TEMPLATE for

Department Visits to the Curriculum Committee

Department: Endodontics

Representatives: Uma Nair, Roberta Pileggi

1. Describe where student self-assessment and self-directed learning occurs in your departmental courses. Indicate how you evaluate and use the results of your evaluations to improve your courses?

Semester	Course #	Self-assessment or self-directed learning description	How are they reviewed?	How do you use the results to further enhance student learning?
4	DEN6430C	Team Based Learning session with iRAT scores in addition to gRAT scores taken into account for grading	Accounts for 5% of the total grade.	1. Include more TBL sessions which are more challenging. 2. Incorporation of case based learning sessions
5	DEN6432C	1. Psychomotor skills assessed at increasing difficulty levels throughout the course. 2. TBL sessions 3. Analysis of published literature with assessment of the same with multiple choice questions.	The psychomotor skills and analysis of literature are graded assignments (50% and 2.5% of the grades respectively)	1. The TBL sessions will be graded. 2. More Weightage in grades to the literature analysis assignments with incorporation of more sessions.
7-11	DEN7735 DEN7736 DEN8787 DEN 8738 DEN8739	1. Endodontic Treatment Planning on comprehensive Care Patients. Competency assessment in DEN8737. 2. Endodontic therapy on premolars/ anteriors/molars. Competency assessment in DEN8739.	1. Endodontic Faculty. One on one case presentation. Competency exam based on MCQs 2. Endodontic faculty evaluates students during the procedure for their critical thinking skills.	1. Areas of weaknesses in student learning are noted which is then addressed during the competency in DEN8737. 2. Student's ability to

		3. Outcomes assessment in DEN8739.	3. Endodontic recalls for outcomes assessment by students.	perform these procedures and the amount of assistance needed from the faculty are used to select cases that can be treated in the predoc clinic. (endodontic difficulty assessment and referral). 3. Students evaluate the outcomes of their treatment as success/failure and the causes of failure. This information is used in the overall treatment planning for the patient.
	DEN7433 (Dr. Pileggi)	1 Evidence Based Endodontics, which includes articles assignment, Case-Based discussions in class, TBL with I-RAT and G-RAT, an AVATAR exercise. Additionally, for 2014 we will introduce flipped the classroom to increase the case based discussions and self-direct learning.	4. They are reviewed during their I-Rat, G-RAT, case-based discussions, AVATAR , midterm and final exams in which both have series of questions following a case based scenario.	4. The I-RAT and G-RAT are graded, and at the end of TBL all cases are revised for immediate feedback. 5. In case the students scores lower than 72, or miss "competency questions on case-based" they have to be remediated.

2. Regarding the UFCD 20 competencies, indicate when they are assessed, which competencies are assessed, how they are assessed, how you evaluate the effectiveness of your methods and how you use that information to improve your courses.

(Examples of methods may include portions of MCQ exams, case-based written examinations, reflection papers, OSCE's, clinical patient care competencies, case presentations, etc.)

Semester	Course #	UFCD Competency #	Method(s) of competency evaluation	When and how are results reviewed?	How do you use the results to further enhance student learning?
4	DEN6430C	Teach I-1, 2, II-4, III-9, 10, 11, 12, IV-16 and 19.	Quizzes, exams, TBL sessions	Quizzes: 5% of grade, Exams: 90% of grades and TBL 5% of grades	Revision of lecture contents, TBL case discussion, exam contents.
5	DEN6432	Teach II- 4, III-10, IV- 19	Psychomotor evaluations, quizzes, midterm and final exams and TBL	Psychomotor evaluated by Faculty. Quizzes, exams and TBL graded by course director.	Changes in teaching methodology, time management, lecture revision and exam content revision
7-11	DEN7735 DEN7736 DEN8787 DEN 8738 DEN8739	Teach I-1, 2, II-3, 4, 5, and 7, 8 III-9, 10,11, and 12 and IV-16 and 19. The same competencies are certified in DEN8739L	1. Exams (MCQ and case based) for assessment of diagnosis and treatment planning competency. 2. Patient based competency evaluation of diagnosis, treatment planning and root canal treatment .	Exams graded by course director. Patient care based competencies evaluated by faculty supervising the student. We have established 10% of the students grades for DEN7735 clinical courses to be from an overall evaluation of the student, from the faculty supervising the predocs. Overall evaluation of the students will also be included in DEN8738 for the next year and will comprise 10% of the grade.	Deficiencies in student performances are noted and appropriate remediation is recommended. We have calibration sessions for student grading among faculty. We do review student outcomes and make changes based on input from all concerned faculty.
	DEN 7433	Teach I-1, II-3,5 an 7, II ands IV- using AVATAR and TBL. Competency IV – 19 is certified by	3. Exams (with case-based scenarios)	Following grading, exams are released and course director is available for questions and feedback.	Results from the TBL, Case-Based scenarios, AVATAR and exams are revised with students to provide immediate feedback and assist them on critical thinking and evidence based

		exam with specific case-based questions.			practice.

3. Demonstrate alignment of your course objectives with your "certifying" competency assessments.

UFCD Competency #	Semester	Course #	Course Objective	Competency Assessment
I-1, II-3,4,5,and 7, III-9, 10, and 11 and IV- 16 and 19	11	DEN8739L	1. Practice patient management skills in the clinical environment and maintain aseptic environment. 2. Obtain patient's medical and dental histories 3. Perform endodontic diagnostic tests 4. Interpret clinical and radiographic exams 5. Reach pulpal and periapical diagnosis 6. Elaborate and discuss treatment plans, discussing all aspects of dental care which affect the maintenance of a tooth after endodontic therapy. 7. Recognize the indications and contraindications for root canal therapy. 8. Discuss case selection and case difficulties (treat or refer). 9. Perform endodontic therapy in uncomplicated cases 10. Perform outcome assessments on endodontically treated teeth 11. List and discuss potential advantage and disadvantage of different	1. Evaluation during patient care by faculty supervising the students.

			treatment modalities for non-healing endodontically treated teeth.	
I V-19		DEN 7433	12. to enable the student to become a competent endodontic practitioner by integrating biology and case-based scenarios with clinical principles and techniques including critical thinking and evidence-based practice.	2. Final exam with case based scenario questions involving from emergency to completion of treatment and prognosis

4. Regarding the UFCD 20 competencies that your department certifies, for each competency, report student first time pass rate and end of semester pass rate for Spring and Summer 2013,

Semester	UFCD Competency#	%Class pass 1st Attempt	%Class pass by end of course	%Class pass after remediation	Other
11	I-1, II-3,4,5,and 7, III-9, 10, and 11 and IV- 16 and 19	97.5% 2 students. Excluded 1 student in the DMD PhD program.	98.73% 1 student. Excluded 1 student in the DMD PhD program.	100	1 student had taken time off from the course and that resulted in one failure at the end of the course.

5. Describe how the department uses student learning outcomes to improve the curriculum and student assessment using the Plan-Do-Check-Act (PDCA) cycle.
(The PDCA is referenced from the UFCD Strategic Plan and college's model for outcomes assessment and evaluation.

Sem	Course #	Student learning outcomes	Action Plan for changes to bring about improvements
EX: 3	*DEN XXXX*	*20% of students did not pass the final psychomotor examination.*	*Students that did not pass the course will remediate. At the next course offering the sim lab will have a 10:1 student to faculty ratio; student will self-check their work against ideal pre-prepared teeth.*
4	6430C	100% first time pass rate.	Difficulty index from MCQ exams were taken into consideration when reorganizing lectures.

5	6432C	20.5% failed the final psychomotor exam but were able to remediate within the scheduled course time. Time spent on exposing and processing radiographs noted as problem.	1. Difficulty with accessing synthetic teeth, first time, noted as a problem. Students will be able to practice on synthetic teeth prior to the final psychomotor exam next year. 2. Students will be divided into groups during lab session with half the class working on dentoforms for sessions requiring radiographic exposures.
9	8737	1.23% fail rate 1st time in Endodontic treatment planning and diagnosis competency. 5% fail rate at the end of course for not completing root canal therapy by the deadline.	1. 80% of the students answered vital pulp therapy questions wrong. Students were asked to write a reflective paper with references of high level of evidence quoted as sources. Failed student was asked to retake another version of the exam. 2. Students are encouraged to work ahead of time. Rotation added in We Care in addition to Apopka for students to meet requirements.
11	8739	2.5% fail rate. Due to one student being on leave of absence and another student failing the competency.	Students are asked to practice on extracted teeth, particularly the steps they failed and retake the competency.

6. Report any new or emerging technologies utilized in your curriculum.
(If implemented, how were students and faculty trained in the use of the new technology? If none implemented do you see any in the near future? Please describe.)

Semester	**Course #**	**New or emerging technology**	**How did you evaluate the effectiveness of this change?**	**How did you use this evaluation to improve your curriculum?**

4 and 5	6430 6432	Team Based learning on case based scenarios.	Students are graded individually and as a group.	Difficulty levels will be based on the scores obtained by students. Cases will be designed to best mimic the clinical scenario. Case based learning to be introduced into the curriculum in the next semester for DEN6432. This will incorporate student self learning and evidence based literature review.
	7433	Flipping the classroom, TBL with ARS, Case-based and AVATAR	Individually and as teams	Case-based scenarios with basic science, pharmacology and medical conditions will assist them on critical thinking and best-practices

7. Identify where and how evidence-based dentistry is included in your courses.

(In addition to the ECO teaching methods database report how (activities) support EBD and student use of EBD.)

Semester #	Course #	ECO teaching methods	Summary of Results	Use of Results
4 and 5	6430 and 6432	1. Lectures on endodontic therapy, success rates, materials used are based on current endodontic literature. 2. Students are asked to review a published literature and have to take quiz on the same.	Exams, quizzes and TBL sessions.	Use of the information in diagnosis, treatment planning and treating patients with the information gained from best level of evidence.
	7433	3. Lecture on the difference levels of evidence 4. RCT article assignments	Questions related to the Randomized Clinical trial study	The information is used on their treatment planning, emergency care and prognosis of treatment based on evidence based for better transition practice based dentistry.

UF UNIVERSITY of FLORIDA
College of Dentistry

2013 Senior Self-Assessment of Confidence Survey Summary

83 of 83 Respondents (100%)

The senior exit survey evaluates your confidence in performing dental competencies expected of new dental graduates. The goals of this survey are to evaluate the extent to which the curriculum prepares graduates to begin independent dental practice and to assess the effectiveness of the student clinic management including extramural rotations and the TEAM program. *Student comments regarding an explanation of an increase or decrease in curriculum time devoted to each competency and additional open-ended questions is attached.*

For the following supporting competency statements, to what extent do you feel the curriculum has prepared you to perform these skills confidently.

Domain I: Professionalism

1. Ethics

Apply ethical principles to professional practice.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
2.6	2.6	9.0	29.5	56.4	0.94	4.3

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency

%Decrease	%Increase	%Remain the same
6.4	5.1	88.5

2. Legal Standards

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

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	12.8	29.5	34.6	21.8	1.01	3.6

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
5.1	29.5	65.4

Domain II: Health Promotion and Maintenance

3. Communication and Interpersonal Skills

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

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	7.7	15.4	25.6	51.3	0.97	4.2

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
5.1	12.8	82.1

4. Critical Thinking

Apply scientific and clinical literature to make decisions about patient evaluation and treatment.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	9.0	17.9	33.3	39.7	0.97	4.0

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
6.4	14.1	79.5

5. Assessment of Treatment Outcomes

Analyze continuously the outcomes of patient treatment to improve that treatment through application of best practices.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
2.6	3.8	24.4	35.9	33.3	0.98	3.9

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	16.7	82.1

6. Practice Management

Understand the business principles and the human and technological resources necessary for developing, managing, evaluating and protecting a general dental practice.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
7.7	16.7	32.1	19.2	24.4	1.24	3.4

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	41.0	57.7

7. Patient Management

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

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	6.4	21.8	28.2	43.6	0.96	4.1

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	12.8	85.9

8. Community Involvement

Participate in the protection, promotion and restoration of oral health of the community and to those beyond the traditional practice setting.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	5.1	15.4	33.3	46.2	0.89	4.2

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
3.8	5.1	91.0

Domain III: Health Assessment
(Manage, recognize and treat accordingly or refer and follow-up situations beyond the competency of the dentist.)

9. Examination of the Patient

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

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	2.6	21.8	28.2	47.4	0.87	4.2

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same

7.7	5.1	87.2

10. Diagnosis

Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the history and the patient interview, the clinical and radiographic examination, and other diagnostic tests and develop a problem list.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	6.4	21.8	41.0	30.8	0.89	4.0

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	14.1	84.6

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.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	6.4	26.9	30.8	35.9	0.95	4.0

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
2.6	15.4	82.1

12. Emergency Treatment

Prevent, recognize, manage, and/or promptly refer dental and medical emergencies.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	6.4	25.6	33.3	34.6	0.93	4.0

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	14.1	84.6

Domain IV: Restoration to Optimal Oral Health and Function

13. Prescribe and/or apply clinical and/or home therapies for the management of dental caries and monitor their effect on the patient's oral health.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	5.1	21.8	32.1	41.0	0.91	4.1

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	11.5	87.2

14. Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prosthesis.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	3.8	19.2	32.1	43.6	0.94	4.1

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
0.0	12.8	87.2

15. Manage periodontal pathoses.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	2.6	15.4	38.5	43.6	0.80	4.2

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
5.1	9.0	85.9

16. Managing 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.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	7.7	25.6	28.2	38.5	0.98	4.0

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	11.5	87.2

17.Manage functional disorders involving the masticatory system.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
3.8	19.2	34.6	21.8	20.5	1.13	3.4

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	26.9	71.8

18. Manage limited developmental or acquired occlusal discrepancies

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	19.2	32.1	25.6	21.8	1.08	3.5

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
0.0	34.6	65.4

19. Manage pulpal diseases and subsequent periradicular pathosis

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
0.0	5.1	15.4	43.6	35.9	0.85	4.1

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
0.0	11.5	88.5

20. Manage oral mucosal and osseous diseases or disorders, including oral cancer.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	12.8	32.1	30.8	23.1	1.02	3.6

Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

%Decrease	%Increase	%Remain the same
1.3	15.4	83.3

Extramural Rotations

Please check if you strongly agree, agree, not sure, disagree or strongly disagree with each of the following statements about the Extramural Rotations.

21. Experiences in the extramural rotations significantly contributed to my range of clinical experiences in extended practice settings.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
0.0	0.0	6.4	26.9	66.7	0.61	4.6

22. Extramural rotations demonstrated the need in the community for dental services.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
0.0	1.3	6.4	26.9	65.4	0.68	4.6

23. I am more likely to volunteer my time for community service/outreach because of these experiences.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
2.6	1.3	14.1	19.2	62.8	0.96	4.4

24. Extramural rotations facilitated reflection and the development of a personal clinical philosophy.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
1.3	1.3	6.4	32.1	59.0	0.78	4.5

25. The time spent in extramural rotations did not impede my ability to provide comprehensive care in the TEAM program

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
1.3	0.0	11.5	29.5	57.7	0.80	4.4

26. Extramural rotations are a valuable part of clinical training at UFCD and should be expanded to include more time at extramural sites

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
0.0	0.0	10.3	20.5	69.2	0.67	4.6

27. Extramural rotations are a valuable part of clinical training at UFCD and should be expanded to include more time at extramural sites *(in comments section).*

28. The intramural rotations significantly contributed to my range of clinical experiences.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
0.0	5.1	11.5	41.0	42.3	0.84	4.2

29. The time spent in the intramural rotations did not impede my ability to provide comprehensive patient care in the TEAM clinics.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
9.0	12.8	12.8	29.5	35.9	1.32	3.7

30. The time spent in the intramural rotations did not impede my ability to provide comprehensive patient care in the TEAM clinics.
(in comments section)

Clinical Management

32. The Instrument Lease system provided me with the necessary instruments and equipment for the pre-clinical courses.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
0.0	2.6	6.4	41.0	50.0	0.72	4.4

33. The Instrument Lease system provided me with the necessary instruments and equipment for patient treatment.

%Strongly Disagree	%Disagree	%Not Sure	%Agree	%Strongly Agree	SD	Mean
0.0	2.6	7.7	42.3	47.4	0.74	4.3

33. What could we do to improve the clinical program? *(Comments attached)*

The Team Program

35. How would you rate the degree of confidence you have in the use of IT resources i.e. internet based self-instructional media (3D Tooth Atlas, procedural videos, etc.).

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
7.7	10.3	35.9	23.1	23.1	1.18	3.4

36. How would you rate the degree of confidence you have in the use of IT resources i.e. online course materials (ECO).

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	10.3	23.1	28.2	37.2	1.06	3.9

37. How would you rate the degree of confidence you have in the use of IT resources i.e. classroom capture video presentations

(Mediasite).

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	11.5	16.7	33.3	37.2	1.06	3.9

38. How would you rate the degree of confidence you have in the use of electronic health record (AxiUm) to assist yhou with comprehensive patient care

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	5.1	16.7	37.2	39.7	0.94	4.1

39. How would you rate the degree of confidence you have in the use of digital radiography (ScanX, Optime etc.), image viewing and manipulation software (MiPACS)?

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	10.3	16.7	35.9	35.9	1.03	3.9

40. What could UFCD do to improve technology application and utilization? *(Comments attached)*

41. Throughout my dental education I have developed the coping skills necessary to handle stressors post-graduation.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	5.1	14.1	46.2	33.3	0.90	4.1

42. During my dental education, the College of Dentistry fostered collaboration, mutual respect, cooperation and harmonious relationships between administrators, faculty, students, staff and alumni.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
5.1	7.7	15.4	38.5	33.3	1.12	3.9

44. Overall, I feel prepared both personally and professionally to begin the next phase in my dental career.

%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	SD	Mean
1.3	3.8	14.1	44.9	35.9	0.88	4.1

Demographics

45. Gender:

%Female	%Male
52.6	47.4

46. Age

% < 25	%26 - 28	%29 - 34	%35 - 40	%>40
10.3	64.1	15.4	2.6	7.7

47. Race

%American Indian or Alaska Native	%Asian or Pacific Islander	%Black or African American	%Hispanic or Latino	%White or Caucasian
1.3	12.8	6.4	20.5	59.0

2013 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Year	2007*	2008	2009	2010	2011	2012	2013
Response rate	95%	100%	88%	100%	100%	(83) 100%	(78) 100%
Competency	Mean (SD)						
Competency Domain I: Professionalism							
1 Ethics	4.1 (0.94)	3.6 (1.15)	4.2 (0.69)	4.4 (0.69)	4.3 (0.88)	4.3 (0.88)	4.3 (0.94)
2 Legal Standards		3.3 (0.95)	3.4 (0.96)	3.7 (0.87)	3.5 (1.16)	3.7 (0.94)	3.6 (1.01)
Competency Domain II: Health Promostion and Maintenance							
3 Communication and Interpersonal Skills		3.8 (0.95)	4.1 (0.83)	4.4 (0.72)	4.2 (0.89)	4.2 (0.91)	4.2 (0.97)
4 Critical Thinking	3.7 (0.74)	3.6 (0.90)	3.7 (0.19)	3.8 (0.88)	3.8 (0.98)	3.8 (1.02)	4.0 (0.97)
5 Assessment of Treatment Outcomes	3.4 (0.92)	3.5 (0.95)	3.8 (0.88)	3.9 (0.80)	3.8 (1.03)	3.8 (0.92)	3.9 (0.98)
6 Practice Management (2007-Professional Practice)	2.9 (1.06)	2.7 (0.98)	2.9 (1.06)	3.1 (1.15)	3.0 (1.27)	3.2 (1.22)	3.4 (1.24)
7 Patient Management	4.1 (0.77)	3.8 (0.78)	4.0 (0.84)	4.1 (0.75)	4.0 (0.92)	4.0 (0.96)	4.1 (0.96)
8 Community Involvement	4.1 (0.71)	3.9 (0.78)	4.0 (0.84)	4.2 (0.76)	4.2 (0.85)	4.1 (0.87)	4.2 (0.98)
Competency Domain III: Health Assessment							
9 Examination of the Patient	4.2 (0.76)	3.9 (0.83)	4.1 (0.76)	4.2 (0.75)	4.1 (0.91)	4.2 (0.88)	4.2 (0.89)
10 Diagnosis	3.8 (0.72)	3.7 (0.86)	3.9 (0.77)	4.1 (0.73)	3.9 (0.86)	4.0 (0.88)	4.2 (0.87)
11 Treatment Planning	3.8 (0.88)	3.5 (0.97)	3.9 (0.79)	4.0 (0.84)	3.8 (0.94)	3.8 (0.88)	4.0 (0.89)
12 Emergency Treatment	3.9 (0.82)	3.6 (0.89)	3.7 (1.02)	3.7 (1.01)	3.6 (0.97)	3.8 (0.89)	4.0 (0.95)
Competency Domain IV: Restoration to Optimal Oral Health and Function							
13 Perform chemotherapeutic therapy for oral diagnosis		3.8 (0.80)	3.2 (1.15)	3.3 (1.17)	4.1 (0.85)	4.0 (0.83)	4.1 (0.91)
14 Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prosthesis.	3.8 (0.80)	3.8 (0.88)	4.0 (0.90)	4.0 (0.92)	4.0 (0.98)	4.0 (0.94)	4.1 (0.94)
15 Manage periodontal pathoses.	3.8 (0.86)	3.7 (0.82)	3.7 (0.90)	3.8 (0.88)	4.1 (0.94)	4.0 (0.84)	4.2 (0.80)
16 Managing 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.	3.7 (0.82)	3.5 (1.04)	3.7 (0.93)	3.9 (0.91)	3.7 (0.98)	3.8 (0.86)	4.0 (0.98)
17 Manage functional disorders involving the masticatory system.	3.2 (0.93)	3.0 (0.94)	3.3 (1.02)	3.4 (1.03)	3.0 (1.12)	3.2 (1.08)	3.4 (1.13)
18 Manage limited developmental or acquired occlusal discrepancies	3.1 (0.92)	3.1 (0.84)	3.4 (0.82)	3.2 (1.05)	3.2 (1.03)	3.2 (1.05)	3.5 (1.08)
19 . Manage pulpal diseases and subsequent periradicular pathosis	3.9 (0.80)	3.6 (0.91)	3.8 (0.83)	3.9 (0.74)	4.0 (0.89)	4.0 (0.91)	4.1 (0.85)
20 Manage oral mucosal and osseous diseases or disorders, including oral cancer.	3.7 (0.82)	3.1 (0.89)	3.2 (0.88)	3.3 (0.99)	3.5 (0.94)	3.5 (0.94)	3.6 (1.02)

2013 Senior Self-Assessment of Confidence Survey Summary Comments

1-Ethics - Apply ethical principles to professional practice.

Too much time is devoted to this

The curiculum taught me not to be ethical! You need to get units to graduate. It doesn't matter how you get them; so many classmates would try to convince patients to get units. These are the same students who were done with all their requirements early and got selected for AGPD. On the other hand; I would try to do what was best for the patient & as a result got several letters letting me know I was behind in pros.

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

We need more knowledge of the laws and rules. It seems like an afterthought in the curriculum

I don't know much about what is the standard of care.""

go over laws and regulations adn 4 handed dentistry application more often

Legel standards were reviewed in Dr Minden's class. However; I think they would be more effective in smaller groups where discussion is allowed.

More information on laws and rules in Dr. Minden's course

Discuss the actual laws and rules rather than having us study a ppt.

Teaching students how to write legally sound notes in axium-reviewing poorly written notes etc.

The only thing we talk about in this respect is OSHA. We never even had a lecture about laws and rules and the information we got was wrong.

It would help to know the laws and rules before the very endof senior year

this should be introduced a little earlier on; and continued throughout so that when laws and rules comes around it seems more like common sense instead of a different language (When I took NBDE2 I felt like it had all been drilled into our heads and so studying was much less painful/stressful)

I would like to increase the legal standards to dentistry to help me understand real world dentistry. Learning by case by case presentation with question and answering time for me to learn the material better.

More preparation for the Laws & Rules other than a powerpoint.

I don't know what is legal & not legal until I started studying laws and rules for my boards. School never taught me.

2013 Senior Self-Assessment of Confidence Survey Summary Comments

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

cannot be taught

There should be an increase in pre-clinical cultural competency classes. Like having group settings where people describe different ethnic backgrounds; customs; religious traditions so dental students can adapt to patient's needs. Our classes only say there is diversity" but never had interactive sessions or where people could learn about diversity. Diversity has never been explained. There was supposed to be a diversity think tank group formed by Patty but it never did come together and I thought it was a good idea. "

More on communicating with patient regarding how to get them to accept treatment.

I think that the Communication between the patient and the dentist should be increase and practice more than once or twice. I would like to see more roll play in classes. I would like to see how pt's really are in private dentistry.

Hiring faculty that are socially competent themselves.

4 - Critical Thinking-Apply scientific and clinical literature to make decisions about patient evaluation and treatment.

Concepts were explained but I feel more scenerio exercises could be employed with regard to treatment planning. And change the tx planning faculty if you haven't already. Dr. Susan Nimmo was not a very good instructor and the curriculum she presented was subpar.

most important aspect of dentistry need to increase to allow for integrated continued learning

APGD had literature reviews once a week which I thought was a great learning experience. I think it would benefit all the other teams to have this as well even if it's just for the seniors. Smaller groups tended to be more effective.

If there were more senior Friday case presentations that were for brainstorming vs grading; (Like we did in APGD) I feel that would be helpful to get a multidisciplinary approach

More courses should focus on critical thinking and clinical application

I don't like to read thick literature. What I need is short concise outline picture. I need the big picture Do I do this or that." I don't care for the type of experiment using 45.3 rats to test this or that."

There is alot of lip service paid to evidence based dentistry and it seems it gets in the way more than it is actually appropriatly applied. Especially when the clinics only stock certain materials and we are not given oportunities to work with multiple types or product companies.

5-Assessment of Treatment Outcomes - Analyze continuously the outcomes of patient treatment to improve that treatment through application of best practices.

Try to find better way of getting all faculty on the same page with regard to the practice of dentistry. Standardize!

Come up with a better way for us to analyze the outcomes of our treatment on our patients.

I'm not really sure what this means

It would help if we had more time in clinic to see our patients at recall apt to assess our own work 1-2 years later

This is something you can only learn from experience; maybe more preclinical cases?

We don't get to see how our own work turns out. Maybe we could see other dental treatments that failed from seniors of past years.

We don't spend anytime going about how to improve oral health. Why not do fluoride trays for the patient.

2013 Senior Self-Assessment of Confidence Survey Summary Comments

6-Practice Management- Understand the principles necessary for developing, managing and evaluating a general dental practice.

One business related course is not sufficient

I think business electives should be offered throughout the 4 yrs of dental school. Offer an MBA along side the DMD. Dr. Minden did a great job of presenting his material. Im sure he'll tell you 1 semester cannot possibly prepare us for practice management

I believe that practice management class should be taught sooner and be given longer. At the very least the course should extend over Junior and Senior years and not be given senior fall only when we are all trying so hard to get our other requirements done.

Have a project where you learn more about managing people; things to think about daily in private practice; etc.

add another course in application to practice efficency

There should be a class before clinics maybe during the summer of senior year where insurance benefits and claims processing is explained to students. Allowing students to have sessions with the business office so we can understand medicaid and other insurances so in the real world we can apply what we have learned.

We need much more practice management and business principals integrated into our curriculum!!!

There is always room for improvement on practice management skills. This is where I feel the most unprepared. Maybe getting a consulting company in to give us a talk/info.

Practice management should be spread out over junior and senior year. It should be a topic of conversation in huddles and team meetings. Dr. Minden does a great job in the short time he has; but we need more.

Should be earlier in the curriculum

Dr. Minden's class is GREAT; however maybe another one Jr. year to have a little bit of an introduction would be helpful; or maybe an elective course to get more information after his course

The time added needs to be practical and not didactic. Posting the item prices for supplies in clinic was helpful but if we are taught how important is is to oversee buiosness costs and place goals and evaluate progress is in our buisness classes how come none of that is done with the TEAM clinics. This seems a better use of TEAM meeting and huddle times than is being currently used so we can see our individual TEAM clinics as a buisness and have a grasp of how our actions change things and how managment numbers change and impact the bottom line.

Not a priority for the dental school so I doubt they increase it ever; but it would be helpful. Dr. Minden does a great job in the business management course; but that is elementary level to what we need to know for a private practice.

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

The more patient contact time the better

Communicate communicate communicate

Not really sure how to make this more effective but we had a lecture or two on behavioral managment and then WAY to much on dental fear; bnut nothing preactivcal or day to day is followed up on these items in clinical supervision.

8-Community Involvement - Participate in the protection, promotion and restoration of oral health of the community.

Increasing time in special needs environments is necessary

2013 Senior Self-Assessment of Confidence Survey Summary Comments

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

I would like to decrease the time that it takes in the clinics as we wait for so many facualty that it is more like COE-Waiting game""
The COE is too inviolved. It turns every patient into a portfolio patient. IF we still have to board on live patients it seems a large utilization of time and resources for little gain. Only a handful or patient selected for treatment plannign presentations should be subjected to this much records taking.
We are forced to spend 2-3 appoitnments doing a COE - that is over 6 hours! That is crazy!

10-Diagnosis- Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the history and the patient interview, the clinical and radiographic examination, and other diagnostic tests and develop a problem list.

Like I said before augment the tx planning curriculum and change the faculty

I think that the treatment planning part of dental school should be taught by someone other than Dr. Spencer who I feel as though focuses on the wrong material. Treatment planning should start in the first year so that by the time we are in our junior year we are very confident.
caries detection competency or TX plannig more seriously
increase time in analyzing radiographs and interpretations.
I think diagnosis is the most important part in developing a treatment plan and adding more time could always help.
Streamline (reduce redundancy on caries risk assessment); Pile in OHI to that.
Perio does a very good job; but the oral path or how to properly detect small oral path in our patients is understressed

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.

Like I said before augment the tx planning curriculum and change the faculty

I think that the treatment planning part of dental school should be taught by someone other than Dr. Spencer who I feel as though focuses on the wrong material. Treatment planning should start in the first year so that by the time we are in our junior year we are very confident.

I felt like our course prior to clinics was very weak and not helpful at all. More time needs to spent showing us how to develop treatment plans.
If there were more senior Friday case presentations that were for brainstorming vs grading; (Like we did in APGD) I feel that would be helpful to get a multidisciplinary approach
Prosth faculty check during initial tx planning stages.
More complex treatment planning with clinical application in the curriculum would be helpful
The treatment planning course needs to be stronger than the one we took before clinics begin. Dr. Spencer has since taken over the course and has made some good changes; I have heard.

same as above maybe preclinical cases? Or once you are in clinic have the TEAM meetings have a case that you work out; or maybe in Huddle Monday AM you can pass out a case and that whole week during huddle you work through the treatment planning of it. Make it interactive.
Need to work on different treatment plans with the Junior year

2013 Senior Self-Assessment of Confidence Survey Summary Comments

12-Emergency Treatment - Recognize, manage, and/or promptly refer dental and medical emergencies.

to apply into clinical circumstances

More time needs to be spent in this area; specifically how to at least access canal and take the nerve out to help patients in pain. This needs to be taught not just in endo but in team clinics when things like this are not planned (as in real world).

Have practice scenarios in clinic.

Could be done more efficiently.

Hammered in our heads

13- Perform chemotherapeutic therapy for oral diseases.

Need more practice on this

14 - Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prosthesis.

Always could learn more. Maybe do lunch time Lit Review. Rotate throught groups throughout the year

I feel as though there needs to be some sort of control over the amount of cases individuals get to do. In my clinic I graduated never having done an anterior crown; only doing 4 crowns and no bridges while others in my own clinic did full mouth reconstructions; and delivered over 33 units mostly fixed. This is unfair. and the way to fix it is NOT by increasing or adding requirements! It is by policing who gets to do what! it is the luck of the draw in the clinic for the most part what patients you get and what they can pay for but this needs to change. Our dental education should not be based on whether we are lucky or not!!!!!!!!!!

increase esthetic cases by offering incentives. |

Learned most of that on rotations. Learned how to wait on professors at school clinics.

15- Manage periodontal pathoses.

Always could learn more. Maybe do lunch time Lit Review. Rotate through groups of students throughout the year

Too many requirements!

advanced treatment options - open flap debridement; crown lengthening; as senior i clinic our advanced perio expierence is the most limited i have seen in the country

Too many lectures in this topic.

Unless there are actually scheduled and provided advanced surgical cases the TEAM clinics priovide more than enough experience with periodontal disease for us to diagnose; prescribe tx; and evaluate our hygenists.

16 - Manage conditions requiring reparative 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

More opportunity to use moderate oral sedation; prescriptions; etc

Always could learn more. Maybe do lunch time Lit Review or case presnetation by residences. Rotate through groups of students throughout the year

Need to practice more prescription; not testing; it but actually practicing on the clinical floor or in team meeting or where ever

In practice we will be utilizing oral sedatives for controlling pt. anxiety and fear but we are not allowed to use them at anytime during our education. That seems a hole that could easily be filled.

17 - Manage functional disorders involving the masticatory system.

Always could learn more. Maybe do lunch time Lit Review. Rotate through groups of students throughout the year

Talk about more cases in class and differentials for facial pain; TMJ or muscular pain.

DX. but overall TX sequencing needs to be increased - not just lectures and how to make a splint; but other TX options

give another class during jr year regarding TMJD.

More clinical application of patient management with TMJ disorders and concepts of occlusion

Have Witt Wilkerson (with The Dawson Academy) come and speak to the students more.

A review in junior/senior year is necessary.

Needs to be taught more clearly and efficiently. Too scattered and not clear.

In depth TMJ care imho is more appropriate for post graduate education.

I will not do this in private practice because I never learned about it in clinic. We did have lectures.

2013 Senior Self-Assessment of Confidence Survey Summary Comments

18 - Manage limited developmental or acquired occlusal discrepancies.

Always could learn more. Maybe do lunch time Lit Review. Rotate through groups of students throughout the year

Learn more about equilibration and things to look for before starting Phase II treatment so it will turn out more successfully in the end.
In senior year; It would be helpful to have a lunchtime lecture; or a Friday course on occlusal adjustments and full mouth rehab- even if we mounted our own mouths!

More clinical application of what is taught at the Pankey institute. It would be great if all seniors had the opportunity to take a course there.
Occlusion needs to be reviewed again junior/senior year. Dr. Howard taught APGD students about occlusion in 2 lunch time reviews. This should be mandatory for all seniors.
I don't understand what this means.
I feel like we focusd more on occlusion in APGD and it would be nice to get more of an emphasis in the other clinics.
Dr. Howard should give a course on this. I learned more about occlusion while seeing a patient for an hour appointment with Dr. Howard supervising than I did in a whole term of occlusion during sophomore year.

19 - Manage pulpal diseases and subsequent periradicular pathosis.

More opportunities to do RCT including more molar if students desire to learn more
Always could learn more. Maybe do lunch time Lit Review. Rotate through groups of students throughout the year
I think we should have a molar endodontic requirement.

20 - Manage oral mucosal and osseous diseases or disorders, including oral cancer.

application
Including a required hands-on class on oral cancer screening and diagnosis.
Actually set up something (a worksheet) that Dr. Sandow designs so that our future patients don't have to have a special visit with her prior to and delaying their radiation oncology tx.
More time spent in the oral medicine clinic
Having more days in Oral Medicine clinic.
This needs to be reviewed in junior/senior year.
It would be helpful to see more cases; the rarity of oral disorders can make all but the most common foreign to us.
Cancers- need something not sure what
More time should be spent clinically observing begining examples of oral cancer that we may run into in practice and refer for further evaluation rather than just in didactic courses or delivering flouride trays.

27- What could UFCD do to improve the extramural rotation program?

Dr. Ebert in Jacksonville was exceptional. St. Pete rotation was also good.
Increase the amount of time 4th year students spend on rotation.
No improvements.

Allow students to participate in even more extramural rotations during their senior year once they have completed requirements.
While the extramural rotation time is very valuable; so is the patient treatment time at UF. Students still need time to treat their comp care patients.
Housing could be better. Some of the accomidations (Jax; Tally etc) were pretty poor.
ACORN need to see more patients not just 4 a day
Provide more experiences WITH greater ability to get competancy/RVU credit for work done at these sites.

2013 Senior Self-Assessment of Confidence Survey Summary Comments

30. In your opinion, please identify the most beneficial intramural rotation and the reason why.

SOS is the most beneficial. Being able to manage medically compromised pts as well as diagnose and treat individuals in pain was of great benefit

SOS is the most beneficial because you learn to deal with emergency situations and the faculty allow you alot of indenpence when working of patients.

SOS and Pedo because these are the only places we were able to do extractions and treat patients

The most beneficial intramural rotation was student oral surgery because it prepared me for emergency situations.

I felt like the periodontal rotation did not value our time effectively. I like the old system of selecting procedures to volunteer for as a requirement. There was a lot of dead time on this rotation that could have been better spent in the teams clinic actually learning dentistry.

Student Oral Surgery: we learn to deal with emergency cases; get more exposure to the intermix of dentistry and medicine.

SOS and pediatric rotations were great in teaching emergency treatment and treatment of pediatric patients

perio- able to see a whole different side of dentistry and learn when and when not to refer.

SOS

Pediatric dentistry and oral surgery are both very important. They are well organized and we are put to work for the entire week. It is important for students to be productive and to see patients as much as possible.

SOS: very hands on and provides a lot of learning experience and interaction with visiting faculty.

oral surgery and pedo. we don't see pedo kids in teams. oral surgery shows us the bigger picture of orofacial maxillary surgeries and treatments that involve other specialties like ortho.

Oral Surgery SOS rotation

SOS; because it provided the best blend of structure and independant work.

Each rotation was different. SOS was the most valuable because I learned a skill that I would not have learned in the teams clinic.

31. In your opinion, please identify the least beneficial intramural rotation and the reason why.

Pedo and Grad Perio

Perio. Assisting and cleaning up after residence is not why Im paying tution.|Why isnt there a Pros rotation?

Grad Perio rotation is the least beneficial. It is very obvious that the department is under staffed with dental assistants and they are using dental students to fill the void. This rotation should be two days at most.

Perio! both times when I was in there; there were not enough patients or surgeries for us to observe and I spent the time sitting around. In fact at one point the there was only one surgery going on and instead of allowing one of the six students on rotaion assist a first year was assisting. when the first year asked the second year if he should let one of us assist instead the second year replied No. You are the one that is paying money for this." I promtly replied. "Um..Technically I am paying money for this too!!" He replied "well you know what I mean; he is specializing in this." I wanted to reply that if that is the case then why the heck am I in here wasting my time when I could be seeing my own patients!!!"

The least intramural rotation was ortho because we were not as involved with the procedures.

Orthodontics: not much hands on experience.

We should not be require to spend a week suctioning for perio. performing tx should be more a part of the rotation.

Grad perio rotation we were more treated like dental assistants than actually doing advanced procedures or learning a lot of new information.

ortho- learned nothing

Grad Perio

I believe one perio rotation is enough. The perio rotation itself is great; but two weeks is too much. Additionally; the oral medicine rotation is great-in the oral medicine clinic. 2 rotations at tumor board is unnnecessary.

Grad perio: too much time is dedicated to this rotation that doesn't allow us to participate in it.

perio. perio does not always have enough perio surgeries to have 3-4 students rotating every day; there were several days where no surgeries were available or i was just asked to perio probe. when there is nothing for us to do we are not allowed to leave; and therefore are in a limbo of looking busy"; on these days we think about the fact that we could be seeing our own patients on those days. it may be better for us to do what was done before; to schedule days specifically attached to a perio surgery"

Oral Surgery rotation with the residents-I have no ambition to be an Oral surgen|Also Orthodontic rotation: learned to show up and stand around.

I can't identify one that would be least beneficial. Rather I would say the length of most of them are least beneficial. Everything I learned in Radiology was learned by the Fall of Junior year. After that I was just free labor. Hospital call could be two days not a week. One day in the clinic; one day in the operating room. The first Pedo rotation was GREAT. The second ok. The third could have been integrated into the first two. The oncology rotation should be reduced to only have one tumor board; or lacking that only require us to show up for the patient portion as the discussion portion of the tumor board experience is not very beneficial (imho). Biomaterial rotation should be pass/fail as in my experience there is a complete disconnect between the performance in the sessions and the grade assigned. The second week opf perio rotation was very dissapointing and should not be required.

Pedo was extremely pointless. I often treated 16-18 year old patients! That isn't pedo. No one ever did a SCC or pulpotomy. We did just simple fillings.

34. What could UFCD do to improve the clinical program?

Get a more friendly manager. Never willing to help. To ask Lee for anything was a nightmare

So MUCH!!! See my comments above about regulating units!!!!!!!!!

I wish we bought our own instruments.

expensive - can buy instruments on cost of one semester leasing cost -- PLEASE REEVAL!

One improvement I would suggest is getting the students input on the changes being made since they are the ones that will benefit from the program.

Nothing. Lee is amazing.

40. How could UFCD enhanced your education using technologies (e.g. blogs, online courses, required laptops, use of ipads and/or smart phones, etc.) considering privacy laws?

ipad use

No improvements.

Better training on axium and Mipacs are needed. Better xray clarity is needed for board screening.

More experience with cerec and iTero

Upset at school for changing ECO mid-way through senior year to only be able to get on if connected to school computer. This is the #1 website I get to at home and not being able to get onto ECO (not sure why?!) has impeded this.

Make accessing eco easier from home.

I was confident with Co until the advent of the webclient; now I can't access ECo from home despite mutiple trips to IT. It's incredibly inconvenient.

We never learned iTro; 3D modeling!!!

43. How can the College of Dentistry foster collaboraton, mutual respect, cooperation and harmonious relationships between between administrators, faculty, students, staff and alumni be improved.

Talk to dentists like Dr. Davis or Dr. Howard. These two never talk down to students and treat you as equals. Ive learned a lot from these two doctors

Stop treating us like CRAP our senior year!!!!!!!!!! many of the faculty members treat us like children who aren't worth their time when in a few short months we will be DOCTORS!!!!!! I know that we are students now but you should treat us with the respect you give to someone who is going to be a doctor. we all worked very hard to get here! we aren't dumb or we wouldn't be here!!!! show us some respect!!!! and stop making us jump through so many freaking hoops!!! (this check out process for example!)

Please limit near graduating stress that distances a student from future alumni relations. The bureaucracy that endures towards the end of our educatiosn places a sour taste in our mouth of a healthy dental expierence. The need to pay for minor treatments should be looked into and the need to deal with non-clinic adminstrative should be evaluated.

respect for all cultures

If there was a procedure already approved by one faculty; the next attending faculty should not negate or contradict the previous faculty's approval or reason for proceeding with the procedure.

Faculty members should respect students and communicate with constructive criticism rather than putting a student down

There needs to be more people like Patty employed at UF to help with this.

The students get in the butt. I don't see this ever changing; we are told what to do and say and that is it. The changes are often; not always; but often a top down DEMAND and gums up the team clinics and students are left with more to do and more confusion on what we are to do as changes come at us monthly or at least semesterly.

Seems everyone is on a different page; from the powers high up; to clinic adminstration to the team leaders. All have different agendas and makes it more stressful as a student.

2013 Senior Exit Interview Summary

Purpose: Continuous improvement of the quality of the DMD educational experience at UFCD based on graduating student feedback

Faculty attendance: Drs. Teresa Dolan, Marc Ottenga, Boyd Robinson, Venita Sposetti and Patty Xirau-Probert.

Student attendance: Nine 1.5 hour senior exit interview breakfast meetings were scheduled between April 1, 2013 and May 13, 2013. Two sessions were cancelled due to low registration (three or less students) and one session was cancelled due to an unexpected scheduling conflict. Of the 78 students in the Class of 2013, 49 students participated in the breakfast sessions. The sessions were not as well-attended as in prior years with 62 percent of the class participating. One possible contributing factor was that the meeting time was changed from the lunch-hour to the morning hour, to accommodate the change in the clinic schedule and other administrative scheduling conflicts.
Scheduling the interview sessions further in advance or later in the day may be helpful for next year.

Overall Experience

- Students commented that when they interviewed for advanced education program and had an opportunity to meet with students from other dental schools, they felt that UF had a strong reputation and was well received, and that they received an excellent education.
- They feel well prepared for their next activity (graduate education and practice). They feel proud of their education.
- The last two years of the program are what you make of it. If you want to learn anything, the doors are open and students have that opportunity.
- If you want a good education, you have to be motivated to learn and make it happen.
- Student morale dwindles over the four years. The senior year is so hectic and students feel worn out by their senior year.

First two years of the Curriculum

- Students would like the opportunity to fully review their examinations and learn from their mistakes.
- Students felt very prepared for NBDE Part I.
- The Anatomy course and the NBDE I review were excellent. Dr. Jackson was excellent.
- The students felt they received excellent instruction in anatomy, and really appreciated the opportunity to review head and neck anatomy prior to the national boards. They commented that this was a rather unique opportunity in dental education, and they hope it would not change with the curriculum revision.
- The Developmental Biology (embryology course) could be improved.
- Some faculty had no idea what is on the national boards, and their segments of the review course were useless.

There is a lot of repetition in the first two years, especially in periodontics regarding biologic width.

Student Debt

Students were worried about their debt, and it is larger than they were anticipating due to the tuition increases. They realize that student loans are part of the experience, but now they have to live within a budget, and it influenced their decisions to apply to graduate programs. This was mentioned consistently in the various sessions.

One student commented that he has $200K in student loans and "it is very scary." They were very aware of the high interest rates associated with private loans, and the fact that the federal loans are not subsidized while enrolled in dental school.

Some students have joined the federal services or public health because of incentives and loan repayment programs.

While students were almost universally worried about their educational debt, many commented that they received an excellent education and considered their education a "good value."

Students would like additional information about financial management, loan consolidation, and practice management.

Curriculum Revision

There was a discussion about the mandatory attendance policy. Most of the students in this group attended class regularly, but felt that class time was not always the most effective and efficient use of their time. They liked having the lectures on Mediasite, especially for classes like anatomy when the teachers move quickly through material and the student can pause and rerun sections of the lecture.

The students thought that facts and foundation knowledge could be delivered online if faculty were available during a certain time of day or via a discussion group to respond to questions.

Students commented that those who didn't attend class and used that time to shadow dentists or do other things were still successful and learned the material, but at their own convenience. The students thought that was OK, and maybe advantaged students who were able to spend scheduled lecture time studying and doing other activites such as, shadowing dentists, for example, during that time.

A lot of class time was wasted or used inefficiently.

When asked if they needed class time to bond as a group, or to learn about professionalism, they responded that they have those opportunities in sim lab and in clinics. Gross Anatomy in the first year is a great opportunity to learn in small groups in the lab and develop those initial class relationships.

There was some concern about exclusive PBL curricula, but would like more case studies and clinical application of the facts. They liked the endodontics course that used case-based learning in the sim lab, and thought that this could easily be incorporated into the operative and prosth courses.

The operative and prosth sim lab courses are too mechanically focused, and would be more interesting and meaningful if we incorporated x-rays and patient information into a case – and not just focus on the tooth.

In the sim lab, faculty do not really teach procedures, or break down processes and teach the components (e.g. how to hold and use a mirror). We should have specific exercises, and learn techniques and tricks.

The treatment planning course this group took was more about forms (before Dr. Spencer changed the course) and they learned most of their treatment planning in the clinic.

Students do not receive any formal instruction about how to deal with inappropriate patients. Perhaps this could be a lunch and learn through AAWD?

Humanism, respect, learning environment

The level of respect that faculty demonstrate toward the students is variable. Some faculty really demonstrated their care for the students and for learning, but others were just there because it was their job.

This group of students never felt disrespected. There is a lot of exposure to many faculty, and even though they often disagreed, they enjoyed learning from a variety of opinions.

TA's – were a great addition to the sim lab. Several of the participants were TAs and enjoyed the experience and thought it enhanced their learning as well. It also provided the opportunity to get to know underclassman and facilitated peer learning.

The students commented that there are so many faculty, and many don't know each student personally and cannot assess their skill level. We discussed ways that students could be identified based on their experience and skill set and be allowed to progress faster in the curriculum. We talked about the name placards in the operatories; the students commented that they are not used uniformly, and this should be a required standard component of the start check process.

The students described their class as having great camaraderie and excellent class leaders who lead by example.

Some students expressed concern about the staff in clinical affairs, and how they interacted with students.

Elective Courses

Electives could be better organized and better communicated to the students.

Extramural Rotations

They enjoyed the experiences.

"All rotations were wonderful."

Some students found it difficult to "pick up and move for 2 weeks."

Eastside – Brandon is great.

Jacksonville was great, and Dr. Ebert was outstanding. The students loved having multiple chairs and dental assistants.

Naples was great. I loved Countryside and Immokalee. Dr. Hester was great.

Naples should be back on the list – it is fast paced and fun.

Apopka/Winter Garden –. They liked being able to do endodontic procedures at this clinic.

Sulzbacher was great but the housing was "a little scary." Dr. Ebert is great. She gets you thinking critically. She is the best dentist that I ever worked with. The patients are very grateful for their care.

ACORN clinic was excellent. The staff are excellent and work as a team.

Tallahassee – Dr. Bidwell is a great teacher. Some students expressed concern about managing their comprehensive care patients while being assigned to extramural rotations. They thought that pairing students up with a cohort of patients could work, and would enhance peer mentoring in addition to ensuring timely care.

Orange Blossom is an awesome experience that taught me to increase my speed, how to work two chairs, "I loved that clinic!"

St. Petersburg – students liked having the opportunity to do a lot of endo procedures.

Students asked if they could have additional elective rotations for those interested in specific aspects of dentistry, such as public health or a specialty.

Students requested additional information about each rotation site prior to being assigned to a location.

Boards/Mock Boards

Students recommended having a broader window to take the NB II.

While the mock board was challenging the students felt well prepared to do the dentistry and they were then able to just focus on the process and the paperwork.

The students discussed the new board arrangement and appreciated having the opportunity to complete the sim lab component prior to the clinical section. They also discuss their concerns about the ethics of including patient based procedures on the examination.

Dr. Kelowitz and Ms. Primosch are the "board masters" and they did a great job preparing us for the state board.

Drs. Dilbone, Harrison and Kelowitz were excellent in preparing students for boards.

Could the faculty take more pictures during the Mock Board and then use the pictures to illustrate mistakes, good or bad cases? Dr. Echeto did this for prosthodontics and this was very helpful.

The practice times were excellent and very helpful. Dr. Echeto was great.

Clinical Exam 1 and 2 should be pass/fail.

CE requirement

Students reported that they thought the CE requirement was a good idea and they liked having the opportunity to participate in CE courses.

Days Off

Students expressed concern about being allowed only 9 days off, which doesn't allow time for boards, interviewing for residencies, personal issues, etc. This was mentioned at several sessions. One group suggested having students provide

documentation for legitimate purposes (e.g., interviews, internships) and that these days not be counted against their 9 days off.

DEPARTMENTS/DISCIPLINES

Endodontics

The students liked the case-based learning in the sim lab.
They wished they had more hands on endodontic experience, but they appreciate that the number of cases has increased.
Endo is great to work with!
"A resident stole my molar endo case."
Not every student had molar endo experience.
Students should be allowed to do a core build-up in the endo clinic, or should be able to make a Cerec restoration to ensure that the tooth is restored.

Implant Dentistry

It is often difficult to get consultation appointments. There is a lot of demand in the fall semester. Could faculty/consultation appointments be added during these busy times?
The long wait for implant consults was mentioned at most sessions. Students asked why additional faculty could not perform consults. They feel they lose a lot of patients because of the long waits.
Students would like to learn more about implant retained overdentures.
Dr. Guidi gave a great lecture on overdentures.
The implant elective was repetitious. Dr. O'Neill did a great job, but it was simply a repeat of the third year course.

OMFS

Hospital Rotation

The OR was a good experience. Like most rotations, you get out of it what you put in. If you indicated a particular interest, the faculty would go out of their way to give you that experience.
Only 1-2 students should be scheduled at a time; scheduling three students during this rotation is too many.
We get excellent experience assessing patients and extracting teeth.

We get great exposure to oral surgery.
We wish every rotation was like SOS, where the faculty quiz students and test their knowledge.

Orthodontics

Dr. Donatelli was great. The rotation needed some sprucing up and he was able to do that.
The students enjoyed the Invisalign elective.

Pediatric Dentistry

We don't learn much in the UFCD pedo rotations, and we learn most of our pediatric dentistry while on rotation. At UF, we mostly do exams, cleanings and sealants. (This was mentioned consistently in multiple sessions.)
Patients are often 16-18 years old and no different from the general clinics.
Graduate rotation was a good experience, but was mostly shadowing.
The students' grades are based on productivity. This isn't fair if it is a slow week in clinic.
The Craniofacial Conference was "really cool."

Periodontology

Dr. Harrison and Dr. Aukhil are wonderful. If you want to do something on the clinic floor, they will work with you and help you with the procedures.
The students reported that they are graduating with a "good solid foundation" in periodontology.
Students appreciated having the opportunity to complete minor surgical procedures in the care groups
Perio is the worst department in terms of faculty coverage. With only one faculty per floor, you can wait as long as 1.5 hours for a faculty. This is not true with the other departments.
Students felt that one graduate periodontology rotation was enough, and they thought this would be better if scheduled in the junior year.
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OMF Radiology, Pathology, Oral Medicine

The first course was taught "in the dark" and most of us fell asleep. We were not allowed to record the lectures, and it was hard to understand the faculty at times.. They felt that Dr. Katkar would be a good predoctoral coordinator, and Dr. Nair is nice and straightforward in his interactions with students.
Dr. Sandow and N. Clark taught us how to do an excellent head and neck examination. It was taught hands-on and with a video.
The rotation in the Oral Medicine clinic was interesting, including the head and neck tumor board. Some students described this as "way over their heads" while others thought it was an interesting and unique experience.
Students graduate without knowing how to do a biopsy. This was mentioned at several sessions. Students would like to do a "biopsy lab" or shadow the pathologists in order to learn more about how and when to do a clinical biopsy.

RDS/General Dentistry

The TEAM program is awesome.
Dr. Young is one of the best TEAM leaders. He cares about the students.
Some TEAM Leaders do not actively participate in patient screening (e.g., Dr. Weinstein). They don't look at the patient and just assign to students without personally assessing the patient's treatment needs. Several groups mentioned that they wished TEAM leaders would pay more attention to screening and patient assignment. Dr. Young does this and he does a great job matching the patient's needs with the student's needs. The coordinator plays a role in this as

well. For example, Pauline works well with Dr. Young. Some other coordinators play favorites.

Dr. Hauptman goes above and beyond and has great expertise in prosthodontics and implants.

TEAM Leaders should be willing to "let students go" once they have demonstrated competency. This was mentioned in most of the sessions.

Can we have an "honors clinic" within each Care Group? Once students demonstrate competency, they should be able to provide care in a more facilitated manner. This would be better for the patient and the student.

Or could we develop a check list and determine the criteria to make students eligible for more indirect supervision?

It would be great to have a hygienist in every care group. Kim is amazing in the APGD clinic and she is an excellent source of referrals for restorative procedures. She works so hard!

Can we speed up start checks? It is not unusual to wait 40 minutes for a start check.

TEAM meetings are better this year as compared to last. Can we include literature reviews like they do in APGD? Case presentations are much better this year.

Peer mentoring and case transfers from seniors to juniors – This can be a very positive experience for the patient and the receiving student to become more familiar with a patient and the treatment plan if they work together prior to the transfer.

Transition to clinics was pretty rough. Students suggested having a handbook with requirements, standardized grade scales, more consistency across care groups.

There seems to be confusion about whether or not students can be involved in scheduling patients. The students noted that some patient coordinators are better organized and effective than others. Tara and Pauline are wonderful; others are not. Some coordinators play favorites. Perhaps some "do's and don'ts" for students about what they can or cannot do, in terms of interacting with patients would be helpful.

Students report using Google Voice for contacting patients. Some students requested business cards to give to patients.

Communication between the coordinators, the business office and the students is often not good. Students would like more instruction on the business aspects of our clinics, including:

- Insurance
- Use of TED funds, CHOICES
- On-line payments
- Medicaid eligibility, share of costs

The students miss having a point of contact in the business office. Michele Chalmers served in this capacity.

Some of the newer faculty are very student-friendly (e.g., Drs. DeSilva, Wynkoop, K. and R. Nieva). Other faculty are not helpful at all. Some consistently show up late in clinic.

The AxiUm health history is too long.

Faculty should be more standardized in terms of COE. Why does operative have to do the hard tissue check, perio the probing, etc.?

There is no real monitoring of patient re-care. If we had a hygienist in every care group, we would generate additional limited care and would have a more "real life" clinical experience.

Students would like to have the opportunity to evaluate patient coordinators at least annually.

Students were happy to be able to schedule patients on Fridays. Patients like this day for dental appointments.

Why variability in productivity in care groups?

Some faculty allow students to move through COEs more quickly than others. Some faculty slow down the process.

In the APGD clinic, the faculty start you at a slow pace but then push you to be more productive. A student described this as "the best thing I did in dental school."

Some students learn faster than others, and some students should be given a "longer leash" based on their skills.

Faculty do not emphasize time management and productivity in the clinics.

Waiting for faculty is the biggest time waster in the clinics. But the students realize that some junior students, for example, need more time and attention from faculty than more experienced students.

Clinic 2B doesn't keep students booked.

There are too many AxiUm swipes!

Things work faster when there is continuity of faculty coverage, especially for more complex cases.

Our patients need the treatment, but they often cannot afford multiple procedures in a single visit.

RDS/Prosthodontics

Students should be responsible for setting denture teeth, or at least the first 2-5 cases. This is an important learning experience.

The PRIDE lab does terrible work, especially for RPDs.

A student asked why we do not offer interim complete dentures.

The advanced prosthodontics course was not managed properly, and the final exam was on only 4 of the lectures. This course should be moved earlier in the curriculum and redesigned.

RDS/Operative

Students would like to learn more about caries control. What is a pulp exposure? What needs a root canal? Some demonstrations of large caries excavation would be helpful.

The Esthetec Clinic is great but the number of available appointments is limited.

Comprehensive Care vs. Requirements

Students said that they are very aware of their requirements, but are driven by provided comprehensive care to the patients and work to balance those priorities.

Students are very "requirement driven" and would like to have an opportunity to do something more or different once they "cross the finish line."

Career Choices

The student decided to take a position with Heartland Dental because he felt he still had "a lot to learn."

Other students commented that it is "easier to choose corporate" because the dentist is guaranteed a salary.

Another student was starting a new practice, and reported that the external rotations were very valuable in preparing him for practice.

Why so much specialization in our graduating class?

There is a lot of new technology and challenges treating complex cases, and a lot to learn in two clinical years.

Other topics

The college should have a system of showing appreciation to the staff in the clinics. This would help improve morale.