post course documents and student grades.
3. Post Powerpoint presentations and handouts used in class, and other learning resources, such as released examinations, when available, under the "document" section of ECO. This practice provides student access and retrieval and maintains a course archive of the instructional materials. Other learning resources can also be linked to [HSC Library E-reserves](#). Powerpoint presentations should be posted [in .xlxs or .pdf format, in 600x400 slides per page, black and white color](#) (with light background). ~~Course directors may choose to additionally post full color presentations in pdf format when there are many clinical images in the presentation that are beneficial to student learning.~~
Posted on ECO (under the guidelines in #2 above) by the course director as soon as available but preferably *no later than the Friday preceding the lecture* to allow time for student access and printing, if desired for use in class the following week.
4. Attend most classes given in their course even if another faculty is presenting.
5. Introduce teaching faculty to the students and ensure that the class begins and ends as scheduled.
6. Engage in active learning exercises with the students including the use of (at least one) case-based learning activity in each course.

7. Coordinate quizzes and examinations including:
 - a. Prepare tests after discussing the composition and questions with the teaching faculty.
 - b. Format electronic examinations based on [Office of Education Guidelines](http://www.dental.ufl.edu/IT/InstructionalSupport/files/etxFormattingInstructions.pdf). <http://www.dental.ufl.edu/IT/InstructionalSupport/files/etxFormattingInstructions.pdf>
 - c. Ensure that tests are administered and reviewed appropriately.
 - d. Ensure that grading is conducted in a timely manner.
 - e. Use item analysis and review test results with teaching faculty to verify validity of the individual questions.
 - f. Provide students with test grades in a timely manner (preferably within 48 hours yet no longer than two weeks).
 - g. Assure that faculty are standardized to the grading criteria
 - h. Ensuring that accurate grade records are maintained.
8. Meet with any students experiencing academic difficulty and develop an action plan. The Office of Education will monitor student performance via GradeBook and arrange for appropriate [counseling and tutoring services](#).
9. Coordinate [faculty and course evaluations](#) with the Office of Education at the midpoint or earlier of the course.
10. Notify the [Office of Education](#), 273-5950, of any cancelled or rescheduled class and/or laboratory sessions. Prior class recordings can be used as part of a backup plan for emergency faculty illness.

At the End of the Course

1. Meet with teaching faculty to discuss student performance in the course and grades to be submitted.
2. Participate in scheduled course debriefings.
3. Coordinate remediation or repetition of course as necessary.
4. Develop plan for course revisions for the next class offering, as necessary. (A change in clock hours and/or content will need to be requested of the Curriculum Committee three months prior to the date the class begins.)
5. Conduct course audits every three years that address updating of educational evidence-based content, identification of active learning and critical thinking, and development of procedural videos in preclinical courses.

In Addition, for Laboratory Courses and Clinical Training Not Involving Assigned Patient Care

Prior to the Beginning of the Course

1. Submit the list of required supplies (vendor, quantity) to the Instrument Leasing staff person for ordering 3-4 months before the beginning of the course. When determining the amount of supplies required for laboratory exercises, estimate the additional amount that might be necessary to complete remediations.
2. Meet with the Educational Resources Manager one month before the course begins to obtain training on the instructional equipment, confirm receipt of the requested lab supplies, obtain the lab storage cabinet key, and review the preferred method for supply distribution to the students.

During the Course

1. Monitor the use of personal protective equipment for student safety.
2. Remind students when the lab session is over and help assure that students vacate the lab in a timely manner.
3. Lock the lab or clinic and turn off the lights at the end of the class if the educational resources manager is not available.
4. Remind students that they must purchase supplies from Schein Dental for use in practice sessions. Consider holding teeth for psychomotor examinations and distribute on the psychomotor examination day.
5. Use the [Professional Variance form](#) for reporting student non-compliance to expected professional behavior located at the College's website:
6. Report equipment failure/ need of repair to the Educational Resource Manager

At the End of the Course

1. Meet with the Educational Resources Manager to return lab storage cabinet keys and to determine need for storing instruments and supplies for next year.

Department Chair Responsibilities

For existing courses, the chair:

1. Appoints the Course Director and an administrative staff assistant (grade coordinator) to work with the Course Director.
2. Informs the [Office of Education](#) and the Curriculum Committee of changes in Course Director(s) assignment.
3. Assigns departmental members of the teaching faculty in consultation with the course director. Best practices discourage the assignment of residents or post-doctoral fellows for any lecture. It is acceptable to assign these individuals to preclinical instruction.
4. Approves course syllabus. Two weeks prior to the first class, the Office of Education will email the Department Chairman the weblink to the syllabus with request to reply with approval.
5. Ensures that appropriate support (financial, staff, etc.) will be available, and the syllabus revision is submitted to the [Office of Education](#) on [ECO](#) four weeks before a course begins.
6. Assigns sufficient supporting faculty to permit diversification of faculty contributions to the course. Best practices ensures a wide distribution of teaching assignments among teaching faculty in the department and that each course has a designated faculty, other than the course director, who is mentored to inherit the course directorship should the course director discontinue that assignment.
7. Evaluates the course director and departmental teaching faculty in each course annually and identifies which courses teaching faculty should receive student evaluations.

For new courses, the chair:

1. Is responsible for leading the initial process of organizing new courses.
2. Presents proposed plan to the Curriculum Committee for approval.
3. Appoints a course director and teaching team (proceeds though steps 4-6 above).

Teaching Faculty Responsibilities:

1. Teach assigned and appropriate subject matter.
2. Be present and on-time for assigned lectures/laboratories/clinic sessions.
3. Participate in planning meetings and course debriefings.
4. Familiarize themselves with this document, the [Instructional Support](http://www.dental.ufl.edu/IT/InstructionalSupport/) webpage <http://www.dental.ufl.edu/IT/InstructionalSupport/> the syllabus for the course, and policies concerning student attendance, examinations and grading.
5. Prepare course material media, exam questions, etc. in a timely manner.
6. Proctor examinations, when necessary.
7. Provide and/or post handouts (when used) on ECO for the students.

III. Student Evaluation Practices

It is the policy of the College of Dentistry to evaluate students in the first and second years by block examinations. Block examinations are scheduled at a periodic basis, every third week for first year students and every fifth week for second year students. Typically, block examinations are scheduled on Monday and Tuesday following a study day of no scheduled classes on the preceding Friday. Block examinations imply that all major examinations, defined as weighted 20 percent of the final grade, are scheduled together in the same block with no more than 3 examinations in any one day.

Student Responsibilities

1. It is the responsibility of the student to abide by and to report any observed infractions of the Student Honor Code (University of Florida Regulations 6C1-4.017). This responsibility is reaffirmed on each examination with the following text placed at the beginning of the examination. The text reads as follows:
"On my honor, I have neither given nor received unauthorized aid on this examination and agree to comply with the Student Honor Code."
2. Each student has the obligation to protect the integrity of his/her work and is obligated to conduct themselves in a manner that does not arouse suspicion or cause a question of integrity.
3. Students should not bring personal belongings, i.e., backpacks, coats, hats, calculators, electronic devices, etc, into the examination room. There are to be no personal belongings besides pencils and erasers in the room unless otherwise instructed by the proctor. When this is not possible, all personal belongings should be placed in a designated area.
4. When taking paper exams, students should, to the extent possible, sit in every other seat, except for in the first three rows, at the front of the lecture hall. Left handed students should sit on the left side of the room as they face the front of the classroom.
5. Students receiving special testing accommodations will be handled in a manner that protects their privacy and confidentiality. Computerized testing conditions will mimic those provided in the Testing Center using similar equipment. Scheduling of accommodated examinations will occur simultaneously during regularly scheduled block examinations in a location outside of the Testing Center. When scheduling conflicts prohibit synchronous testing, the examination will be scheduled prior to the regular examination time.

6. Students requiring special testing accommodations will be handled through the Director of Student and Multicultural Affairs. The following procedure will be followed:
 - a. Students requesting testing accommodation must make an appointment with the Disability Resources Program at Peabody Hall. Students qualifying for accommodations will receive an Accommodation Memo from that office which must be presented to the Director of Student and Multicultural Affairs.
 - b. The Director will identify the student and the specific accommodation need(s) in the course roster feature in ECO. This information can only be viewed by the course director and test administrators. The student will also be identified in the GradeBook feature of ECO viewable only by grade coordinators and course directors. Access to this information will permit test administrators to schedule and set-up the appropriate accommodation. (This process replaces the former procedure of students personally informing each course director of their need for testing accommodation and securing their signature.)
7. When taking computerized exams in the testing center:
 - a. Students must be on time to be permitted entrance and should congregate inside the MDL, rather than the hallways, while waiting admission to the Testing Center. Students may be admitted late (within 20 minutes of the start time) at the discretion of the head proctor but once the first student leaves the Testing Center, no one will be admitted.
 - b. The Head Proctor will open the room(s) and allow students to enter a few minutes before the start of each session. A proctor must be present when students are in the facility. The rooms are to remain locked when not in use.
 - c. The Head Proctor is in control of the facility and exam administration. There will typically be at least two additional proctors in each room. Faculty and departmental staff may also be present, but cannot substitute for the proctors.
 - d. Once an examination session begins, all personnel should refrain from conversing with examinees. This includes clarification or interpretation of exam questions. Students who have specific issues or challenges should write these down on their scratch paper provided at their station and notify the head proctor when they leave the center. The head proctor has the discretion to provide critical information over the public address system, when this is necessary.
 - e. Students are assigned to specific numbered stations at random. The seating chart is given to the proctor and posted near the doors for each test. Upon entering, students should quickly find their station number and be seated.
 - f. Each exam session (aka "book") has a prearranged start time and duration. For example, an exam might be scheduled to start at 8am and last for 60 minutes. The stop time is adjusted dynamically based on the actual start time. In the example above, if the first student logs in at 8:05, the stop time is automatically set to 9:05. A verbal or computerized warning is given when five minutes remain.
 - g. From time to time a testing session is disrupted by unforeseen events (power failure, fire drill). If this occurs, students are encouraged to click on the Pause button near the top of the screen. This locks their station until testing can resume. The Head Proctor will also lock the entire exam to prevent submissions during the disruption.
 - h. Students are generally NOT allowed to reenter the Testing Center once they leave a session. The proctor has the discretion to allow reentry on a case by case basis for

personal emergencies or illness. If a student does leave prematurely, they should click Pause to lock their station. Under normal circumstances, there is NO provision to give extra time to students who arrive late. Extensions or alternate testing times are possible for special situations. Contact the Head Proctor. All absences (whether excused or unexcused) will be noted and reported to the course director and other appropriate staff.

- i. Students are routinely given scratch paper and two pencils during a testing session. Scratch paper is imprinted with the student's name and station number for tracking. All materials and scratch paper must be turned in to the proctors at the end of the test. Students are not allowed to retain written notes or remove test materials.
 - j. Students are prohibited from bringing electronic devices into the Testing Center. Calculators may be allowed at the discretion of the course director or proctor. An on-screen, software calculator is available at every station. Use of ANY other electronic device during an exam will be considered evidence of cheating!
8. Make-up examinations are only in the event of sickness (documented by a physician's note), a documented personal or family emergency or for a scheduled rotation. Students must contact the Office of Education and/or the Course Director to notify them as soon as possible of any such events warranting an excused absence. It is the student's responsibility to schedule a make-up exam with the Course Director within 48 hours of their return to the College. Students who do not have an excused absence from an examination are, at the discretion of the Course Director, subject to any or all of the following: 1) An "E" grade or a "0" for the examination missed, or 2) A make-up examination which may be cumulative in composition. The make-up examination or failing grade given will be assigned the same value (graded weight) as the original examination.
9. The Office of Education will schedule exam reviews with the students so that they see their own test answers. Feedback on examination performance is essential to quality learning. All high stakes examinations (20% or greater of final grade) will be available for students to review in a secured and timely manner. Exam review will be conducted under the same security as the scheduled exam.

Course Director's Responsibilities

All course directors will:

1. Be responsible for the accuracy, appropriateness, and balance of the included course material on the examination. Faculty are strongly encouraged to write new examination items every year and develop test banks with valid and reliable questions. Use a variety of examination formats that best suit the specific evaluation objectives. When using multiple choice questions, course directors should plan 75 to 90 seconds per multiple choice question (a maximum of 40 questions in 60 minutes or 60 questions in 90 minutes). When using essay questions, students should be given: a clear set of expectations as to the length, depth and scope of appropriate answers, explicit instructions as to the basic features and components of the expected responses, and written criteria to be used for scoring. Best practices would encourage the posting of excellent answers from previous examinations as guidance to students in preparing for this examination format. Students must be coached to understand what the instructor wants addressed in the essay.

2. Provide the Honor Code statement above on the first page of each examination.
3. Must follow the examination schedule posted on ECO. The schedule may not be changed without the approval of the Office of Education.
4. Must submit the electronic examination via the [UFCD Intranet](https://www.dental.ufl.edu/intranet/ZF/XamManager/index/upload), <https://www.dental.ufl.edu/intranet/ZF/XamManager/index/upload>, a minimum of two working days prior to the examination.
5. Be responsible for maintaining the proper environment to conduct an examination by following the procedures below:
 - a. Computerized examinations in the Testing Center. The rules governing the monitoring of examinations in the Testing Center are issued by Office of Medical Informatics and are listed at: <http://medinfo.ufl.edu/omi/testing/policy.shtml>. Proctors are scheduled for all examinations in the testing center.
 - Be expected to use a fair and standardized methodology for scoring exam performance. For multiple choice questions, a statistical analysis of each item must be performed and the value of each item judged based on that analysis. Multiple choice exam formats should use the "EvalSuite-Evaluation Toolkit" software to conduct an item analysis of the exam. <https://dentistry.medinfo.ufl.edu/cgi-bin/evaltoolkit.cgi>
 - Assistance from the Director of Curriculum and Instruction can be sought for guidance in handling decisions concerning giving credit for or deleting items judged to be of poor statistical characteristics. For scoring essay examinations, the grader must use a pre-determined rubric model to consistently score the various expected responses and be blinded to student identification. Essay exams enable the student to receive written feedback comments on the strengths and flaws of their responses and should be addressed in a positive manner. Multiple scorers must be calibrated.
 - Distribute grades to students in a confidential manner shortly after the administration of an examination. This can be accomplished by using the grade book feature in ECO or WebCT. (*Note: The University prohibits posting grades by any portion of a student's social security number.*) Course directors are highly encouraged to complete FERPA training at <http://privacy.health.ufl.edu/training/FERPA/> to understand issues and liabilities associated with the confidentiality of student education records.
 - Schedule make-up examinations only in the event of sickness (documented by a physician's note) or a documented personal or family emergency. Students must contact the Office of Education and/or the Course Director to notify them as soon as possible of any such events warranting an excused absence. It is the student's responsibility to schedule a make-up exam with the Course Director within 48 hours of their return to the College. Students who do not have an excused absence from an examination are, at the discretion of the Course Director, subject to any or all of the following:
 - i) An "E" grade or a "0" for the examination missed, or
 - ii) A make-up examination which may be cumulative in composition.The make-up examination or failing grade given will be assigned the same value (graded weight) as the original examination.

- The Office of Education will schedule exam reviews with the students so that they see their own test answers. Feedback on examination performance is essential to quality learning. All high stakes examinations (20% or greater of final grade) will be available for students to review in a secured and timely manner. Exam review will be conducted under the same security as the scheduled exam. Faculty are highly encouraged to attend exam review sessions. In the event faculty are unable to attend an exam review, there is a comment area for each question that students can use for inquiry. This spreadsheet will be sent to the Course Director following each examination.
- To facilitate and reinforce effective learning, dental students are encouraged to review any omission in knowledge through channeled and secured examination feedback following item analysis by the course director. Course directors use [EvalSuite](#) item analysis evaluation tools to review distribution of student responses to the multiple choice questions and to identify items not appropriately evaluating content validity. A difficulty index and the point biserial correlation item analysis data determine the validity and discrimination ability of the test items. Following thorough analysis of the test items and adjustment for any identified aberrant items, the individual scores are posted on the grade book feature of ECO, and the examination is released for student review in the testing center within one week of its administration.
- During pre-semester scheduling of courses, the computer testing center will be reserved for one-half hour per examination given during each block examination period. If possible, this review session will be scheduled at the end of the week in which the block examination was scheduled. This timing allows for appropriate item analysis of the examination and posting of the scores, while providing close proximity to the examination material before the student advances further into the subsequent course content.
- The review session will be scheduled by the Office of Education, posted on ECO, and monitored by the Testing Center proctors. Students are permitted into the Testing Center under the same rules as for taking examinations - no materials will be permitted in or out of the center. Talking will be permitted but care must be displayed so as not to interfere with other students' review and learning.
- For the first and second year curriculum, all examinations from the block session will be available for review during this one session but only the questions with incorrect responses will be accessed by the student (unless the course director indicates otherwise). Paper forms including space for the student's name, email address, course #, question #, and the student's inquiry about the item will be distributed (see form below). These forms will be collected by the proctors upon the student's exit from the testing center. The course director will then review, sort and distribute the inquires to the individual faculty responsible for the test item(s) in question. The faculty member responsible for the item will respond to the student by email or request that the student make an appointment to address the concern. Faculty may use the ECO announcement page or class time to discuss generalized questions about an exam item. Course directors and teaching faculty are encouraged to attend the review sessions.

- For the third and fourth year curriculum, as there are no block examinations, review sessions will be scheduled, the week following the examination, for each course that utilizes the Testing Center. The same guidelines as above will be employed.
- b. Written examinations outside of the Testing Center
- The course director, or a designated faculty member, must be present to proctor the administration of any course examination. Additional proctors may be utilized, but the course director will serve as the chief proctor and will remain in the room during the entire time of the examination. No staff personnel can act as the chief proctor.
 - It is the responsibility of the chief proctor to ensure that students adhere to the proper seating arrangement.
 - At the discretion of the course director, no questions will be answered by the course director, chief proctor or any other proctors present. Students may ask questions at the completion of the examination and may write questions and concerns on their examination, answer sheet, or as otherwise instructed. No communication is permitted once the first test is delivered to a student.
 - The Course Director has the discretion to dismiss any student talking during the exam. If a student arrives late for an examination, the proctor has the right to deny the student entrance to the room, and if a student must leave the examination room due to illness or other acceptable reason, they must first receive permission from the proctor. See the Student Handbook for additional references:
www.dental.ufl.edu/offices/Education/Files/Student_Handbook.pdf

CC Approval: October, 2007, Revised July 2008, January 2009, April 2009, February 2010, October 2010, Nov 2011, January 2013
Faculty Advisory Board Review and Approval from Dean Dolan, January 2012, February 2013