UF College of Dentistry
UNIVERSITY of FLORIDA

COMPETENCIES FOR THE NEW DENTAL GRADUATE

The *Competencies for the New Dental Graduate* was developed by the College of Dentistry's Curriculum Committee with input from the faculty, students, and staff and approved in October 1999. This document was revised in June 2004, April 2007, March 2010 and August 2014.

Preamble

The educational mission and philosophy for the UFCD predoctoral program are presented in Appendix A. The overriding goal of the program is to produce a competent general dentist. The general dentist is the primary oral health care provider, supported by dental specialists, allied dental professionals, and other health care providers. The general dentist will address healthcare issues beyond traditional oral health care and must be able to independently and collaboratively practice evidence-based comprehensive dentistry with the ultimate goal of improving the health of society. The general dentist must have a broad biomedical and clinical education and be able to demonstrate professional and ethical behavior as well as effective communication and interpersonal skills. In addition, he/she must have the ability to evaluate and utilize emerging technologies, continuing professional development opportunities and problem-solving and critical thinking skills to effectively address current and future issues in health care.

As used in this document and described in Appendix B, a competency is a complex behavior or ability essential for the general dentist to begin independent, unsupervised dental practice. Competency includes knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, and technical and procedural skills. These components become an integrated whole during the delivery of patient care by the competent general dentist. Competency assumes that all behaviors are performed with a degree of quality consistent with patient well-being and that the general dentist can self-evaluate treatment effectiveness.

In competency-based dental education, what students learn is based upon clearly articulated competencies and further assumes that all behaviors/abilities are supported by foundation knowledge and psychomotor skills in biomedical, behavioral, ethical, clinical dental science and information management that are essential for independent and unsupervised performance as an entry-level general dentist. In creating curricula, dental faculty must consider the competencies to be developed through the educational process, the learning experiences that will lead to the development of these competencies, and ways to assess or measure the attainment of competencies. Competency statements for dental education have evolved to a point where they are divided into domains, are broader and less prescriptive in nature, are fewer in number, and most importantly are linked to requisite foundation knowledge and skills. A glossary of terms used in competency-based education is found in Appendix C.

The purposes of this document are to:

- Define the competencies necessary for entry into the dental profession as a beginning general dentist;

- Enhance patient care quality and safety, illustrate current and emerging trends in the dental practice environment;

• Serve as a guide and central resource to promote change and innovation in predoctoral dental school curricula;

• Through periodic review and update, serve as a guide for benchmarking, best practice, and interprofessional collaboration and additionally, as a mechanism to inform educators in other health care professions about curricular priorities of dental education and entry-level competencies of general dentists.

Competency Statements

Independent Skills

Students will be competent in the following concepts and skills, and expected to be able to perform them independently when they begin unsupervised dental practice. These independent skills are taught in the core curriculum. The competencies relate to the child and, adult patient. Students will be competent to assess patients with special needs.

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

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

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

3: Communication and Interpersonal Skills: Demonstrate culturally sensitive patient-centered communication using the scientific and lay literature and behavioral principles and strategies.
4: Critical Thinking: Apply self-assessment, evidence-based decision making, problem solving skills and biomedical science knowledge in clinical patient care.
5: Assessment of Treatment Outcomes: Analyze the outcomes of patient care, previous treatment appropriate recall and best evidenced to improve and maintain oral health.
6: Practice Management: Apply business principles, human resource skills, and the human and technologic resources to evaluate and manage oral health care delivery models and function as the leader of the oral health care team.
7: Patient Management: Apply behavioral and communicative management skills during clinical patient care.
8: Community Involvement: Communicate and collaborate with individuals from other professions in the protection, promotion and restoration of oral health of the community.

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

9: Examination of the Patient: Perform an evidence-based comprehensive patient evaluation to include patient history including medications, chief complaint(s), medical, oral and extraoral conditions, biological, behavioral, cultural, socioeconomic information and consultations(s) to assess the patient's prognosis and treatment risks.

10: Diagnosis: Interpret and correlate findings from the patient history, interview, clinical and radiographic examinations, and other diagnostic tests to accurately assess patients with special needs and for all other patients across the lifespan determine a differential, provisional, or definitive diagnosis.

11: Treatment Planning: Develop properly sequenced treatment and/or referral plan options, as appropriate, to achieve patient satisfaction that includes obtaining informed consent; and modify the accepted plan, when appropriate.

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

Domain IV: Health Rehabilitation – Using universal infection control guidelines and managing the patient's anxiety and pain, perform procedures and restore the patient to oral health or refer appropriately..

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.

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

15: Prevent, diagnose and manage periodontal diseases.

16: Manage conditions requiring surgical procedures of the hard and soft tissues.

17: Diagnosis and manage temporomandibular disorders.

18: Diagnosis and manage limited developmental or acquired occlusal abnormalities.

19: Prevent**,** diagnose, and manage pulpal and periradicular diseases.

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

Appendix A - Educational Mission, Philosophy and Curriculum for the Predoctoral Program at the University of Florida College of Dentistry

Mission

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

Philosophy

The College of Dentistry's highest commitment is to academic excellence. The development of the competent graduate.[1] in the art, science and practice of dentistry is the foundation of our educational philosophy.[2] It is paramount that the educational environment be humanistic[3] and reflects the values of integrity, honesty, respect, fairness, and cooperation. It is equally important that faculty and staff develop, integrate, and facilitate effective[4] and active learning.[5] These efforts must result in graduates who possess and demonstrate knowledge and skills in the cognitive, psychomotor, and affective[6] domains.

Predoctoral Education Program

http://dental.ufl.edu/education/dmd-program/

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[1] competent graduate: an individual who possesses clinical judgment, understanding, empathy, technical skills and independence to begin professional practice.

[2] educational philosophy: the system of values and beliefs by which students, faculty, staff and administration will accomplish student learning.

[3] humanism: a philosophy that stresses an individual's dignity, worth, self-realization and reasoning.

[4] effective: producing a desired measurable outcome

[5] active learning: learning which focuses on the student's involvement in the process of reasoning and understanding, as well as their responsibility to engage in continued learning, self-assessment and the pursuit of higher knowledge.

[6] affective: this domain relates to behaviors indicating attitudes of awareness, interest, attention, concern, involvement and responsibility.

Appendix B – Description of Competency-based Education

Competencies are learning experiences stated in terms of what a student must be able to do to be considered competent by the profession after completion of the dental curriculum, and imply performance at a clinically acceptable level in each of the identified domains of dental practice. These competencies must be supported by a working knowledge of the basic biomedical and clinical sciences, by cognitive and psychomotor skills, and by professional and ethical values.

Competencies must be relevant and important to the patient care responsibilities of the general dentist, directly linked to the oral health care needs of the public, realistic, and understandable by other health care professionals. Specific learning objectives are listed for each course as part of a course syllabus. Thus, this competency document provides a framework for the predoctoral curriculum, where as, a course syllabus outlines the specific learning objectives and experiences of a particular course which ultimately contributes to the achievement of competency.

Professional Development is a continuous process of improvement transitioning from
novice to
beginner to
competent to
proficient and ultimately to
expert.

Competence is an intermediate stage of professional development and learning that starts with the beginner or novice dental student.

The basic and behavioral science foundation knowledge, skills, and values provide the general dentist a requisite knowledge base upon which sound clinical judgments are made. Specifically, the new dental graduate must be able to demonstrate an integrated knowledge of the biology, etiology and epidemiology of diseases and conditions affecting the oral cavity.

Basic and behavioral science knowledge and professionalism are the foundation upon which sound clinical judgments are made. Patient care is a dynamic and interactive process that begins with an assessment of the patient and leads to the restoration of a state of oral health and function, and ultimately to the promotion and maintenance of oral health. We recognize, however, that the patient care process can deviate from this "model." For example, based on an appropriate assessment, the dentist may decide that no restorative care is needed and the patient will receive preventive and health maintenance care. Our competency-based curriculum provides learning opportunities that support foundation knowledge, reinforce professional and ethical practice behaviors, and guide the development of sound clinical judgment and treatment skills.

Competencies are interdisciplinary, yet each department or division within a department is responsible for coursework with specific behavioral objectives or clinical activities. Clinical departments or divisions assess most competencies, although some competencies are assessed within interdepartmental activities.

Appendix C - Glossary of Terms in Competency-Based Education and Evaluation [7]

Active learning: Learning which focuses on student's individual responsibility to engage in continued learning, self-assessment in achieving and maintaining competency, and the pursuit of higher skill levels.
Competencies: Statements describing the abilities needed to engage in the independent practice of dentistry. Competencies combine foundation knowledge, skills, understanding, and professional values and are performed independently in realistic settings.
Competency-based education: A planned sequence of student experiences designed to move students through the stages in the competency continuum. Different methods of instruction and evaluation are used as appropriate to each level of professional growth, and the entire sequence is coordinate to produce a competent beginning practitioner.
Competency-based evaluation: Use of evaluation techniques and decisions that match the stages along the competency continuum. Novices are assessed with tests, beginners with simulation, and competent students with evaluation of direct patient care. Management of students is guided by assessing the correct educational qualification path for each student to decide which experiences are required to satisfy each competency. Educational diagnosis of learning difficulties and remedial interventions are also part of the evaluation system.
Behavioral objectives: Specific statements of expected student behavior as a result of short-term educational experiences, such as a lecture. A course typically has many behavioral objectives, most of which are cognitive in nature, although they might alternatively be in the psychomotor or affective domains. Competencies may cross disciplines and always combine skill, understanding, and supporting values.
Best practices: Evidence-based practice that integrates the best research evidence with clinical expertise and patient values.
Curriculum guidelines: Suggestions from special interest groups, usually disciplines or subdisciplines, about desired course topical coverage. There are no requirements for dental schools to conform to such guidelines, and the result of implementing all of them represents an unreasonably large task.
Evidence-based dentistry: The approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.
Foundation knowledge and skills: The necessary core body of cognitive basic and behavioral science and psychomotor skills for novices and beginners. These are what students must know and be able to do to benefit from the curriculum experiences designed to achieve competency.
Manage: Recognize and treat accordingly or refer and follow-up situations beyond the competency of the dentist.
Management: Direction of care so that care is provided in a judicious manner that encourages patient compliance.
Perform: To carry to completion a prescribed course of action.
Special needs: any individual that exhibits a physical, psychological, social, medical or developmental challenge that requires modification of the standard methods of dental delivery.
Treatment: The management and care of a patient for the purpose of combating a disease or disorder.

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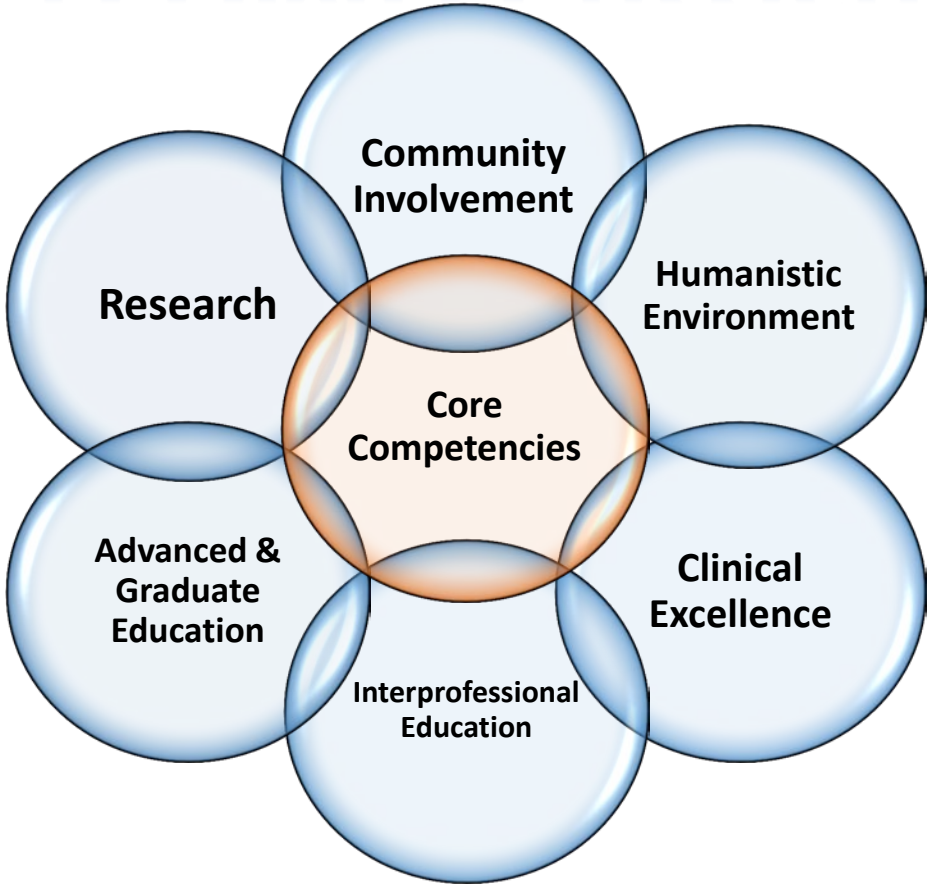
[7] This glossary of terms is adapted from definitions provided by the American Dental Association and the Journal of Evidenced-based Dental Practice (March 2007) as well as from the 1997 Chambers and Glassman article. Some additional terms were defined by the UFCD Curriculum Committee. For a more complete glossary of terms, please see: Chambers DW, Glassman P. A primer on competency-based evaluation. J Dent Educ 61(8): 651-66, 1997.

UFCD DMD Curriculum



UF College of Dentistry UNIVERSITY of FLORIDA

COMPETENCIES FOR THE NEW DENTAL GRADUATE
Competency Statements

Independent Skills

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Domain I: Critical Thinking –

- ***1: Critical Thinking:*** *Use critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.*

  CODA: Use critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology. **(2-9)**

- ***2: Evidence-Based Patient Care:*** *Access, critically appraise, apply and communicate scientific and lay literature as it relates to providing evidence-based patient care*

  CODA: Access, critically appraise, apply and communicate scientific and lay literature as it relates to providing evidence-based patient care **(2-21)**

- ***3: Apply biomedical science knowledge in the delivery of patient care.***

  CODA: Apply biomedical science knowledge in the delivery of patient care. **(2-14).**

Domain II: Professionalism –

- **4: Ethical Standards:** Apply principles of ethical decision making and professional responsibility...

  CODA: Apply principles of ethical decision making and professional responsibility (**2-20**

- **5: Legal Standards:** Apply legal and regulatory concepts related to the provision and/or support of oral health care services.

  CODA: Apply legal and regulatory concepts related to the provision and/or support of oral health care services. (**2-17**).

- ***6: Appropriate Referral****-Provide oral health care within the scope of general dentistry to include recognizing the complexity of patient treatment and identifying when referral is indicated.*

CODA: Provide oral health care within the scope of general dentistry to include recognizing the complexity of patient treatment and identifying when referral is indicated... (**2-23.c**)

Domain III: Communication and Interpersonal Skills

- ***7: Communication Skills:*** *Apply the fundamental principles of behavioral sciences using patient-centered approaches for promoting, improving and maintaining oral health*

  CODA: Apply the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health. (2-15)

- ***8: Diversity:*** *Manage a diverse patient population and have the interpersonal and communication skills to function successfully in a multicultural work environment*

  CODA: Manage a diverse patient population and have the interpersonal and communication skills to function successfully in a multicultural work environment. (2-16)

Domain IV: Health Promotion

- ***9: Health Promotion & Disease Prevention:*** *Provide oral health care within the scope of general dentistry to include health promotion and disease prevention.*

  CODA: Provide oral health care within the scope of general dentistry to include health promotion and disease prevention. (**2-23.d**)

- ***10: Interprofessional Experiences:*** Communicate and collaborate with other members of the health care team to facilitate the provision of health care.

  CODA: Communicate and collaborate with other members of the health care team to facilitate the provision of health care. (**2-19**).

Domain V: Practice Management and Informatics

- **11: Practice Management:** *Apply the basic principles and philosophies of practice management, models of oral health care delivery and how to function successfully as the leader of the oral health care team.*

  CODA: Apply the basic principles and philosophies of practice management, models of oral health care delivery and how to function successfully as the leader of the oral health care team. (**2-18**)

Domain VI: Patient Care

A. Assessment, Diagnosis, and Treatment

- ***12: Patient Assessment, Diagnosis, Treatment Planning and Informed Consent:*** *Provide oral health care within the scope of general dentistry to include patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent...*

  CODA: Provide oral health care within the scope of general dentistry to include patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent... (**2-23.a**)

- ***13 : Assess Patients with Special Needs:*** *Assess the treatment needs of patients with special needs*

  CODA: Assess the treatment needs of patients with special needs. (**2-24)**

Domain VI: Patient Care

B. Establishment and Maintenance of Oral Health

- **14: Assessment of Treatment Outcomes***: Provide oral health care within the scope of general dentistry to evaluate the outcomes of treatment, recall strategies and prognosis.*

  CODA: Provide oral health care within the scope of general dentistry to evaluate the outcomes of treatment, recall strategies and prognosis. (**2-23 o**)

- ***15: Patient Management:*** *Provide oral health care within the scope of general dentistry to patients in all stages of life.(2-22)*

  CODA: Provide oral health care within the scope of general dentistry to patients in all stages of life. **(2-22)**

- **16: Emergency Treatment:** Provide oral health care within the scope of general dentistry to include dental emergencies.

  CODA: Provide oral health care within the scope of general dentistry to include dental emergencies. (**2-23.m**

- ***17.*** *Provide oral health care within the scope of general dentistry to include restoration of teeth.*

  CODA: Provide oral health care within the scope of general dentistry to include restoration of teeth. (**2-23.f**)

- ***18*** *Provide oral health care within the scope of general dentistry to include communicating and managing dental laboratory procedures in support of patient care.*

  CODA: Provide oral health care within the scope of general dentistry to include communicating and managing dental laboratory procedures in support of patient care. (**2-23.g**)

- ***19*** *Provide oral health care within the scope of general dentistry to include replacement of teeth including fixed, removable and dental implant prosthodontic therapies.*

  CODA: Provide oral health care within the scope of general dentistry to include replacement of teeth including fixed, removable and dental implant prosthodontic therapies. (**2-23.h**)

- **20:** *Provide oral health care within the scope of general dentistry to include periodontal therapy*

  CODA: Provide oral health care within the scope of general dentistry to include periodontal therapy. **(2-23.i**)

- ***21:*** *Provide oral health care within the scope of general dentistry to include local anesthesia and pain and anxiety control. (**2-23.e**)*

  CODA: Provide oral health care within the scope of general dentistry to include local anesthesia and pain and anxiety control. (**2-23.e**)

- ***22:*** *Provide oral health care within the scope of general dentistry to include hard and soft tissue surgery.*

  CODA: Provide oral health care within the scope of general dentistry to include hard and soft tissue surgery. (**2-23.l**)

- **23:** *Provide oral health care within the scope of general dentistry to include malocclusion and space management.*

  CODA: Provide oral health care within the scope of general dentistry to include malocclusion and space management. (**2-23.n**)

- ***24:*** *Provide oral health care within the scope of general dentistry to include pulpal therapies.*

  CODA: Provide oral health care within the scope of general dentistry to include pulpal therapies. (**2-23.j**)

- ***25:*** *Provide oral health care within the scope of general dentistry to include oral mucosal and osseous disorders*

  CODA: Provide oral health care within the scope of general dentistry to include oral mucosal and osseous disorders. (**2-23.k**~~)~~

- ***26:*** *Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer.*

CODA: Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer. (**2-23.b**)

The Integrated National Board Dental Examination (INBDE)

Dr. David M. Waldschmidt
Secretary, JCNDE

JCNDE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

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Overview and Agenda

- The JCNDE and its mission.
- Development of the Integrated National Board Dental Examination (INBDE)
- INBDE Field Testing
- INBDE Implementation Plan
- Questions

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An Important Note

The INBDE is currently under development. As such, the specific details associated with this examination program are evolving and will change over time.

Information shared in this presentation is based on preliminary program requirements and represents the best available information as of the date of this presentation.

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Mission Statement of the JCNDE

"The JCNDE develops and conducts highly reliable, state of the art cognitive examinations that assist regulatory agencies in making valid decisions regarding licensure of oral health care professionals, develops and implements policy for the orderly, secure, and fair administration of its examinations, and is a leader and resource in assessment for the oral health care profession."

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Appointing Organizations and Current JCNDE Appointees

AADB (6)	**Luis J Fujimoto, DMD, JCNDE Chair** **Dale R Chamberlain, DDS** **Patricia Ann Parker, DMD** **David W Perkins, DMD** **William F Robinson, DDS** **Leonard P Weiss, DDS**
ADA (3)	**Cheryl Haley, DDS** **Lisa Heinrich-Null, DDS** **Rhett L Murray, DDS**
ADEA (3)	**Marc E Levitan, DDS, JCNDE Vice Chair** **Frank W Licari, DDS, MPH, MBA** **Nader Nadershahi, DDS, MBA, EdD**
ADHA (1)	**Melissa Gail Efurd, RDH, Ed.D**
ASDA (1)	**Greg P. Shank, BS**
Public (1)	**Issie L. Shelton-Jenkins, JD, LLM**
Liaisons & Observers	**Alvin W. Stevens, DMD (ADA Board Liaison)** **Jordan J Telin, BS (ASDA Observer)** Liaisons and observers do not participate in voting

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What is the INBDE?

- In 2009, the JCNDE appointed a Committee for an Integrated Examination (CIE) to develop and validate a new examination instrument for dentistry that integrates the biomedical, behavioral, and clinical sciences to assess entry level competency in dental practice, to supplant NBDE Part I and Part II.
- The integrated examination retains the same fundamental purpose as NBDE Part I and Part II – to assist state boards of dentistry in determining qualifications of dentists who seek licensure to practice in the U.S.

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How did the INBDE come about?

- A convergence of factors led to the INBDE, which was designed to better serve communities of interest by:
  - Improving test content to make it more appropriate and relevant to contemporary dental education
  - Improving processes and candidates' experiences in taking the examination
  - Better assisting regulatory agencies
- Examination content trends and the movement toward integrated content and clinical relevance also were considered.

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Committee for an Integrated Examination (ad hoc)

The members of the ad hoc CIE are well acquainted with the Joint Commission's mission and workings.

Mark Christensen, DDS (Chair)
(AADB 2006-2009)
Vice-Chair – JCNDE (2009)
Chair – Administration (2008)
Chair – Dental Hygiene (2006 & 2007)

Bruce D. Horn, DDS
(AADB 2007-2010)
Chair – JCNDE (2010)
Chair – Administration (2009)
Chair – Dental Hygiene (2008)

B. Ellen Byrne, DDS, Ph.D.
(ADEA 2009-2012)
Chair – Research & Development (2012)
Chair – Administration (2011)

Andrew Spielman, DMD, MS, Ph.D.
(ADEA 2008-2011)
Chair – JCNDE (2011)
Chair – Examination Development (2009)

Ron J. Seeley, DDS
(ADA 2007-2010)
Chair – JCNDE (2009)
Chair – Examination Development (2008)

Stephen T. Radack, III, DMD
(ADA 2008-2011)
Chair – Research & Development (2010 & 2011)
Vice-Chair – JCNDE (2010)

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Committee for an Integrated Examination

The Joint Commission Chair and NBDE Standing Committee Chairs serve as ex-officio members of the CIE.

Luis J. Fujimoto, DMD
Chair – JCNDE (2016)
Chair – Research & Development (2015)

Lisa Heinrich-Null, DDS
Chair – Administration (2016)

Patricia A. Parker, DMD
Chair – Examination Development (2016)

Frank W. Licari, DDS, MPH, MBA
Chair – Research & Development (2016)
Chair – Examination Development (2015)

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Twelve Steps for Test Development* (Downing, 2006)

1. Planning	7. Test Administration
2. Content Definition	8. Test Scoring
3. Test Specifications	9. Standard Setting
4. Item Development	10. Reporting Test Results
5. Test Design and Assembly	11. Item Banking
6. Test Production	12. Technical Reports and Validation

*Bold text indicates area of current focus for the CIE.

JCNDE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

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Timeline

Year	Key Tasks and Activities
2005	ADEA Commission on Change and Innovation (CCI) recommended changes to dental education and assessment.
2006-2007	JCNDE monitored and considered CCI progress and recommendations.
2008	JCNDE created ad hoc Committee on Strategic Planning, conducted environmental scans, and considered the future.
2009	JCNDE resolved to create an integrated examination, and appointed members to the ad hoc Committee for an Integrated Examination (CIE).
2010	CIE worked to lay the content foundation for the exam.
2011	Practice analysis and science panels conducted using content foundation.
2012	General test specifications developed.
2013	Details about item development and approach were solidified. Resolutions were created to enhance communication and alignment between the Joint Commission and the CIE.
2014	Approach was refined, and first INBDE Test Construction Committees were formed. Item writing began.
2015	Item writing and automatic item generation. Sample item survey conducted. Development of Implementation Plan. Refinement of practice analysis clinical content areas.

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The Domain of Dentistry

- The Domain of Dentistry represents the clinical content and Foundation Knowledge areas required for the safe, independent, general practice of dentistry by entry level practitioners.
- 65 clinical content areas grouped into three component sections:*

    1) Diagnosis and Treatment Planning

    2) Oral Health Management

    3) Practice and Profession

- 10 Foundation Knowledge Areas adapted from medicine

* Note: As of 2016, the JCNDE is currently working to further refine these clinical content areas.

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Foundation Knowledge Areas

The successful entry-level general practitioner is focused on the prevention, diagnosis, and management of oral disease, and the promotion and maintenance of general health. This requires application of knowledge in the following areas:

FK1	Molecular, biochemical, cellular, and systems-level development, structure and function
FK2	Physics and chemistry to explain normal biology and pathobiology
FK3	Physics and chemistry to explain the characteristics and use of technologies and materials
FK4	Principles of genetic, congenital and developmental diseases and conditions and their clinical features to understand patient risk
FK5	Cellular and molecular bases of immune and non-immune host defense mechanisms
FK6	General and disease-specific pathology to assess patient risk
FK7	Biology of microorganisms in physiology and pathology
FK8	Pharmacology
FK9	Sociology, psychology, ethics and other behavioral sciences
FK10	Quantitative knowledge, critical thinking, and informatics tools

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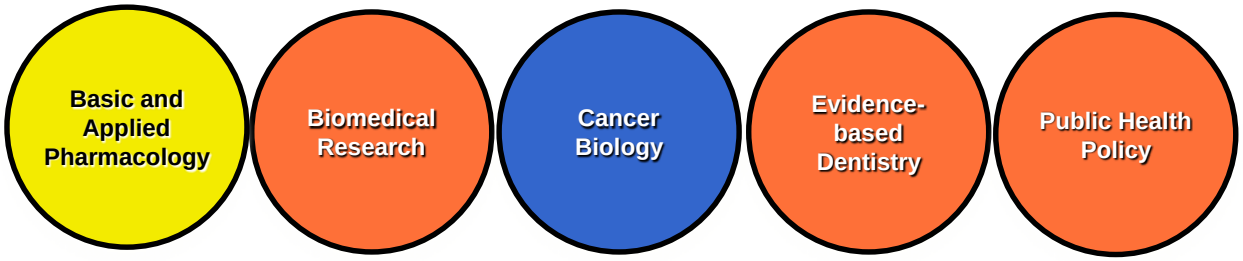
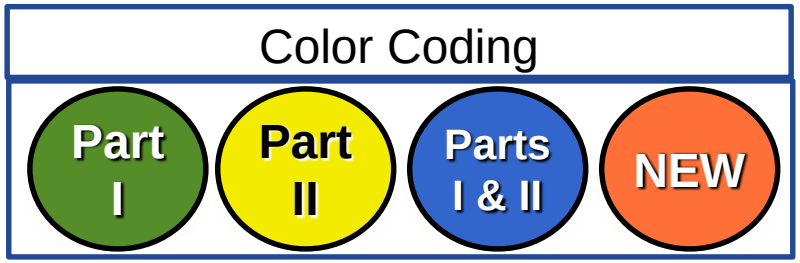
Basic and Foundation Sciences covered in part by Foundation Knowledge 8 (FK8) (3C)

The subject areas and disciplines covered by NBDE Parts I and II carry forward to the new exam, and there are also new areas.

FK8	Pharmacology





See the JCNDE web site at *http://www.ada.org/en/JCNDE*.

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Validation

- A practice analysis was conducted in 2011 with a sample of new dentists (i.e., dentists who had obtained their license within the previous five years)
  - All 65 clinical content areas were at least “moderately important to patient care.”
  - Frequency and criticality ratings were used to calculate the relative importance of each clinical content area and section.
  - The relative importance of each clinical content area determined how many items should be allocated to each clinical content area.
- Two science review panels were conducted to determine the strength of the relationship between each Foundation Knowledge area and each clinical content area.
  - All 10 Foundation Knowledge areas were determined to be related to one or more clinical content areas
  - The relative strength of the relationship between each Foundation Knowledge Area and each clinical content area determined how many items should be allocated to each Foundation Knowledge area, within each clinical content area.

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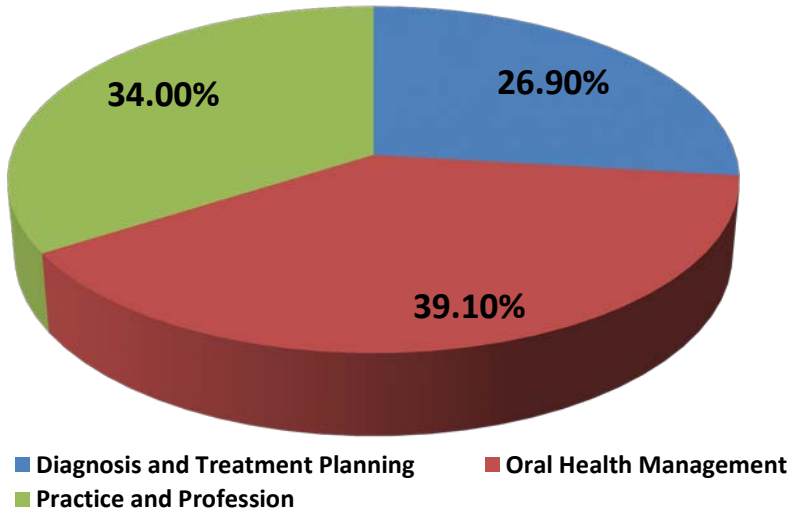
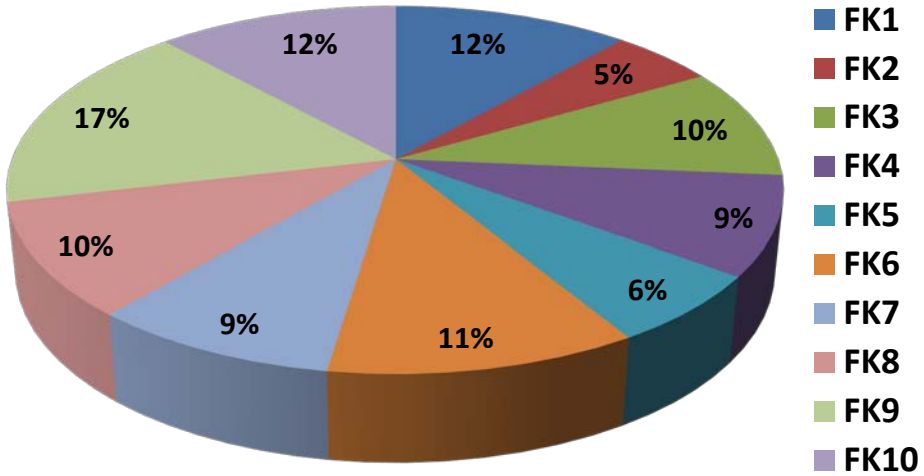
Percentage of Items (450 items*)





* The number of items on the INBDE has not yet been finalized.

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Item Writing Progress

- A five member INBDE Test Construction Committee (TCC) was formed for each clinical content section.
  - Diagnosis and Treatment Planning
  - Oral Health Management
  - Practice and Profession
- TCCs met within their 5-person groups and also as a full unit (15 members) during item reviews.
- INBDE TCCs have drafted over 500 items over 7 sessions.
- A second set of TCCs will launch in the 2nd quarter of 2016.
- Items are currently being written to support field testing efforts.

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INBDE Model Items

Patient

Female, 75 years old

Chief Complaint

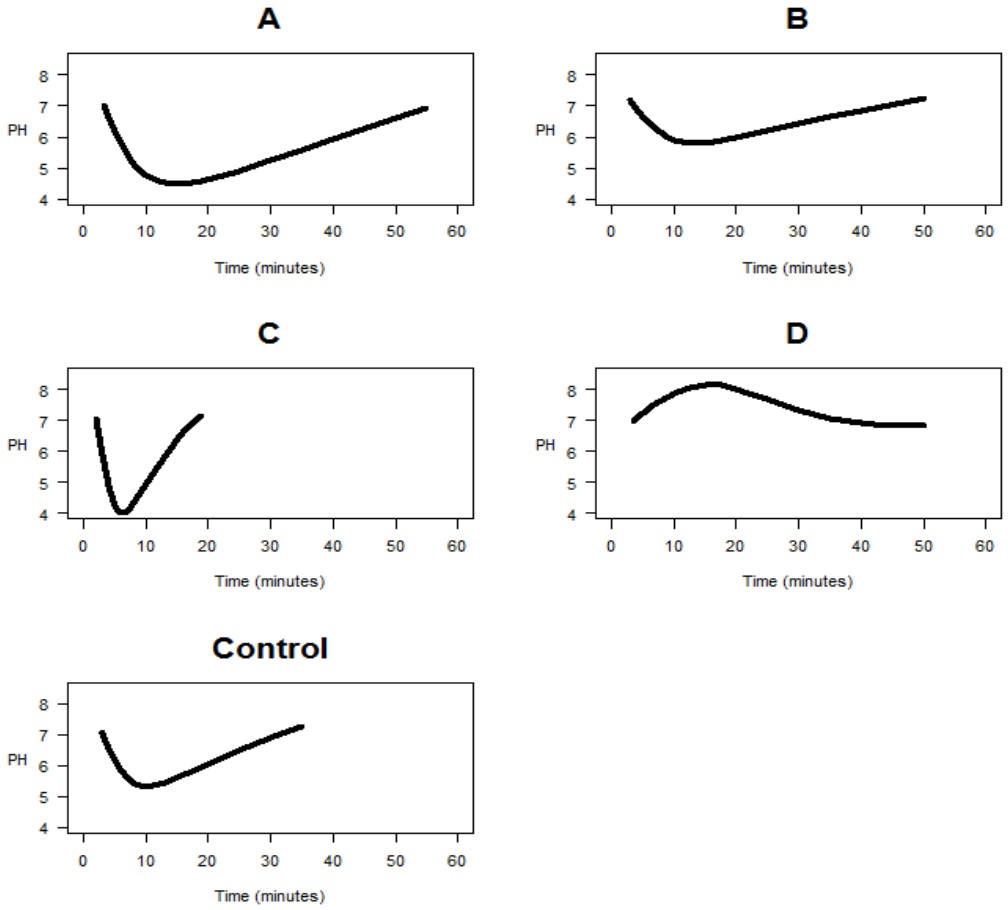
"My mouth has been dry for over a month."

Background and/or Patient History

Oropharyngeal cancer treated by radiation.

Current Findings

Which graph best shows the patient's likely plaque pH response after drinking a sugary beverage?



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INBDE Model Items

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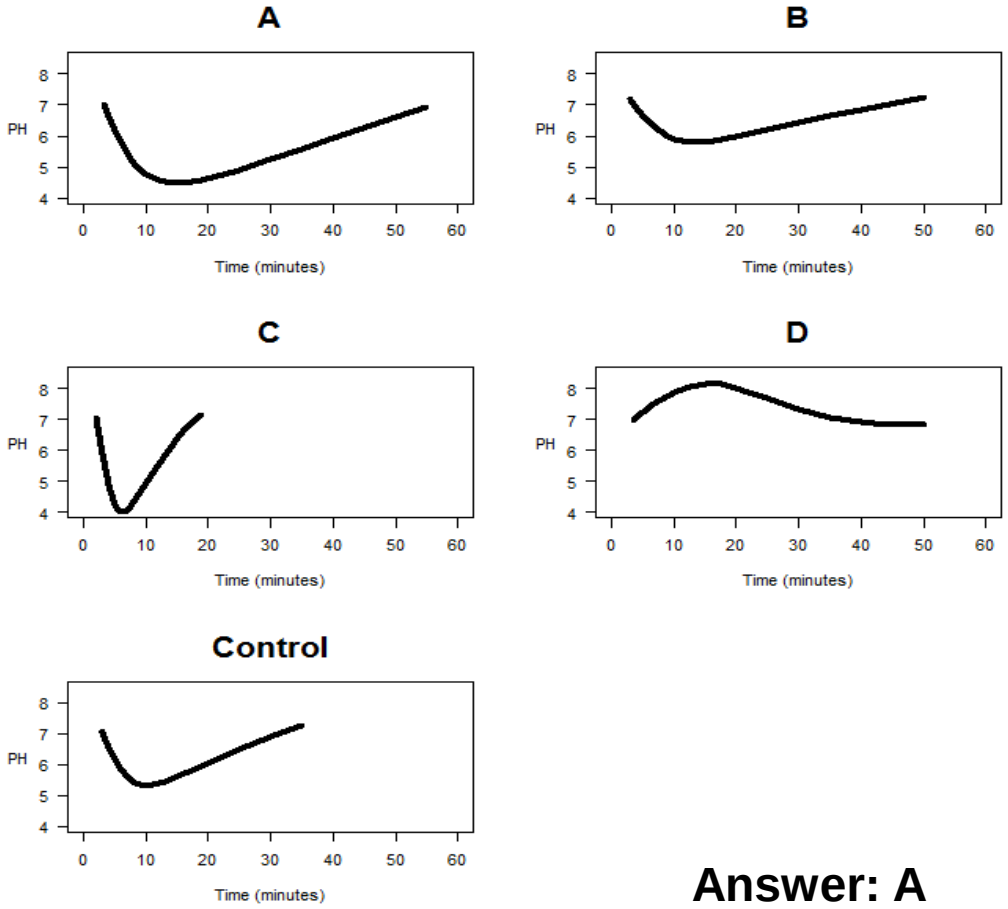

Answer: A

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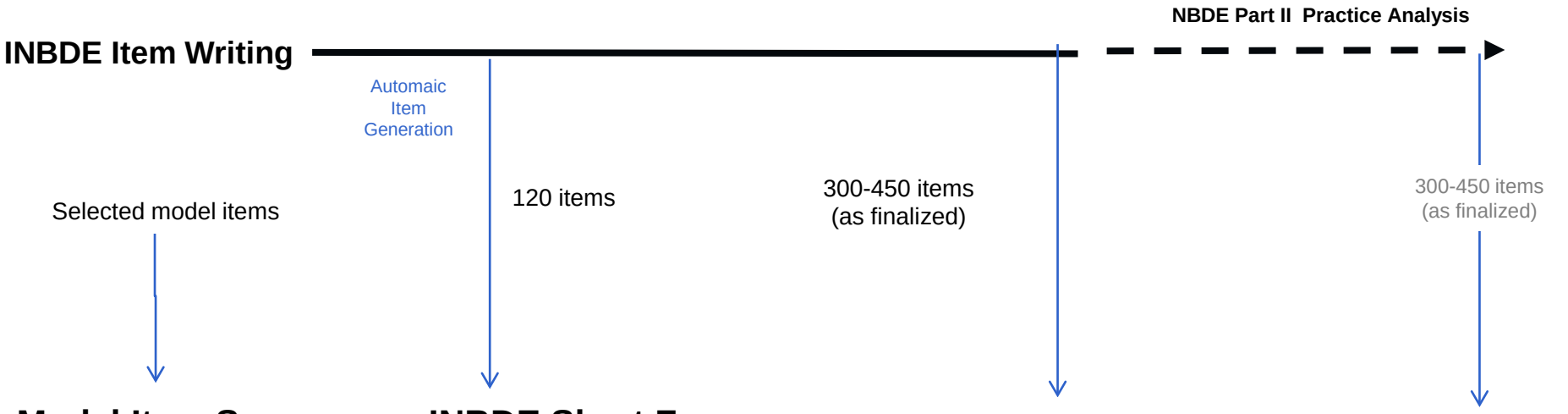
INBDE Field Testing

JCNDE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

March 2016

INBDE Field Testing Plan



Qualitative Analysis
Results: 2016

Psychometric Analysis
Results: 2017

Psychometric Analysis
Results: 2018
Formal Report: 2018-2019

INBDE Sample Item Survey

Purpose

- To understand how dental students apply knowledge of the biomedical, clinical, and behavioral sciences in responding to INBDE items .
- To collect feedback from dental students regarding the presentation of examination content.

Implication

- The survey was intended to help the CIE determine whether any changes were required to INBDE item development.

Survey and Sample

- The survey was voluntary in nature, and administered to NBDE Part II candidates.
- There were three separate survey forms, each containing five items, with one item shared across all three forms. Each candidate received one form.
- Items were selected to be broadly representative of the Foundation Knowledge and Clinical Content areas. Some were created via Automatic Item Generation.
- The survey was conducted online from July 1, 2015 through September 22, 2015.
- 170 NBDE Part II candidates participated (3.8% response rate).

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INBDE Sample Item Survey

Results

Overall, the feedback was very positive, with candidates indicating:

- They could apply their knowledge and clinical experiences.
- They found the items straightforward, fair, and clinically relevant.
- Many commented about the high quality of images presented.
- They found the Patient Box presentation clean and simple, and some commented that they preferred this question format to what is currently used on the Board Exams.
- No clear differences were noted between items generated via Automatic Item Generation (AIG) and those generated via traditional means.

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INBDE Sample Item Survey

Suggestions for improvement

- Selected comments from participants indicated displeasure concerning the following: 1) images could not be enlarged, 2) some items were vague, and 3) more background information was desirable in the stem or the Patient Box for certain items.

Conclusions

- Study results indicated no major adjustments were needed to the current INBDE item development process, and no major changes were needed to the INBDE format or item writing approach.

Follow-Up Study in December 2015

- Survey – Same three forms, using “selected response” survey questions.
- Sample – 31 NBDE Part II candidates participated.
- Results – Feedback was positive and mirrored the feedback obtained from the original survey conducted in September 2015.

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INBDE Short Form Field Test

Purpose

- This field test will permit evaluation of item development, test administration, and scoring functions for the INBDE Short Form. The number of items on the INBDE are expected to be finalized based upon the results of this field test.

Test Content

- This field test includes two short forms of the INBDE. Each form contains 120 items (80 unique items plus 40 shared items that are used on both forms). This yields a total of 200 items to be evaluated. (80 + 80 + 40 = 200 items).

Administration Date

- First administration in September 2016.

Sample

- Eligible NBDE Part II candidates enrolled in accredited dental schools will be encouraged to participate, with a target participation of 2,000 candidates.

Results

- INBDE results obtained under this field test will be kept confidential and will **not** be reported to dental schools and state boards.

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INBDE Standard Form Field Test

Test Content

- This study involves developing and administering a standard form of the INBDE, containing between 300 and 450 items.

Administration Date

- First administration in September 2017.

Sample

- Eligible NBDE Part II candidates enrolled in accredited dental schools will be encouraged to participate, with a target participation of approximately 1,400 candidates.

Results

- INBDE scores obtained from this field test will be kept confidential and will **not** be reported to dental schools and state boards.
- Depending upon study findings, additional field testing might be necessary to ensure production forms of the INBDE are of the highest quality.

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INBDE Implementation Plan and Recommended Actions

JCNDE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

March 2016

INBDE Implementation Plan

- The Integrated National Board Dental Examination (INBDE) is an examination that is currently in development by the Joint Commission on National Dental Examinations (JCNDE).
- The INBDE is intended to replace National Board Dental Examination (NBDE) Parts I and II. The INBDE is intended for use by state dental boards to help inform decision-making concerning the licensure of entry-level dentists.
- To address concerns from stakeholders and communities of interest regarding the timing of INBDE implementation, the JCNDE indicated it would provide four years' notice before the INBDE is implemented and the NBDE discontinued.
- The current presentation is designed to help address concerns regarding timing and provide this advance notification.
- This presentation provides stakeholders and communities of interest with information concerning how INBDE implementation will occur, the information that will be made available to help facilitate the transition, and recommended actions for stakeholders and communities of interest.
- The slide that follows shows key events associated with INBDE implementation, and the sequence of activity associated with the transition.

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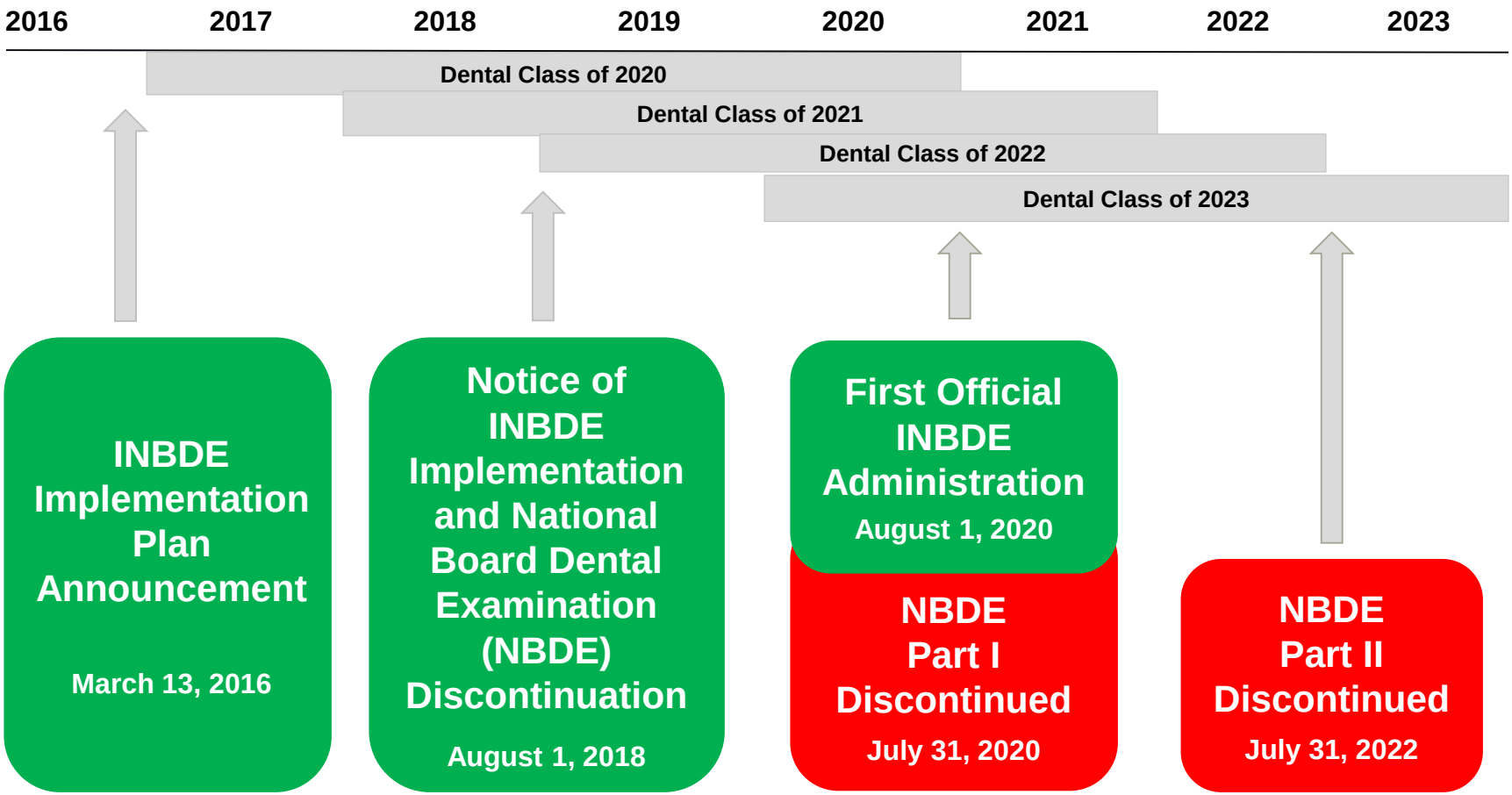
Integrated National Board Dental Examination (INBDE) Implementation Plan: "Best Case Scenario"



PRT: March 2016

Note: This implementation plan communicates the best case scenario. Dates presented should be interpreted as "no sooner than." Actual dates will be contingent upon field testing results. INBDE Practice Test Questions are anticipated for release in 2019.

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INBDE Implementation Plan

- On August 1, 2018, the Joint Commission intends to provide stakeholders and communities of interest with notice of INBDE implementation and NBDE discontinuation. This notice will include the following:
  - The projected date when the INBDE will be first available for administration, the official name of the new examination, and how results will be reported.*
  - The dates when NBDE Part I and NBDE Part II will be discontinued.
  - Retesting policies, eligibility rules, and any additional rules needed to facilitate the transition.
- Two years after notification has been provided, NBDE Part I will be discontinued (approx. July 31, 2020).
- The first official administration of the INBDE is expected to take place on August 1, 2020.
- Two years after NBDE Part I is discontinued, NBDE Part II will be discontinued (approx. July 31, 2022).
- Notification of INBDE implementation and NBDE discontinuation is contingent upon successful completion of the INBDE Field Testing Program (not depicted in the preceding diagram).

* Similar to Part I and Part II, INBDE results will be reported as “Pass/Fail.”

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INBDE Implementation Plan

- In considering the dates provided, please note the following:
  - The plan as presented communicates the “best case scenario.”
  - The dates provided may be delayed if difficulties are encountered. However, the dates will not be “moved up” (e.g., NBDE Part I will be discontinued no sooner than August 1, 2020).
  - The Joint Commission reserves the right to make changes to the plan at any time and as needed, in keeping with the Joint Commission’s mission and purpose.
  - Any significant changes to this plan will be published as soon as information becomes available.
  - The final slide in the current presentation will provide a log of changes made.

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Additional Information from the JCNDE

- Information concerning the INBDE is available via the Joint Commission's website (www.ada.org/JCNDE/INBDE)
- The following information is currently available and is updated as changes occur:
  - INBDE background
  - INBDE FAQ's
  - Domain of Dentistry and general validity evidence
  - Preliminary test specifications
  - Preliminary sample questions
- The following information will be posted as soon as it becomes available:
  - INBDE practice test questions (anticipated one year in advance of initial INBDE administration)
  - Technical report(s) providing detailed information concerning validity

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INBDE Information from other Sources (not the JCNDE)

- INBDE eligibility rules for students of U.S. dental schools accredited by the Commission on Dental Accreditation (CODA).
  - These rules are determined by each dental school.

- Additional school requirements concerning the INBDE (e.g., linking successful completion of the INBDE to graduation requirements).
  - These rules are determined by each dental school.

- Written examination requirements for each state.
  - These requirements are determined by each state dental board.

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INBDE Implementation Plan Considerations

- The requirements of key stakeholders and communities of interest were carefully considered in developing the implementation plan.
  - State Dental Boards
  - Dental Schools
  - US Dental Licensure Candidates
- The following slides indicate specific considerations involving the aforementioned groups, as well as recommended actions.
- The considerations indicated should NOT be regarded as comprehensive of all of the INBDE-related interests of the aforementioned groups.

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State Dental Boards

Implementation Plan Requirement	How Requirement is Addressed

• Provide sufficient time for state dental boards to assess and understand INBDE validity evidence.
• Provide sufficient time for state dental boards to incorporate the INBDE into licensure decision-making and communicate its acceptability to future licensure candidates.
• Provide sufficient time for state dental boards to prepare to receive INBDE results on day one of availability.
• Consider whether any modifications to practice acts, rules, policies, or procedures will be required.
• Provide sufficient time for state dental boards to accept both exam sequences:
1) INBDE and
2) NBDE Parts I and II.
	• Post and update validity information on JCNDE website as it becomes available.
	• Communicate validity information on annual basis at National Dental Examiners' Advisory Forum (NDEAF).
	• Release details of implementation plan in 2016, and provide the following notifications:
	  • INBDE first administration possible as soon as 2020.
	  • NBDE Part I final administration possible in 2020.
	  • NBDE Part II final administration possible in 2022.
	• Provide notice in 2016 of JCNDE plans for indicating the official name of the INBDE and how results will be reported. Current discussions indicate the JCNDE is likely to associate the name "NBDE" with the INBDE, to ease the transition with regard to state rules and practice acts.

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Recommended Actions for State Dental Boards

- Understand the INBDE and keep apprised of new developments.
  - Review information concerning the INBDE on the Joint Commission's website (www.ada.org/JCNDE/INBDE), and attend the National Dental Examiners' Advisory Forum (NDEAF) annually.
  - Review INBDE validity evidence and the results of field testing as these studies occur.
  - Monitor the website to understand and prepare for any changes as they occur.
- Prepare to use the INBDE in licensure decision-making.
  - Prepare to receive INBDE results on day one of availability.
  - Prepare to accept candidates who have successfully completed the National Boards. This could occur under either of the following sequences: 1) INBDE or 2) NBDE Parts I and II.
  - Communicate information concerning the acceptability of the INBDE to future licensure candidates.

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Dental Schools

Implementation Plan Requirement	How Requirement is Addressed

• Provide sufficient time for U.S. dental schools to adjust curricula and prepare students for the INBDE (also consistent with current CODA requirements).
• Provide sufficient time for U.S. dental schools to adjust academic policy for incoming students regarding eligibility to sit for National Board Examinations.
• Provide sufficient time for U.S. dental schools to adjust academic policy for incoming students regarding school utilization of NBDE Part I and II results (e.g., as prerequisites for students to continue their studies or as a graduation requirement).
	• Release details of implementation plan in 2016, and provide the following notifications:
	  • INBDE first administration possible as soon as 2020.
	  • NBDE Part I final administration possible in 2020.
	  • NBDE Part II final administration possible in 2022.
	• Post INBDE preliminary sample questions publicly in 2016.
	• Provide INBDE practice test questions one year before INBDE initial administration.
	• Provide updates on the INBDE annually at the ADEA conference and subsequently post the presentations online.

Note: For US candidates, dental schools now approve the eligibility of Part I and Part II examinees and will determine when their students will transition to the new exam, within the feasible available options. For international candidates, eligibility for Parts I and II involves providing proof of dental school graduation (through ECE). This practice is expected to continue for the INBDE.

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Recommended Actions for Dental Schools

- Understand the INBDE and keep apprised of new developments.
  - Review information concerning the INBDE on the Joint Commission's website (www.ada.org/JCNDE/INBDE), and attend ADEA sessions on the INBDE.
  - Review INBDE validity evidence and field testing results as these studies occur.
  - Monitor the website to understand and prepare for any changes as they occur.
- Prepare your school and students for the INBDE.
  - Review and revise curricula to prepare students for the INBDE and the updated CODA standards.
  - Review academic policy for incoming students and revise as needed concerning:
    - student eligibility to sit for National Board Dental Examinations.
    - school utilization of NBDE Part I and II results.

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U.S. Dental Licensure Candidates

Implementation Plan Requirement	How Requirement is Addressed

• Provide U.S. dental licensure candidates with a reasonable opportunity to demonstrate competence with respect to the knowledge and skills required for licensure and measured by a written examination.
• Provide reasonable time and sufficient notice so candidates can plan ahead and take action to avoid being "caught between examination programs" (e.g., preparing for Parts I and II but then finding themselves forced to shift to the INBDE).
• Provide sufficient time for candidates to understand retesting policies concerning the INBDE and Parts I and II during the transition period, so candidates can plan and make decisions accordingly.
• Provide test specifications and practice materials so candidates can prepare for the INBDE and know what types of questions to expect.
	• Begin INBDE administrations before NBDE Part II is discontinued.
	• Release details of implementation plan in 2016, and provide the following notifications:
	  • INBDE first administration possible as soon as 2020.
	  • NBDE Part I final administration possible in 2020.
	  • NBDE Part II final administration possible in 2022.
	• Provide practice test questions one year before initial INBDE administration, and post INBDE preliminary sample questions publicly in 2016.
	• Provide notice in 2018 concerning INBDE retest policy, and coordinate INBDE retest policy with NBDE retest policy.

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Recommended Actions for U.S. Dental Licensure Candidates

- Understand the INBDE and keep apprised of new developments.
  - Review information concerning the INBDE on the Joint Commission's website (www.ada.org/JCNDE/INBDE).
  - Review INBDE test specifications and practice questions.
  - Monitor the website to understand and prepare for any changes as they occur.
- Prepare for the National Board Examinations.
  - Determine which examination track to pursue (NBDE Parts I and II or the INBDE) in consultation with the most recent INBDE implementation plan and:
    - your dental school, its requirements, and your progress in meeting those requirements.
    - the dental boards of states where you intend to apply for licensure.
    - Joint Commission policies (e.g., retesting policies under both examination tracks).
  - Study the areas indicated in the test specifications of your intended examination track.

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Additional Information and Resources

Joint Commission on National Dental Examinations

http://www.ada.org/en/jcnde

Integrated National Board Dental Examination

http://www.ada.org/en/jcnde/inbde/

National Boards (Examination Guides, FAQ's, DENTPIN® Information, Score Report Requests)

Part I and Part II:

http://www.ada.org/en/jcnde/examinations/nbde-general-information

Dental Hygiene:

http://www.ada.org/en/jcnde/examinations/national-board-dental-hygiene-examination/

Test Construction Committee Information

http://www.ada.org/en/jcnde/examinations/test-construction/

Technical Reports, ADEA Presentations, Item Development Guides

http://www.ada.org/en/jcnde/news-resources/technical-reports

http://www.ada.org/en/jcnde/news-resources/presentations

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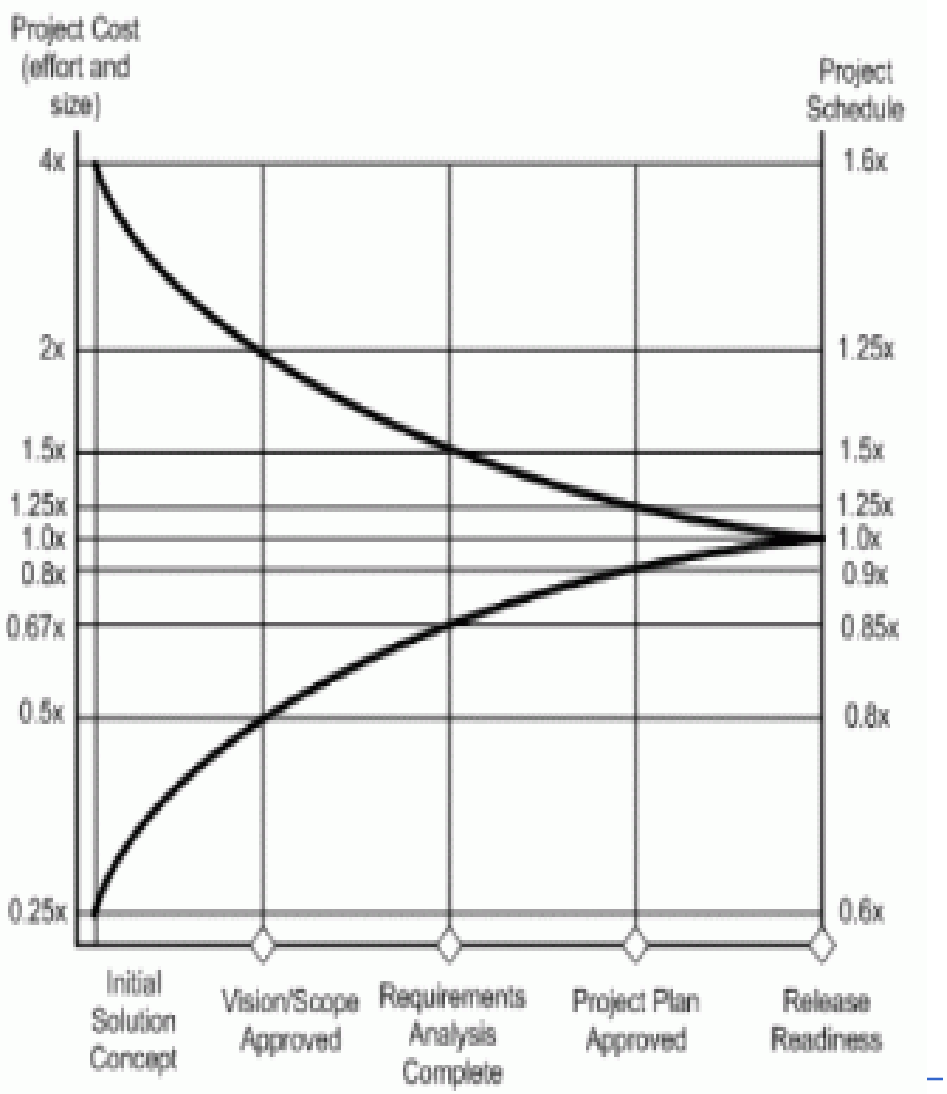
The INBDE and the Cone of Uncertainty

- We are in the midst of a highly complex project that is of great importance.
- This is an innovative research endeavor.
  - Research findings can sometimes perplex.
  - Planning has to be flexible to address project needs and stay as close as possible to schedule.



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Questions?

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Comparison of Foundation Knowledge Areas

The Domain of Dentistry represents the Clinical Content Areas and Foundation Knowledge Areas required for the safe, independent, general practice of dentistry by entry-level practitioners.

To better understand the Foundation Knowledge Areas, a comparison has been developed between the Foundation Knowledge Areas of the Domain of Dentistry for use by the INBDE and those currently covered by either Part I or Part II of the NBDE.

The following color coding has been used:

Covered on NBDE Part I

Covered on NBDE Part II

Covered on both NBDE Part I and NBDE Part II

New. Covered on neither NBDE Part I nor NBDE Part II

The size of the circle is **not** proportional to the weighting of the Foundation Knowledge Area on the INBDE.

The successful entry-level general practitioner is focused on the prevention, diagnosis, and management of oral disease, and the promotion and maintenance of general health. This requires application of the specific knowledge listed for each of the following FKs.

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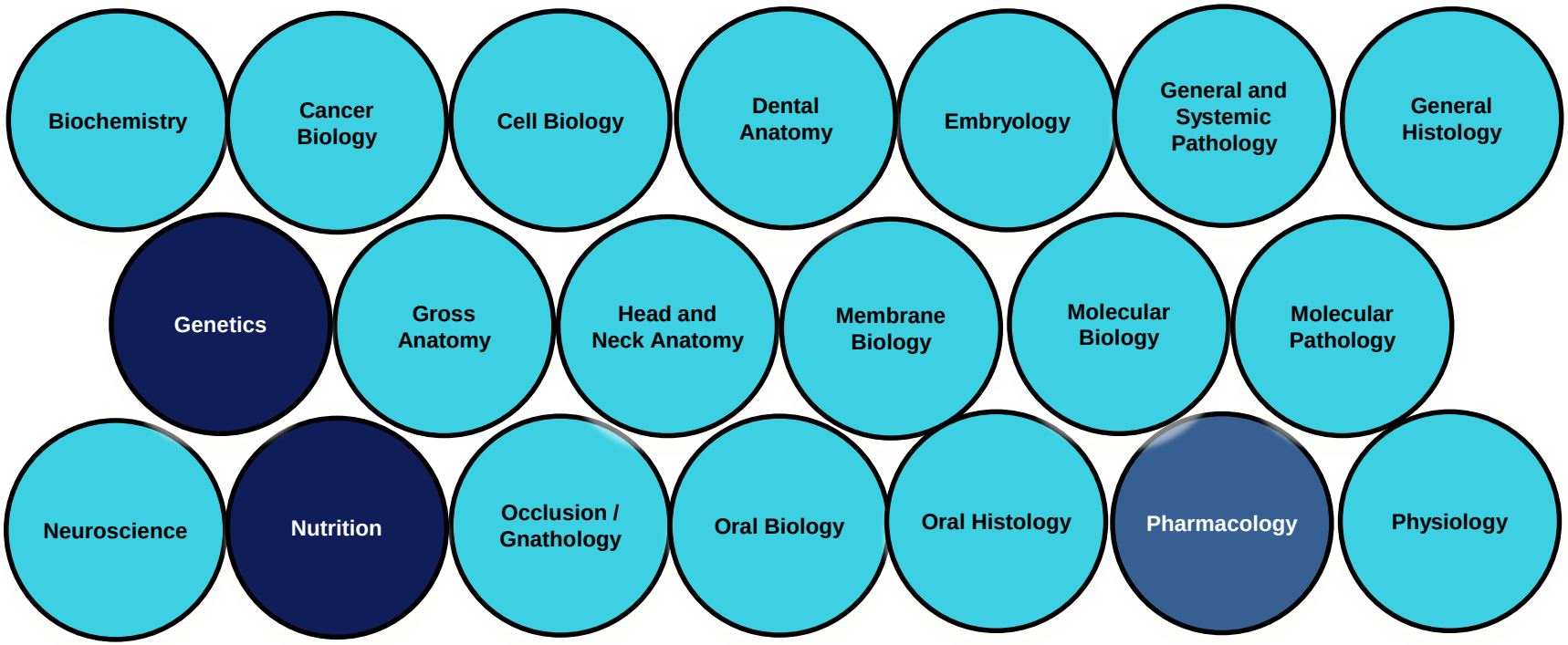
Basic and Foundation Sciences covered in part by Foundation Knowledge 1 (FK1) (9C)

FK1	Molecular, biochemical, cellular, and systems-level development, structure and function



Color Coding

Part I | Part II | Parts I & II | NEW

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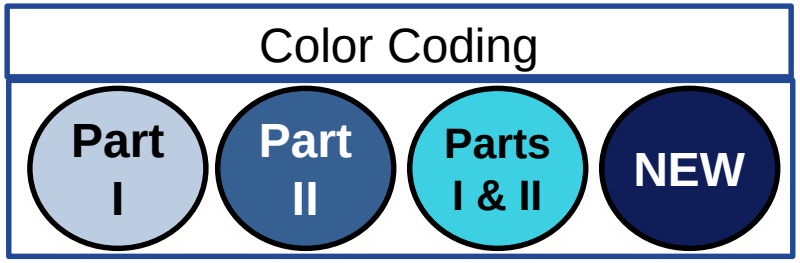
Basic and Foundation Sciences covered in part by Foundation Knowledge 2 (FK2) (1C)

FK2	Physics and chemistry to explain normal biology and pathobiology



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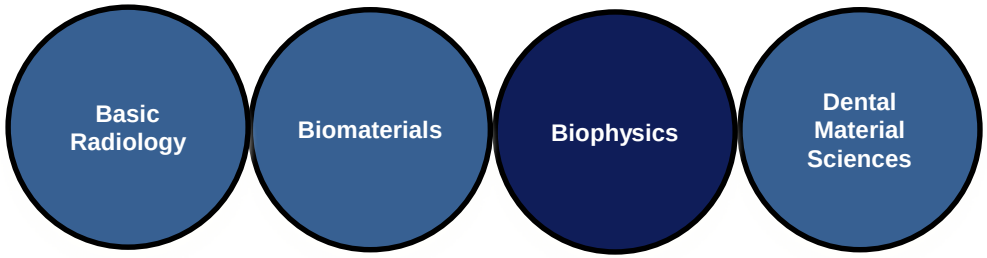
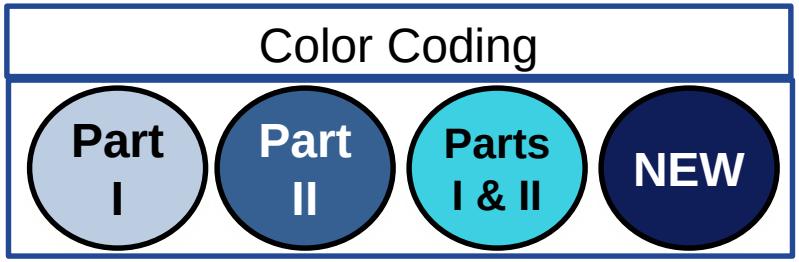
Basic and Foundation Sciences covered in part by Foundation Knowledge 3 (FK3) (3C)

FK3	Physics and chemistry to explain the characteristics and use of technologies and materials





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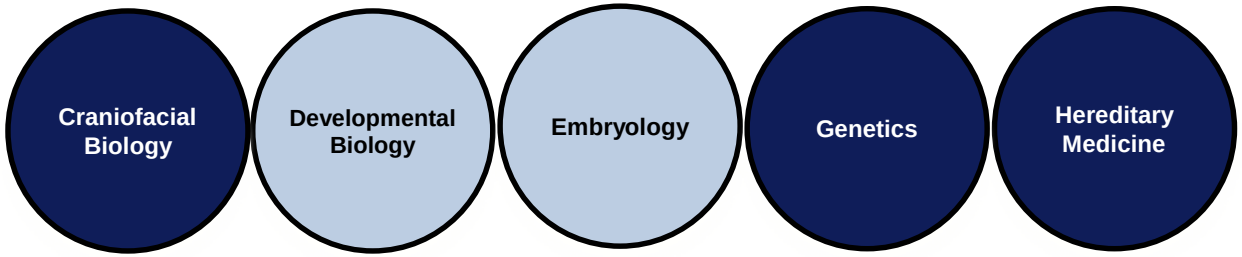
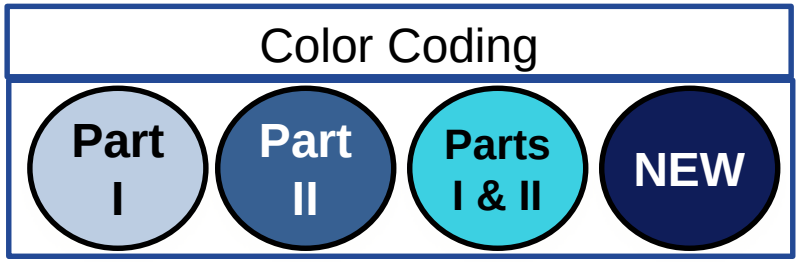
Basic and Foundation Sciences covered in part by Foundation Knowledge 4 (FK4) (2C)

FK4	Principles of genetic, congenital and developmental diseases and conditions and their clinical features to understand patient risk





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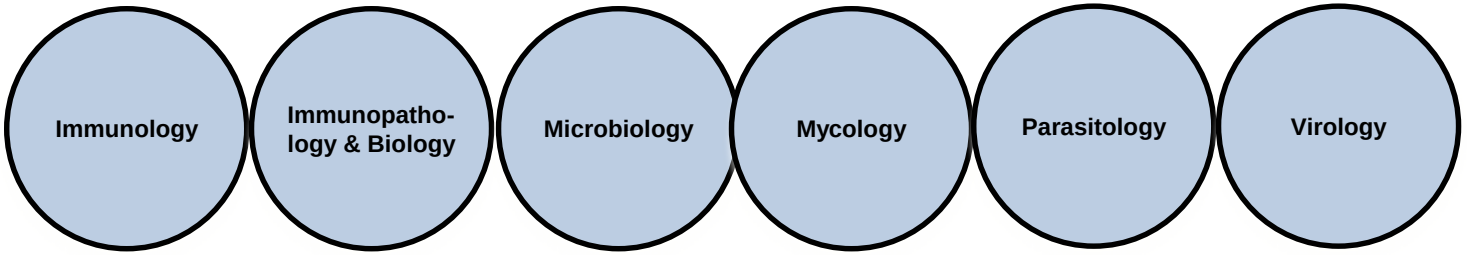
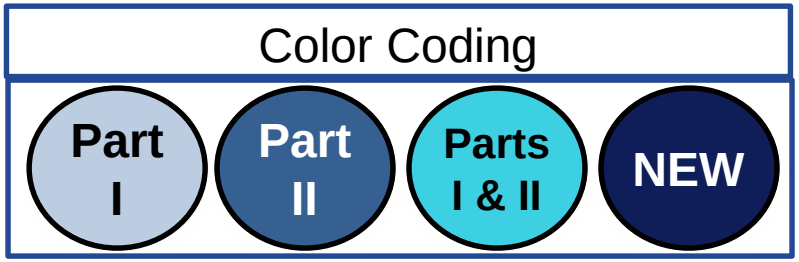
Basic and Foundation Sciences covered in part by Foundation Knowledge 5 (FK5) (3C)

FK5	Cellular and molecular bases of immune and non-immune host defense mechanisms





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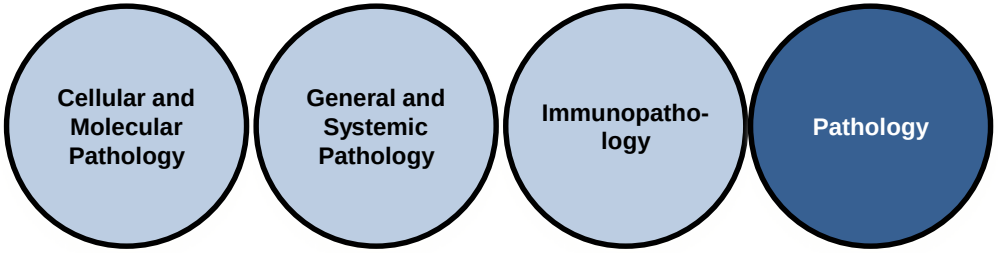
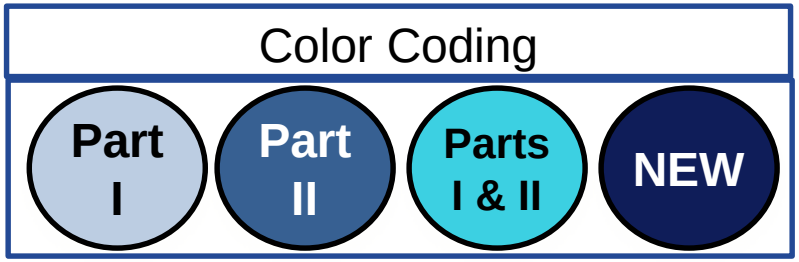
Basic and Foundation Sciences covered in part by Foundation Knowledge 6 (FK6) (5C)

FK6	General and disease-specific pathology to assess patient risk





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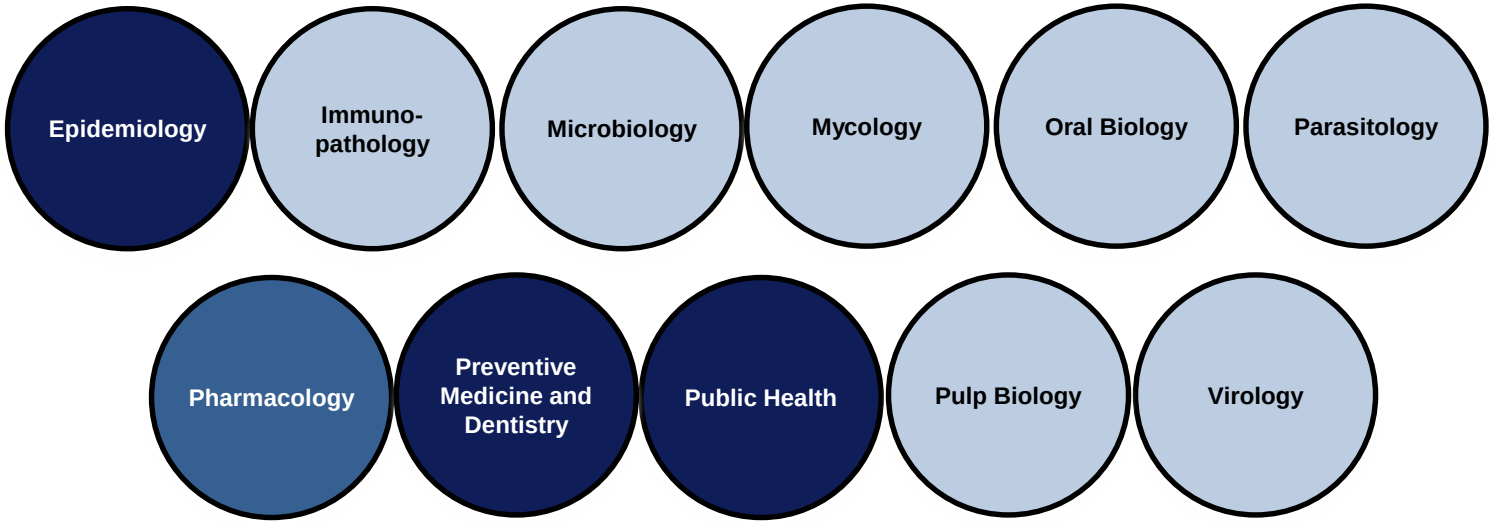
Basic and Foundation Sciences covered in part by Foundation Knowledge 7 (FK7) (3C)

FK7	Biology of microorganisms in physiology and pathology



Color Coding

Part I | Part II | Parts I & II | NEW

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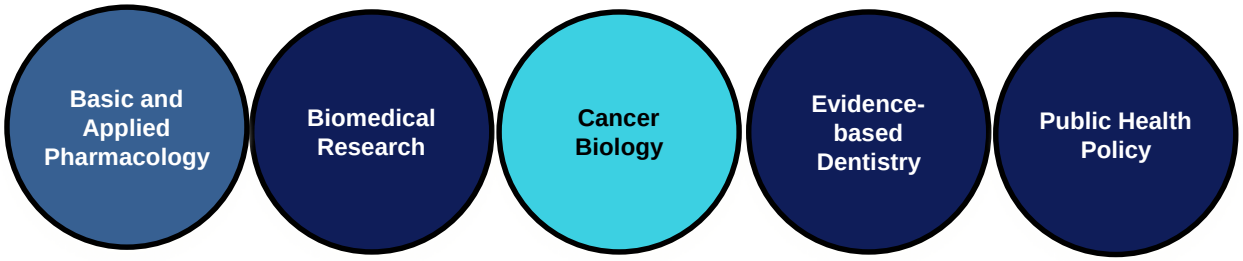
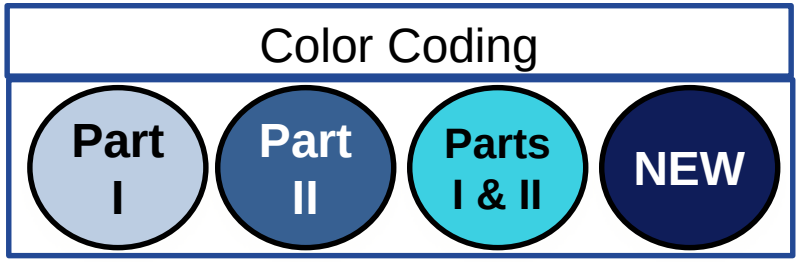
Basic and Foundation Sciences covered in part by Foundation Knowledge 8 (FK8) (3C)

FK8	Pharmacology





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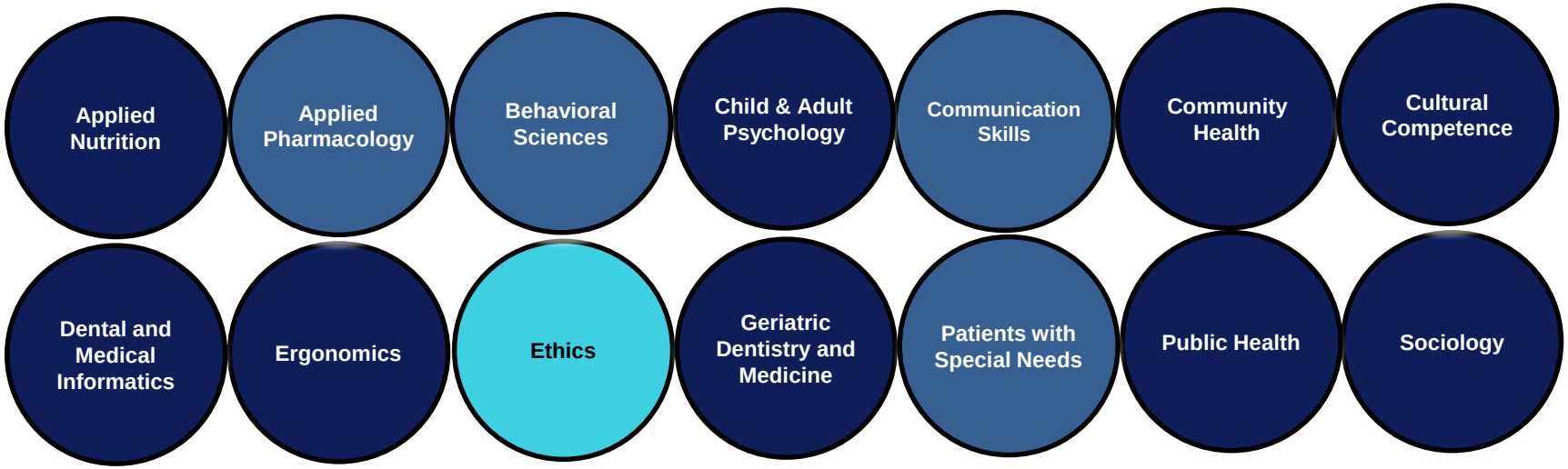
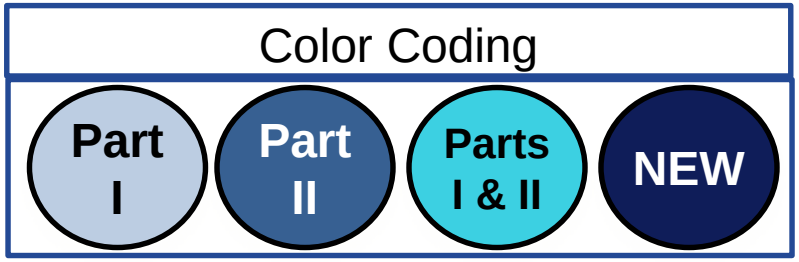
Basic and Foundation Sciences covered in part by Foundation Knowledge 9 (FK9) (4C)

FK9	Sociology, psychology, ethics and other behavioral sciences





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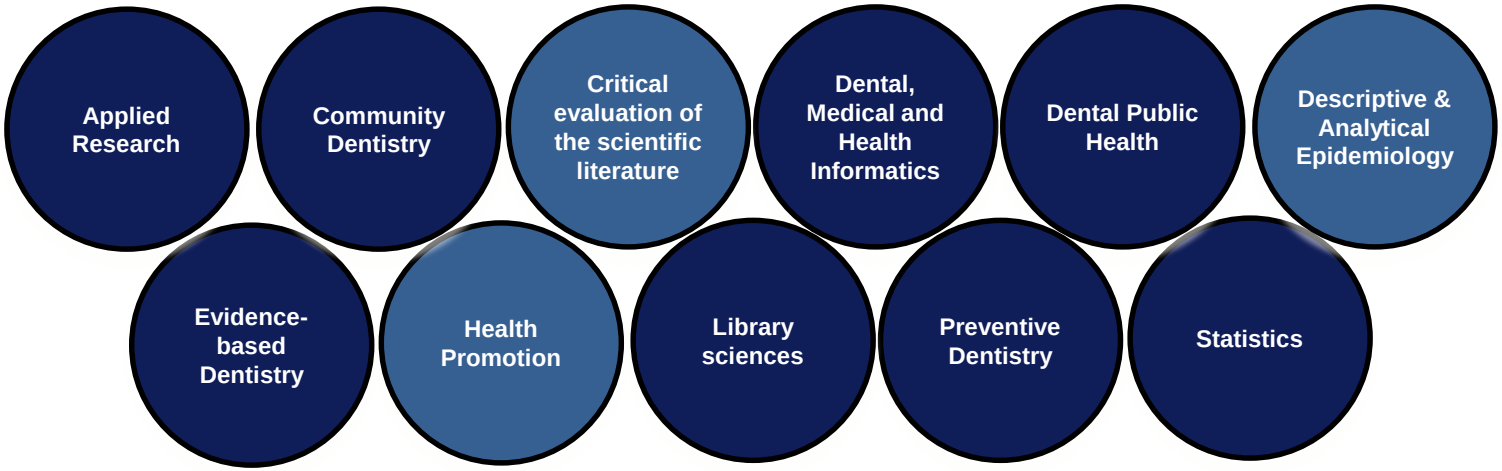
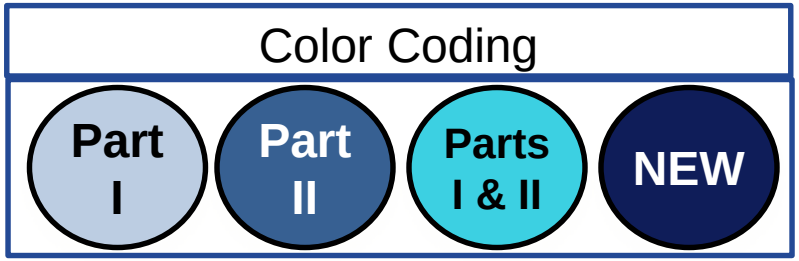
Basic and Foundation Sciences covered in part by Foundation Knowledge 10 (FK10) (5C)

FK10	Quantitative knowledge, critical thinking, and informatics tools





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Document History

Submitted for consideration by the JCNDE Committee for R&D – 2015

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Pairing Junior and Senior Students in Clinic

Primary Objectives:

1. Improve Learning
2. Increase Experiences
3. Focus on Case Completion and Patient Centered Care (remove requirement focus)

Additional Benefits:

1. Increased efficiency in patient treatment by encouraging students to work together
2. Increased mentoring of junior students
3. Increased efficiency in patient transition when seniors graduate
4. Decreases need to retreatment plan patients during patient transfers in spring and summer
5. May require fewer assigned patients/smaller patient pool. (Juniors can focus on treatment planning, perio and operative while seniors focus on completing pros and mentoring juniors.)

The students will be assigned to groups of 2 or 3 in the fall semester of their second year. They will work together as if they were in a small group practice.

Patient Assignment/COEs/POEs

- Patients will be assigned to both students. (Assigned by team leaders/ coordinators according to needs of the patient pool.)
- Both students must complete new patient COEs together so they are familiar with all patients assigned to them. Students work together through finalizing the treatment plan.
- Seniors will introduce existing patients to the junior students and will give them information concerning the patient's medical history, dental history and planned treatment. Juniors can perform the POE on their own and they should consult with their senior about findings and treatment plans.
- Patients transferred to rising seniors must perform a POE on the patient and rising juniors must be present, when possible.
- Students will earn RVUs for case completion based on case-type/complexity

Mentoring Details

- There will be mentoring codes for all CDT and UFCD codes (including step codes). An "M" (for mentoring) will be added to the end of each code.
- The same number of RVUs will be issued under the codes with and without the "M".
- There will be RVU reports that track mentoring ("M") codes.
- These codes will not be graded

Comp Exam Credit When Paired

- Both students will get credit/RVUs for completing the COE, periodontal charting, hard tissue charting, and caries risk assessment

Periodontology Credit When Paired

- When senior students mentor junior students in periodontal procedures, both will earn RVUs for the completed procedure. However, the credit for the procedure performed will be given to the student who actually completed the procedure, which should be the one who needs it to meet the periodontal requirements of the given semester. Procedures performed between the two students within a pair should be thus performed with the semester

requirements in mind. At the end of each academic year (Semesters 8 and 11), both students will be held responsible for the required cumulative units at that respective point.

- When junior students assist senior students in operative, the junior will earn assisting credit.
- If periodontal probing and diagnosis/treatment plan is performed by one student without their partner, the absent student *must* be *fully* familiar with diagnosis/treatment plan in order to be allowed to continue care of the case.
- Students may see more than one periodontal patient per clinic session. However, to ensure equal distribution of time by faculty to students, the second case must be started no later than 10 AM and 3:15 PM for the morning and afternoon sessions, respectively.

Operative Credit When Paired

- When senior students mentor junior students in operative, both will get the same RVUs for the completed procedures.
- When junior students assist senior students in operative, the junior will earn assisting credit.

Prosthodontics Credit When Paired

- When the student pair completes/mentors/assists in prosthodontics, both will get the same RVUs and both can earn units following the "Units Policy" – Where more than 50% of the steps need to be completed/mentored/ assisted by each provider to earn the whole unit.

Graduation Expectations by Discipline

- Periodontology (refer to clinical syllabus for details)
  - 7,000 RVUs
  - Semesters 6-8:
    - 6 Periodontal disease cases completion through Phase-I therapy - combined
    - SRP-I (Simple case) and SRP-II (Complex case) Competencies successfully completed
    - SPT on timely basis for all assigned cases
    - 1 Perio Grad Clinic Rotation completed
  - Semesters 9-11
    - 10 Periodontal disease cases completed through phase I (5 each student minimum 4 complex cases, 2 each) – combined
    - Phase-I (Complex case) and SPT Competencies successfully completed
    - 1 Perio Grad Clinic Rotation completed
    - 1 successful case completion (minimum of 2 SPT completed after phase I) presentation in clinic by both students
    - Clinical Examination Successfully completed (Mock Boards)

- Prosthodontics (refer to clinical syllabus for details)
  - The unit requirements will be changed from 20 completed units to 12 completed units.
    - The prosthodontics cases will be classified as the following 4 types
    - A minimum of 2 of each type of cases must be completed –
      - Restoring Loss of Posterior Occlusion using Removable Prosthesis
      - Anterior Esthetic Fixed or Removable Restorations
      - Restoring Posterior Occlusion using Fixed Restorations
      - Immediate / Complete denture case
  - 8 Skills Assessments must be completed
  - Overall Competency Examination/ Presentation

- The Implant Clinical Experience
- A minimum of 13,250 RVUs

- Operative (refer to clinical syllabus for details)
  - 11,000 RVUs
  - Semester 6-8
    - 3 Level I Skills Assessments
    - 1 Complex Class II Restoration
    - 1 Diastema Closure or Veneer (or 2 assists)
    - 1 CAD/CAM Onlay (or 2 assists)
  - Semester 9-11
    - 3 Level II Skills Assessments
    - 1 Complex Class II Restoration
    - 1 Diastema Closure or Veneer
    - 1 CAD/CAM Onlay
  - Students may begin completing Level II Skills Assessments once Level I Skills Assessments are complete.
  - All of the above procedures will carry over if they are completed before the due date.

Miscellaneous

- Students cannot earn more than 40% of required RVUs from assisting and/or mentoring in any discipline.
- Skills assessments/competency examinations are completed independently. They are not completed as a pair.

Small Group Case-based Facilitators - Fall 2013 - Summer 2016

DEN5210-Fall 2013	90 minutes	60 minutes	
	1.5 sessions	1 session	
Dennis	4	2	
Holliday	4	2	
Weinstein	4	2	
Shaddox	2	1	
Chan	1	0	
Childs	4	2	
Culp	2	1	
Caudle	2	1	
Behar-Horenstein	1	1	
total	**24**	**12**	**36**

DEN6432C-Spring 2014	90 minutes	60 minutes	
	1.5 sessions	1 session	
Perez	1	1	
Weinstein	2	1	
Bhattacharyya	3	0	
U. Nair	4	2	
Nascimento	4	2	
Dodd	4	2	
Childs	2	1	
Echeto	1	1	
Grieshaber	2	1	
Shaddox	1	1	
total	**24**	**12**	**36**

DEN6430C-Summer2014	90 minutes	60 minutes	
	1.5 sessions	1 session	
Echeto	2	0	
Nasimento	0	1	
Childs	3	2	
Dodd	1	0	
U. Nair	2	3	
Holliday	2	1	
Bhattacharyya	2	1	
Chan	2	1	
McHugh	2	1	
Catalanotto	2	0	
Behar-Hornsteiin	2	1	
Weinstein	2	0	
Caudle	2	1	
total	**24**	**12**	**36**

Small Group Case-based Facilitators - Fall 2013 - Summer 2016

DEN5210-Fall 2014	90 minutes	60 minutes	*11 sessions
	1.5 sessions	1 session	
Weinstein	2	1	
Holliday	2	1	
Echeto	2	0	
Childs	2	1	
Spencer	1	0	
Catalanotto	2	0	
Shaddox	0	2	
Dodd	1	1	
Tomar	1	0	
Perez	2	1	
Culp	3	0	
Bhattacharyya	0	1	
Chan	1	1	
Katz	0	1	
Davey	1	0	
U. Nair	2	1	
total	**22**	**11**	**33**

DEN6251-Fall 2014	90 minutes	60 minutes
	1.5 sessions	1 session
U. Nair	2	1
Dodd	5	2
Behar-Horenstein	1	0
Spencer	1	1
Caudle	2	1
Perez	1	1
Weinstein	2	1
McHugh	2	1
Davey	2	1
Holliday	2	1
Culp	2	1
Childs	2	1
total	**24**	**12**	**36**

DEN5221-Spring 2015	90 minutes	60 minutes	*11 sessions
	1.5 sessions	1 session	
Perez	4	2	
Diamond	2	1	
Childs	2	2	
Culp	2	0	
Shaddox	2	1	
Dodd	2	2	
Tomar	1	0	
K. Neiva	1	0	
Bhattacharyya	2	1	
Echeto	2	1	
Spencer	2	1	
total	**22**	**11**	**33**

Small Group Case-based Facilitators - Fall 2013 - Summer 2016

DEN6430C-Summer 2015	90 minutes	60 minutes	
	1.5 sessions	1 session	
Perez	2	1	
Weinstein	2	1	
Dodd	4	1	
Holliday	1	1	
Childs	2	2	
Tomar	2	1	
U. Nair	4	1	
Diamond	2	1	
Davey	2	1	
Dilbone	1	0	
Bhattacharyya	1	1	
Nascimento	1	1	
total	**24**	**12**	**36**

DEN7413C-Summer 2015	90 minutes	60 minutes	
	1.5 sessions	1 session	
Echeto	4	2	
McHugh	2	2	
Childs	1	1	
Dodd	4	2	
Shaddox	2	1	
Weinstein	4	0	
Bhattacharyya	0	2	
Holliday	4	0	
Caudle	1	1	
Spencer	2	1	
total	**24**	**12**	**36**

DEN5210-Fall 2015	90 minutes	60 minutes	
	1.5 sessions	1 session	
Weinstein	2	1	
Dodd	2	1	
Tomar	2	0	
Perez	0	1	
Shaddox	2	1	
Holliday	2	1	
Childs	1	0	
Diamond	1	1	
total	**12**	**6**	**18**

*6 sessions - 6 groups

Small Group Case-based Facilitators - Fall 2013 - Summer 2016

DEN6251-Fall 2015	90 minutes	60 minutes	
	1.5 sessions	1 session	
Dodd	2	1	
Caudle	3	1	
Echeto	1	1	
Shaddox	1	1	
U. Nair	1	0	
Childs	2	1	
Holliday	2	1	
Bhattacharyya	2	1	
Weinstein	2	1	
Perez	2	1	
Spencer	2	1	
Diamond	2	1	
Davey	1	1	
Catalanotto	1	0	
total	**24**	**12**	**36**

DEN5221-Spring 2016	90 minutes	60 minutes	
	1.5 sessions	1 session	
Dodd	4	2	
Geraldeli	2	0	
Perez	2	2	
Childs	4	2	
Holliday	4	2	
Diamond	2	1	
Davey	2	1	
total	**20**	**10**	**30**

*10 sessions - groups of 15

DEN7413C-Summer 2016	90 minutes	60 minutes	
	1.5 sessions	1 session	
Echeto	4	3	
Dodd	4	3	
Holliday	4	0	
Perez	2	3	
Childs	2	0	
Bhattacharyya	4	0	
Dilbone	0	3	
McHugh	4	0	
total	**24**	**12**	**36**

Case-base Learning - Facilitator Total Hours (Fall 2013-Summer 2016)

	2013	2014				2015					2016		Total
Facilitator	**5210**	**6432C**	**6430C**	**5210**	**6251**	**5221**	**6430C**	**7413C**	**5210**	**6251**	**5221**	**7413C**	**Hours**
Behar-Horenstein	2.5		4		1.5								8
Bhattacharyya		4.5	4	1		4	2.5	2		4		6	28
Catalanotto			3	3						1.5			7.5
Caudle	4		4		4			2.5		5.5			20
Chan	1.5		4	2.5									8
Childs	8	4	6.5	4	4	5	5	2.5	1.5	4	8	3	55.5
Culp	4			4.5	4	3							15.5
Davey				1.5	4		4			2.5	4		16
Dennis	8												8
Diamond						4	4		2.5	4	4		18.5
Dilbone							1.5					3	4.5
Dodd		8	1.5	2.5	9.5	5	7	8	4	4	8	9	66.5
Echeto		2.5	3	3		4		8		2.5		9	32
Geraldeli											3		3
Grieshaber		4											4
Holliday	8		4	4	4		2.5	6	4	4	8	6	50.5
K. Nevia						1.5							1.5
Katz				1									1
McHugh			4		4			5				6	19
Nascimento		8	1				2.5						11.5
Perez		2.5		4	2.5	8	4		1	4	5	6	37
Shaddox	4	2.5		2		4		4	4	2.5			23
Spencer				1.5	2.5	4		4		4			16
Tomar				1.5		1.5	4		3				10
U. Nair		8	6	4	4		7			1.5			30.5
Weinstein	8	4	3	4	4		4	6	4	4			41
Cohen													0
Cooper													0
Widmer													0
Hour Total	48	48	48	44	48	44	48	48	24	48	40	48	536
29				*11 sessions		*11 sessions			*6 sessions		*10 sessions		

Small group teaching in the DMD Curriculum defined as peer to peer interactions or faculty facilitated student group interaction
Clinical instruction is not included in this mapping. One-on one faculty student interaction is not included in this mapping.
These hours do not include planning, evaluation or other activites beyond providing direct instruction.

		Semester	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Faculty Contact Hrs
5000 level	Totals	1,2	6	20	37.0	112.0	294.0
6000 level	Totals	Semester	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Faculty Contact Hrs
		3, 4, 5	11	36	46.50	133.0	386.0
7000 level		Semester	Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Faculty Contact Hrs
	Totals	6,7,8	6	27	69.5	334.0	302.0
8000 level		Semester	Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Faculty Contact Hrs
	Totals	9,10,11	4	9	6.50	65.0	301.0
Total DMD Curricul		Semesters	Courses	# Different small group experiences	Studnt Contact Hrs	Total groups taught	Faculty Contact hours
Grand totals		all,exceptin g S8 & S9	27	92	159.5	644.0	1283.0
			26% of courses				

Semester= the semesters numbered consecutively in the program S1= Fall semester first year

Credits= the total number of academic credits for courses containing small group experienes as defined above

Courses= the total number of courses containing small group experienes as defined above

# of different small group experiences= the total number of different individual small group instructional experiences.

For example, in case based learning there are 3 different small group activities=3 classes.

Stdnt Contact Hrs=the total amount of time an individual student would participate in small group learning as defined above

Total Groups taught= the total number of small group classes taught. For example, in case based learing

there are 12 small group sections for each of the 3 different small group activites. Total groups = 12 x 3=36 total groups

Faculty Contact Hours= the total number of faculty direct instructional time devoted to providing small group learning as defin

In case based learning, most take a total of 4 small group hrs. of instuctional time for 3 small group classes.

Each group has one faculty facilitator. There are 12 groups for each different small group activity.

3x4x1x12=144 total faculty hours (of direct instructional contact).

Summary By Semester								
		Credits	# Cour	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Faculty Hrs/Grp	Faculty Contact Hrs
S1	Fall	5	2	8.0	14.5	40.0	14.5	93.0
S2	Spring	4	3	13.0	24.5	74.0	24.5	201.0
		Credits	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Fac Hrs/Grp	Faculty Contact Hrs
S3	Summer	6	4	10	15.5	63.0	13.5	149.0
S4	Fall	4	3	5	7.0	44.0	7.0	54.0
S5	Spring	9	5	21	24	26	21	183
		Credits	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Faculty Hrs/Grp	Faculty Contact Hrs
S6	Summer	2	1	21.0	58.5	288.0	58.0	219.0
S7	Fall	3	3	6.0	11.0	46.0	23.0	83.0
S8	Spring	0	0	0.0	0.0	0.0	0.0	0.0
		Credits	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	Faculty Hrs/Grp	Faculty Contact Hrs
S9	Summer	0	0	0.0	0.0	0.0	0.0	0.0
S10	Fall	3	2	7.0	4.5	32.0	2.50	276.0
S11	Spring	2	3	2.0	2.0	25.0	16.0	25.0
		Credits	# Courses	# Different small group experiences	Studnt Contact Hrs	Total groups taught	Faculty hours/group	Faculty contact hours
S1,4,7,10	Fall	15	10	26.0	37.0	162.0	47.0	506.0
S2,5,8,11	Spring	15	11	36.0	50.5	125.0	61.5	409.0
S3,6,9	Summer	8	5	31.0	74.0	351.0	71.5	368.0

Case Based Learning Only											
Course #	Name	Semester	Credits	College	Groups	# of classes	Stdnt Contact Hrs	Total groups(all	Fac Hrs/Grp	Faculty Contact Hrs	Notes
5210	Developmental Biology and Psychosocial Issues over the Lifespan					1	1.50	6	1.5	9.0	Case Based learning 1 (S1)
5210						1	1.50	6	1.5	9.0	Case Based learning 2 (S1)
5210						1	1.0	6	1.0	6.0	Case Based learning 3 (S1)
5210	Developmental Biology and Psychosocial Issues over the Lifespan	1	3	COD	yes	3.0	4.0	18	4.00	24.0	Smaller # groups
5221C	Oral Health Management and Psychosocial Issues over the Lifespan									0	
5221C						1	1.50	10	1.5	15.0	Case Based learning (S2)
5221C						1	1.50	10	1.5	15.0	Case Based learning (S2)
5221C						1	1.5	10	1.5	15.0	Case Based learning (S2)
5221C	Oral Health Management and Psychosocial Issues over the Lifespan	2	2	COD	yes	3	4.5	30	4.5	45.0	
5000 level	Year Totals	1,2	5	COD		6	8.5	48	8.5	69.0	
6251	Science and Clinical Management of Dental Pain					1	1.5	12	1.5	18.0	Case based Learning 1 (S4)
6251						1	1.5	12	1.5	18.0	Case based Learning 2 (S4)
6251						1	1.0	12	1.0	12.0	Case based Learning 3 (S4)
6251	Science and Clinical Management of Dental Pain	4	2	COD	yes	3	4.0	36	4.0	48.0	
6430C	Principles of Endodontics					1	1.5	12	1.5	18.0	Case based Learning 1 (S3)
6430C						1	1.5	12	1.5	18.0	Case based Learning 2 (S3)
6430C						1	1.0	12	1.0	12.0	Case based Learning 3 (S3)
6430C	Principles of Endodontics	3	1	COD	yes	3	4.0	36	4.0	48.0	
6000 level	Year Totals	2	3	COD	yes	6	8.0	72	8.0	96.0	
7413C	Prosthodontics: Principles & Techniques					1	1.5	12	1.5	18.0	Case Based learning 1 (S6)
7413C						1	1.5	12	1.5	18.0	Case Based learning 2 (S6)
7413C						1	1.5	12	1.0	12.0	Case Based learning 3 (S6)
7413C	Removable Partial Prosthodontics: Principles & Techniques	6	2	COD	yes	3	4.5	36	4.0	48.0	
7000 level	YearTotals	6	2	COD	yes	3	4.5	36	4.0	48	
Course #	Name	Semester	Credits	College	Groups	# of classes	Stdnt contact Hrs	Total groups(all classes)	Fac Hrs/Grp	Faculty Contact Hrs	Notes
	4 year total	1,2,3,4,6	10	COD	yes	15	21.0	156	20.5	213.0	

Course #	Name	Semester	Credits	College	Groups	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
5100C	Gross Anatomy	1	4	**COM**	no	**0**	**0**	0	0	0	0	Lecture/lab dissection
5010	Interdisciplinary Service Learning I					1	2	6	1	2	12	
5010						1	2	6	1	2	12	
5010						1	2	6	1	2	12	
5010						1	2	6	1	2	12	
5010						1	2	6	1	2	12	
5010						1	2	6	1	2	12	
5010	Interdisciplinary Service Learning I	**1/2**	**1**	**COD**	**yes**	**6**	**12.0**	**6**	**1.0**	**12.0**	**72.0**	Hours calculated differently since this is not just a COD course. IFH, only 6 faculty 15-16 yr, students participate in 4
5013	Foundations Of Professionalism					1	2.5	2	1	2.5	5.0	Orientation, Attact-it 2 faculty 15-16
5013						1	2.0	8	2	2.0	32.0	Ethical decision making,
5013						1	2.0	4	1	2.0	8.0	Career options
5013						1	2.0	4	1	2.0	8.0	Ethics Presentations
5013	Foundations Of Professionalism	**1**	**2**	**COD**	**yes**	**4**	**8.5**	**18**	**5.0**	**8.5**	**53.0**	
5120C	Physiology	1/2	5	COM	no	0	0		0	0	0	Lecture based course
5121	Biochemistry, Molecular & Cellular Biology	1	4	COM	no	0	0		0	0	0	Lecture based course
5210	Developmental Biology and Psychosocial Issues over the Lifespan					1	2.0	4	2	2	16.0	Group disussion (Dr. Riley)
5210						1	1.50	6	1	1.5	9.0	Case Based learning (S1)
5210						1	1.50	6	1	1.5	9.0	Case Based learning (S1)
5210						1	1.0	6	1	1.0	6.0	Case Based learning (S1)
5210	**Developmental Biology and Psychosocial Issues over the Lifespan**	**1**	**3**	**COD**	**yes**	**4**	**6.0**	**22**	**5.0**	**6.0**	**40.0**	
5404C	Dental Anatomy and Stomatognath	1	2	COD	no						0	
5126C	Histology	2	2	COM	no						0	Lecture based course
5127	Infectious Diseases	2	4	COD	no						0	

Course #	Name	Semester	Credits	College	Groups	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
5221C	Oral Health Management and Psychosocial Issues over the Lifespan										0	
5221C						1	2	12.0	1.0	2.0	24.0	Standardized Patient 1 Feedback
5221C						1	2	12.0	1.0	2.0	24.0	Standardized Patient 2 Feedback
5221C						1	2.0	12.0	1.0	2.0	24.0	Standardized Patient 3 Feedback
5221C						1	1.50	10	1	1.5	15.0	Case Based learning (S2)
5221C						1	1.50	10	1	1.5	15.0	Case Based learning (S2)
5221C						1	1.5	10	1	1.5	15.0	Case Based learning (S2)
5221C	Oral Health Management and Psychosocial Issues over the Lifespan	2	2	COD	yes	6	10.5	66	6.0	10.5	117.0	
5320C	Foundations of Patient Care	2	1	COD	yes	1	2	2	3	2	12	PT student patient transfer lab
5405C	Preclinical Operative Dentistry I/Biomaterials	2	4	COD	no						0	

		Semester	Credits	College	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Faculty Hrs/Grp	Faculty Contact Hrs	Notes
5000 level	**Totals**	**1,2**	**9.00**	**COD**	**6**	**20**	**37**	**112**	**17**	**37**	**294**	

	Semester totals	Semester	Credits	College	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Faculty Hrs/Grp	Faculty Contact Hrs	Notes
S1	Fall	1	5	COD	2	8	14.5	40	10.0	14.5	93.0	
S2	Spring	2	4	COD	3	13	24.5	74	10.0	24.5	201.0	

Course #	Name	Semester	Credits	College	Groups	Different small group experienc	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
6001	Introduction to Evidence-based Dental Practice					1	1.5	4.0	1.0	1.5	6.0	Library databses
6001						1	2.0	3.0	1.0	2.0	6.0	EBD presentatiom. Work done in small groups,
6001	Introduction to Evidence-based Dental Practice	3	1	COD	yes	2.00	3.50	7.00	2.00	3.50	12.00	
6213C	Fundamentals of Occlusion	3	3	COD	yes	1.0	3.0	9.0	1.0	3.0	27.0	Case presentation new for 2016
6350	Disorders of the Body System	3	4	COM	no						0.0	
6502	Prevention and Public Health	3	1.00	COD	yes	3	3.0	10.0	2.0	1.0	60.0	Small group work with Case
6015	Professionalism In Patient Care and Practice Management I	3/4/5	1	COD	yes	1.0	4.0	8.0	1.0	4.0	32.0	axiUm training Staff conduct this training.
6128	Host Defense	3	3	COD	no						0.0	
6407C	Preclinical Operative Dentistry II	3	3	COD	no						0.0	
6011	Interdisciplinary Service Learning II	3/4/5	1	COD	yes	3.0	6.0	1.0	1.0	3.0	9.0	14/16 year had 2 of 3 groups due to Reitz Union Construction. # calculated differetly since HSC
6251	Science and Clinical Management of Dental Pain					1	1.5	12.0	1.0	1.5	18.0	Case based Learning 1 (S4)
6251						1	1.5	12.0	1.0	1.5	18.0	Case based Learning 2 (S4)
6251						1	1.0	12.0	1.0	1.0	12.0	Case based Learning 3 (S4)
6251	Science and Clinical Management of Dental Pain	4	2	COD	yes	3.0	4.0	36.0	3.0	4.0	48.0	
6302C	Introduction to Clinical Diagnosis and Treatment Planning					11	1.0	3.0	3.0	1.0	33.0	Seminars
6302C						1	2.0	4.0	1.0	2.0	8.0	Oral Photography labs
6302C						2	4.0	4.0	1.0	4.0	32.0	axiUm training . Staff conduct this training
6302C						1	4.0	4.0	4.0	4.0	64.0	Tobacco Intervention Seminars
6302C	Introduction to Clinical Diagnosis and Treatment Planning	4/5	3	COD	yes	15.0	11.0	15.0	9.0	11.0	137.0	
6351	Oral Pathology	4	3	COD	no						0.0	
6408C	Preclinical Operative Dentistry III	4	3	COD	no						0.0	
6412C	Preclinical Fixed Prosthodontics I	4	2	COD	no						0.0	
6421C	Periodontic Treatment Planning and Disease Control	4	2	COD	yes	2.0	3.0	8.0	1.0	3.0	6.0	Student Presentations

Course #	Name	Semester	Credits	College	Groups	Different small group experienc	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
6430C	Principles of Endodontics					1	1.5	12.0	1.0	1.5	18.0	Case based Learning 1 (S3)
6430C						1	1.5	12.0	1.0	1.5	18.0	Case based Learning 2 (S3)
6430C						1	1.0	12.0	1.0	1.0	12.0	Case based Learning 3 (S3)
6430C						1	2.0	1.0	1.0	2.0	2.0	TBL
6430C	Principles of Endodontics	3	1	COD	yes	4.00	6.00	37.00	4.00	6.00	50.00	
6250C	Pain and Anxiety Control in Dental Patients	5	1	COD	no	0						
6260	Oral Medicine and Pharmacotherapeutics	5	2	COD	no						0.0	
6262	Principles of Pharmacology	5	2	COM	no						0.0	
6415C	Preclinical Fixed Prosthodontics II	5	2	COD	no						0.0	
6416C	Basic Sciences Review	5	2	COM	no						0.0	
6432C	Basic Endodontic Therapy	5/6	2	COD	yes	1.0	1.0	1.0	1.0	1.0	1.0	TBL exercise ** grade is reported in summer, S 6
6440	Introduction to Oral Surgery (Part I)	5	1	COD	no						0.0	
6705	Public Health Rotation	4/5	1	COD	no						0.0	
6460C	Prosthodontic Treatment of the Edentulous Patient	5	2	COD	yes	1.0	2.0	1.0	2.0	2.0	4.0	TBL
Course #	**Name**	**Semester**	**Credits**	**College**	**# Courses**	# Different small group experience	**Stdnt Contact Hrs**	**Total groups taught**	**# of fac/grp**	**Fac Hrs/Grp**	**Faculty Contact Hrs**	**Notes**
	Totals	3, 4, 5	20	COD	11	36	47	133	27	42	386	

Totals
39

		Semester	Credits	College	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
S3	Summer	3	6	COD	4	10	16	63	9	14	149	
S4	Fall	4	4	COD	3	5	7	44	4	7	54	
S5	Spring	5	9	COD	5	21	24.0	26.0	14.0	21.0	183.0	

Course #	Name	Semester	Credits	College	Groups	Different small group experienc	Stdnt Contact Hrs	Stdnt Time	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
7012	Interdisciplinary Service Learning III	6/7/8	1	COD	no			0			0		
7016	Professionalism In Patient Care and	6/7	1	COD	no			0			0		
7417C	Oralfacial Pain	6	1	COD	no			0			0		
7413C	Removable Partial Prosthodontics: Principles & Techniques					1	1.50	1.5	12	1	1.5	18.0	Case Based learning (S6)
7413C						1	1.50	1.5	12	1	1.5	18.0	Case Based learning (S6)
7413C						1	1.5	1.5	12	1	1.0	12.0	Case Based learning (S6)
7413						1	3.0	3.0	14	5	3.0	15.0	Team Based Learning
7413						1	3.0	3.0	14	4	3.0	12.0	Team Based Learning
7413						1	3.0	3.0	14	5	3.0	15.0	Team Based Learning
7413						1	3.0	3.0	14	2	3.0	6.0	Team Based Learning
7413						1	3.0	3.0	14	4	3.0	12.0	Team Based Learning
7413						1	3.0	3.0	14	2	3.0	6.0	Team Based Learning
7413						1	3.0	3.0	14	3	3.0	9.0	Team Based Learning
7413						1	3.0	3.0	14	3	3.0	9.0	Team Based Learning
7413						1	3.0	3.0	14	4	3.0	12.0	Team Based Learning
7413						1	3.0	3.0	14	3	3.0	9.0	Team Based Learning
7413						1	3.0	3.0	14	5	3.0	15.0	Team Based Learning
7413						1	3.0	3.0	14	2	3.0	6.0	Team Based Learning
7413						1	3.0	3.0	14	4	3.0	12.0	Team Based Learning
7413						1	3.0	3.0	14	3	3.0	9.0	Team Based Learning
7413						1	3.0	3.0	14	2	3.0	6.0	Team Based Learning
7413						1	3.0	3.0	14	3	3.0	9.0	Team Based Learning
7413						1	3.0	3.0	14	1	3.0	3.0	Team Based Learning
7413C						1	3.0	3	14	2	3.0	6.0	Team Based Learning
7413C	Removable Partial Prosthodontics: Principles & Techniques	6	2	COD	yes	21.0	58.5	58.5	288.0	60.0	58.0	219.0	
7452C	Fundamentals of Pediatric Dentistry	6	3	COD	no			0			0		
7450C	Orthodontics for the General Practitioner	6	1	COD	no			0			0		
7411C	Overview of Implant Dentistry	7	2	COD	no			0			0		
7422C	Periodontal Surgery for the General Practitioner	7	1	COD	no			0			0		
7441	Introduction to Oral Surgery (Part II)	7	1	COD	no			0			0		
7717C	Clinical Use of Dental Materials	6/7	2	COD	no	1	0.5	0.5		78	78	39	one-on-one, not counted
7433	Evidence-based Endodontics	7	1	COD	yes	2	4	8	1	1	2	8	1 TBL session
7319	Dental Care for the Geriatric Patient	8	1	COD	no			0			0		
7442	Overview of Advanced Oral and Maxillofacial Surgery	8	1	COD	no			0			0		
7017	Professionalism In Patient Care and Practice Management III	8/9	1	COD	no			0			0		

Course #	Name	Semester	Credits	College	Groups	Different small group experienc	Stdnt Contact Hrs	Stdnt Time	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
7744L	Clinical Operative Dentistry 1	6	2	COD	no			0			0		
7834L	Comprehensive Periodontal Treatment 1	6	2	COD	no			0			0		
7761L	Oral Diagnosis/Medicine & Treatment	6/7	1	COD	no			0			0		
7805L	Clinical Oral Surgery I	6/7/8	2	COD	no			0			0		
7762L	Clinical Radiology: Radiographic Technique	6/7/8	2	COD	no			0			0		
7443L	Hospital Dentistry	6/7/8	1	COD	no			0			0		
7961L	Clinical Examination I	6	1	COD	no			0			0		
7735L	Clinical Endodontics 1	7	1	COD	no			0			0		
7745L	Clinical Operative Dentistry 2	7	2	COD	no			0			0		
7819L	Clinical Orthodontics	7/8	1	COD	yes	1	2	2	10	1	2	20	
						1	2	2	10	1	2	20	
						1	2	2	10	1	2	20	
7819L	Clinical Orthodontics	7/8	1	COD	yes	3	6	6	30	1	6	60	
7825L	Clinical Pediatric Dentistry 1	7	1	COD	yes	1	1	1	15	1	15	15	Case based seminar during rotation
7835L	Comprehensive Periodontal Treatment 2	7	3	COD	no			0			0		
7845L	Clinical Prosthodontics 1	7	3	COD	no			0			0		
7746L	Clinical Operative Dentistry 3	8	3	COD	no			0			0		
7836L	Comprehensive Periodontal Treatment 3	8	3	COD	no			0			0		
7846L	Clinical Prosthodontics 2	8	3	COD	no			0			0		
7736L	Clinical Endodontics 2	8	1	COD	no			0			0		
7826L	Clinical Pediatric Dentistry 2	8/9/10	1	COD	no			0			0		
7766L	Oral Diagnosis/Medicine & Treatment Planning 2	8/9	1	COD	no			0			0		

		Semester	Credits	College	# Courses	Different small group experienc	Stdnt Contact Hrs	Stdnt Time	Total groups taught	# of fac/grp	Faculty Hrs/Grp	Faculty Contact Hrs	Notes
7000 level	**Totals**	**6,7,8**	**7**	**COD**	**6**	**27**	**70**	**74**	**334**	**63**	**81**	**302**	

		Semester	Credits	College	# Courses	Different small group experienc	Stdnt Contact Hrs	Stdnt Time	Total groups taught	# of fac/grp	Faculty Hrs/Grp	Faculty Contact Hrs	Notes
S6	Summer	6	2.0	COD	1	21.0	58.5	58.5	288.0	60.0	58.0	219.0	
S7	Fall	7	3.0	COD	3	6.0	11.0	15.0	46.0	3.0	23.0	83.0	
S8	Spring	8	0.0	COD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Course #	Name	Semester	Credits	College	Groups	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
8019	Interdisciplinary Service Learning IV	9/10/11	1	COD	no					0		
8352	Advanced Differential Diagnosis	9	1	COD	no					0		
8423	Periodontics in General Practice	9	1	COD	no					0		
8263	Advanced Oral Medicine and Clinical Pharmacology	10	1	COD	yes	4.0	1.5	4.0	1.0	1.5	24.0	
8321	Dental Practice Management	10	2	COD	no							these are group assignments out of class
8719C	Selection of Clinical Dental Materials	10	2	COD	yes	3.0	3.0	28.0	1.0	1.0	252.0	3 seminars with reading before hand
8303	Advanced Radiologic Interpretation	10	1	COD	no			8.0	0.0	0.0		Out of class group interpretation assignment.
8018	Professionalism In Patient Care and Practice Management IV	10/11	1	COD	no					0.0		
8462	Advanced Topics in Prosthodontics	11	1	COD	yes	1.0	1.0	10.0	1.0	1.0	10.0	tx planning semimar- students in groups of 2-3 review case and plan tx
8765L	Clinical Radiology 2: Radiographic Interpretation	6 thru 11	1	COD	no					0		
8747L	Clinical Operative Dentistry 4	9	3	COD	no					0		
8837L	Comprehensive Periodontal Treatment 4	9	3	COD	no					0		
8857L	Clinical Prosthodontics 3	9	3	COD	no					0		
8737L	Clinical Endodontics 3	9	1	COD	no					0		
8809L	Advanced Oral Surgery	9/10/11	2	COD	no					0		
8827L	Clinical Pediatric Dentistry 3	9	1	COD	no					0		
8708L	Community Dentistry I	9	2	COD	no					0		
8767L	Clinical Oncology and Oral Pathology	9	1	COD	no					0		
8709L	Community Dentistry II	10	2	COD	no					0		
8738L	Clinical Endodontics 4	10	1	COD	no					0		
8748L	Clinical Operative Dentistry 5	10	3	COD	no					0		

Course #	Name	Semester	Credits	College	Groups	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Fac Hrs/Grp	Faculty Contact Hrs	Notes
8768L	Oral Diagnosis/Medicine & Treatment Planning 3	10/11	1	COD	no					0		case presentation
8838L	Comprehensive Periodontal Treatment 5	10	3	COD	no					0		
8858L	Clinical Prosthodontics 4	10	4	COD	no					0		
8960L	Clinical Examination 2	10	1	COD	no					0		
8749L	Clinical Operative Dentistry 6	11	2	COD	no					0		
8839L	Comprehensive Periodontal Treatment 6	11	2	COD	no					0		
8859L	Clinical Prosthodontics 5	11	4	COD	no					0		
8739L	Clinical Endodontics 5	11	1	COD	no					0		
8828L	Clinical Pediatric Dentistry 4	11	1	COD	yes	1	1	15	1	15	15	Case Seminar
8710L	Community Dentistry III	11	2	COD	no					0		
		Semester	**Credits**	**College**	**# Courses**	**# Different small group experiences**	**Stdnt Contact Hrs**	**Total groups taught**	**# of fac/grp**	**Faculty Hrs/Grp**	**Faculty Contact Hrs**	**Notes**
8000 level	**Totals**	**9,10,11**	**5**	**COD**	**4**	**9**	**6.5**	**65**	**4**	**18.5**	**301**	

		Semester	Credits	College	# Courses	# Different small group experiences	Stdnt Contact Hrs	Total groups taught	# of fac/grp	Faculty Hrs/Grp	Faculty Contact Hrs	Notes
S9	Summer	9	0.0	COD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
S10	Fall	10	3.00	COD	2.0	7.0	4.5	32.0	2.0	2.5	276.0	
S11	Spring	11	2.00	COD	3.0	2.0	2.0	25.0	2.0	16.0	25.0	

Composite of UFCD Courses
Summer and Fall 2013, Spring 2014

Course #	Name	Semester	Credits	College	Groups	# of classes	nt Hours/ group	Student Time	faculty /session	Faculty Hours/Group	Total Faculty Hours	Notes
5100C	Gross Anatomy	1	4	**COM**	no			0			0	
5010	Interdisciplinary Service Learning I	1/2	1	COD	yes	6	2	12	6	2	72	IFH, only 6 faculty 15/16 yr
5013	Foundations Of Professionalism	1	2	COD	no			0			0	
5120C	Physiology	1/2	5	**COM**	no			0			0	
5121	Biochemistry, Molecular & Cellular Biology	1	4	**COM**	no			0			0	
5210	Developmental Biology and Psychosocial Issues over the Lifespan	1	3	**COD**	no			0			0	
											0	
5404C	Dental Anatomy and Stomatognathics	1	2	COD	no			0			0	
5126C	Histology	2	2	**COM**	no			0			0	
5127	Infectious Diseases	2	4	COD	no			0			0	
5221C	Oral Health Management and Psychosocial Issues over the Lifespan	2	2	COD	no			0			0	
5320C	Foundations of Patient Care	1	1	COD	no			0			0	
5405C	Preclinical Operative Dentistry I/Biomaterials	2	4	COD	no			0			0	
6001	Introduction to Evidence-based Dental Practice	3	1	COD	no			0			0	
6213C	Fundamentals of Occlusion	3	3	COD	no			0			0	
6301C	Fundamentals of Oral & Maxillofacial Radiology	3	2	COD	no			0			0	
6350	Disorders of the Body System	3	4	**COM**	no			0			0	
6502	Prevention and Public Health Dentistry	3	1	COD	no			0			0	
6015	Professionalism In Patient Care and Practice Management I	3/4/5	1	COD	no			0			0	
6128	Host Defense	3	3	**COD**	no			0			0	
6407C	Preclinical Operative Dentistry II	3	3	COD	no			0			0	
6011	Interdisciplinary Service Learning II	3/4/5	1	COD	no			0			0	
6251	Science and Clinical Management of Dental Pain	4	2	COD	no			0			0	
6302C	Introduction to Clinical Diagnosis and Treatment Planning	4/5	3	COD	no			0			0	
6351	Oral Pathology	4	3	COD	no			0			0	
6408C	Preclinical Operative Dentistry III	4	3	COD	no			0			0	
6412C	Preclinical Fixed Prosthodontics I	4	2	COD	no			0			0	
6421C	Periodontic Treatment Planning and Disease Control	4	2	COD	no			0			0	
6430C	Principles of Endodontics	4	1	COD	no			0			0	
6250C	Pain and Anxiety Control in Dental Patients	5	1	COD	no			0			0	
6260	Oral Medicine and Pharmacotherapeutics	5	2	COD	no			0			0	
6262	Principles of Pharmacology	5	2	**COM**	no			0			0	
6415C	Preclinical Fixed Prosthodontics II	5	2	COD	no			0			0	
6416C	Basic Sciences Review	5	2	COM	no			0			0	
6432C	Basic Endodontic Therapy	5/6	2	COD	no			0			0	
6440	Introduction to Oral Surgery (Part I)	5	1	COD	no			0			0	
6705	Public Health Rotation	4/5	1	COD	no			0			0	
6460C	Prosthodontic Treatment of the Edentulous Patient	5	2	COD	no			0			0	
7012	Interdisciplinary Service Learning III	6/7/8	1	COD	no			0			0	
7016	Professionalism In Patient Care and Practice Management II	6/7	1	COD	no			0			0	
7417C	Oralfacial Pain	6	1	COD	no			0			0	
7413C	Removable Partial Prosthodontics: Principles & Techniques	6	2	COD	no			0			0	

Composite of UFCD Courses
Summer and Fall 2013, Spring 2014

Course #	Name	Semester	Credits	College	Groups	# of classes	nt Hours/ group	Student Time	faculty /session	Faculty Hours/Group	Total Faculty Hours	Notes
7452C	Fundamentals of Pediatric Dentistry	6	3	COD	no			0			0	
7450C	Orthodontics for the General Practitioner	6	1	COD	no			0			0	
7411C	Overview of Implant Dentistry	7	2	COD	no			0			0	
7422C	Periodontal Surgery for the General Practitioner	7	1	COD	no			0			0	
7441	Introduction to Oral Surgery (Part II)	7	1	COD	no			0			0	
7717C	Clinical Use of Dental Materials	7/8	2	COD	no			0			0	
7433	Evidence-based Endodontics	7	1	COD	no			0			0	
7319	Dental Care for the Geriatric Patient	8	1	COD	no			0			0	
7442	Overview of Advanced Oral and Maxillofacial Surgery	8	1	COD	no			0			0	
7017	Professionalism In Patient Care and Practice Management III	8/9	1	COD	no			0			0	
8019	Interdisciplinary Service Learning IV	9/10/11	0	COD	no			0			0	
8352	Advanced Differential Diagnosis	9	1	COD	no			0			0	
8423	Periodontics in General Practice	9	1	COD	no			0			0	
8263	Advanced Oral Medicine and Clinical Pharmacology	10	1	COD	no			0			0	
8321	Dental Practice Management	10	2	COD	no			0			0	
8719C	Selection of Clinical Dental Materials	10	2	COD	no			0			0	
8303	Advanced Radiologic Interpretation	10	1	COD	no			0			0	
8018	Professionalism In Patient Care and Practice Management IV	10/11	1	COD	no			0			0	
8462	Advanced Topics in Prosthodontics	11	1	COD	no			0			0	
7744L	Clinical Operative Dentistry 1	6	2	COD	no			0			0	
7834L	Comprehensive Periodontal Treatment 1	6	2	COD	no			0			0	
7761L	Oral Diagnosis/Medicine & Treatment Planning I	6/7	1	COD	no			0			0	
7805L	Clinical Oral Surgery I	6/7/8	2	COD	no			0			0	
7762L	Clinical Radiology: Radiographic Technique and Interpretation	6/7/8	2	COD	no			0			0	
8765L	Clinical Radiology 2: Radiographic Interpretation	6 thru 11	1	COD	no			0			0	
7443L	Hospital Dentistry	6/7/8	1	COD	no			0			0	
7961L	Clinical Examination I	6	1	COD	no			0			0	
7735L	Clinical Endodontics 1	7	1	COD	no			0			0	
7745L	Clinical Operative Dentistry 2	7	2	COD	no			0			0	
7819L	Clinical Orthodontics	7/8	1	COD	no			0			0	
7825L	Clinical Pediatric Dentistry 1	7	1	COD	no			0			0	
7835L	Comprehensive Periodontal Treatment 2	7	3	COD	no			0			0	
7845L	Clinical Prosthodontics 1	7	3	COD	no			0			0	
7746L	Clinical Operative Dentistry 3	8	3	COD	no			0			0	
7836L	Comprehensive Periodontal Treatment 3	8	3	COD	no			0			0	
7846L	Clinical Prosthodontics 2	8	3	COD	no			0			0	
7736L	Clinical Endodontics 2	8	1	COD	no			0			0	
7826L	Clinical Pediatric Dentistry 2	8/9/10	1	COD	no			0			0	
7766L	Oral Diagnosis/Medicine & Treatment Planning 2	8/9	1	COD	no			0			0	
8747L	Clinical Operative Dentistry 4	9	3	COD	no			0			0	
8837L	Comprehensive Periodontal Treatment 4	9	3	COD	no			0			0	
8857L	Clinical Prosthodontics 3	9	3	COD	no			0			0	

Composite of UFCD Courses
Summer and Fall 2013, Spring 2014

Course #	Name	Semester	Credits	College	Groups	# of classes	nt Hours/ group	Student Time	faculty /session	Faculty Hours/Group	Total Faculty Hours	Notes
8737L	Clinical Endodontics 3	9	1	COD	no			0			0	
8809L	Advanced Oral Surgery	9/10/11	2	COD	no			0			0	
8827L	Clinical Pediatric Dentistry 3	9	1	COD	no			0			0	
8708L	Community Dentistry I	9	2	COD	no			0			0	
8767L	Clinical Oncology and Oral Pathology	9	1	COD	no			0			0	
8709L	Community Dentistry II	10	2	COD	no			0			0	
8738L	Clinical Endodontics 4	10	1	COD	no			0			0	
8748L	Clinical Operative Dentistry 5	10	3	COD	no			0			0	
8768L	Oral Diagnosis/Medicine & Treatment Planning 3	10/11	1	COD	no			0			0	
8838L	Comprehensive Periodontal Treatment 5	10	3	COD	no			0			0	
8858L	Clinical Prosthodontics 4	10	4	COD	no			0			0	
8960L	Clinical Examination 2	10	1	COD	no			0			0	
8749L	Clinical Operative Dentistry 6	11	2	COD	no			0			0	
8839L	Comprehensive Periodontal Treatment 6	11	2	COD	no			0			0	
8859L	Clinical Prosthodontics 5	11	4	COD	no			0			0	
8739L	Clinical Endodontics 5	11	1	COD	no			0			0	
8828L	Clinical Pediatric Dentistry 4	11	1	COD	no			0			0	
8710L	Community Dentistry III	11	2	COD	no			0			0	
Totals												
101												