

## PROSTHODONTICS CLINICAL CURRICULUM

CURRENT				NEW			
			Semester Grade				Semester Grade
Daily Grade 40%			Quality Grade	Daily Grade 70%			Quality Grade
Overall Daily Evaluation - 30% (Turning Point)			Overall Grade				
13,250 RVUs 30%			Quantity Grade - Cumulative	13,250 RVUs 30%			Quantity Grade - Cumulative
20 units			Minimum per semester	20 units			Minimum per semester
12 Operator		8 Mentor/Assisting		12 Operator		8 Mentor/Assisting	
8 Competency Examinations			Required for Graduation	4 Case-Completion Competencies			Required for Graduation
1. Single Unit Anterior Crown		3 Steps/ Skills Assessments		<b>2 Fixed Cases Completed</b>  <b>2 Removable Cases Completed</b>			
2. Single Unit Posterior Crown		3 Steps/ Skills Assessments					
3. Fixed 3-Unit Bridge		4 Steps/ Skills Assessments					
4. RPD Design		1 Step/ Skills Assessment					
5. RPD Case		6 Steps/ Skills Assessments					
6. Complete Dentures		7 Steps/ Skills Assessments					
7. Lab Communication		2 Steps/Skills Assessments					
Fixed Step		Removable Step		RPD		Complete Denture	
8. Implant Competency - Laboratory Exam				Implant Competency - Laboratory Exam			
Torquing/ Impression		Provisional Cronwn		Torquing/ Impression		Provisional Cronwn	
Implant Experience			Required for Graduation	Implant Experience			Required for Graduation
1 Implant Case		O	R	2 Implant case Assisting			
		1 Fixed Case		1 Removable Case			
Overall Prosthodontics Competency Presentation / Treatment Planning			Required for Graduation	Overall Prosthodontics Competency Presentation / Treatment Planning			Required for Graduation

## DEN7961L CLINICAL EXAMINATION I

**Summer 2017**

### DIDACTIC PORTION

Case-based Comprehensive Written Examination	72%
15-minutes Oral Examination	Meet Expectations

### PSYCHOMOTOR PORTION

Prosthodontics Psychomotor Exam		72%
Preparation	Provisional Restoration	
Endodontics Psychomotor Exam		72%
Access	Length	
Operative Psychomotor Exam		72%
Class II Preparation	Class II Restoration	
Assisting in the DMD clinics were not allowed if failing the course	S/U Final Grade	
Remediation Examination within 3 weeks after failing the course - ONLY the portion they failed		

**Summer 2018**

### DIDACTIC PORTION

Case-based Comprehensive <b>ORAL</b> Examination 50-minutes Examination	70% 7/10 Questions correct
----------------------------------------------------------------------------	-------------------------------

### PSYCHOMOTOR PORTION

Operative Psychomotor Exam		72%
Class II Preparation	Class II Restoration	
Assisting in the DMD clinics <b>permitted regardless of the results of the exam</b>	S/U Final Grade	
Remediation Examination within <b>1 week</b> after failing the course - ONLY the portion they failed		

## DEN7413C REMOVABLE PARTIAL DENTURES

<b>CURRENT</b>	
<b>INDIVIDUAL PORTION</b>	
<b>50%</b>	
iRATs 50% (25%)	Final Exam 50% (25%)
<b>TEAM PORTION</b>	
<b>40%</b>	
tRATs 50% (25%)	Application Assignments 50% (25%)
<b>PEER EVALUATION</b>	
<b>10%</b>	
<b>Final Grade</b>	<b>100%</b>
Student <b>MUST</b> pass the final examination to pass the course	<b>72%</b>
Comprehensive Remediation Examination if failing the course	

<b>NEW</b>	
<b>INDIVIDUAL PORTION</b>	
<b>70%</b>	
iRATs 15%	Mid-Term Exam 20%
<b>TEAM PORTION</b>	
<b>30%</b>	
tRATs 15%	Application Assignments 15%
Comprehensive Remediation Examination if failing the course	
<b>Final Grade</b>	<b>100%</b>

**DMD CURRICULUM COMMITTEE COURSE CHANGE PROPOSAL**

(Submit completed form to the Office of Education, [gchilds@dental.ufl.edu](mailto:gchilds@dental.ufl.edu) )

Date: January 22, 2018

Course Title: Orofacial Pain

Department: Orthodontics

Course Director: Charles G. Widmer, D.D.S., M.S.

Revision request summary: This request for an additional hour of didactic teaching (from 9 to 10 hours) is to reinforce alternative pharmacotherapies that have been shown to be effective for management of different orofacial pain conditions and to reinforce the concept that opioids should not be prescribed for non-malignant pain conditions.

Rationale: (If you are requesting additional class time please include why this time cannot come from re-prioritizing the current content, shifting to independent study in areas of direct instruction and/or cannot be incorporated in another existing course.)

The concepts in this course include refinement of differential diagnostic skills for orofacial pain, review etiology and management of bruxism, headache identification and management, sleep apnea appliances and occlusal appliance indications, design and management. It is logical to include pharmacological approaches to orofacial pain management in this course. None of these topics are covered in other courses as they apply to persistent orofacial pain.

Student hours requested by event and science type:

Hours by Type	Biomedical Hrs.	Behavioral Hrs.	Clinical Hrs.	Total Hrs.
Lecture/seminar	10			
Independent study				
Laboratory				
Clinical			9	
<b>TOTAL HOURS</b>	10		9	19

Department Chair Approval:  YES  NO

Responsible Dean/Chair/Faculty: *Ally Poler*

Proposed implementation date/semester: Same date/semester as the Orofacial Pain course (DEN7417C)

Curriculum Committee Action:

Approved in Concept	
Approval	Credit Hours Change
Reject	

Department of Restorative Dental Sciences-Practice Management

Competency #	Course #	Assessment	Year	Type	Department
5, 11	DEN8321	Practice Management Competency Assessment	4	Didactic	RDS

<p><b>Domain II: Professionalism</b></p> <p><b>2-17 CODA:</b> Apply legal and regulatory concepts related to the provision and/or support of oral health care services.</p>	<p><b>5: Legal Standards:</b> Apply legal and regulatory concepts related to the provision and/or support of oral health care services.</p>
<p><b>Domain V: Practice Management and Informatics</b></p> <p><b>2-18 CODA:</b> 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.</p>	<p><b>11: Practice Management:</b> 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.</p>

1. Is this assessment a valid and reliable way to evaluate this competency?	There is face validity and good alignment with the competency statement, course material and one group student assignment. Formative assessment-Students work on an employment case study in groups and receive instructor feedback. Competency Assessment-Students will be provided with the same or similar case on the final exam and asked a couple of multiple-choice questions related to the competency statement. Monitoring of item analysis on these questions will be done to evaluate question reliability.
2. Does this assessment evaluate competency across the life span?	This may not be applicable for the Practice Management competency assessment.
3. Does this assessment certify more than one competency?	No
4. Does the current course director approve the draft?	Yes
Action(s)	Implement Spring 2018

**RDS-General Dentistry-Case Completion Presentation Board and Overall Prosthodontics Competency**

Competency #	Course #	Assessment	Year	Type	Department
1, 2, 12, 15	DEN 8768L	Oral Diagnosis / Medicine, Tx Plan 3	4	Case Presentation	RDS – Team Leaders, Prosthodontics
3	DEN 8768L	Oral Diagnosis / Medicine, Tx Plan 3	4	Case Presentation – Modify assignment and rubric and add biomedical science faculty to include biomedical science issue related to the patient case selected	RDS – Team Leaders, Prosthodontics
12, 26	DEN 7766L	Oral Diagnosis / Medicine, Tx Plan 2	3/4	Treatment Planning Competency 2	RDS – Team Leaders,

<b>2-9 CODA:</b> Use critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.	<b>1. Critical Thinking:</b> Use critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.
<b>2-21 CODA:</b> Access, critically appraise, apply and communicate scientific and lay literature as it relates to providing evidence-based patient care.	<b>2: Evidence-Based Patient Care:</b> Access, critically appraise, apply and communicate scientific and lay literature as it relates to providing evidence-based patient care.
<b>2-14 CODA:</b> Apply biomedical science knowledge in the delivery of patient care.	<b>3: Apply biomedical science knowledge in the delivery of patient care.</b>
<b>2-23 a CODA:</b> Provide oral health care within the scope of general dentistry to include patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent.	<b>12: Patient Assessment, Diagnosis, Treatment Planning and Informed Consent:</b> Provide oral health care within the scope of general dentistry to include patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent...

**RDS-General Dentistry-Case Completion Presentation Board and Overall Prosthodontics Competency**

<p><b>2-22 CODA:</b> Provide oral health care within the scope of general dentistry to patients in all stages of life.</p>	<p><b>15: Patient Management:</b> Provide oral health care within the scope of general dentistry to patients in all stages of life.</p>
<p><b>2-23 b. CODA:</b> Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer.</p>	<p><b>26:</b> Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer.</p>

<p>1. Is this assessment a valid and reliable way to evaluate this competency?</p>	<p>Yes</p>
<p>2. Does this assessment evaluate competency across the life span?</p>	<p>NO, not pediatric patients</p>
<p>3. Does this assessment certify more than one competency?</p>	<p>YES</p>
<p>4. Does the current course director approve the draft?</p>	<p>Discussed at Team Leader meeting and the proposed change is too vague and poorly defined in its purpose that we could not respond favorably. We do not want any additional “restrictions” to limit the case selection opportunities for the students. These case presentations are already primarily driven by the Prosthodontic requirements and the fact that the case should be completed. Adding any additional criteria per the “biomedical aspect” would only complicate and restrict potential case selection.</p>
<p>Action(s)</p>	

**CASE COMPLETION PRESENTATION BOARD &  
OVERALL PROSTHODONTICS COMPETENCY**

Student Name	S/D #	Patient Name	Chart #
Semester	Prosthodontics Case Type		Date

Comments:	C=Competent NC= Not Competent	Student Self- Evaluation		Faculty Evaluation
		C	NC	

**1. Medical History and Medications**

**C:** Special needs and Tx. Adaptations identified. Inform consent obtained. Chief concern identified/ appropriate medical, dental and social history, review of systems documented. Appropriate **medical consults** and diagnostic tests obtained. No critical errors. Medications identified, drug interactions, allergies, precautions, and modifications to treatment. **No critical errors.**

**NC: Inadequate assessment. Critical Errors:** Failure to identify significant findings in medical history, including special needs assessment. Failure to identify need for medical consultation. Inadequate understanding of patient’s medications/effects.

Comments:	C= Competent NC= Not Competent	Student Self- Evaluation		Faculty Evaluation
		C	NC	

**2. Physical Exam and Assessment of Oral Conditions**

**C: Complete assessment of oral conditions: Complete hard and soft tissue exam.** Identification of any deviation from normal structures and function, including oral cancer. OCSE including any abnormalities. TMJ and occlusal function assessment. Complete periodontal charting. Hard tissue exam. Complete radiographic series presented. Axium odontogram and periodontal charting presented.

**NC: Inadequate assessment. Critical Errors:** Failure to identify disease processes or pathology.

Comments:	C= Competent NC= Not Competent	Student Self- Evaluation		Faculty Evaluation
		C	NC	

**3. Diagnosis and Formulation of Treatment Plan (s)**

**C:** Accurate diagnosis of oral conditions including prognosis. Determine need for referral. Periodontal diagnosis, Endodontic status, caries diagnosis and caries risk management plan. Restorative considerations. Treatment phases identified (Systemic, Acute, Phase II, III, Maintenance). **No critical errors. Clearly recognizes the patient’s needs in the context of their lives and their oral care. High level of cultural sensitivity.**

**NC: Inadequate physical exam. Critical Errors:** Failure to identify/diagnose disease and develop appropriate treatment Plan/phases. **Unaware or uninterested in patient's needs. Demonstrated a lack of cultural sensitivity.**

Comments:	C=Competent NC= Not Competent	Student Self- Evaluation		Faculty Evaluation
		C	NC	

**4. Delivery of Dental Treatment**

**C:** Documentation of a dental treatment sequence and Phases of treatment delivered. Clinical photography properly documenting delivery of care. **Outstanding/ Acceptable technical skill demonstrated. Demonstrates high ability to self-assess and correct as needed. No critical errors.**

**NC: Inadequate.: Critical Errors:** Significant omissions and/or inaccuracies in treatment sequence or treatment provided. **Failed to demonstrate acceptable technical skills. Failed to meet expectations for this level of education. Ability to self-assess and self-correct is not demonstrated.**



Comments:	C=Competent NC= Not Competent	Student Self- Evaluation		Faculty Evaluation
		C	NC	
<b>5. Literature Review</b>				
<p><b>C:</b> Three articles/authors cited to support or explore treatment considerations with regards to this patient/case. Critical evaluation of the cited literature. <b>Demonstrates conceptual understanding and insightful application of relevant scientific evidence.</b> .Employs critical thinking and understands relevance. <b>Information is communicated effectively. No critical errors.</b></p> <p><b>NC: Inadequate treatment plan development. Critical Errors:</b> A failure to identify a theme for literature review and/or a failure to adequately present an evaluation of the cited literature. <b>Failed to demonstrate conceptual understanding, clinical reasoning, problem solving and application of relevant scientific evidence.</b> <b>rarely</b> employs critical thinking and <b>does not exhibit an ability</b> to understand relevance. <b>Ineffective communication.</b></p>				

Comments:	C=Competent NC= Not Competent	Student Self- Evaluation		Faculty Evaluation
		C	NC	
<b>6. Clinical Photography, Power Point Presentation and Professionalism</b>				
<p><b>C:</b> A Universal Series of digital photographs (9) and <b>required Prosthodontics photos based on the criteria. Required models and additional documentation presented based on the Prosthodontics competency criteria.</b> Excellent Quality of overall PowerPoint Presentation: organization, clarity and oral presentation. <b>No critical errors. Professionally dressed. Displays consideration and respect towards faculty, staff and Peers. Applies ethical standards to professional practice and takes responsibility.</b></p> <p><b>NC: Inadequate professional management. Critical Errors:</b> Case was inadequately documented. Poor organization of Power Point. Marginal or unacceptable clinical photography. Inadequate oral presentation. <b>Lack of required models and additional documentation. Unprofessionally dressed. Arrogant, overly casual or does not take responsibility.</b></p>				

**REFLECTION:**

1. **What have you learned from this case? In retrospect, what had you done differently?**

---

---

---

---

---

---

---

---

---

---

---

2. **What has been the most challenging aspect of this case and how did you overcome the difficulties?**

---

---

---

---

---

---

---

---

---

---

---

Competency #	Course #	Assessment	Year	Type	Department
7	DEN5221	Oral Health Management and Psychosocial Issues Over the Lifespan	1	Standardized Patient	Community Dentistry & Behavioral Science
8	DEN5221	Oral Health Management and Psychosocial Issues Over the Lifespan	1	Standardized Patient	Community Dentistry & Behavioral Science

CODA Standards	UFCD Competencies
<b>2-15 CODA:</b> Apply the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.	<b>7: Communication Skills:</b> Apply the fundamental principles of behavioral sciences using patient-centered approaches for promoting, improving and maintaining oral health
<b>2-16 CODA:</b> Manage a diverse patient population and have the interpersonal and communication skills to function successfully in a multicultural work environment.	<b>8: Diversity:</b> Manage a diverse patient population and have the interpersonal and communication skills to function successfully in a multicultural work environment

Question	Response
1. Is this assessment a valid and reliable way to evaluate this competency?	Yes. We have reliability assessments across multiple faculty, and external validity from standardized patient feedback.
2. Does this assessment evaluate competency across the life span? – Child and adult?-Does it need to?	This assessment only evaluates competency with adults. It would be legally and ethically too difficult to use children or adolescents as standardized patients.
3. Does this assessment certify more than one competency? Could it be re-designed to certify additional competencies?	This assessment currently certifies two competencies: # 7 and #8. It is not feasible to re-design it to certify additional competencies, particularly given its placement in the first year of the DMD curriculum.
4. Does your group approve the draft? If no, how would you change it?	Our department tentatively approves the draft. However, our department has just two competencies explicitly included in the proposed competency objectives. The competencies on evidence-based dentistry and interdisciplinary service learning have been subsumed into broader competency assessments by other departments. That situation would be fine if we actually were included in the design and implementation, but unfortunately our recent experiences indicate that we will likely be left out of the conversation. Ideally, this college should manage the curriculum and its competency assessments centrally rather than have each department “own” their own pieces. That would have prevented the situation that this process is now trying to fix.

Competency Assessment  
DEN 5221

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Faculty's Name

Was student competent in each category?

Please check each Box to reflect your observations.	<i>Yes</i>	<i>No</i>
1. ESTABLISHING RAPPORT		
a) Greeting (Did student introduce self; use patient's name?)		
b) Structuring (Did student inform patient of activities?)		
c) Initiating (Did student request data re: previous care, preferences , & health values?)		
d) Calming (Did student exhibit confidence & concern for patient?)		
e) Rationale (Did student provide reasons for seeking health information?)		
2. COMMUNICATING EFFECTIVELY – NONVERBALLY		
a) Distancing (Did student maintain 2-2 ½' distance or what was comfortable for patient?)		
b) Squaring (Did student face patient directly?)		
c) Eye Contact (Did student make & maintain eye contact during interview but did not stare?)		
d) Posturing (Did student lean forward; eliminate potentially distracting behaviors?)		
3. COMMUNICATING EFFECTIVELY – VERBALLY		
a) Responding – Content (Did student listen for & accurately reflect content?)		
b) Responding—Feeling (Did student listen for & accurately reflect feeling?)		
c) Accepting (Did student exhibit respect; do not put down or reflect superior attitude?)		
d) Wording (Did student use non-jargon terminology?)		
e) Questioning (Did student use mix of open and closed questions, reflect on answers?)		
4. Terminating		
a) Checking (Did student verify patient's understanding?)		
b) Summarizing (Did student highlight key points?)		
c) Structuring (Did student inform patient as to where, when, who & what next would happen?)		

Demonstrated Overall Competency in Interviewing

Yes    No

SP Case Name \_\_\_\_\_

Comments: Explain any no's

## Earlier Clinical Experiences Workgroup Summary

February 6, 2018

**Present: Dilbone, Sleeth, Caudle, Gibbs, Sposetti, Childs**

### From the student perspective-

- Keep it basic in semester 1
- DEN6001-consider levels of evidence in semester 1 and integrate database searching later
- DEN5013 and DEN5210 could be delayed to provide time for earlier clinical experiences

### Semester 1

1. Explore making CPR a summer pre-requisite or schedule during orientation.  
(Benefits: it would save curricular time and costs.  
Concerns: Challenging to confirm all students have taken the appropriate level and cover them for years 1 & 2.)  
**Action: Discuss with Clinical Administration**
2. Incorporate the database searching and levels of evidence portion of DEN6001: Introduction to Evidence-based Dental Practice.
3. Integrate DEN5404C: Dental Anatomy and Stomatognathics and DEN6213C: Fundamentals of Occlusion into one two-semester course. This would better integrate tooth form and function and provide extended time for students to develop psychomotor skills.  
**Action: Dr. Dilbone and Dr. Dasilva design an integrated course name and syllabus.**  
**Action: Censeri would work with the registrar's office to establish a 0-credit course for semester 1 with final grades in semester 2 and determine if this would need approval from the University Curriculum Committee.**  
Timeline: not determined

### Semester 2

1. DEN5127C: Infectious diseases become a hybrid course to allow scheduled time for second semester of the new dental anatomy and occlusion course.
2. Identify weekly blocks of unscheduled time for integration of blended courses.

### Semester 3

1. Move DEN6460C: Prosthodontic Treatment of the Edentulous Patient from Semester 5 to Semester 3 to follow the dental anatomy and occlusion course. Currently, there are many pre-requisites in treating dentate patients, therefore the workgroup recommended beginning with edentulous patients treatment be explored and implemented first.  
**Action: Assess with Clinical Administration whether the C/C patient population screened at UFCD would allow for paired student assignment in semester 3-4 and the faculty/clinical resources necessary for implementation.**

### General suggestions for further discussion:

There was a suggestion to consider an integrated clinical sciences stream.

## **Pain Management Alternatives Workgroup**

February 19, 2018

Present: Dr. Widmer, Dr. Caudle, Dr. Gibbs, Dr. Pileggi, Gail Childs, M. Dawley, B. Sleeth

Gail shared an ECO shell created for this workgroup. Currently the Documents section contains literature, resources and meeting notes. The overview section contains all courses currently teaching about pain, pain physiology, pain management, non-pharmacologic pain relief, professional responsibilities in prescribing and addiction behaviors.

After discussion, the following goals were identified by the workgroup:

Create a UFCD pain management decision pathway based on the WHO ladder, that would be used to educate students, residents, faculty and physicians treating patients with oral pain. The process would be to develop an initial draft on general pain management. Pre-treatment, post-treatment and alternative pain management therapies should be included in the pathways.

At the next stage, each discipline would be asked to review for further recommendations. Implementation strategies will be further developed.

Students expressed the desire for written or simulated patient cases where they could apply evidence and clinical decision-making in matching the appropriate pain relief recommendations and prescriptions, and when to refer to a chronic pain specialist.

Dr. Migliorati and a Pharmacy faculty member were requested to be invited to the next meeting.

The next meeting will be scheduled in 2 weeks.