

ECO Focus Group

Background

Eleven students from the Class of 2020 and Class of 2021 participated in a feedback session about ECO on May 22, 2018. A Design Studio format allowed us to hear student views and include students in collaborative problem solving around issues they were experiencing with using the system. After the session, team members from the Office of Education met to review results and discuss next steps.

Note: Full details and documents (lesson plan, PowerPoint, screenshots) for the session can be found in the shared folder for the Office of Education under the Instructional Design>Focus Groups subfolders.

Round 1: Individual Notes

Overview

In this activity students were given a minute to jot down their initial thoughts about ECO on a blank page. This time was given to allow students to set their individual intention for the session and focus their own thought before participating in group discussion.

Results/Analysis

Margeaux collected 7 pages of ideas from the students and coded them into the feedback themes below. The most prominent theme in this first round was organization of the documents page within courses.

- Cons/Issues/Improvements
 - Organization of documents (6): “link jumble”, “what lectures are on the test?”, “inconsistent organization”, “not intuitive for students”, “easy to disorganize”, “not organized”, “professors don’t have similar organizational styles”, “not clear which material is mandatory/extra”
 - Finding groups/classes/courses (2)
 - Grade distribution (1)
 - Teachers have a difficult time using ECO (1)
- Pros/Features: Overall structure once you learn ECO/ Centralized location (2)
- Solutions
 - Number/Title every lecture (1)
 - Have separate folders (1)

Round 2: IdeaBoardz Feedback

Overview

For this activity, students shared their thoughts on three questions (What works?, What is frustrating?, and If I could change one thing about ECO, I would....) using an electronic white board: <http://www.ideaboardz.com/for/ECO/2668443>

Students were given 5 minutes to share their ideas, read colleagues ideas, and vote on which items they agreed with.

Results

A screenshot of the idea board and the typed out responses sorted by frequency of agreement:

The screenshot shows the IdeaBoardz interface for a course named ECO. The board is organized into three columns based on the questions asked. The first column, 'ECO: What works?', has green sticky notes. The second column, 'ECO: What is frustrating?', has orange sticky notes. The third column, 'If I could change one thing about ECO, I would...', has light blue sticky notes. Each sticky note contains a student's comment and a vote count.

Question	Response	Vote Count
ECO: What works?	Once you learn the system, everything is, for the most part, well organized. (Docs tab, syllabus tab, calendar, etc).	+6
	Centralized location for files	+1
	Calendar is available and you can see other classes calendars	+3
	Quick updates once a professor decides to change the time/location for a class	+3
	Integration of ECO calendar with personal calendars	+5
	Having the mediasite lectures in a folder for each course instead of having to go to the mediasite website to find them	+1
ECO: What is frustrating?	Organization within the tabs is inconsistent. They may be intuitive to the instructor who initially designed the course, but not to students	+2
	Folders dont stay open after downloading a document. Makes it frustrating when having to download multiple docs.	+4
	All of the course are listed on the "Courses" tab and not just the ones from the current semester	+3
	Disorganization of Files	+2
	Unorganized/incongruent documents sections	+1
	Having disorganization and inconsistency of labeling between the professors that makes navigating confusing	+1
	Too many clicks to download one document	+3
	Sometimes the grade distributions are too crowded together that you can't actually see the distributions of numbers on the plot	+3
	On the mini calander it shows course numbers but not names. cal see in general should show course names	+3
	There are dozens of "junk" folder that professors have kept there for years	+1
Inconsistency with the way grades are organized in the gradebook. Distribution of the Final grades is shown for certain courses, not all	+0	
Some professors only upload the PowerPoint while others upload the PDF	+1	
We have multiple websites we need to access included Canvas for quizzes and our courses. One integrated system would be more efficient	+1	
If I could change one thing about ECO, I would...	More -----	+0
	Every lecture would be numbered (L1, L2, L3...) with the title following	+8
	Standardization{(of how a course page is organized) of ECO across all of our courses so as a student I can easily navigate	+5
	Have one location for groups of all classes/activities instead of fishing in documents section or old emails	+0
	The lectures would not only be numbered but divided between Exams to have clarification of material required.	+5
	More standardized organization formats (i.e. organizing tests by test block)	+1
Cannot upload large files	+0	
Files role over from year to year for the same course	+0	
Label on the master calander when there is an exam,quiz, psychomotor, required attendance, etc	+2	

ECO: What works?	Votes
Once you learn the system, everything is, for the most part, well organized. (Docs tab, syllabus tab, calendar, etc).	6
Integration of ECO calendar with personal calendars	5
Calendar is available and you can see other classes calendars	3
Quick updates once a professor decides to change the time/location for a class	3
Centralized location for files	1
Having the mediasite lectures in a folder for each course instead of having to go to the mediasite website to find them	1

ECO: What is frustrating?	Votes
Folders dont stay open after downloading a document. Makes it frustrating when having to download multiple docs.	4
On the mini calander it shows course numbers but not names. cal see in general should show course names	3
All of the course are listed on the "Courses" tab and not just the ones from the current semester	3
Too many clicks to download one document	3
Sometimes the grade distributions are too crowded together that you can't actually see the distributions of numbers on the plot	3
Organization within the tabs is inconsistent. They may be intuitive to the instructor who initially designed the course, but not to students	2
Disorganization of Files	2
Unorganized/incongruent documents sections	1
Having disorganization and inconsistency of labeling between the professors that makes navigating confusing	1
There are dozens of "junk" folder that professors have kept there for years	1
Some professors only upload the PowerPoint while others upload the PDF	1
We have multiple websites we need to access included Canvas for quizzes and our courses. One integrated system would be more efficient	1
Inconsistency with the way grades are organized in the gradebook. Distribution of the Final grades is shown for certain courses, not all	0

If I could change one thing about ECO, I would...	Votes
Every lecture would be numbered (L1, L2, L3...) with the title following	8
Standardization[(of how a course page is organized)] of ECO across all of our courses so as a student I can easily navigate	5
The lectures would not only be numbered but divided between Exams to have clarification of material required	5
Label on the master calander when there is an exam,quiz, psychomotor, required attendance, etc	2
More standardized organization formats (i.e. organizing tests by test block)	1

More -----	0
Cannot upload large files	0
Have one location for groups of all classes/activities instead of fishing in documents section or old emails	0
Files role over from year to year for the same course	0

Analysis

There was a lot of agreement from the written responses of students around the “If I could change one thing...” question. The items with the highest number of votes center on standardizing naming and organizational scheme across the documents page for courses.

In the open discussion of the feedback students explained that the navigation and overall shell of ECO worked well, but the sub-pages, especially the documents pages are disorganized. One frustration is that links open in the same tab rather than new tabs – this results in students losing their place when trying to download all the documents in a folder.

Students spoke highly of the calendar feature. Students felt that it worked well, integrated with their personal calendars, and allowed them to plan across classes.

Round 3: Organization of 2 courses

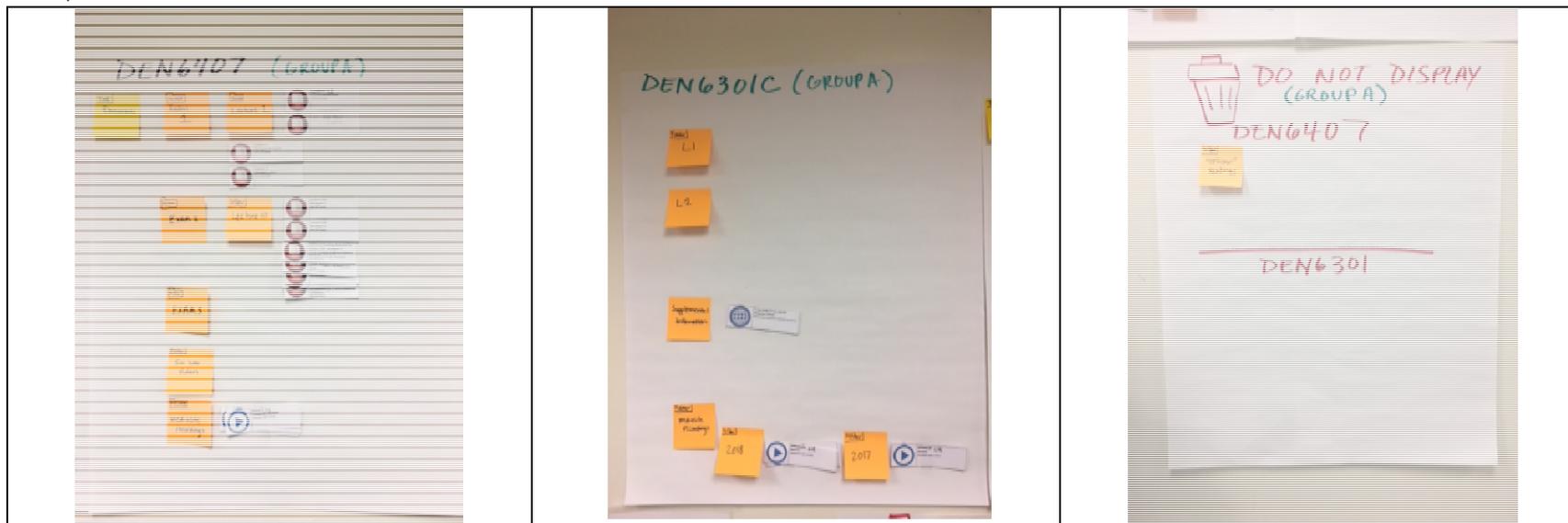
Overview

For this activity, students were asked to create the ECO documents webpages for two courses – DEN6301: Radiology & DEN6407: Operative 2. These classes were selected since they have different formats, different document structures, and different exam schedules.

Students were split into 3 groups of 3-4. They were given syllabi for the two classes, the course schedules for the semester, and a blank page to draw their website on paper. The task was to reorganize the class in the way that made the most sense to them as learners. The question posed was “How could the materials be organized to support your learning in the course?” In 20 minutes the groups were asked to present their course structures and critique other groups work.

Results

Group A



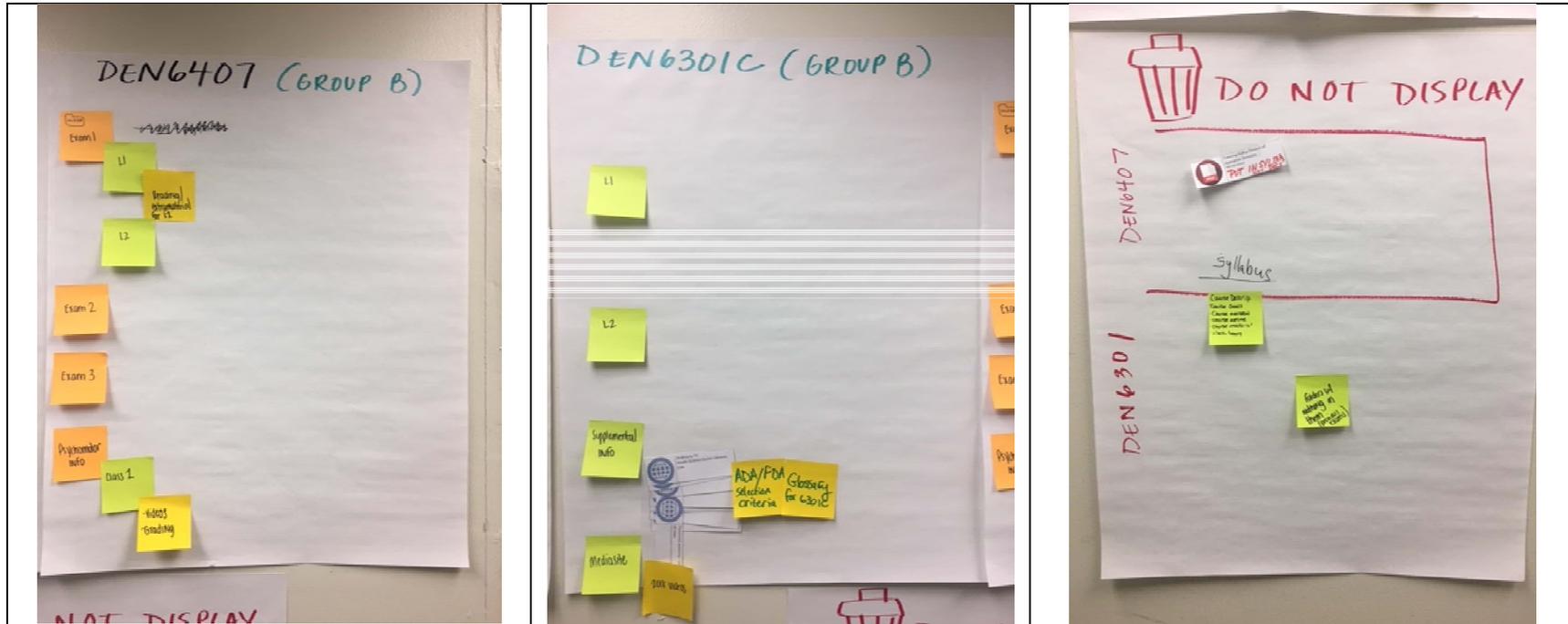
DEN6407

- Do not display optional readings; “no one ever has read something that is just optional. We have so much to do already” Other groups agreed or said that it was fine to keep an optional readings folder, “I just would never open it.” “If it was an article of interest the professor could include it in an announcement.”
- An organizational structure by Exam- meaning didactic exam NOT psychomotor exam was preferred. Since there were 3 didactic exams in this course, the students would have 3 top level folders. Within each of those there would be sub-folders for each lecture.
- Name all Lectures and Videos with corresponding names starting L1, L2, L3
 - Hard to find videos when they are named differently than the lecture preference would be a name starting with L1, L2, L3
- “I want to see clearly what was already covered vs. what is coming up” [so I know what to study for the exam]
- Students said they primarily use ECO to study for an exam. They also sometimes use ECO the day of a lecture/presentation to download presentation handouts.

DEN6301

- Since there is only 1 exam in this cumulative class, “the way it is organized is fine.” They would organize by lecture, but have a separate *Mediasite* folder and a separate *Supplemental Readings* folder.
 - They would never look at the 2017 *Mediasite* folder unless there was a tech issue with the current recording.
 - They would never look at the *Supplemental Readings* folder.

Group B



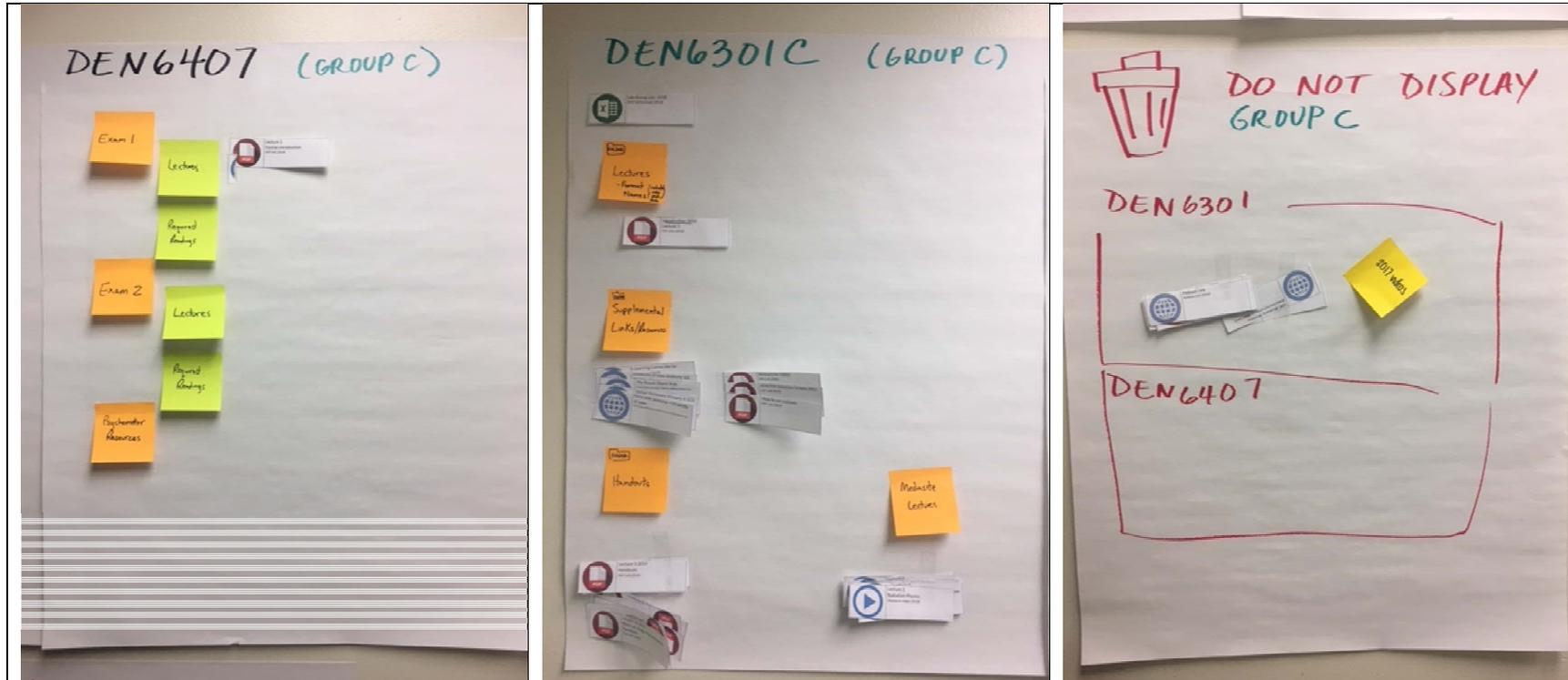
DEN6407

- Top folders Exam 1, Exam 2, Exam 3 - Organize all folders by exam
- Sub-folder should be lectures L1, L2, L3
- In each lecture folder have the readings, presentations, and videos for that lecture
- Separate folder for Psychomotor Classes v. Lectures
- Why no separate Mediasite folder?
 - When asked by other students, they would still be ok having a separate Mediasite folder
 - Main issue with Mediasite video links is that the naming is inconsistent and doesn't match the lectures
 - Need videos to have the date of the lecture and who gave the lecture: Professors often say "Dr. Xs lectures won't be on the exam", but I can't tell which those are.
- The tutoring policy should not be in the documents – It should be in the syllabus. All class policies should be in the syllabus.

DEN6301

- Organizing by lecture works - Would put everything that was not related to a lecture inside the "supplemental info" folder (honestly wouldn't look in this folder)

Group C



DEN6407

- Organize by Exam
- Within each Exam folder have a folder for lectures and a folder for required readings
- Separate folder for Psychomotor Resources

DEN6301C

- Four folders: Lectures, Handouts, Supplemental Links/Resources, Mediasite Lectures
- Remove broken links
- Delete old materials like Lab Groups from 2015
- Remove 2017 Videos
 - Some classmates who referred to themselves as “less tech savvy” said they didn’t mind the old videos. If, for some reason they did need the old video, they didn’t know how to find a previous year’s course in ECO.

Analysis

The way that items were organized showed that assessment drives student learning in our College. Students are most concerned with what to study for traditional exams. The structures they created were in folders by Exam (not theme or content topic of related subject material). The primary use case for accessing documents and videos is to study for exams.

The primary changes that students want in ECO, can be addressed by the Office of Education – in the way we copy documents, in the way we name Mediasite videos, or in suggestions we make to faculty as we prepare for a new semester of courses.

Next Steps

After the focus group members from the Office of Education met to discuss the student feedback and look at next steps. Some of the suggestions included:

- Discussing the exam-driven culture with the curriculum committee
- Gathering additional faculty input
- Including suggestions for file structures in block planning for Fall 2018
 - Offer slide with proposed structure and ask professors to use consistent naming
- Prioritizing 2DN classes
 - As we build the Fall 2018 classes with professors, review the 2DN classes and work with faculty to get them into the structure
- For future semesters (starting in Spring 2019) when we copy classes, we can copy everything into a hidden folder.
 - Office of Education can create the structure desired by students and ask faculty to move the items they would like visible into the ideal structure
- For Mediasite links posted to ECO include instructor in the link description.
- Make IT requests for updates to ECO, like in the future having ECO default to open in a new tab and having folders stay open.

DMD CURRICULUM COMMITTEE COURSE CHANGE PROPOSAL

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

Date: June 5, 2018

Course Title: DEN6430C: Principles of Endodontics and DEN6432C: Basic Endodontic Therapy

Department: Endodontics

Course Director: Dr. Marianella Natera

Revision request summary:

DEN 6430: One additional hour on Radiology in Endodontics,

One additional hour in Endodontic Emergencies,

One additional hour for review and reinforcement.

DEN6432C: One hour in Restoration of endodontically treated teeth,

One hour in Outcomes and Prognosis of endodontically treated teeth.

One additional hour for review and reinforcement.

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.)

DEN6430: Since this course is mainly focusing in the diagnosis of the pulp and periapical tissues, These topics will improve the students' performance in this course and subsequently in the clinical application of this course.

DEN6432C: This course mainly focuses in mastering the endodontic techniques, and the rational for the different procedures done in endodontics. Therefore adding the topic of restoration of the endodontically treated teeth will cover the basis of the importance of the coronal seal during and after endo treatments and how this affect the prognosis of the RCT.

Student hours requested by event and science type:

Hours by Type	Biomedical Hrs.	Behavioral Hrs.	Clinical Hrs.	Total Hrs.
Lecture/seminar			6	6
Independent study				
Laboratory				
Clinical				

TOTAL HOURS				6
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Department Chair Approval: _____YES_____NO

Responsible Dean/Chair/Faculty: _____

Proposed implementation date/semester _____ Fall 2018 and Spring 2019 _____

Curriculum Committee Action:

Approved in Concept			
Approval		Credit Hours Change	
Reject			

DMD CURRICULUM COMMITTEE COURSE CHANGE PROPOSAL

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

Date: May 16, 2018

Course Title: DEN6705L: Public Health Rotation

Department: Community Dentistry and Behavioral Science

Course Director: Dr. Olga Luaces

Revision request summary: This rotation course occurs during Semester 4 (Fall) and Semester 5 (Spring). Students conduct oral health surveillance and participate in the elementary age school-based dental sealant program for a minimum of 2 half-day mornings (8:30-11:30 am).

This request is to extend this course from Semester 3 (Summer) to Semester 5 (Spring) for students to participate in providing oral health education and preventive services at additional community sites. These include the Head Start Program (Pre-school age), the 21st Century Community Learning Centers Program (Elementary age), and the Wisdom Tooth Program (Independent and Non-Independent older adults) at senior centers and assisted living facilities.

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.)

To provide students with additional opportunities in working with community populations to improve oral health. There are not enough experiences, at this time, for students to conduct additional half days therefore, the student expectation will remain a minimum of 2 half-day mornings (8:30-11:30 am). All students will complete 2 and some may complete 3 over the 2DN year. The one credit hour will remain as well.

Student hours requested by event and science type: 0

Hours by Type	Biomedical Hrs.	Behavioral Hrs.	Clinical Hrs.	Total Hrs.
Lecture/seminar				0
Independent study				0
Laboratory				0
Clinical				0
TOTAL HOURS				0

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Student hours requested by event and science type: 0

Hours by Type	Biomedical Hrs.	Behavioral Hrs.	Clinical Hrs.	Total Hrs.
Lecture/seminar				0
Independent study				0
Laboratory				0
Clinical				0
TOTAL HOURS				0

University of Florida College of Dentistry
Course Debriefing
DEN 8710L, Community Dentistry III.
April 11, 2018

Present: S. Abbas, N. Besada, E. Faby, H. Hong, M. Jones, S. Seebumpang, J. Starkey, G. Childs

Debriefing Purpose: new one-day Spring Semester 11 rotation at Santa Fe College, Northwest Campus

Course Director: Dr. M. Gibbs

Student Comments and Recommendations:

Curriculum Sequencing

Senior students felt this rotation would be more worthwhile in the junior year. Factors for this recommendation were that the procedures were not complex and the pace was similar to the TEAM clinic at a remote location, rather than their other community clinics. An earlier rotation would allow them to early self-recruit patients. Some students were able to do some prosthodontics, yet these procedures discontinued in late spring to prepare for the SFC summer clinical renovations.

Practice Management

It was suggested that the SF clinic consider overbooking patients. There was a high failure rate and routinely one or both students were sent home when the patient canceled or did not show. This diluted the time management strategies students felt they practiced at the other community clinics. One student suggested that all students be scheduled for one week at the ACORN clinic.

When asked about the goal of working with dental assistants and dental hygienists students again felt it was similar to UFCD. One student reported the hygienists were on their UFCD rotation and not present at SFC the day they were scheduled. The dental assisting students are still learning whereas the dental assistants at the other community clinics have training and experience, which they share readily with the dental students. The dental assisting students were not knowledgeable about dental cements at this point in their program. The dental assistants also documented the patient procedures and this took a long time for a few assistants. It was suggested health record templates be developed. Students suggested that it would be beneficial to have a review of the laws and rules specifically related to delegable tasks to dental auxiliaries prior to this rotation, ideally as an early junior.

Logging procedures

SFC uses Dentrax software. One student early in the rotation sequence reported logging their procedures. Often students did not bring their laptop and there was not a designated computer available. There was no Wi-Fi to log by phone. Students later in

the rotation had reached their RVU's and did not know if it was necessary to log procedures. It was suggested, at the start of each day, that a designated person at SFC remind them to log procedures if this is an expectation. Having Wi-Fi access would assist this process.

Dental Materials

Students felt the SFC equipment was not up to date and supplies were minimal. The suction did not work well, there were minimal burs and cement was issued. One student reported it was good practice with an air hand piece. Student suggested that dental supplies and materials be somewhat standardized with UFCD. They felt the clinical renovations would be positive when completed.

Referrals

When asked about the goal of referring patients to UFCD one student reported they had make a referral and one student did not know they could. Again, students felt if this rotation was earlier in the curriculum, they could better self-recruit patients.

What Information would better prepare the students for this rotation?

Send a reminder prior to the rotation and include a map, the course this rotation occurs in and to log all procedures.

Have more detailed signage at SFC to the clinic.

Childs,Gail Schneider

From: Childs,Gail Schneider
Sent: Tuesday, May 29, 2018 5:46 PM
To: Delgado,Alejandro (Alex); Dilbone,Deborah; Gibbs,Micaela B; Sposetti,Venita J (SPOSETTI@dental.ufl.edu); Echeto, Luisa Fernanda
Cc: Zellmer,Thomas N; Treloar,Tina C; 'melissa.orobitg@sfcollge.edu'
Subject: Santa Fe Rotation

The summary of the Santa Fe Rotation administrative meeting on Friday concluded with the following action items:

- 1) This rotation begin in the Fall semester of senior year and continue through the senior spring.
- 2) Have 2 to 3 students not 4.
- 3) There should be a required Santa Fe Rotation Orientation at the SFC campus. Their new clinic renovations are to be completed at the end of September. I have asked Censeri to suggest some dates, even after 5 that could be scheduled for the Class of 2019 prior to Fall break. The rotations could begin after Fall break.
- 4) Students should be provided a lecture (and possibly a quiz) on the delegable tasks to auxiliaries in the Florida statues prior to the first rotation. This could be part of DEN8960L.

The orientation at SFC will provide an Open House of the new clinic renovations and detailed expectations of the students that will be recorded for students on rotation. It should also be reinforced that students log all procedures completed.

Dr. Zelmer reported that he had to make adjustments on over 60% of the crown preps completed. Mostly additional reduction. Dr. Delgado was going to discuss this further with Dr. Echeto.

Dr. Sposetti is working with Clinical Administration to create a direct process for UFCD referrals. This was unclear to students and SFC patients. This is a mutual desire.

Overall, it was felt this was an excellent rotation and a desire to continue collaborations.

Please let me know if I omitted anything, for those that attended, and if there are any questions from those unable to attend.

Thank you, Gail

Gail Schneider Childs, RDH, MPH, TTS
University of Florida College of Dentistry
Director of Curriculum and Instruction
1395 Center Drive, Room D3-11
Gainesville, FL 32605
352-273-5952
gchilds@dental.ufl.edu



DMD CURRICULUM COMMITTEE COURSE CHANGE PROPOSAL

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

Date: June 5, 2018

Course Title: DEN5404C Dental Anatomy and the Stomatognathic System

Department: RDS

Course Director: Deborah Dilbone

Revision request summary: Request additional time in the dental anatomy course to help students acquire the necessary psychomotor skill before transitioning to DEN5405C Preclinical Operative and Biomaterials 1

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.)

This course does not have enough time for all students to adequately develop the necessary psychomotor skills to move forward in the curriculum. Students have been requesting more time in this course since I began serving as the course director nine years ago. Providing adequate time and experiences is also a priority of Dr. Garcia. (There is currently a workgroup that was created to evaluate how we help students develop psychomotor skills. All other operative and prosthodontic courses allow time for mock exams before all psychomotor exams. This course does not allow for that since time is limited. (This course has 3 lab hours per week as compared to 6 hours in other preclinical courses. In addition, students are not permitted to fail the majority of psychomotor exams in any RDS courses. It benefits students if a course has four psychomotor exams. Unfortunately there has not been enough time for four exams in this course. Therefore if a student fails two of the three exams, they fail the course. Nine clinical sessions would be added. 4 mock exams, 1 additional psychomotor exam, 4 preclinical practice sessions (1 large class II restoration mandibular molar, 1 large restoration maxillary molar, 1 mandibular molar practice session, 1 maxillary molar practice session.)

Student hours requested by event and science type:

Hours by Type	Biomedical Hrs.	Behavioral Hrs.	Clinical Hrs.	Total Hrs.
Lecture/seminar				
Independent				

study				
Laboratory			27	
Clinical				
TOTAL HOURS			27	

Department Chair Approval: YES NO

Responsible Dean/Chair/Faculty: Drs. Garcia, Sposetti, Dilbone

Proposed implementation date/semester Fall 2018

Curriculum Committee Action:

Approved in Concept		
Approval		Credit Hours Change
Reject		

Provide oral health care within the scope of general dentistry to include health promotion and disease prevention.	PE1:C-S/RP PE2:C-Phase I PE3:C-SPT	PD3-W PD6-C									
10: Interprofessional Experiences: Communicate and collaborate with other members of the health care team to facilitate the provision of health care.				OM1:SP-IPE							
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.								OP4-W			
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.									GD1-C		
		PD1-W							GD2:OP		
13: Assess Patients with Special Needs: Assess the treatment needs of patients with special needs.		PD2-W									
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.		PD3-W PD6-C									
15: Patient Management: Provide oral health care within the scope of general dentistry to patients in all stages of life.		PD3-W PD6-C							GD2:OP		
16: Emergency Treatment: Provide oral health care within the scope of general dentistry to include dental emergencies.			OS1:C-PADN								

17: Provide oral health care within the scope of general dentistry to include restoration of teeth.		PD4-SIM							OP1-C OP2-C OP3-C			
18: Provide oral health care within the scope of general dentistry to include communicating and managing dental laboratory procedures in support of patient care.											PR5-SIM	
19: Provide oral health care within the scope of general dentistry to include replacement of teeth including fixed, removable and dental implant prosthodontic therapies.											PR1-C PR2-C PR3-C PR4-C	
20: Provide oral health care within the scope of general dentistry to include periodontal therapy.	PE1:C-S/RP PE2:C-Phase I PE3:C-SPT	PD3-W PD6-C										
21: Provide oral health care within the scope of general dentistry to include local anesthesia and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder.		PD5-SIM	OS1:C-PADN									
22: Provide oral health care within the scope of general dentistry to include hard and soft tissue surgery.			OS1:C-PADN									
23: Provide oral health care within the scope of general dentistry to include malocclusion and space management.		PD1-W PD3-W PD6-C					OR1:W					
24: Provide oral health care within the scope of general dentistry to include pulpal therapies.		PD5-SIM						EN1-C				
25: Provide oral health care within the scope of general dentistry to include oral mucosal and osseous disorders.		PD3-W PD6-C										RAD1-C
26: Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer.		PD3-W PD6-C								GD1-C		RAD1-C

3

6

1

1

1

1

1

4

2

5

1

C-Clinical
W-Written

SP-Standardized Patient

SIM-Simulation

OP-Oral Presentation

Resources

Daily Clinical Assessment Rubric

	Exceeded Expected Outcome (4) <i>(all of the following are true)</i>	Achieved Expected Outcome (3) <i>(all of the following are true)</i>	Modification/Intervention Necessary (2) <i>(any or all of the following are true)</i>	Did Not Meet Expected Outcome (1) <i>(any or all of the following are true)</i>
Patient and Appointment Management (Including Infection Control)	<ul style="list-style-type: none"> -Outstanding preparation, record management, time utilization, pain control and infection control -Demonstrates a high level of compassion and respect for patient, staff and faculty. -Clearly recognizes patients' needs in the context of their lives and their oral care. -Skilled and purposeful communication which demonstrates sensitivity to cultural diversity -Displays fair-mindedness and actively seeks feedback 	<ul style="list-style-type: none"> -Acceptable preparation, record management, time utilization, pain control and infection control -Demonstrates compassion and respect for patient, staff and faculty. -Recognizes patients' needs in the context of their lives and their oral care -Acceptable communication -Seeks feedback <p><i>Acceptable standard was met Student is prepared to perform the procedure. Student needs some assistance Student finishes on time (treatment and paperwork)</i></p>	<ul style="list-style-type: none"> -Minimally prepared, help needed with record management, time management, pain control and/or infection control -Does not fully recognize or understand the interpersonal needs of the patient, staff and faculty. -Challenged communication -Does not seek feedback <p><i>Acceptable standard was met with assistance/modification Student finishes on time with the patient however the paperwork and grading have to be done after clinical hours</i></p>	<ul style="list-style-type: none"> -Unprepared, unaware of the steps and procedure to satisfactorily meet the needs of the patient -Inappropriate record management, time utilization, pain control, and/or infection control -Ineffective communication and failure to establish functional rapport with patient, staff and/or faculty -Unaware or uninterested in patient's needs. -Displays closed-mindedness by resisting faculty or patient feedback. <p><i>Acceptable standard was not met Time was improperly managed, not finished on time and/or the patient must return to complete procedure. The paperwork and grading may have to be done after clinical hours.</i></p>
Problem Solving, Clinical Reasoning and Integration of Relevant Scientific Evidence	<ul style="list-style-type: none"> -Demonstrates outstanding conceptual understanding and insightful application of relevant scientific evidence -Information is communicated completely, accurately and concisely -Seeks more information and asks insightful questions <p><i>When guidance is requested, the student appropriately and accurately informs the faculty and proposes excellent treatment options based on relevant scientific evidence</i></p>	<ul style="list-style-type: none"> -Demonstrates conceptual understanding and insightful application of relevant scientific evidence -Information is communicated effectively -Seeks more information and asks insightful questions <p><i>When guidance is requested, the student appropriately and accurately informs the faculty and proposes treatment options based on relevant scientific evidence</i></p>	<ul style="list-style-type: none"> -Demonstrates some gaps in understanding, clinical reasoning & problem solving. -Foundation knowledge is incomplete and inaccurate. -Minimal scientific evidence is incorporated into patient treatment 	<ul style="list-style-type: none"> -Failed to demonstrate conceptual understanding, clinical reasoning, problem solving and application of relevant scientific evidence
Clinical Skill	<ul style="list-style-type: none"> -Outstanding technical skill demonstrated -Clinical procedures are accomplished somewhat independently and competently -Follows faculty directions precisely 	<ul style="list-style-type: none"> -Technical skill was appropriate for level of education -Clinical procedures are accomplished with minimal instruction -Follows faculty directions 	<ul style="list-style-type: none"> -Faculty intervention was necessary to complete treatment or to get patient to an acceptable point for dismissal -Need for minor deviation due to the student error (Treatment errors require minor additional treatment or a minor variation in planned treatment) 	<ul style="list-style-type: none"> -Failed to demonstrate acceptable technical skills -Failed to meet expectations for this level of education -Does not follow faculty directions or proceeds with treatment beyond the ideal (or the expected norm) without informing faculty -Treatment errors require additional treatment or a change in treatment

Clinical Skills Assessment–Level II

AMALGAM

Student Section	
<i>Please Complete All Information Below (Please Print)</i>	
Student Name	UFID Number
Patient Name	Chart Number
Date	Tooth Number & Surface
ADA Code	Fee

Classification (Check One)	
Class II	Class III
Complex Class II	Class IV
	Class V (Composite or RMGI) <i>(Caries lesion or replacement)</i>
Type of Restoration	
New Restoration	Replacement Restoration

Student Self-Assessment	
Preparation	
Isolation*	1 2 3 4
Initial Access	P F
Final Access	1 2 3 4
<i>Over or under extended, adjacent tooth damage</i>	1 2 3 4
Enamel Surface	1 2 3 4
<i>Smooth/Irregular</i>	
Enamel Support	P F
Depth	P F
Wall Orientation	1 2 3 4
Pathology Removal/Mechanical Pulp Exposure/ Pulp Exposure Management	P F

Restoration	
Matrix, Wedge(s)*	1 2 3 4
Liners, Bases	P F
Cavosurface	1 2 3 4
<i>Excess/Submargination</i>	
Restoration Surface/Shade	1 2 3 4
<i>Smooth/Rough/Insufficient Finish</i>	
Axial Anatomy	1 2 3 4
<i>Facial, lingual, proximal contours (including contact)</i>	
Occlusal Anatomy	1 2 3 4
<i>Fossa, grooves, marginal ridges, cusp placement & occlusion</i>	

Faculty Comments:

Faculty Assessment			
<i>Please Complete All Information Below</i>			
Start Check			
1st Faculty		2nd Faculty	
Signature	Dr #	Signature	Dr #
Professionalism and Patient Management			
1. The student demonstrated a conceptual understanding and insightful application of relevant scientific evidence.	P	F	
2. The student utilized universal precautions and complied with regulations regarding infection control, hazard communication and medical waste disposal.	P	F	
3. The student was prepared and was familiar with the patient's dental and medical history and dental needs. The student demonstrated acceptable interpersonal skills while interacting with faculty, staff and the patient; including the appropriate use of effective techniques to manage anxiety, distress, discomfort and pain associated with this procedure.	P	F	
4. The student managed time appropriately. The examination was completed by 11:00 AM or 4:30 PM.	P	F	

Preparation	
Isolation*	1 2 3 4
Initial Access	P F
Final Access	1 2 3 4
<i>Over or under extended, adjacent tooth damage</i>	1 2 3 4
Enamel Surface	1 2 3 4
<i>Smooth/Irregular</i>	
Enamel Support	P F
Depth	P F
Wall Orientation	1 2 3 4
Pathology Removal/Mechanical Pulp Exposure/ Pulp Exposure Management	P F
Restoration	
Matrix, Wedge(s)*	1 2 3 4
Liners, Bases	P F
Cavosurface	1 2 3 4
<i>Excess/Submargination</i>	
Restoration Surface/Shade	1 2 3 4
<i>Smooth/Rough/Insufficient Finish</i>	
Axial Anatomy	1 2 3 4
<i>Facial, lingual, proximal contours (including contact)</i>	
Occlusal Anatomy	1 2 3 4
<i>Fossa, grooves, marginal ridges, cusp placement & occlusion</i>	

Faculty Comments:

UFCD Professionalism and Patient Management Criteria for Pediatric Dentistry

Question	Superior (4)	Acceptable (3)	Marginally substandard (2)	Unacceptable (1) (Critical Errors)
<p><u>1. Evidence-based judgment</u></p> <p>Did the student draw upon current biomedical and clinical knowledge to exercise evidence-based judgment?</p>	<p>Extensive in-depth knowledge and understanding. Information is complete, accurate, concise and well organized. Ability to associate all exam findings with issues raised in health history. Seeks more information and asks insightful questions. Analyzes literature and incorporates it into patient treatment. Student is exceptionally prepared.</p>	<p>Demonstrates knowledge and understanding. Foundation knowledge and medical information is complete and accurate. Ability to associate all exam findings with issues raised in health history. Analyzes literature and incorporates it into patient treatment. Student is adequately prepared.</p>	<p>Demonstrates some gaps in knowledge and understanding. Foundation knowledge and medical information is partial and with some inaccuracies. Ability to associate most exam findings with issues raised in health history. Little evidence is incorporated into the patient treatment. Student is minimally prepared.</p>	<p>Student has little to no knowledge of the patient medical & dental history and/or failed to consult with faculty or appropriate health care providers. Key information is missing and planning is incomplete.</p>
<p><u>2. Interpersonal skills</u></p> <p>Did the student demonstrate acceptable interpersonal skills while interacting with faculty, staff and the patient; including the appropriate use of effective techniques to manage anxiety, distress, discomfort and pain associated with this procedure?</p>	<p>Overtly demonstrates honesty, integrity, humility, compassion and respect for patients, peers & staff. Clearly recognizes patient concerns and needs in the context of their lives and the patient's oral care. Establishes rapport with patient and communicates skillfully. Displays fair-mindedness and actively seeks feedback. Uses effective behavior management tools (TSD, positive reinforcement, voice control).</p>	<p>Demonstrates honesty, integrity, compassion and respect for patients, peers & staff. Recognizes patients concerns and needs in the context of the patient's oral care. Establishes rapport with patient and communicates well. Displays fair-mindedness and accepts feedback readily. Uses effective behavior management tools (TSD, positive reinforcement, voice control)</p>	<p>Demonstrates honesty, integrity, compassion and respect for patients, peers & staff. Recognizes some of the patients concerns and needs in the context of the patient's oral care. Establishes minimal rapport with patient. Some communication skills lacking. Accepts some feedback. Uses appropriate but ineffective behavior management techniques.</p>	<p>Student interactions are disrespectful or insensitive. Ineffective communication and failure to establish functional rapport with patient. Disinterested in patient's needs. Displays 'close-mindedness' by resisting faculty or patient feedback. Fails to use appropriate behavior management techniques.</p>
<p><u>3. Compliance with infection control standards</u></p> <p>Did the student use universal precautions and comply with regulations regarding infection control, hazard communication and medical waste disposal?</p>	<p>Student follows protocol in the Clinical Procedural Manual. Uses and removes PPE appropriately. Clearly recognizes patient's non-verbal desire concerning asepsis and communicates skillfully with staff, faculty, and patients about asepsis procedures and questions.</p>	<p>Student follows protocol in the Clinical Procedural Manual. Uses and removes PPE appropriately. Recognizes patient's non-verbal desire concerning asepsis and as necessary communicates effectively with staff, faculty, and patients about asepsis procedures and questions.</p>	<p>Student follows protocol in the Clinical Procedural Manual but uses or removes PPE inappropriately. Recognizes some patient non-verbal desire concerning asepsis and as necessary communicates with staff, faculty, and patients about asepsis procedures and questions.</p>	<p>Break in asepsis as described in the Clinical Procedure Manual.</p>
<p><u>4. Time management</u></p> <p>Did the student use the clinical time appropriate?</p>	<p>Student uses time efficiently, finishing on or ahead of time with the patient and allowing enough time to complete paperwork in a timely fashion. Student assists with other clinic functions.</p>	<p>Student uses time properly, finishing on time with the patient and allows time to complete paperwork on time.</p>	<p>Student finishes on time with the patient however the paperwork and grading have to be done after clinical hours.</p>	<p>Student does not finish within the allotted time and the patient must return. The paperwork and grading have to be done after clinical hours.</p>
<p><u>5. Preparation for procedure</u></p> <p>Was the student prepared to perform the procedure?</p>	<p>Student is completely prepared to perform the procedure. Knows the steps and procedures properly by setting up the appropriate instruments and materials. Student needed little to no assistance and completed patient care with superior standards.</p>	<p>Student is prepared to perform the procedure. Knows the steps and procedures properly by setting up the appropriate instruments and materials. Student needed some assistance and completed patient care with acceptable standards.</p>	<p>Student is minimally prepared to perform the procedure. Some instruments and/or materials are missing. Student needed some assistance and completed patient care with acceptable standards.</p>	<p>Student was not prepared to perform the procedure. Did not have the necessary instruments and materials and did not know the steps and procedures to satisfactorily complete the procedure.</p>

Add/Edit Evaluation

Evaluation Information

Provider: [Redacted]
 Discipline: [Redacted]
 Form: CMCMP

Date: 05/25/2015

Competency

Academic Information

Evaluator: [Redacted] Instructor: [Redacted] Provider: [Redacted]
 Instructor: [Redacted]
 Hold For

OK
 Cancel

Question: GRADE: Professionalism
 Preparation for procedure(s)
 Evidence-based judgment
 Interpersonal Skills
 Compliance with infection control stds
 Time Management

Grade: 4

Grade	Description
Y	Yes
N	No
y	Yes
n	No

Add another evaluation

Time (hrs): 30.00
 Total RVU: 30.00
 Grade: [Redacted] User: [Redacted]
 Other Forms: [Redacted]

Procedure	Site	Stat.	Description	RVU	Question	Grade	User
D2070	C		Caries Risk Ass...	0.00	ONE "No" ANSWERS IS FAILURE		
			Case Presentation				
			Successfully presented complete case	30.00		Y	
			Diagnosis of Dental Caries				
			Detect/diagnose clinically/xray	0.00		Y	
			Risk Factors				
			Identify risk factors	0.00		Y	
			Protective Factors				
			Identify protective factors	0.00		Y	
			Risk Assessment				
			Balance indicator/factors to assess risk	0.00		Y	
			Caries Management Recommendations				
			Develop proper caries plan	0.00		Y	
			Conditions that affect compliance				
			Identify conditions	0.00		Y	
			Patient Education				
			Attempt to educate patient on caries	0.00			

Table of Contents

Competency 1

University of Florida College of Dentistry
Course Debriefing Summary
DEN 6430C, Principles of Endodontics

February 13, 2018

Present: H. Jones, J. Cannon, A. Brown, J. Norell, M. Johnson, L. Lavadia, K. Phanord, S. Turgeon, B. Alpizar, C. DeBruzos, R. Gonzalez, G. Childs, M. Natera, R. Pileggi

Debriefing Purpose: New course director, Dr. Natera

Course Evaluation: Overall course rating 3.43 (42)

Syllabus:

Course Content:

- Students felt the course content was good.

Course Materials / Textbook:

- Students found it difficult to find information in the Documents section of ECO and asked if materials could be organized by lecture.
- Students also requested the posted presentation be full slides per page.

Laboratory:

- Students asked for earlier notification of teeth needed for endodontics.
- There was general agreement that there are too many students in the tooth selection lab for the radiography of mounted teeth. Students asked if this could be organized by groups on different days.

Evaluation:

- Students felt the exams were fair.
- In the team-based learning assignment, students did not feel it should be worth 10% of their grade.

Summary of Recommendations

- Notify students the semester prior when and what types of teeth they need for the course. Consult with Dr. Riberio who works on identifying student teeth for caries in spring /semester 2.
- Arrange the radiographic lab session by the 4 preset student groups. Consider use of small group designated lunch times in radiology to complete radiography of selected teeth.
- Confirm the Office of Admissions has the same detailed list as Endodontics.
- Standardize the Documents section naming convention.
- Present a clearer expectation for the team-based learning assignment.
- Create a video to accompany the featured technique in the posted lecture.

University of Florida College of Dentistry
Course Debriefing Summary
DEN 7441, Introduction to Oral Surgery Part 1
February 9, 2018

Debriefing Purpose: New course director, Dr. Bowers

Learning Environment:

- Dr. Bowers cares about the material, the course, our future as professionals.
- He is approachable yet be prepared to explore case details. He mentors you through the process.
- Dr. Bower uses antidotes outside dentistry and they are received well. One example is a correlation between medical emergencies and a pilot in emergency decisions.
- He is a role model instructor and tests on what he teaches.

Course Content

- One student that had their first OS rotation did not feel adequately prepared to begin patient care and the protocol for post check varied.
- The IND procedure was used often in DEN7805L yet students asked where it was explicitly taught.

Examinations

- There were extra credit questions on exams that are covered in class. This encouraged students to watch the videos or attend class.
- Exams were fair as they related exactly to what was taught.

Recommendations

- Include step-by-step IND process in this class
- Conduct a debriefing for DEN7805L: Clinical Oral Surgery I

Curriculum Committee Semester Debriefing Template

Semester: 4 _____ Date 2/16/18 _____

Attendees: G. Childs, K. Campbell, G. Gilbert-Orrego, P. Pereira, R. Caudle, M. Dawley, K. Calderon, D. Smith, M. Natera, R. Pileggi, R. Clance

<p>Criteria</p> <p>Courses & Content Sequencing <i>Is the semester of <u>courses sequenced</u> to build on content development sufficiently? Identify where this stream incorporates <u>emerging information</u>? Do the courses have <u>excessive</u> content <u>overlap</u> with other streams in the curriculum such that time could be used in other ways? Are their <u>content gaps</u> or <u>redundancies</u> that need to be addressed?</i> Comments: <ul style="list-style-type: none"> • Not too many gaps or overlaps. • There was some repetition in periodontic and histology lectures. • Treatment planning lectures were repetitious but demonstrated it from a treatment planning perspective. It was suggested to omit the repeated lectures' discipline and focus on the critical thinking of the cases and axiUm entry. • AxiUm online training was appreciated by the students but was redundant in the spring semester. • Students liked the structure of the prosthodontics course. </p>
<p>Teaching Methods <i>What are the primary methods of instruction this semester?</i> Comments: <ul style="list-style-type: none"> • In treatment planning, faculty and TAs were not evenly distributed between clinics. Additionally, to calibrate new faculty and TAs. • Faculty were not calibrated effectively. Students noted faculty tautology in lecture materials. Active learning: <ul style="list-style-type: none"> • Active learning was evident in Operative Dentistry, Oral Pathology and Prosthodontics. The in class quizzes reinforced active learning. </p>
<p>Methods of Evaluation <i>What are the primary methods of student assessment this semester?</i> Comments: <ul style="list-style-type: none"> • Students found the oral pathology quizzes very stressful. They noted the quizzes were unclear in their lecture origin and had higher point value than exam questions. </p>
<p>Student Preparation and Assignments: <i>Are course readings and assignments throughout the semester appropriate? Identify where group projects/student presentations occur this semester?</i> Comments: <ul style="list-style-type: none"> • Periodontic labs were not equal in time for each group. • Endodontic labs were too large. </p>
<p>Credit Hours <i>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?</i> Comments: <ul style="list-style-type: none"> • . </p>
<p>RECOMMENDATIONS</p>

- Only cover cases and axiUm entry for treatment planning and remove the discipline, such as endodontics, from the lectures. Also to work from the simpler cases to the more complex.
- Make axiUm training online and only in the first semester of treatment planning.
- Change the oral pathology quizzes to either have an extra credit questions. Also to have more quizzes with less questions, to change the weight of the quizzes from 15% to 10% of the grade and/or move the quizzes to Canvas to eliminate a stressful learning environment.
- Calibrate faculty when giving similar lecture materials.
- Develop a course packet that includes the buzz words for oral pain.
- Ensure lab times are equal for periodontics.
- Create smaller lab groups for endodontics.
- Mirror teaching methods of prosthodontics with operative dentistry courses.

CHALLENGES TO DO YOUR BEST

- Periodontic psychomotors were challenging.
- Practicing with classmates.

University of Florida College of Dentistry
Course Debriefing Summary
DEN6251: Science and Clinical Management of Dental Pain
March 27, 2018

Attendees: R. Caudle, E. Bartley, M. Dasilva, G. Childs and seven students

Debriefing Purpose: Overall Course Evaluation <3.0

Learning Environment:

Administrative Note: Dr. Heft was the Interim Course Director for the first part of the course while Dr. Caudle was on leave.

- Overall students reported different levels of enthusiasm and energy between the faculty presentations in the first part of the course and the second portion. It was noted that the first part of the course is conceptual, and the second part of the course provides more clinical application.

Course Content

- Students suggested a neurophysiology review would be helpful as it been one year since their physiology course.
- The lectures seem disparate, yet students began to see the big picture as the clinical correlations increased in the latter portion of the course. Faculty used different terms and this was sometimes confusing. A suggestion was made for better continuity between the lectures in the first half.
- There is no authoritative text to refer to if you did not understand a concept(s) and the presentation notes were not explicit.
- Dr. DaSilva notes provided explanation and references. Additionally, she had practice questions that were helpful to reinforce main concepts.
- Students requested words not just images with arrows to better study materials after class.
- Dr. Bartley's best practice was explaining the concept (sex differences in pain) and then providing 2 examples.

Evaluation-in this course consisted of quizzes and two short essay examinations.

- Students found the quizzes helpful in testing to see if they knew the concepts.
- Some students preferred the free response (short essay) to be able to discuss the concepts asked on the exams. Other students were unsure of how much detail to include for points and suggested key word hints would be helpful.
- While both the midterm and the final exam are short essay, students felt the midterm was more challenging conceptually than the final.
- Students felt overall feedback to the class after exams would be helpful.

- Students asked if there was a way to have an ideal answer on an essay appear at the exam review.

Recommendations

- Provide a neurophysiology review or assignment at the beginning of the course.
- Better integration and alignment of concepts with clinical relevance in the first portion of the course.
- Overall feedback to class after the exams would be helpful.
- Open faculty evaluations at the midpoint of the course.

Spring 2012 - 2018 Course Evaluation Summary

Course #	Course Name	Course Mean / (Respondents) 2012	Course Mean / (Respondents) 2013	Course Mean / (Respondents) 2014	Course Mean / (Respondents) 2015	Course Mean / (Respondents) 2016	Course Mean / (Respondents) 2017	Course Mean / (Respondents) 2018
5010	Interdisciplinary Service Learning I / Micaela Gibbs	3.1 (27)	3.2 (38)	3.38 (63)	3.2 (46)	3.4 (78)	4.0 (68)	3.5 (66)
5120C	Physiology / Paul Oh	4.2 (50)	4.2 (44)	4.27 (64)	4.2 (47)	4.4 (79)	4.6 (69)	4.3 (66)
5127	Infectious Diseases / Clay Walker (2010-12), Ann Progluske-Fox (2013-2016) / Jacqueline Abranches (2017-current)	4.3 (42)	4.3 (43)	4.11 (63)	3.8 (47)	3.8 (80)	3.5 (68)	3.5 (66)
5126C	Histology / Shanna Williams (2010-12), Moira Jackson (2013 - 2015) / John Aris (2016 - current)	4.1 (75)	3.0 (43)	4.14 (65)	4.2 (47)	4.4 (79)	4.9 (68)	4.5 (66)
5221C	Oral Health Management and Psychosocial Issues over the Lifespan / Joseph Riley (2010) / Barbra Hastie(2011-2013) / Virginia Dodd (2014-current)	4.4 (28)	4.3 (42)	3.55 (64)	1.8 (46)	3.0 (79)	4.4 (68)	2.8 (66)
5320C	Foundations of Patient Care / Sharon Cooper (2010 - 2015) / Nery Clark (2016)	4.4 (24)	4.5 (37)	3.83 (63)	4.0 (46)	2.8 (79)		
5405C	Precinical Operative Dentistry 1 / Marcelle Nascimento(2010-2015) / Patricia Pereira (2016) / Ana Ribeiro (2017 - current)	4.2 (57)	3.2 (63)	3.59 (63)	3.8 (46)	4.4 (79)	4.6 (69)	4.4 (69)
5502C	Cariology and Preventive Dentistry / Marcelle Nascimento (2017-current)						4.0 (68)	3.3 (66)
6015	Professionalism In Patient Care and Practice Management I / T. Wendel Willis (2010-2015) / Rosalia Rey (2016 - current)	4.1 (33)	4.0 (11)	4.5 (6)	4.1 (14)	3.8 (55)	4.0 (58)	4.0 (50)
6416C	Moira Jackson (2010-2015) / Venkatesh Nonabur (2016 - current)	4.0 (31)	3.4 (17)	3.1 (18)	3.1 (17)	3.1 (55)	3.7 (59)	3.8 (50)
6260	Oral Medicine and Pharmacotherapeutics / Joesph Katz	4.2 (70)	4.3 (22)	4.1 (31)	3.7 (17)	4.0 (56)	3.4 (59)	2.8 (50)

Spring 2012 - 2018 Course Evaluation Summary

Course #	Course Name	Course Mean / (Respondents) 2012	Course Mean / (Respondents) 2013	Course Mean / (Respondents) 2014	Course Mean / (Respondents) 2015	Course Mean / (Respondents) 2016	Course Mean / (Respondents) 2017	Course Mean / (Respondents) 2018
6262	Principles of Pharmacology / Mary Law	4.1 (70)	4.6 (34)	4.2 (19)	4.2 (17)	4.0 (55)	4.2 (59)	4.5 (50)
6440	(Part I) / Matthew Dennis (2010-2015) / John Hardeman (2016 - current)	4.4 (36)	4.6 (18)	4.9 (8)	4.4 (17)	4.4 (55)	4.3 (59)	4.4 (50)
6250C	Pain Control / Ulrich Foerster	4.3 (36)	4.6 (15)	4.7 (10)	4.5 (17)	4.1 (55)	4.2 (58)	4.3 (49)
6302C	Introduction to Clinical Diagnosis and Treatment Planning / Susan Nimmo (2010-2011), Christopher Spencer (2012-2015), W. Stephen Howard (2016 - current)	3.9 (29)	3.8 (20)	3.9 (8)	4.3 (17)	3.6 (55)	3.8 (59)	4.0 (50)
6460C	Prosthodontics Treatment of the Edentulous Patient / Arthur Nimmo (2010), Maria Aguilar (2011-current)	4.0 (42)	4.2 (42)	4.2 (72)	3.9 (17)	3.1 (55)	3.1 (60)	2.7 (52)
6432C	Basic Endodontic Therapy / Claudio Varella (2010-11), Roberta Pileggi (2012), Uma Nair (2013-2016), Roberta Pileggi (2017 - current)	4.4 (37)	3.5 (17)	3.6 (5)	4.1 (17)	4.0 (55)	3.0 (57)	3.0 (52)
6415C	Preclinical Fixed Prosthodontics II / Fong Wong (2010-12), Tarek El-Kerdani (2013-current)	3.7 (71)	3.6 (66)	4.2 (51)	2.7 (17)	4.0 (56)	3.2 (58)	4.5 (56)
7319	DEN7319 Dental Care for the Geriatric Patient / Ulrich Foerster	4.6 (32)	4.1 (10)	4.3 (6)	4.5 (8)	4.1 (17)	4.7 (10)	4.4 (5)
7433	Interdisciplinary Aspects of Endodontics / Roberta Pileggi	4.9 (28)	4.3 (7)	4.5 (6)	4.6 (8)	4.3 (17)	4.5 (10)	4.0 (5)
7442	Overview of Oral and Maxillofacial Surgery / Franci Stavropoulos (2010-Feb. 2013), Frank Dolwick (remainder of 2013) / Esther Oh (2014 - 2016)/ Frank Dolwick (2017 - current)	4.4 (29)	4.4 (8)	4.0 (4)	4.4 (9)	4.1 (17)	4.5 (10)	4.6 (5)
7717C	Clinical Use of Dental Materials / Chiayi Shen	4.3 (28)	3.7 (6)	3.7 (3)	4.3 (8)	3.5 (16)	4.0 (10)	3.8 (5)

Spring 2012 - 2018 Course Evaluation Summary

Course #	Course Name	Course Mean / (Respondents) 2012	Course Mean / (Respondents) 2013	Course Mean / (Respondents) 2014	Course Mean / (Respondents) 2015	Course Mean / (Respondents) 2016	Course Mean / (Respondents) 2017	Course Mean / (Respondents) 2018
8019	Interdisciplinary Service Learning IV / Micaela Gibbs	3.5 (84)	4.1 (78)	3.9 (79)	3.7 (73)	3.9 (79)	3.7 (81)	3.5 (90)
8321	Dental Practice Management / Nick Minden / Annelise Driscoll (2015-current)	Fall Evaluation 4.6 (14)	4.4 (78)	4.2 (79)	3.6 (73)	3.4 (79)	4.0 (81)	3.6 (90)
8462	Advanced Topics in Prosthodontics / Luis Rueda	3.7 (84)	4.0 (78)	3.7 (79)	3.9 (73)	4.0 (79)	3.7 (81)	3.3 (90)
8443L (2010-11) (7443L - 2012)	Hospital Dentistry / Emma Lewis (2010-12), Franci Stavropoulos (2013 till Feb.) Daniel Torres (Feb. 2013) / Frank Dolwick (2014 - current)	4.3 (35)	4.4 (9)	5.0 (2)	Summer Evaluation	Summer Evaluation	Summer Evaluation	Summer Evaluation
8767L	Clinical Oncology & Oral Pathology / Pam Sandow	3.9 (83)	4.3 (77)	3.8 (79)	3.8 (73)	3.9 (79)	3.8 (81)	3.6 (88)
8719C	Selection of Clinical Dental Materials / Karl Soderholm / Chiayi Shen (2014 - current)	3.6 (84)	4.2 (78)	3.9 (79)	Fall Evaluation 3.2 (21)	Fall Evaluation (-)	Fall Evaluation (-)	Fall Evaluation (-)
8290	Clinical Orthodontics / Leandra Dopazo (2010), Shreena Patel (2011-12), Richard Donatelli (2012-13), Timothy Wheeler (2014 - 2015) / John Neubert (2016 - current)	4.0 (19)	4.5 (2)	0 (0)	4.0 (7)	3.3 (25)	3.8 (50)	3.1 (47)
8290	Oral Health and Advocacy / Samuel Low	4.6 (5)						
8290	Spanish in Dentistry / Elizabeth Lense (2013) / Alex Delgado (2017) / Annetty Soto (2018 - current)		4.6 (13)				3.8 (49)	3.9 (45)
8290	Digital Dentures / Monica Fernandez				3.5 (24)			
8290	Operative Skill Development / Deborah Dilbone				3.7 (23)	3.3 (26)		
8290	Resin Bonded Fixed Partial Dentures / Arthur Clark				3.7 (24)			
8290	Hospital Dentistry in Pediatric Dentistry / Abi Adewumi				3.7 (24)		4.0 (47)	3.7 (36)

The purpose of this document is to establish guidelines for the management of acute oral and maxillofacial pain using a combination of techniques with the intent of providing an optimal pain management strategy.

Acute Pain Management Guidelines for Non- Malignant Dental Pain

University of Florida
College of Dentistry

2018

Preface

Management of acute pain after surgery in the oral and maxillofacial region has evolved with recent research advancements in our understanding of pain and healing processes. For example, peripheral and central neurophysiological and inflammatory events that occur in response to damage of superficial or deep orofacial structures has been a focus of research over the past 25 years and it is now well-documented that uncontrolled acute pain has a high potential to progress to persistent pain. Management strategies that minimize a barrage of nociceptive afferent activity from the periphery during and after surgery are recognized as an effective approach towards management of acute pain.

It is important that periodic reviews of our pain management strategies for acute pain be undertaken to maximize the most efficient outcomes for our patients and minimize unnecessary suffering. With the recent focus on the use (and abuse) of opioids as a part of pain management strategies, it is incumbent upon our dental profession to examine alternative pain management strategies as they become available. Pharmacological management of acute pain using opioids has a role in acute pain management but newer evidence suggests that many patients can have very good pain management either without including opioids or using opioids in combination with other non-narcotic analgesics for a short duration and then progressing to non-narcotic alternatives. The addition of physical modalities such as ice or heat and/or behavioral interventions such as anxiety/stress reduction has also been shown to be valuable strategies to complement pharmacological management.

The purpose of this document is to establish guidelines in the College of Dentistry at the University of Florida that represent a consensus of the faculty for college-wide management of acute pain. These guidelines are developed with the understanding that identification of more efficacious, evidence-based acute pain management strategies will necessitate a re-assessment as new information and new techniques become available. These guidelines also document the current American Dental Association (ADA) recommendations for the use of opioids in the dental practice approved by the ADA House of Delegates in 2016.

University of Florida College of Dentistry

Acute Pain Management Guidelines for Non-Malignant, Dental Pain¹⁻⁴

Dental Care Sequence

STEP 3

Strong⁹ Opioid +/- NSAID⁵ or APAP⁶
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management⁷
Consider referring patient to a pain management specialist.



Proceed to STEP 3 if patient has multiple episodes of breakthrough pain and has not responded to alternative pain management approaches such as low dose opioid preparations and physical modalities/behavioral pain management.

STEP 2

Weak⁸ Opioid +/- NSAID⁵ or APAP⁶ prescribed for short duration (3-5 days)
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management⁷



Proceed to STEP 2 if patient has multiple episodes of breakthrough pain or has contraindications to NSAIDs and/or APAP and has not responded to alternative pain management approaches such as physical modalities and/or behavioral pain management.

STEP 1

Non-Steroidal Anti-Inflammatory Medication (NSAID)⁵ + Acetaminophen (APAP)⁶
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management⁷



¹Modified from the World Health Organization (WHO) analgesic ladder for cancer pain (World Health Organization, *Traiment de la douleur cancéreuse*, Geneva, Switz. World Health Organization, 1987.

²Guidelines based on Statement on the Use of Opioids in the Treatment of Dental Pain, American Dental Association, House of Delegates, 2016.

³Moore, PA and Hersh, EV. Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions, J. Am. Dent. Assoc., 144(8): 898-908, 2013.

⁴Chou, R. et al, Guidelines on the management of postoperative pain, J. Pain, 17(2): 131-157, 2016.

⁵NSAID contraindicated in patients with kidney or liver impairment, cardiovascular disease or recent MI, hypertension, congestive heart failure (CHF), gastrointestinal bleeding history, asthma, bleeding disorders, pregnancy starting at 30 wks, chronic alcohol abuse or known hypersensitivity to the drug. Starting dosage should be in the low-midrange and titrate to achieve pain management.

⁶APAP (*N*-acetyl-*p*-aminophenol or acetaminophen) contraindicated in patients with kidney or liver impairment or known hypersensitivity to the drug. Starting dosage <1000 mg/day to a maximum of 3000 mg/day.

⁷Behavioral pain management includes rest, adequate sleep duration and/or stress/anxiety management.

⁸Low dose, short-acting opioids such as codeine, hydrocodone (in combination with NSAIDs or APAP) or tramadol titrated until pain relief is achieved.

⁹Low dose, long-acting opioids such as fentanyl, oxycodone, morphine, methadone, buprenorphine titrated until pain relief is achieved.

Statement on the Use of Opioids in the Treatment of Dental Pain²
American Dental Association, 2016 House of Delegates

1. When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.
2. Dentists should follow and continually review [Centers for Disease Control](#) and state licensing board recommendations for safe opioid prescribing.
3. Dentists should register with and utilize [prescription drug monitoring programs](#) (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.
4. Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.
5. Dentists should consider treatment options that utilize best practices to prevent exacerbation of or relapse of opioid misuse.
6. Dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
7. Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.
8. Dentists should consider coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
9. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
10. Dental students, residents and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing.

Strategies to Consider for Optimal Acute Pain Management

1. Use of longer-lasting local anesthetics during surgery can allow time for post-operative analgesics consumed immediately after surgery to achieve a therapeutic level and minimize breakthrough pain episodes.
2. The patient must understand that it is important to follow the recommended schedule for oral analgesics as prescribed by their dentist. Discussion of prescribing strategies with the patient has been shown to reduce anxiety and stress and can be a valuable part of pain management.
3. A patient that is suspected or acknowledges having a substance abuse disorder should be referred to their primary care physician, to a substance abuse treatment program or other appropriate referral.

PRESCRIPTION GUIDE FOR ACUTE DENTAL PAIN MANAGEMENT

IMPORTANT: After a thorough clinical exam and appropriate clinical management, additional care may be appropriate to address acute orofacial pain. These are suggested guidelines for acute pain management in the UF College of Dentistry. Always consider the patient's health conditions, prior pain management experience, age, and weight when prescribing. Prescribe the lowest doses possible to achieve effective relief. These suggested guidelines are for PO administration in adults only. Discuss pain management plans with patients prior to prescribing.



Non-Pharmacological Treatments

Consider the following non-pharmacological interventions for pain management: rest, sleep, stress & anxiety management, acupuncture, ice/heat, behavioral pain management (create realistic expectations, psychological effects)



History of Substance Abuse/Addiction or Contraindications

to NSAIDs, ASA, or Acetaminophen (APAP) History of CV disease, kidney impairment, or liver impairment

Consult with the patient prior to the procedure to develop a pain management plan.

If a patient has contraindications, consult the patient's primary care provider before prescribing pain medications.

If a patient has a history of substance abuse or addiction, consult a pain specialist or the patient's primary care provider before prescribing pain medication.



No Contraindications to NSAIDs, ASA, or Acetaminophen (APAP)

Prescribe treatment for 3 days or less, which is usually enough for most acute conditions.

MILD	Ibuprofen 200-600mg q 4-6 h OR APAP 325-650mg q 4-6 h
MODERATE	Ibuprofen 200-600mg + APAP 650mg q 4-6 h OR Diclofenac K 50mg (Cataflam®) TID
SEVERE	APAP 650mg + Ibuprofen 600mg q 4-6h <div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p>OPIOIDS Consult the PDMP Database Oxycodone 5mg + APAP 325mg (Percocet® 5/325) 1 tab q 4h OR Tramadol (Ultram®) 50mg +/- Ibuprofen 600mg + APAP 500mg q 6h OR Hydrocodone 5mg + APAP 325 mg (Norco 5®) 1 tab q 6h</p> </div>

SAMPLE PRESCRIPTION

University of Florida College of Dentistry
Faculty Associates, Inc.
P.O. Box XXXXX, Gainesville, FL 32610

Date: **May 8, 2018**

Dr. _____ Phone: _____

Patient Name

Patient DOB

Patient Address

Rx: **Ibuprofen 600mg**

Disp: **12 (twelve) tabs**

Sig: **1 tab q 6h**

Refill _____ times in _____ months

Substitution allowed (initials) _____

DDS/DMD

Prior Approval Required _____

DEA # _____

REFERENCES

- American Dental Association. (2016). *Statement on the Use of Opioids in the Treatment of Dental Pain*. Retrieved from: <https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/policies-and-recommendations-on-substance-use-disorders>
- Atkinson, H. C., Currie, J., Moodie, J., Carson, S., Evans, S., Worthington, J. P., Steenberg, L. J., Bisley, E., & Frampton, C. (2015). Combination paracetamol and ibuprofen for pain relief after oral surgery: a dose ranging study. *Eur J Clin Pharmacol*, 71(5), 579-587. doi:10.1007/s00228-015-1827-x
- Chang, A.K., Bijur, P.E., Esses, D., Barnaby, D.P., & Baer, J. (2017). Effect of a single dose of oral opioid and nonopioid analgesics on acute extremity pain in the emergency department: a randomized clinical trial. *JAMA*. 318 (17), 1661-1667. doi: 10.1001/jama.2017.16190
- Chou, R., Gordon, D. B., de Leon-Casasola, O. A., Rosenberg, J. M., Bickler, S., Brennan, T., Carter, T., Cassidy, C. L., Chittenden, E. H., Degenhardt, E., Griffith, S., Manworren, R., McCarberg, B., Montgomery, R., Murphy, J., Perkal, M. F., Suresh, S., Sluka, K., Strassels, S., Thirlby, R., Viscusi, E., Walco, G. A., Warner, L., Weisman, S. J., & Wu, C. L. (2016). Management of Postoperative Pain: A Clinical Practice Guideline From the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council. *J Pain*, 17(2), 131-157. doi:10.1016/j.jpain.2015.12.008
- Gazal, G., & Al-Samadani, K. H. (2017). Comparison of paracetamol, ibuprofen, and diclofenac potassium for pain relief following dental extractions and deep cavity preparations. *Saudi Med J*, 38(3), 284-291. doi:10.15537/smj.2017.3.16023
- Mehlich, D. R., Aspley, S., Daniels, S. E., Southerden, K. A., & Christensen, K. S. (2010). A single-tablet fixed-dose combination of racemic ibuprofen/paracetamol in the management of moderate to severe postoperative dental pain in adult and adolescent patients: a multicenter, two-stage, randomized, double-blind, parallel-group, placebo-controlled, factorial study. *Clin Ther*, 32(6), 1033-1049. doi:10.1016/j.clinthera.2010.06.002
- Moore, P. A., & Hersh, E. V. (2013). Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions: translating clinical research to dental practice. *J Am Dent Assoc*, 144(8), 898-908
- Moore, R.A., Wiffen, P.J., Derry, S., Maguire, T., Roy, Y.M., & Tyrrell, L. (2015) Non-prescription (OTC) oral analgesics for acute pain – an overview of Cochrane reviews. *Cochrane Database of Systematic Reviews*, 2015 (11), doi:10.1002/14651858.CD010794.pub2
- World Health Organization (1987). Traitement de la douleur cancéreuse. Traitement de la douleur cancéreuse (Treatment of cancer pain). Genève : Organisation mondiale de la Santé. Retrieved from: http://apps.who.int/iris/bitstream/handle/10665/41712/9242561002_fre.pdf;jsessionid=20019DB7BE6FB8C2FE41D218E5D006FC?sequence=1

Opioids for Acute Pain

What You Need to Know



Types of Pain

Acute pain usually occurs suddenly and has a known cause, like an injury, surgery, or infection. You may have experienced acute pain, for example, from a wisdom tooth extraction, an outpatient medical procedure, or a broken arm after a car crash. Acute pain normally resolves as your body heals. Chronic pain, on the other hand, can last weeks or months—past the normal time of healing.

Prescription Opioids

Prescription opioids (like hydrocodone, oxycodone, and morphine) are one of the many options for treating severe acute pain. While these medications can reduce pain during short-term use, they come with serious risks including addiction and death from overdose when taken for longer periods of time or at high doses.

Acute pain can be managed without opioids

Ask your doctor about ways to relieve your pain that do not involve prescription opioids. These treatments may actually work better and have fewer risks and side effects.

Ask your doctor about your options and what level of pain relief and improvement you can expect for your acute pain.

Nonopioid options include:



Pain relievers like ibuprofen, naproxen, and acetaminophen



Acupuncture or massage



Application of heat or ice



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Learn More: www.cdc.gov/drugoverdose

If You Are Prescribed Opioids

Know your risks

It is critical to understand the potential side effects and risks of opioid pain medications. Even when taken as directed, opioids can have several side effects including:

- Tolerance, meaning you might need to take more of a medication for the same pain relief
- Constipation
- Nausea and vomiting
- Dry mouth
- Sleepiness and dizziness
- Physical dependence, meaning you have withdrawal symptoms when a medication is stopped—this can develop within a few days
- Confusion
- Depression
- Itching

Know what to expect from your doctor

If your doctor is prescribing opioids for acute pain, you can expect him or her to protect your safety in some of the following ways. Your provider may:

- Prescribe the lowest effective dose of immediate-release opioids
- Prescribe treatment for 3 days or less, which is usually enough for most acute conditions
- Ask you to follow up if your pain is not resolving as quickly as expected
- Check your state's prescription drug monitoring program
- Conduct urine drug testing during the course of your therapy
- Provide instructions on how to taper opioids to minimize withdrawal symptoms

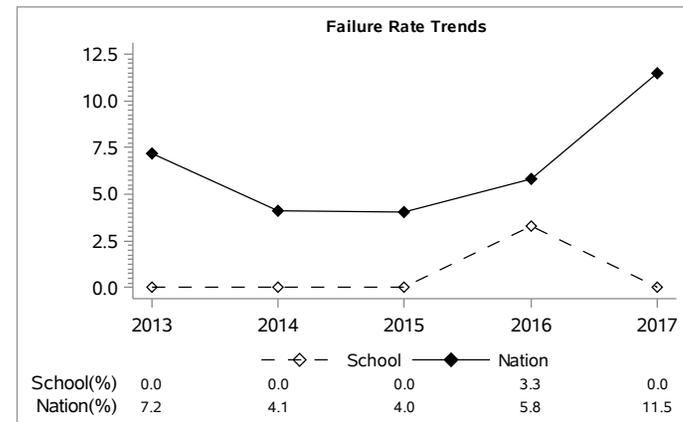
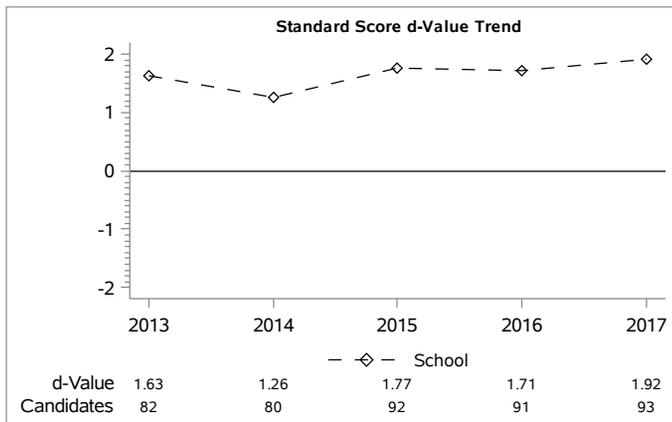
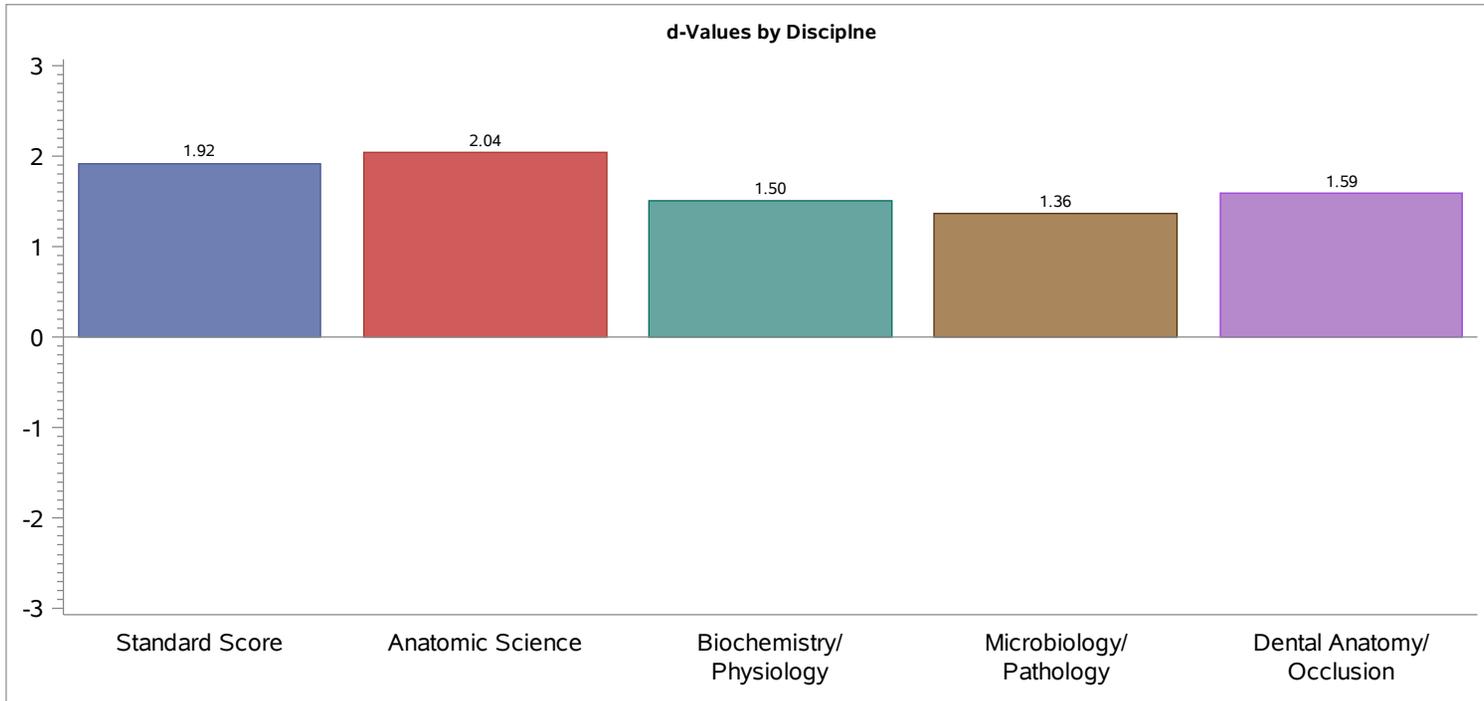
Know your responsibilities

It is critical to know exactly how much and how often to take the opioid pain medications you are prescribed, as well as how to safely store and dispose of them.

- Never take opioids in higher amounts or more often than prescribed
- Do not combine opioids with alcohol or other drugs that cause drowsiness, such as:
 - Benzodiazepines, also known as “benzos” including diazepam and alprazolam
 - Muscle relaxants
 - Sleep aids
- Never sell or share prescription opioids
- Store opioids in a secure place and out of reach of others (including children, family, friends, and visitors)
- If you have unused opioids at the end of your treatment:
 - Find your community drug take-back program,
 - Find your pharmacy mail-back program, or
 - Flush them down the toilet following guidance from the Food and Drug Administration: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>



NBDE Part I Profile Report For 2017 3172 FLA



NBDE Part II Profile Report For 2017 3172 FLA

