

Proposal for new Cariology and Preventive Dentistry Course

Session	Type	Presenter	Topic	<ul style="list-style-type: none"> Indicate where this topic is currently covered in other courses? Indicate time in minutes to be removed from other courses where this topic is included.
1.	1 hour LECTURE	Nascimento	- Introduction to the course - Introduction to Cariology	
2.	1 hour LECTURE	Nascimento	Caries Etiology: Host Factors. The role of Saliva, Diet and OH.	DEN 5405C? X hours from DEN5405C to DEN6502C
3.	2 hours LECTURE	Von Castel	Nutritional Assessment and Nutrition in Oral Diseases	DEN6502C Current Course 6 hours is being removed from the 2015 course and from the curriculum
4.	1 hour LECTURE	Nascimento	Caries Etiology: Microbial Factors The role of biofilm and pH.	DEN5127?
5.	1 hour CLINIC	Nascimento	Clinical Section: Saliva and Biofilm Assessments	DEN5127?
6.	2 hours LECTURE	Nascimento	Caries Detection and Diagnosis. Differential Diagnosis of Caries.	DEN 5405C?
7.	1 hour LECTURE	Geraldeli	Pulp and Dentin Biology: Reactions to Caries	DEN6430?
8.	1 hour LECTURE	?	Radiology of Dental Caries	Not currently in curriculum? 0 minutes
9.	2 hours LAB	Nascimento	- Histopathology of dental caries: Visual examination of sectioned teeth. - Caries Detection - ICDAS	DEN 5405C?
10.	1 hour LECTURE	Nascimento	Caries Risk Assessment, Diagnosis and Synthesis	DEN 5405C?

11.	2 hours CLINIC		Caries Risk Assessment and Intra-oral exam of hard dental tissues	DEN 5405C?
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Session	Type	Presenter	Topic	<ul style="list-style-type: none"> Indicate where this topic is currently covered in other courses? Indicate time in minutes to be removed from other courses where this topic is included
12.	1 hour LECTURE	Nascimento	Caries Management I: Non-invasive options, The role of Fluoride Therapy	DEN 5405C?
13.	1 hour LECTURE	Tomar	Water Fluoridation	DEN6502C Current Course
14.	1 hour LECTURE	Nascimento	Caries Management I: The role of Non-Fluoride Therapy	DEN 5405C?
15.	1 hour LECTURE	Nascimento	Caries Management III: The Role of mechanical and chemical control of dental	DEN 5405C?
16.	1 hour LAB	Nascimento	Prophylaxis, fluoride varnish, SDF, etc	DEN6421C and DEN
17.	2 hour LECTURE	Tomar	<ul style="list-style-type: none"> Overview of Dental Public Health Health Promotion 	DEN6502C Current Course 3 hours is being removed from the 2015 course and from the curriculum
18.	1 hour CLINIC/ LAB	Nascimento	Dental Sealants and ART	DEN 5405C?
19.	1 hour LAB	Nascimento	Sealant and ART Lab	DEN5405C or DEN6502?
20.	1 hour LECTURE	Nascimento	Operative Intervention and Management of Carious Tissues (Caries Removal)	DEN 5405C?
21.	1 hour LAB	Nascimento	Management of Carious Tissues (Caries Removal)	DEN 5405C?
22.	1 hour LECTURE	Nascimento	<ul style="list-style-type: none"> Discussion of Clinical Cases Course Summary 	DEN6502C Current Course

UFCD Cariology Mapping

(Have knowledge of, Be capable of, Be familiar with)

DEN6502C DEN5127C DEN5405C DEN6302C

Domain I. The Knowledge Base: Objective and Learning Outcomes

	DEN6502C	DEN5127C	DEN5405C	DEN6302C
1.1 Normal development, growth, and structure of the dental and oral tissues (for example, dental hard tissues, pulp, and salivary glands) at the molecular levels, macroscopic, microscopic, and molecular levels.				
1.2 Developmental disorders of the dental and oral tissues at the molecular levels, macroscopic, microscopic, and molecular levels.				
1.3 Describing and discussing the mechanisms and dynamic processes involved in maintaining a state of health, as well as the host response in caries, erosion, and non-erosive wear at the macroscopic, microscopic, and molecular levels.	✓	✓	✓	
1.4 The role of oral biofilms, diet and nutrition, saliva and other host factors, fluoride, and behavioral/social factors related to caries and other dental hard tissue disorders.	✓	✓	✓	
1.5 Biochemical events in the biofilm, in saliva, and in dental hard tissues.			✓	
1.6 Acid and base production, buffering properties, and the effects of saturation in saliva and biofilm.			✓	
1.7 The role of environmental factors, drugs, and systemic diseases related to caries and other dental hard tissue disorders.			✓	(some)
1.8 The physical and biological changes in the structure of dental hard tissues as related to detection, assessment, and diagnosis of caries and other dental hard tissue disorders.			✓	
1.9 The physical and biological science of radiography and radiographic interpretation as related to detection, assessment, and diagnosis of caries and other dental hard tissue disorders, including safety issues.			✓	

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1.10 The principles of evaluating the performance of current and emerging caries detection, assessment, and diagnostic methods as applied to caries and other dental hard tissue disorders.

✓

(some)

1.11 The principles of evaluating risk factors, risk indicators, and protective factors associated with risk assessment of caries and other dental hard tissue disorders.

✓

1.12 The behavioral sciences including the psychological, sociological, and socioeconomic factors underlying interpersonal skills, communication, and behavior modification.

1.13 The mechanism of action, composition, properties, limitations, and side effects of commonly available and emerging materials designed for the preventive, nonsurgical, and surgical management of oral tissues. This includes, but is not limited to products, devices, equipment, technologies, and techniques for the preventive nonsurgical and surgical management and treatment of dental caries and other dental hard tissue disorders, at individual, group, and population levels.

✓

✓

1.14 The basics of epidemiology.

1.15 The principles of risk assessment (e.g., interpretation of outcomes expressed as sensitivity, specificity, area under the ROC-curves, etc.).

1.16 Research methodology and its limitations, including study design, sampling, bias, and statistics.

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Domain II. Diagnosis, Risk Assessment, and Synthesis: Objectives and Learning Outcomes

2.1	Recognizing normal and abnormal tooth tissue and differentiating between carious and non-carious hard tissue changes or anomalies. This should encompass primary and secondary caries lesion detection utilizing visual, tactile, and radiographic data for both coronal and root surfaces.	✓	
2.2	Defining and correctly using terminology regarding caries lesion detection (through appropriate visual, tactile, and radiographic means), caries lesion assessment (e.g., stages of the caries process), and caries diagnosis.	✓	
2.3	Collecting and recording data on the presence of different stages of the caries process, including assessment of lesion activity (signs) and symptoms related to dental caries.	✓	(some)
2.4	Collecting, analyzing, and integrating data on signs and symptoms of dental erosion or non-erosive tooth wear, in order to arrive at an accurate diagnosis of these conditions.	✓	(some)
2.5	Assessing the underlying causes of dental caries, dental erosion, or non-erosive tooth wear and the use of such information to make informed treatment decisions (see also Domains III and IV).	✓	(some)
2.6	The different types of developmental anomalies and differentiation of these conditions from caries and dental erosion or non-erosive tooth wear or anomalies due to genetic disorders.		

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<p>Emerging methods for caries lesion, erosion, and non-erosive tooth wear detection, staging, and classification; how to evaluate these devices and the information derived from them;</p> <p>2.7 and how to use evidence-based information to make informed treatment decisions (see also Domains III and IV). Examples of emerging caries detection methods are laser fluorescence, optical coherence tomography, and near infrared imaging.</p>		✓	(some)
<p>Selecting the risk factors, disease indicators, and protective factors appropriate to the patient. For example, the patient's medical, oral, and dental history; social history; oral health literacy; oral health behaviors; oral hygiene; knowledge, preferences, and self-efficacy; dietary habits; intraoral biological factors; caries experience (past and current); fluoride exposure and use; systemic health; and new validated risk factors as evidence emerges.</p> <p>2.8</p>		✓	
<p>2.9 Assigning a risk category, and reassessing this over time, based on information obtained in 2.8.</p> <p>Communicating the results of risk assessment with patients or others, and providing recommendations to enable patients to</p>			
<p>2.10 reduce the risk of developing new caries lesions and/or progression of existing lesions in the future (see Domains III and IV).</p>		✓	
<p>2.11 How to evaluate the evidence supporting emerging information on risk factors, disease indicators, and protective factors.</p>			
<p>2.12 Eliciting and assessing patients' needs, preferences, readiness for change, and interests for the management of caries.</p>		✓	(some)
<p>2.13 Motivational engagement through motivational interviews or other means.</p>			

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	DEN6502C	DEN5127C	DEN5405C	DEN6302C
<p>(Have knowledge of, Be capable of, Be familiar with)</p> <p>2.14 Making clinical decisions incorporating, when appropriate, findings from monitoring and reassessment of car- ies. These aspects link to the clinical decision making aspects of Domains III and IV.</p>		✓		
<p>2.15 Providing treatment options, including referral to specialists for medical and dental care and for other rare disor- ders of dental hard tissues or medical illnesses causing dental hard tissue disorders.</p>				
<p>2.16 Dental erosion or non-erosive tooth wear, synthe- sizing all relevant findings from histories and examina- tions by combining and interpreting them, in order to enable patient-centered and shared clinical decision making.</p>		✓		(some)
<p>2.17 Eliciting and assessing patients' needs, preferences, and interests for the management of dental erosion or non-erosive tooth wear.</p>				
<p>2.18 Making clinical decisions incorporating, when ap- propriate, findings from monitoring and reassessment of dental erosion or non-erosive tooth wear. These aspects link to the clinical decision making aspects of Domains III and IV.</p>				

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Domain III. Preventive Therapy, Nonsurgical Therapy, and Clinical Decision Making: Objectives and Learning Outcomes

3.1 Establishing rapport in a trusting patient-dentist relationship.

Helping the patient understand the importance of taking an active role in the preventive process, and involving the patient to

3.2 promote his or her understanding of the disease, with the goal of enhancing compliance with professional and individual preventive measures as a contribution to future oral health.

Identifying and understanding the psychological, physical, and social factors, including culturally related differences in

3.3 behaviors that might have an influence on patient compliance and on the outcome of preventive measures implemented and advised.

3.4 Evaluating the patient's readiness to change and potential for compliance with the proposed preventive and nonsurgical plan.

Identifying, understanding, and discussing patient expectations,

3.5 desires, attitudes, needs, and preferences when considering preventive treatment planning.

3.6 Obtaining informed consent for delivery of all aspects of preventive care.

Working with other members of the dental and/or medical team,

3.7 and having a clear knowledge of their roles and responsibilities during preventive care and maintenance.

Making appropriate, timely consultations and/or referrals by

3.8 exchanging patient information with other dental specialists and/or health care professionals.

3.9 Behavioral factors that facilitate the delivery of preventive dental care.

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- 3.10 Patient-related factors influencing the outcome of preventive advice, e.g., expectations, compliance over time, and manual dexterity.
- 3.11 Nonverbal communication skills, e.g., intonation, body language, sitting position, and eye contact.
- 3.12 Behavioral interventions such as motivational interviewing and self-determination theory.
- 3.13 Enabling the patient to recognize the association between oral and systemic diseases.
- 3.14 Educating patients concerning the etiology of dental hard tissue diseases, and encouraging them to assume responsibility for their oral health.
- 3.15 Educating patients concerning dietary habits and other destructive habits relevant to oral health.
- 3.16 Developing a treatment plan that encompasses the most appropriate evidence-based nonsurgical methods for the prevention and management of dental caries for an individual patient, and reassessing this plan over time.
- 3.17 Administering and prescribing preventive chemotherapeutic agents (such as fluorides, antimicrobials, calcium-based strategies) based on risk and according to the best evidence available.
- 3.18 Teaching patients to perform appropriate oral hygiene techniques.
- 3.19 Monitoring the effects of mechanical and chemical plaque control.
- 3.20 Performing dental prophylaxis.
- 3.21 Applying sealants, and evaluating when they need to be reapplied or repaired.
- 3.22 Critical appraisal of new developments and how to integrate them in his or her clinical activities.

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- Administrating and prescribing preventive and chemotherapeutic agents in a personalized manner tailored to the patient's needs and limitations (e.g., for groups with special needs, such as aged or disabled persons or those with systemic or psychiatric diseases).
- 3.23 Mechanisms of caries prevention agents (including emerging caries prevention agents) and their methods of application and administration.
- 3.24 Limitations and adverse effects of agents and products used in preventive care.
- 3.25 Destructive and protective role of diet in caries and dental erosion.
- 3.26

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Domain IV. Surgical Therapy and Clinical Decision Making: Objectives and Learning Outcomes

- Selecting the appropriate treatment option based on the best available evidence concerning the range of non-surgical and surgical treatment options and the patient's caries risk.
- 4.1 available evidence concerning the range of non-surgical and surgical treatment options and the patient's caries risk.
- Continual reevaluation and reflection on the decision making process and application of evidence-based principles regarding the outcomes of surgical intervention.
- 4.2 process and application of evidence-based principles regarding the outcomes of surgical intervention.
- 4.3 Recognizing, understanding, and managing the consequences and outcomes of surgical intervention.
- The reactions of the dentin-pulp complex to the caries disease process and other dental hard tissue disorders with respect to surgical intervention and dental materials used during restorative procedures.
- 4.4 surgical intervention and dental materials used during restorative procedures.
- 4.5 Success and failure rates of restorations.
- 4.6 Emerging technologies and materials for surgical management of caries and other dental hard tissue disorders.
- Using the best available evidence to provide tooth-preserving surgical treatment of caries lesions based on lesion stage and activity, and be competent at restoring the loss of dental hard tissue in form and function with consideration of the patient's esthetic desires, while establishing and promoting oral health.
- 4.7 activity, and be competent at restoring the loss of dental hard tissue in form and function with consideration of the patient's esthetic desires, while establishing and promoting oral health.
- Identifying which, if any, dental hard tissue needs to be replaced in order to extend the longevity of the tooth, again considering preservation of tooth structure and pulp vitality and the restorability of the tooth.
- 4.8 Identifying which, if any, dental hard tissue needs to be replaced in order to extend the longevity of the tooth, again considering preservation of tooth structure and pulp vitality and the restorability of the tooth.

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4.9 Performing and understanding the indications of different techniques of caries tooth structure removal (e.g., partial vs. complete, step-wise excavation, indirect and direct pulp capping) while preserving tooth structure and pulp vitality.

4.10 Selecting and handling appropriate restorative materials, considering physical and chemical properties, biocompatibility, longevity, and patient's caries risk for developing secondary caries if risk factors are not controlled, as well as patient's needs and desires.

4.11 The impact of restorative procedures on mucosa, periodontal tissues, occlusion, and oral function.

4.12 Emerging methods for caries removal, restorative techniques, and materials.

4.13 Biomechanics of restorations.

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Domain V. Evidence-Based Cariology in Clinical and Public Health

Practice: Objectives and Learning Outcomes

- 5.1 Identifying uncertainty or gaps in understanding.
- 5.2 Formulating a clinical question, and finding the evidence to answer the question, using appropriate resources.
- 5.3 Searching for and using the most appropriate clinical guidelines.
- 5.4 Critical appraisal of evidence for diagnostic methods and therapies.
- 5.5 Evaluating the evidence for new treatment strategies in order to decide on their implementation.
- 5.6 Recognizing the limitations of research methodology and guidelines.
- 5.7 The principles of EBD and the hierarchy of evidence.
- 5.8 The methods of communicating EBD to individuals, groups, and populations.
- 5.9 The advantages and disadvantages of guidelines.
- 5.10 Translating research findings into clinical and public health practice.
- 5.11 The principles of research, including study design, sampling, bias, and biostatistics (related to Domain I).
- 5.12 Delivering oral disease prevention for groups.
- 5.13 Assessing health-related behaviors and inducing changes.
- 5.14 Managing issues related to individuals' rights and interests, as well as to professionals' rights, duties, and interests.
- 5.15 Recording caries and other dental hard tissue disorders using appropriate indices at different disease levels in a public health setting.
- 5.16 The indices for various oral problems.
- 5.17 The concept of oral health-related quality of life.

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- 5.18 The descriptive epidemiology of caries in relation to variables such as age, general health, and socioeco- nomic status.
- 5.19 The identification of caries risk for individuals and groups in populations.
- 5.20 The assessment of dental treatment needs from a public health perspective.
- 5.21 Oral health advocacy, promotion, and prevention for populations as part of general health promotion.
- 5.22 The organization interaction levels for prevention (individuals, groups, and populations).
- 5.23 The interactions between caries and other oral health problems.
- 5.24 The organization of dental health care and public dental health care.
- 5.25 The role of various health professionals and their interaction in public dental health.
- 5.26 The application of epidemiological methods in dental public health.
- 5.27 Trends in dental health patterns and treatment needs.
- 5.28 Concepts of health policy and general public health approaches in populations.
- 5.29 International (global) approaches to dental health care systems.
- 5.30 Health economic aspects of oral health programs.

Domain I. The Knowledge Base: Objective and Learning Outcomes

1.1 Normal development, growth, and structure of the dental and oral tissues (for example, dental hard tissues, pulp, and salivary glands) at the molecular levels, macroscopic, microscopic, and molecular levels.

1.2 Developmental disorders of the dental and oral tissues at the molecular levels, macroscopic, microscopic, and molecular levels.

1.3 Describing and discussing the mechanisms and dynamic processes involved in maintaining a state of health, as well as the host response in caries, erosion, and non-erosive wear at the macroscopic, microscopic, and molecular levels.

1.4 The role of oral biofilms, diet and nutrition, saliva and other host factors, fluoride, and behavioral/social factors related to caries and other dental hard tissue disorders.

1.5 Biochemical events in the biofilm, in saliva, and in dental hard tissues.

1.6 Acid and base production, buffering properties, and the effects of saturation in saliva and biofilm.

1.7 The role of environmental factors, drugs, and systemic diseases related to caries and other dental hard tissue disorders.

1.8 The physical and biological changes in the structure of dental hard tissues as related to detection, assessment, and diagnosis of caries and other dental hard tissue disorders.

1.9 The physical and biological science of radiography and radiographic interpretation as related to detection, assessment, and diagnosis of caries and other dental hard tissue disorders, including safety issues.

1.10 The principles of evaluating the performance of current and emerging caries detection, assessment, and diagnostic methods as applied to caries and other dental hard tissue disorders.

1.11 The principles of evaluating risk factors, risk indicators, and protective factors associated with risk assessment of caries and other dental hard tissue disorders.

1.12 The behavioral sciences including the psychological, sociological, and socioeconomic factors underlying interpersonal skills, communication, and behavior modification.

- The mechanism of action, composition, properties, limitations, and side effects of commonly available and emerging materials designed for the preventive, nonsurgical, and surgical management of oral tissues. This includes, but is not limited to products, devices, equipment, technologies, and techniques for the preventive nonsurgical and surgical management and treatment of dental caries and other dental hard tissue disorders, at individual, group, and population levels.
- 1.13
- 1.14 The basics of epidemiology.
- The principles of risk assessment (e.g., interpretation of outcomes expressed as sensitivity, specificity, area under the ROC-curves, etc.).
- 1.15
- 1.16 Research methodology and its limitations, including study design, sampling, bias, and statistics.

Domain II. Diagnosis, Risk Assessment, and Synthesis: Objectives and Learning

Recognizing normal and abnormal tooth tissue and differentiating between carious and non-carious hard tissue changes or anomalies.

- 2.1 This should encompass primary and secondary caries lesion detection utilizing visual, tactile, and radiographic data for both coronal and root surfaces.

- 2.2 Defining and correctly using terminology regarding caries lesion detection (through appropriate visual, tactile, and radiographic means), caries lesion assessment (e.g., stages of the caries process), and caries diagnosis.

- 2.3 Collecting and recording data on the presence of different stages of the caries process, including assessment of lesion activity (signs) and symptoms related to dental caries.

- 2.4 Collecting, analyzing, and integrating data on signs and symptoms of dental erosion or non-erosive tooth wear, in order to arrive at an accurate diagnosis of these conditions.

- 2.5 Assessing the underlying causes of dental caries, dental erosion, or non-erosive tooth wear and the use of such information to make informed treatment decisions (see also Domains III and IV).

- 2.6 The different types of developmental anomalies and differentiation of these conditions from caries and dental erosion or non-erosive tooth wear or anomalies due to genetic disorders.

- 2.7 Emerging methods for caries lesion, erosion, and non-erosive tooth wear detection, staging, and classification; how to evaluate these devices and the information derived from them; and how to use evidence-based information to make informed treatment decisions (see also Domains III and IV). Examples of emerging caries detection methods are laser fluorescence, optical coherence tomography, and near infrared imaging.

- 2.8 Selecting the risk factors, disease indicators, and protective factors appropriate to the patient. For example, the patient's medical, oral, and dental history; social history; oral health literacy; oral health behaviors; oral hygiene; knowledge, preferences, and self-efficacy; dietary habits; intraoral biological factors; caries experience (past and current); fluoride exposure and use; systemic health; and new validated risk factors as evidence emerges.

- 2.9 Assigning a risk category, and reassessing this over time, based on information obtained in 2.8.

2.10 Communicating the results of risk assessment with patients or others, and providing recommendations to enable patients to reduce the risk of developing new caries lesions and/or progression of existing lesions in the future (see Domains III and IV).

2.11 How to evaluate the evidence supporting emerging information on risk factors, disease indicators, and protective factors.

2.12 Eliciting and assessing patients' needs, preferences, readiness for change, and interests for the management of caries.

2.13 Motivational engagement through motivational interviews or other means.

2.14 Making clinical decisions incorporating, when appropriate, findings from monitoring and reassessment of caries. These aspects link to the clinical decision making aspects of Domains III and IV.

2.15 Providing treatment options, including referral to specialists for medical and dental care and for other rare disorders of dental hard tissues or medical illnesses causing dental hard tissue disorders.

2.16 Dental erosion or non-erosive tooth wear, synthesizing all relevant findings from histories and examinations by combining and interpreting them, in order to enable patient-centered and shared clinical decision making.

2.17 Eliciting and assessing patients' needs, preferences, and interests for the management of dental erosion or non-erosive tooth wear.

2.18 Making clinical decisions incorporating, when appropriate, findings from monitoring and reassessment of dental erosion or non-erosive tooth wear. These aspects link to the clinical decision making aspects of Domains III and IV.

Domain III. Preventive Therapy, Nonsurgical Therapy, and Clinical Decision Making: Objectives

- 3.1 Establishing rapport in a trusting patient-dentist relationship.

Helping the patient understand the importance of taking an active role in the preventive process, and involving the patient to promote his or her understanding of
- 3.2 the disease, with the goal of enhancing compliance with professional and individual preventive measures as a contribution to future oral health.

Identifying and understanding the psychological, physical, and social factors, including
- 3.3 culturally related differences in behaviors that might have an influence on patient compliance and on the outcome of preventive measures implemented and advised.
- 3.4 Evaluating the patient's readiness to change and potential for compliance with the proposed preventive and nonsurgical plan.
- 3.5 Identifying, understanding, and discussing patient expectations, desires, attitudes, needs, and preferences when considering preventive treatment planning.
- 3.6 Obtaining informed consent for delivery of all aspects of preventive care.
- 3.7 Working with other members of the dental and/or medical team, and having a clear knowledge of their roles and responsibilities during preventive care and maintenance.
- 3.8 Making appropriate, timely consultations and/or referrals by exchanging patient information with other dental specialists and/or health care professionals.
- 3.9 Behavioral factors that facilitate the delivery of preventive dental care.
- 3.10 Patient-related factors influencing the outcome of preventive advice, e.g., expectations, compliance over time, and manual dexterity.
- 3.11 Nonverbal communication skills, e.g., intonation, body language, sitting position, and eye contact.
- 3.12 Behavioral interventions such as motivational interviewing and self-determination theory.
- 3.13 Enabling the patient to recognize the association between oral and systemic diseases.
- 3.14 Educating patients concerning the etiology of dental hard tissue diseases, and encouraging them to assume responsibility for their oral health.
- 3.15 Educating patients concerning dietary habits and other destructive habits relevant to oral health.

Developing a treatment plan that encompasses the most appropriate evidence-based
- 3.16 nonsurgical methods for the prevention and management of dental caries for an individual patient, and reassessing this plan over time.

Administering and prescribing preventive chemotherapeutic agents (such as fluorides,
- 3.17 antimicrobials, calcium-based strategies) based on risk and according to the best evidence available.
- 3.18 Teaching patients to perform appropriate oral hygiene techniques.
- 3.19 Monitoring the effects of mechanical and chemical plaque control.
- 3.20 Performing dental prophylaxis.

- 3.21 Applying sealants, and evaluating when they need to be reapplied or repaired.
- 3.22 Critical appraisal of new developments and how to integrate them in his or her clinical activities.
Administrating and prescribing preventive and chemotherapeutic agents in a personalized manner tailored to the patient's needs and limitations (e.g., for groups with special needs, such as aged or disabled persons or those with systemic or psychiatric diseases).
- 3.23
- 3.24 Mechanisms of caries prevention agents (including emerging caries prevention agents) and their methods of application and administration.
- 3.25 Limitations and adverse effects of agents and products used in preventive care.
- 3.26 Destructive and protective role of diet in caries and dental erosion.

Domain IV. Surgical Therapy and Clinical Decision Making: Objectives and Learning

Selecting the appropriate treatment option based on the best available

- 4.1 evidence concerning the range of non-surgical and surgical treatment options and the patient's caries risk.

Continual reevaluation and reflection on the decision making process and

- 4.2 application of evidence-based principles regarding the outcomes of surgical intervention.

- 4.3 Recognizing, understanding, and managing the consequences and outcomes of surgical intervention.

The reactions of the dentin-pulp complex to the caries disease process and

- 4.4 other dental hard tissue disorders with respect to surgical intervention and dental materials used during restorative procedures.

- 4.5 Success and failure rates of restorations.

- 4.6 Emerging technologies and materials for surgical management of caries and other dental hard tissue disorders.

Using the best available evidence to provide tooth-preserving surgical treatment of caries lesions based on lesion stage and activity, and be

- 4.7 competent at restoring the loss of dental hard tissue in form and function with consideration of the patient's esthetic desires, while establishing and promoting oral health.

Identifying which, if any, dental hard tissue needs to be replaced in order to

- 4.8 extend the longevity of the tooth, again considering preservation of tooth structure and pulp vitality and the restorability of the tooth.

Performing and understanding the indications of different techniques of

- 4.9 caries tooth structure removal (e.g., partial vs. complete, step-wise excavation, indirect and direct pulp capping) while preserving tooth structure and pulp vitality.

Selecting and handling appropriate restorative materials, considering physical

- 4.10 and chemical properties, biocompatibility, longevity, and patient's caries risk for developing secondary caries if risk factors are not controlled, as well as patient's needs and desires.

- 4.11 The impact of restorative procedures on mucosa, periodontal tissues, occlusion, and oral function.

- 4.12 Emerging methods for caries removal, restorative techniques, and materials.

- 4.13 Biomechanics of restorations.

Domain V. Evidence-Based Cariology in Clinical and Public Health Practice: Objectives

- 5.1 Identifying uncertainty or gaps in understanding.
- 5.2 Formulating a clinical question, and finding the evidence to answer the question, using appropriate resources.
- 5.3 Searching for and using the most appropriate clinical guidelines.
- 5.4 Critical appraisal of evidence for diagnostic methods and therapies.
- 5.5 Evaluating the evidence for new treatment strategies in order to decide on their implementation.
- 5.6 Recognizing the limitations of research methodology and guidelines.
- 5.7 The principles of EBD and the hierarchy of evidence.
- 5.8 The methods of communicating EBD to individuals, groups, and populations.
- 5.9 The advantages and disadvantages of guidelines.
- 5.10 Translating research findings into clinical and public health practice.
- 5.11 The principles of research, including study design, sampling, bias, and biostatistics (related to Domain I).
- 5.12 Delivering oral disease prevention for groups.
- 5.13 Assessing health-related behaviors and inducing changes.
- 5.14 Managing issues related to individuals' rights and interests, as well as to professionals' rights, duties, and interests.
- 5.15 Recording caries and other dental hard tissue disorders using appropriate indices at different disease levels in a public health setting.
- 5.16 The indices for various oral problems.
- 5.17 The concept of oral health-related quality of life.
- 5.18 The descriptive epidemiology of caries in relation to variables such as age, general health, and socioeconomic status.
- 5.19 The identification of caries risk for individuals and groups in populations.
- 5.20 The assessment of dental treatment needs from a public health perspective.
- 5.21 Oral health advocacy, promotion, and prevention for populations as part of general health promotion.
- 5.22 The organization interaction levels for prevention (individuals, groups, and populations).
- 5.23 The interactions between caries and other oral health problems.
- 5.24 The organization of dental health care and public dental health care.
- 5.25 The role of various health professionals and their interaction in public dental health.
- 5.26 The application of epidemiological methods in dental public health.
- 5.27 Trends in dental health patterns and treatment needs.
- 5.28 Concepts of health policy and general public health approaches in populations.
- 5.29 International (global) approaches to dental health care systems.

5.30 Health economic aspects of oral health programs.

Pairing Junior and Senior Students in Clinic

Vision

To create small student group practices, improve learning, increase experiences, and focus on case completion and patient-centered care (remove requirement focus). Patients will be shared by the pair (or in a few cases, a group of 3). The D4 will serve as the senior partner in the small group practice and will ensure there is adequate communication and collaboration in the patient-centered treatment of the patients in the group's patient pool. The TEAM leader support the student pair by communicating with the student pair routinely and will oversee the provision of care and the management of the patients.

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. Decreased need to retreatment plan patients during patient transfers in spring and summer semesters
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.)

Assignment

The students will be assigned to groups of 2 or 3 in the fall semester of their second year. The rising D3s will join the practice, familiarize themselves with the current patients by performing POEs and working with the rising D4s, and will provide treatment as planned by the group. The graduating D4 will transition out of the practice in their last semester. All will work together as if they were in a small group practice. It is anticipated that D3s will focus on disease control, operative and periodontal treatment, in the first couple of semesters and then transition into fixed and removable prosthodontic treatment. Patients will be assigned to both students. One student will be assigned as the primary provider and one as the secondary provider. TEAM leaders will determine patient assignments with assistance from the coordinators according to needs of the patient pool.

Transitioning into Pairing System

Patient Assignment/COEs/POEs

- Both students must complete new patient COEs together so they are familiar with all patients assigned to them. Students will work together through finalizing the treatment plan. Treatment plan presentation appointments may be scheduled with the junior student alone if the treatment plan has been previously created by the pair and approved by the TEAM leader. If the pair is not available to see the COE patients together, the TEAM leader can approve exceptions to the scheduling. The goal is for the pair to be familiar with all of their patients' history and needs, however, it must also be patient-centered treatment and scheduling modifications will have to be made to make the system work smoothly.
- 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 receive a POE and rising juniors must be present, when possible.
- Students will earn RVUs for case completion based on case-type/complexity. *(This is in progress and has not been completed yet.)*

Mentoring Details

- Student pairs will work together for the first 2 weeks of juniors entering clinic completing COEs together and juniors assisting seniors. Following this period, students can work independently on all procedures except COEs. The first screening should also be completed together.
- There will be mentoring codes for all operative, perio, pros, and treatment planning CDT and UFCD codes (including step codes). An “N” (for meNtoring) will be added to the beginning of each code.
- The same number of RVUs will be issued under the codes with and without the “N”.
- There will be RVU reports that track mentoring (“N”) codes.
- Mentoring codes will not be graded.
- Students may **not** enter “N” codes and assisting codes for the same procedure.

Comp Exam Credit When Paired

- Both students will get credit/RVUs for completing the COE, periodontal charting, hard tissue charting, and caries risk assessment. (The assistant or mentor enters the “N” code.)

Operative Credit When Paired

- When **senior** students **mentor** junior students in operative, both will get the same RVUs for the completed procedures. (The senior mentor enters the “N” code.)
- When **junior** students assist **senior** students in operative, the junior will earn assisting credit. (The junior enters the operative assist code.)

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. (The assistant or mentor will enter the “N” codes.)

Periodontology Credit When Paired

- When **senior** students mentor **junior** students in periodontal procedures, both will earn RVUs for the completed procedure. (The senior mentor enters the “N” code.) 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 perio, the junior will earn assisting credit. (The junior enters the perio assist code.)
- 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.

Expectation of Students

- When working together each student will prepare as if they were the only provider

- It is expected that all students will identify knowledge gaps prior to the patient appointment and prepare accordingly. This includes reviewing the medical and dental history, treatment plan, etc. Review the information (lectures, textbook, etc.) for the planned procedure prior to coming to clinic.
- Be prepared for any changes that could arise in the treatment.
- Both students are expected to set-up for the appointment a minimum of 30 minutes prior to the appointment. Student pairs should communicate to arrange to show up at the same time.
- Both students are expected to clean up after the appointment.
- When mentoring, seniors will “coach” juniors. They are not expected to tell the junior everything they need to do.
- When assisting, juniors are expected to engage in the planning and treatment to learn as much as possible to help them be better prepared when they complete the same type of procedure on their own.
- Student pairs are expected to meet outside of clinic time to plan in order to increase efficiency of patient appointments.

Class of 2018 Graduation Expectations by Discipline

- **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
 - 4 Level II Skills Assessments
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 - 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.
- **Periodontology** (refer to clinical syllabus for details)
 - 7,000 RVUs
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 - 6 Periodontal disease cases completion through Phase-I therapy - combined
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 - 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 II 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

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.**

AxiUm Instructions

- The **primary provider** should enter the usual CDT or UF code.
- The **secondary provider** (mentor in operative and perio, assistant or mentor in pros) should enter the “N” code. (No fees will be charged to the patient under this code.) (***A secondary provider is a senior mentor in operative and perio. A secondary provider can be a junior or senior in pros.***)
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 - Clinical Examination II successfully completed (Mock Boards)

- **Prosthodontics** (refer to clinical syllabus for details)
 - This information will be presented to the class of 2018 prior to the first clinical course in the fall semester. The requirements will not be the same as those expected from the class of 2017.

Miscellaneous

- **Students cannot earn more than 40% of required RVUs from assisting and/or mentoring in any discipline.**
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Semester 10 Curriculum Committee Syllabus Evaluation

DEN8719C: Selection of Clinical Dental Materials

Educational Goals and Objectives	There are typos in syllabus that should be corrected.
Teaching Methods	Blended course. Online module with readings and quizzes as review for NDDE Part 2. Followed by literature review presentations in small groups .
Course Content	The biomaterial subjects are listed. What seems to be missing is the application of these materials in the dental clinics (brand names and types) for clinical relevance. There are instructions in Canvas about how to prepare the PowerPoint presentation. There are 3 examples yet only 2 have links.
Methods of Evaluation	Online quizzes, and examination (40%) and assessment of the presentations. There is no rubric posted for how the 3 presentations are evaluated which equals 60% of the grade. Graded Course
Readings and Assignments	Content material on Canvas and assigned literature.
Timing/Sequencing	Semester 6-7, Appropriately sequenced for NBDE Part II review. Timing appropriate.
Credit Hours	1 Syllabus indicates 27 hours for self-instruction and exam, 8 hours preparing for 3 seminars (24 hours) that are 3 hours each (9 hours). If these calculations are accurate (60 hours) this should be a 3-4 hour course.
Recommendations	<ul style="list-style-type: none"> ➤ The Department of Restorative Dental Sciences should review the articles selected in the course for clinical relevance. ➤ The Course Director should provide a “hand out” list of materials in the dental clinics (brand names and types) for clinical relevance. ➤ Correct all typos in the syllabus. ➤ Verify calculation of the projected and actual course hours. ➤ There should be more online communication with students prior to the start of the self-instructional material in Canvas. ➤ The groups and seminar information needs to be included on ECO. This could be clearer. (Canvas should be used for student interactivity such as uploading assignments, online quizzes or discussions.) ➤ Develop and post a rubric with assessment criteria for the student presentations. ➤ In Canvas, Example 3 PowerPoint presentation does not have any active links.

Semester 10 Curriculum Committee Syllabus Evaluation

DEN8018: Professionalism In Patient Care and Practice Management IV

Educational Goals and Objectives	The course overview section should be reviewed and updated.
Teaching Methods	Overarching review of professionalism, patient management, patient safety, annual training certifications, quality assurance and continuing education within the delivery of patient care.
Course Content	Remove the IMEP information. Will this be replaced?
Methods of Evaluation	Is it accurate that students complete post treatment assessments in this number and order? 2 in Semester 9, 2 in Semester 10, 2 in Semester 11? How is this monitored? And what is the follow through? Is the "TEAM Global /Summative Assessment of Ethics and Professionalism" done in both semester 10 and 11? How is this monitored? And what is the follow through? There is no criteria/rubric posted for assessment of the Florida Board of Dentistry Reflection Paper. Graded Course
Readings and Assignments	NA
Timing/Sequencing	Semesters 10 & 11- Appropriate
Credit Hours	1
Recommendations	<ul style="list-style-type: none"> ➤ Identify the replacement for IMEP ➤ Remove paper due date from syllabi and add to schedule ➤ Is the Global Assessment still being conducted? How is this monitored? And what is the follow through? ➤ Are the number and sequencing of completed PTA's correct? How is this monitored? And what is the follow through? ➤ Develop evaluation rubric for the Florida Board of Dentistry Reflection Paper.

Semester 10 Curriculum Committee Syllabus Evaluation

DEN8321: Dental Practice Management

Educational Goals and Objectives	Remove the dates/times from this section and has the potential to be inconsistent in the even the course schedule changes.
Teaching Methods	Lectures and assignments
Course Content	Business Basics for Dentists as well as review of the Florida Dental Practice Act, Law & Rules. There are document folders for each class with the presentation, assignments and additional materials.
Methods of Evaluation	Each assignment is approximately 10% of the grade and the final examination (which includes 5 pass/fail competency assessment questions) is 20% of the grade. Graded Course.
Readings and Assignments	There is a required text and reading assigned.
Timing/Sequencing	This course should start in semester 9 so that students can be familiar with practice administration, practice models, dental health policy, organization and financing of health services on NDBE Part 2.
Credit Hours	2
Recommendations	<ul style="list-style-type: none"> ➤ Since this is currently the only student contact with this Course Director, Dr. Driscoll should consider posting a professional bio or CV and/ or sharing this orally so that students are familiar with the faculty member's background and experience. ➤ Many of the assignment/activities in the course lend well to transitioning to "flipped classroom approach" by placing lectures online and implementing application activities in class. ➤ Resequence to summer semester and introduce practice models, dental health policy, organization and financing of health services early in course for student review prior to taking NDBE Part 2 in August. ➤ Debt lecture was moved to DEN5013 for the Class of 2019. Should this be removed in two years when the Class of 2019 is enrolled or transition focus on graduate student loans and practice debt?

Semester 10 Curriculum Committee Syllabus Evaluation

DEN8960L: Clinical Examination 2

Educational Goals and Objectives	This course is a 2.5 day examination which simulates the Florida Licensure exam and the Florida State laws and rules.
Teaching Methods	Some review material and lab practice sections
Course Content	Preparatory materials
Methods of Evaluation	Psychomotor exams, clinical patient care procedures and a written Florida State laws and rules exam. There are multiple grade scales within this exam. Graded Course.
Readings and Assignments	Candidate Manual for the Florida Licensure exam and The Florida Statutes-Chapter 466
Timing/Sequencing	Semester 10 (benchtop) and 11 (clinical and written exam)
Credit Hours	1
Recommendations	➤ Consider S/U grading for the course

Curriculum Committee **Semester Debriefing** Template

Semester: 2 Date 6/22/16

Attendees: A. Sharma, C. Sayoc, O. Saniukovich, M. Gibbs, Y. Daaka, S. P. Oh, V. Dodd, V. Sposetti, M. Ghorbani, G. Childs

Criteria

Courses & Content Sequencing

Are the courses sequenced adequately?

*Is the semester of **courses sequenced** to build on content development sufficiently?*

*Identify where this stream incorporates **emerging information**?*

*Do the courses have **excessive** content **overlap** with other streams in the curriculum such that time could be used in other ways?*

*Are their **content gaps** or **redundancies** that need to be addressed?*

Comments:

- Students felt infectious diseases should be flipped with host defense. The new order would illustrate the biology and then its application plus coincide with the pathology course.
- Neurophysiology felt rushed at the end of semester one and felt separate from preceding anatomy course. A little overlap of the material between anatomy and physiology would make transition smoother.
- Dr. Sayeski's pulmonary lectures were appreciated due to their clarity and memorability.
- Students felt there were too many different teaching styles in Physiology, especially in the neuroanatomy portion.
- Students felt Oral Health and Management three-hour lecture block could be condensed in to shorter lecture time.
- There was duplicate material on infection control lectures in DEN5320C (Sem 2) and DEN6015 (Sem 3).
- There is little clinical enforcement of infection control requirements in the clinic.
- Condense a few of the courses together such as Foundations in Patient Care (DEN 5320C) with pre-clinical operative dentistry III (DEN 6408C).
- Students had mixed feelings about the IFH experience due to patient and /or group assignment.
- DEN 5405C was well placed in the curriculum timeline.

Teaching Methods

What are the primary methods of instruction this semester?

Where do teaching methods support:

active learning, - histology, pulmonary

evidence-based practice,

multidisciplinary integration,

the development of critical thinking skills and reflective judgment?

Where and how does faculty mentoring occur?

Comments:

- Pulmonary lectures were very clear and tested on fairly.
- Dr. Aris and Dr. Sayeski lectures and exams were very organized and clear. Student appreciated lectures that were organized and easy to understand.
- Students found using Canvas and ECO for documents and announcements in the same course was confusing.
- Students said some course directors altered their syllabi during the course and didn't inform students of the change. Examples given were on attendance and the grade percentage of an exam.

Methods of Evaluation

What are the primary methods of student assessment this semester?

Are there more integrated ways to assess student performance?

How did the faculty interpret the most recent course evaluations?

Comments:

- Students felt stressed when exam dates get changed in a semester. The example given was pathology whose date was changed just a little over a week prior to the exam.

Student Preparation and Assignments:

Are course readings and assignments throughout the semester appropriate?

Identify where group projects/student presentations occur this semester?

Comments:

Credit Hours

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

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

Comments:

RECOMMENDATIONS

- Align the material for immunology, infectious diseases, pathology and histology so they correlate to each other.
- Consider fewer faculty member teaching the neurophysiology lectures or aligning the material between neuroanatomy and neurophysiology to make the transition from anatomy to physiology smoother.
- Students would like an ergonomics lab which was omitted in DEN5320C this year.
- More enforcement in the clinics regarding infection control requirements.
- More standardized use between ECO and Canvas and/or migrate to one system.