COMPASS Website: compass.ufl.edu
Data & Reporting

• Data and reporting leaders actively engaging consumers, assessing specific needs for data/business process continuity

• Colleges/units are a big part of this effort, including cleanups to legacy data and new system adjustments

• COMPASS.ufl.edu has links to documentation and resources on data.ufl.edu, including:
  • Recording of April 17th town hall focused on ODBC data consumers, data application integrations and data on ESODBC and DB2
  • Student: Data Dictionaries, ERD’s, pre-joined views, SQL tips, etc.
  • Person: Data Model, ERD’s, Quick Start guide, wiki information, etc.
COMPASS Impact on Professional Schools

- **Benefits:** Enhancements and new capabilities in Gator360, learning ecosystem, master data management and governance, reporting and analytics, and ONE.UF and myUFL portals. Future calendar assimilation

- **Admissions:**
  - Professional schools will continue to use their own systems to manage their specialized needs and do their own application processing and decision making
  - New professional supplemental apps opened in September 2017. Moved from legacy applications to CollegeNet Applyweb vendor application
  - Professional supplemental applications will load into our CRM processing tool starting August 2018
  - Admissions is piloting with the law school for a direct feed of their LSAC applications. This process allows for a direct feed of application and decisions to the Office of Admissions. We hope to be able to eventually make this option available to other professional programs, though it is dependent on willingness of the individual vendor to collect the required material and application fees necessary to replace the supplemental application
COMPASS Impacts on Graduate School

• **Benefits**: Similar to undergraduate and professional (learning ecosystem, master data management and governance, reporting and analytics, and ONE.UF and myUFL portals)

• **Graduate Information Management System (GIMS)**:
  - Redesigning GIMS for more seamless, near-real-time integration with new SIS. Graduate School and UFIT evaluating best permanent home for GIMS functions
  - Starting January 2018, degree program changes entered and stored via new SIS rather than GIMS, providing everyone same view of what degree program(s) a student is pursuing
  - Milestones move into new SIS in March 2018
  - For now, students will still submit theses and dissertations via GIMS, and changes to graduate committees will still be entered in GIMS
In 2009, the Joint Commission on National Dental Examinations ("Joint Commission") initiated formal efforts to begin development of an examination program that integrates content from the biomedical, behavioral, and clinical sciences, to replace National Board Dental Examination (NBDE) Parts I and II. The purpose of the Integrated National Board Dental Examination (INBDE) mirrors that of the NBDE Program: to assist dental boards in determining the qualifications of individuals who seek licensure to practice dentistry. Throughout its development the INBDE has been focused on the clinical relevance of examination content, and the corresponding clinical relevance of the biomedical sciences. The INBDE is the product of a comprehensive strategic planning process, and years of rigorous psychometric research that have resulted in a substantial amount of evidence that supports usage of this examination in the licensure decision making process of dental boards.

This communication provides the Joint Commission’s official notification to your organization that the INBDE will be available for administration beginning on August 1, 2020. Concomitantly, the NBDE Part I will be discontinued as of the day prior (July 31, 2020). The NBDE Part II will be discontinued two years later, on August 1, 2022. No further administrations of the NBDE will be provided after the aforementioned dates. The Joint Commission first announced anticipated details of the INBDE Implementation Plan on March 13, 2016, and the current schedule of activity is in accordance with those announced details. The Joint Commission’s website (www.ada.org/JCNDE/INBDE) contains the INBDE Implementation Plan, as well as a tremendous amount of information concerning validity evidence for the INBDE, activity timelines, etc.

The INBDE Implementation Plan provides information concerning the dates of implementation, how implementation will occur, and general guidance on how best to prepare. In reviewing this plan, the Joint Commission recommends your organization take into consideration any modifications and/or adjustments that may be necessary to accommodate the discontinuation of NBDE Parts I and II. This Implementation Plan will be updated regularly so it remains current, as the Joint Commission responds to inquiries and releases any additional information to help stakeholders and communities of interest with the transition.

The INBDE Retest Policy and Candidate Eligibility document provides an example of a document that was created to help facilitate the transition to the INBDE. This document provides additional guidance through the clarification of retest policies and unique issues that will be present during the transition period. Candidates are advised to consider their available options well in advance of testing. Dental school faculty will also find this information useful in advising students and considering administrative or academic policy changes that may be needed.
The Joint Commission requests your assistance in communicating relevant INBDE information to those who would benefit from this information. The Joint Commission will continue to provide updates to help facilitate this transition as information becomes available. Please review and monitor INBDE information on the Joint Commission’s website (www.ada.org/JCNDE/INBDE). Any questions regarding this notification can also be directed to the Joint Commission via nbexams@ada.org.

Sincerely yours,

Dr. Lisa Heinrich-Null, Chair
Joint Commission on National Dental Examinations
### Integrated National Board Dental Examination (INBDE) Quick Facts

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>As presented on the JCNDE website, for purposes of administering the examination:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prior to Aug. 1. 2022:&lt;br&gt;The Integrated National Board Dental Examination&lt;br&gt;&lt;br&gt;Aug. 1, 2022 and beyond:&lt;br&gt;The National Board Dental Examination (NBDE)</td>
</tr>
<tr>
<td></td>
<td>As presented on the Department of Testing Services’ Results Reporting Hub (“DTS Hub”), for purposes of reporting candidate results to dental boards and schools:*&lt;br&gt;&lt;br&gt;The National Board Dental Examination (NBDE)</td>
</tr>
<tr>
<td></td>
<td>*The DTS Hub will make no distinction between the NBDE and the INBDE.</td>
</tr>
<tr>
<td>First Date of Availability</td>
<td>August 1, 2020*&lt;br&gt;&lt;br&gt;*NBDE Parts I and II will be discontinued July 31, 2020 and July 31, 2022, respectively.</td>
</tr>
<tr>
<td>Content Domain and Test Specifications</td>
<td>The INBDE is designed to evaluate dental candidate cognitive skills based on the JCNDE’s Domain of Dentistry:&lt;br&gt;&lt;br&gt;<a href="https://www.ada.org/~/media/JCNDE/pdfs/domain_of_dentistry_July2018.pdf?la=en">https://www.ada.org/~/media/JCNDE/pdfs/domain_of_dentistry_July2018.pdf?la=en</a>&lt;br&gt;&lt;br&gt;The INBDE Test Specifications can be downloaded here:&lt;br&gt;&lt;br&gt;<a href="https://www.ada.org/~/media/JCNDE/pdfs/inbde_test_specs_july2018.pdf?la=en">https://www.ada.org/~/media/JCNDE/pdfs/inbde_test_specs_july2018.pdf?la=en</a></td>
</tr>
<tr>
<td>Sample Questions</td>
<td>Sample INBDE questions can be obtained here:&lt;br&gt;&lt;br&gt;<a href="http://www.ada.org/~/media/JCNDE/pdfs/INBDE_practice_questions.pdf?la=en">http://www.ada.org/~/media/JCNDE/pdfs/INBDE_practice_questions.pdf?la=en</a></td>
</tr>
<tr>
<td>Eligibility</td>
<td>INBDE eligibility rules for students of U.S. dental schools accredited by the Commission on Dental Accreditation (CODA) are determined by each dental school. Each school at its discretion may also institute its own specific requirements pertaining to the examination.</td>
</tr>
<tr>
<td>Administration</td>
<td>The INBDE will contain 500 questions and require 1 ½ days to administer. Administrations will occur at professional testing centers located throughout the US and Canada. The INBDE Candidate Guide will be made available December 2019. The INBDE Candidate Guide will also provide information concerning the test administration vendor.</td>
</tr>
<tr>
<td>Cost of Administration</td>
<td>The cost of administration will be communicated in December 2019.</td>
</tr>
</tbody>
</table>
Unless stated otherwise, INBDE policies and procedures are anticipated to be fully consistent with the policies and procedures of the National Board Dental Examination and National Board Dental Hygiene Examination. This includes, for example, policies concerning examination conduct and appeals.

**Results Reporting**

**Candidate Results.** INBDE results will be reported as Pass/Fail. For remediation purposes, candidates who fail the examination will be provided with information concerning their performance in the following areas:

- Overall results
- Diagnosis and Treatment Planning
- Oral Health Management
- Practice and Profession
- Molecular, biochemical, cellular, and systems-level development, structure and function
- Physics and chemistry to explain normal biology and pathobiology
- Physics and chemistry to explain the characteristics and use of technologies and materials
- Principles of genetic, congenital and developmental diseases and conditions and their clinical features to understand patient risk
- Cellular and molecular bases of immune and non-immune host defense mechanisms
- General and disease-specific pathology to assess patient risk
- Biology of microorganisms in physiology and pathology
- Pharmacology
- Sociology, psychology, ethics and other behavioral sciences
- Research methodology and analysis, and informatics tools

**School Results.** Candidates’ pass/fail status will be reported through the DTS Hub. Monthly and annual school reports will also be available through the DTS Hub.

**State Board Results.** Candidates’ pass/fail status will be reported through the DTS Hub. The DTS Hub will indicate whether a candidate has met or not met the National Board Dental Examination cognitive skills requirements for dentistry (i.e., no distinction will be made among Part I, Part II, or the INBDE).

The INBDE Retest Policy is available here: [http://www.ada.org/~media/JCNDE/pdfs/inbde_retest_policy_and_eligibility.pdf?la=en](http://www.ada.org/~media/JCNDE/pdfs/inbde_retest_policy_and_eligibility.pdf?la=en)

The focal aspects of the policy are as follows:

- Candidates who have passed may not retake the examination unless required by a state board or relevant regulatory agency.
- Candidates who have not passed may apply for re-examination. An examination attempt is defined as any examination administration where the candidate has been seated at a computer at a test center, and electronically agreed to the confidentiality statement to start the examination.
- Candidates must wait a minimum of 90 days between test attempts.
- Candidates are encouraged to seek formal remediation before re-examination.
- Under the JCNDE’s 5 Years/5 Attempts Eligibility Rule, candidates must pass the examination within a) five years of their first attempt or b) five examination attempts, whichever comes first. Subsequent to the fifth year or fifth attempt, failing candidates may test once every 12 months after their most recent attempt.
<table>
<thead>
<tr>
<th>Dental Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidates should contact the dental boards of each state to understand state requirements and the acceptability of the INBDE. With respect to administration timing, the JCNDE has received informal feedback suggesting a general preference for candidates to complete the examination in close proximity to when they are applying for licensure.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>INBDE development was initiated in 2009 with the formation of a Committee for an Integrated Examination (CIE). The INBDE has made steady and consistent progress since that time. Background information on INBDE development is available here: <a href="http://www.ada.org/en/jcnde/inbde">http://www.ada.org/en/jcnde/inbde</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Validity and Technical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>The INBDE Technical Report will be available in the coming months.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please see the INBDE website: <a href="http://www.ada.org/jcnde/inbde">http://www.ada.org/jcnde/inbde</a></td>
</tr>
<tr>
<td>The JCNDE can also be reached via the following email address: <a href="mailto:nbexams@ada.org">nbexams@ada.org</a></td>
</tr>
</tbody>
</table>
INBDE Implementation Plan (Final)

- **INBDE Implementation Plan Announcement**
  - March 13, 2016

- **Notice of INBDE Implementation and National Board Dental Examination (NBDE) Discontinuation**
  - July 18, 2018

- **First Official INBDE Administration**
  - August 1, 2020
  - NBDE Part I Discontinued
  - July 31, 2020

- **NBDE Part II Discontinued**
  - July 31, 2022

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## PROSTHODONTICS CLINICAL CURRICULUM

### CURRENT

<table>
<thead>
<tr>
<th>Daily Grade 40%</th>
<th>Quality Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Daily Evaluation - 30% (Turning Point)</td>
<td>Overall Grade</td>
</tr>
<tr>
<td>13,250 RVUs 30%</td>
<td>Quantity Grade - Cumulative</td>
</tr>
<tr>
<td>20 units</td>
<td>Minimum per semester</td>
</tr>
<tr>
<td>12 Operator</td>
<td>8 Mentor/Assisting</td>
</tr>
</tbody>
</table>

**8 Competency Examinations**

| 1. Single Unit Anterior Crown | 3 Steps/ Skills Assessments |
| 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 |

**28 Skills Assessments**

### NEW

<table>
<thead>
<tr>
<th>Daily Grade 70%</th>
<th>Quality Grade</th>
</tr>
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<tbody>
<tr>
<td>Overall Daily Evaluation - 30% (Turning Point)</td>
<td>Overall Grade</td>
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</tbody>
</table>

**4 Case-Completion Competencies**

- 2 Fixed Cases Completed
- 2 Removable Cases Completed

**Implant Experience**

<table>
<thead>
<tr>
<th>1 Implant Case</th>
<th>2 Implant Case Assisting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Fixed Case</td>
<td>1 Removable Case</td>
</tr>
</tbody>
</table>

**Overall Prosthodontics Competency Presentation / Treatment Planning**

<table>
<thead>
<tr>
<th>Required for Graduation</th>
<th>Required for Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Implant Case</td>
<td>2 Implant Case Assisting</td>
</tr>
<tr>
<td>1 Fixed Case</td>
<td>1 Removable Case</td>
</tr>
</tbody>
</table>
# PROSTHODONTICS CLINICAL CURRICULUM

<table>
<thead>
<tr>
<th>CURRENT</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Semester Grade</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily Grade 40%</td>
<td>Quality Grade</td>
</tr>
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<td>8 Competency Examinations</td>
<td>Required for Graduation</td>
<td></td>
</tr>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
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<td>1 Step/ Skills Assessment</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>6. Complete Dentures</td>
<td>7 Steps/ Skills Assessments</td>
<td></td>
</tr>
<tr>
<td>7. Lab Communication</td>
<td>2 Steps/ Skills Assessments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fixed Step</td>
<td>Removable Step</td>
</tr>
<tr>
<td></td>
<td>28 Skills Assessments</td>
<td></td>
</tr>
<tr>
<td>8. Implant Competency - Laboratory Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implant Experience</td>
<td>Required for Graduation</td>
</tr>
<tr>
<td></td>
<td>1 Implant Case</td>
<td>O R 2 Implant case Assisting</td>
</tr>
<tr>
<td></td>
<td>1 Fixed Case</td>
<td>1 Removable Case</td>
</tr>
<tr>
<td></td>
<td>Overall Prosthodontics Competency Presentation / Treatment Planning</td>
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</tr>
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<tr>
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<td>Required for Graduation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RPD</td>
<td>Complete Denture</td>
</tr>
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<tr>
<td></td>
<td>Overall Prosthodontics Competency Presentation / Treatment Planning</td>
<td>Required for Graduation</td>
</tr>
</tbody>
</table>
# DEN7961L CLINICAL EXAMINATION I

## Summer 2017

### DIDACTIC PORTION

<table>
<thead>
<tr>
<th>Examination</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-based Comprehensive Written Examination</td>
<td>72%</td>
</tr>
<tr>
<td>15-minutes Oral Examination</td>
<td>Meet Expectations</td>
</tr>
</tbody>
</table>

### PSYCHOMOTOR PORTION

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

## Summer 2018

### DIDACTIC PORTION

<table>
<thead>
<tr>
<th>Examination</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-based Comprehensive ORAL Examination</td>
<td>70% 7/10 Questions correct</td>
</tr>
</tbody>
</table>

### PSYCHOMOTOR PORTION

<table>
<thead>
<tr>
<th>Examination</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operative Psychomotor Exam</td>
<td>72%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class II Preparation</th>
<th>Class II Restoration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting in the DMD clinics permitted regardless of the results of the exam</td>
<td>S/U Final Grade</td>
</tr>
<tr>
<td>Remediation Examination within 1 week after failing the course - ONLY the portion they failed</td>
<td></td>
</tr>
</tbody>
</table>

## Additional Information

- Remediation Examination within 1 week after failing the course - ONLY the portion they failed
<table>
<thead>
<tr>
<th></th>
<th><strong>CURRENT</strong></th>
<th></th>
<th><strong>NEW</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL PORTION</strong></td>
<td>50%</td>
<td><strong>INDIVIDUAL PORTION</strong></td>
<td>70%</td>
</tr>
<tr>
<td>iRATs 50% (25%)</td>
<td>Final Exam 50% (25%)</td>
<td>iRATs 15%</td>
<td>Mid-Term Exam 20%</td>
</tr>
<tr>
<td>tRATs 50% (25%)</td>
<td>Application Assignments 50% (25%)</td>
<td>tRATs 15%</td>
<td>Application Assignments 15%</td>
</tr>
<tr>
<td><strong>TEAM PORTION</strong></td>
<td>40%</td>
<td><strong>TEAM PORTION</strong></td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PEER EVALUATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Grade</strong></td>
<td>100%</td>
<td><strong>Final Grade</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

**Mandatory Final Grade Requirements:**

- Student MUST pass the final examination to pass the course.
- Comprehensive Remediation Examination if failing the course.
The Curriculum Committee, as part of the shared governance process, has the responsibility to oversee changes in the UFCD academic program. Please complete the appropriate course change form template, https://dental.ufl.edu/education/dmd-program/forms-publications/ to request a change and submit the request to the Office of Education using the timeline below. Meeting these deadline dates will allow better utilization of shared teaching spaces, class recording scheduling and utilization of instructional design assistance.

The Office of Education faculty and staff are available to assist you. They can also advise if the changes you are planning will also require University Curriculum Committee, Registrar and/or State University System approval.

**Academic Program Approval Required for:**
student contact hours (increasing or decreasing >2hrs),
course grading,
changing competency assessments,
moving courses or course content,
terminating courses,
requesting new courses (core courses and electives)

<table>
<thead>
<tr>
<th>Curriculum Proposal Due Date</th>
<th>Committee Meeting Date</th>
<th>Earliest Implementation Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12/2018</td>
<td>7/12/2018</td>
<td>Spring 2019</td>
</tr>
<tr>
<td>7/2/2018</td>
<td>8/2/2018</td>
<td>Spring 2019</td>
</tr>
<tr>
<td>8/6/2018</td>
<td>9/6/2018</td>
<td>Spring 2019</td>
</tr>
<tr>
<td>11/6/2018</td>
<td>12/6/2018</td>
<td>Summer 2019</td>
</tr>
<tr>
<td>12/10/2019</td>
<td>1/10/2019</td>
<td>Summer 2019</td>
</tr>
<tr>
<td>1/7/2019</td>
<td>2/7/2019</td>
<td>Summer 2019</td>
</tr>
<tr>
<td>2/14/2019</td>
<td>3/14/2019</td>
<td>Fall 2019</td>
</tr>
<tr>
<td>4/2/2019</td>
<td>5/2/2019</td>
<td>Fall 2019</td>
</tr>
<tr>
<td>5/6/2019</td>
<td>6/6/2019</td>
<td>Fall 2019</td>
</tr>
</tbody>
</table>
DMD CURRICULUM COMMITTEE COURSE CHANGE PROPOSAL

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

Date: August 1, 2018

Course Title: DEN7012: Interdisciplinary Service Learning III

Department: Community Dentistry

Course Director: Dr. Micaela Gibbs

Revision request summary: This would be a new pilot IPE activity. It would require 4 hours on Monday, October 8th from 1:00-5:00. 3DN Students will receive SBIRT (screening, brief intervention and referral to treatment) training taught by HSC trainers in the first part of the afternoon and then work on a IP patient case involving opioid use as interprofessional teams.

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 assignment is being included in other professional curricula across the HSC and aligns with UFCD’s competency: 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. (CODA2-24e)

Student hours requested by event and science type:

<table>
<thead>
<tr>
<th>Hours by Type</th>
<th>Biomedical Hrs.</th>
<th>Behavioral Hrs.</th>
<th>Clinical Hrs.</th>
<th>Total Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture/seminar</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4</td>
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<tr>
<td>Independent study</td>
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<tr>
<td>Laboratory</td>
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<tr>
<td>Clinical</td>
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<tr>
<td>TOTAL HOURS</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
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</table>

Department Chair Approval: YES NO

Responsible Dean/Chair/Faculty:

Proposed implementation date/semester Fall 2018

Curriculum Committee Action:

<table>
<thead>
<tr>
<th>Approved in Concept</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
<td>Credit Hours Change</td>
</tr>
<tr>
<td>Reject</td>
<td></td>
</tr>
</tbody>
</table>
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

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
- Physical dependence, meaning you have withdrawal symptoms when a medication is stopped—this can develop within a few days
- Constipation
- Nausea and vomiting
- Dry mouth
- Sleepiness and dizziness
- 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
- Never sell or share prescription opioids
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.
STEP 1
Non-Steroidal Anti-Inflammatory Medication (NSAID)\textsuperscript{5} + Acetaminophen (APAP)\textsuperscript{6}
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management\textsuperscript{7}

\textsuperscript{5}NSAID 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.

\textsuperscript{6}APAP (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.

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

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

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

STEP 2
Weak\textsuperscript{8} Opioid +/- NSAID\textsuperscript{5} or APAP\textsuperscript{6} prescribed for short duration (3-5 days)
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management\textsuperscript{7}

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 3
Strong\textsuperscript{9} Opioid +/- NSAID\textsuperscript{5} or APAP\textsuperscript{6}
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management\textsuperscript{7}

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.


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.

*This is a requirement in the state of Florida.*
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.*

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Treatment Options</th>
</tr>
</thead>
</table>
| 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  
  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 |
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) _______ 

Prior Approval Required _______ DEA # ___________________________

DDS/DMD

REFERENCES


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

EDUCATIONAL PHILOSOPHY
The College of Dentistry is committed to the development of the competent graduate in the art, science and practice of general dentistry. The foundation of our educational philosophy is the nurturing of a humanistic environment honoring the values of integrity, honesty, respect, fairness, cooperation and professionalism. In this environment, it is critical that faculty and staff develop, integrate, and facilitate effective and active learning among the students. These collaborative efforts must result in graduates who possess and demonstrate knowledge and skills in the cognitive, psychomotor, and affective domains.

COMMITTEE RESPONSIBILITY
The Curriculum Committee is responsible for overseeing and managing the four year (eleven semesters) DMD curriculum. The committee ensures that the curriculum is consistent with the Commission on Dental Accreditation Standards and College’s educational mission and philosophy. These responsibilities confirm that the content is current (evidence-based) and that teaching methods are based on sound educational principles, and that evaluation activities are ongoing and include a variety of assessment methodologies. The committee strives to maintain adequate hours of instruction by minimizing unnecessary redundant material among departments, incorporates emerging information and ensures that students receive sufficient exposure to the curriculum material and clinical skills so that they retain the necessary knowledge, attitudes and skills to become competent dentists. The Committee’s activities and recommendations are reported in monthly meeting minutes, posted on the College’s website, and reviewed by the Dean and the College’s Faculty Advisory Board before implementation.
CURRICULUM MANAGEMENT PROCESS

The Curriculum Committee uses the following review and evaluation process to guide curriculum decision-making.

1. **Annual Review of the UFCD Competencies for the New Dental Graduate Document** with cross reference to the following UFCD outcome measures

2. **Annual Review of UFCD Outcome Measures**
   The Curriculum Committee annually reviews the following course outcomes, survey results and department certifications:
   
   **a) Internal Assessments:**
   1) DEN 7961: Clinical Examination I
   2) DEN 8960: Clinical Examination 2
   3) Senior Exit Survey
   4) Senior Student Self-Assessment of Confidence in the UFCD Competencies
   5) Department Chairs certification of clinical competency conducted by the Office of Education as part of Graduation Certification.

   **b) External assessments:**
   1) Student performance on NBDE Parts I and II (INBDE results post 2020)
   2) Self-Reported failures on the Florida License Examination
   3) Alumni Survey (every 6 years)

3. **Semester Reviews**
   Each semester the Curriculum Committee reviews the semester debriefing summary according to the schedule on page 3.

4. **Syllabi Review**

   **a) For didactic and preclinical courses:**
   The didactic and preclinical course syllabi are evaluated by the:
   1) Curriculum Committee – a one semester focus on a three-year cycle according to Table 1. The criteria used for this review is found in Appendix A.

<table>
<thead>
<tr>
<th>Table 1 - Curriculum Committee Syllabi Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-2022</td>
</tr>
<tr>
<td>S5</td>
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</tbody>
</table>
2) Office of Education-(multiple semester focus completed on an annual cycle according to Table 2.

Table 2 - Office of Education Curriculum Review 2018-2022

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Implement</td>
<td>3,6,9</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>3,6,9</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>3,6,9</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>1,4, 7,10</td>
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<tr>
<td>Evaluate</td>
<td>2,5, 8,11</td>
<td>3,6,9</td>
<td>1,4, 7,10</td>
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<td>1,4, 8,11</td>
<td>3,6,9</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
</tr>
<tr>
<td>Plan, Revise, Re-Implement</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>3,6,9</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
<td>3,6,9</td>
<td>1,4, 7,10</td>
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<td>3,6,9</td>
<td>1,4, 7,10</td>
<td>2,5, 8,11</td>
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</tr>
</tbody>
</table>

Implement = Enroll students and support ongoing courses
Evaluate = Course evaluations, semester and course debriefings as required are used to identify any revision recommendations.
Plan, Revise, Re-Implement = Draft schedules, meet with Course Directors, review previous course evaluations and curriculum committee recommendations, and apply at next course offering

b) For clinical courses:

The clinical curriculum is reviewed every year with the updating of Clinical Courses Syllabi upon entry into patient care. In addition, Department chairs and clinic course directors along with the Curriculum Committee review the following information:

1. Each department's goals and objectives in educating, evaluating and producing a clinically competent new general dentist.

2. Existing Clinical Course Syllabi for each discipline with emphasis on placement of clinical expectations and clinical competencies per semester.

3. Course competency process and outcomes including the:
   - Location of the prerequisite preclinical skill objectives,
   - Competency evaluation data collection in axiUmm
   - Process for certifying competency, and
   - First attempt pass rate and completion dates for the clinical competencies
   - Adequate patient experiences for students to achieve stated competencies

4. Identification of strengths and weaknesses in the current clinical education program.

5. Verification of faculty calibration activities and documentation annually.

6. Productivity (mean and range) for key clinical procedures deemed necessary in clinical education.

7. Recommendations for any changes in the clinical curriculum, clinical expectations and clinical competency evaluations.
In addition to committee-initiated reviews, departments may conduct their own curricular review and propose changes in their courses to the Curriculum Committee. The Curriculum Committee must approve proposed changes in didactic, preclinical and clinical courses, as well as, proposed changes in competency assessments before they can be implemented.

5. Debriefings

Debriefings are organizational meetings that include faculty, students and administrators. The college conducts course, semester and stream debriefings. Course debriefings focus on a single courses strengths and weaknesses. Semester debriefings focus on all similar class level courses in a given semester. This debriefing summaries provide details at both the micro curriculum and macro curriculum levels.

a. Course Debriefings
Course debriefings are conducted at the conclusion of a course with every new course director, or by request of the Department Chair, Course Director or student class president. Course debriefings are also arranged if a course evaluation is below 3.0 and as part of the overall Curriculum Management Plan. Recommendations from the debriefing are forwarded to Course Director/Department for course revision needs or to the Curriculum Committee for administrative needs.

b. Semester Debriefings
A semester debriefing is scheduled on the following cycle.

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 3</th>
<th>Semester 5</th>
<th>Semester 1</th>
<th>Semester 3</th>
<th>Semester 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2021</td>
<td>Fall 2021</td>
<td>Summer 2022</td>
<td>Spring 2019</td>
<td>Fall 2019</td>
<td>Summer 2020</td>
</tr>
<tr>
<td>Semester 2</td>
<td>Semester 4</td>
<td>Semester 6</td>
<td>Semester 2</td>
<td>Semester 4</td>
<td>Semester 6</td>
</tr>
<tr>
<td>Summer 2021</td>
<td>Spring 2022</td>
<td>Fall 2022</td>
<td>Summer 2019</td>
<td>Spring 2020</td>
<td>Fall 2020</td>
</tr>
</tbody>
</table>

The debriefing consists of Course Directors, Contributing Faculty, Department Chairs, Students, Associate Dean for Education and the Director of Curriculum and Instruction. Semester debriefings allow for review of the entire semester curriculum. Recommendations are directed to the Curriculum Committee for administrative needs and/or the Course Director for course revision needs.

6. Student Evaluation of Courses

Course (core and elective courses) evaluations are conducted on-line at the end of each semester. Course evaluations are reviewed by the Course Director, Department Chairs and the Curriculum Committee. Courses scoring below 3.0 (on a 5.0 scale) are scheduled for a Course Debriefing. Debriefing summaries are reviewed by the Curriculum Committee. Improvements in course administration are then recommended to the Department Chair and Course Director.
7. Student Evaluation of Faculty Instruction

Faculty evaluations are conducted on-line at the end of each semester unless requested differently by the Course Director. Faculty evaluations are reviewed by Department Chairs. Department Chairs meet with faculty who have low scores to design a faculty development plan.

8. Supporting Processes

a. Faculty Development
Faculty development opportunities that assist faculty in developing evidenced-based teaching methods to support the educational mission are conducted by the UFCD Faculty Development Committee, The UFCD Office of Education and the HSC Training Center.

b. Peer Evaluation of Teaching
The process for UFCD Peer Evaluation of Teaching is determined by individual departments. The Office of Faculty Affairs, https://faculty-affairs.dental.ufl.edu/ has posted templates if a department has not specified a process or form. Peer observation of teaching practices provide an outcome measure of teaching quality to the faculty member and the department which can be used to improve or confirm evidence-based teaching practices.

Approved by Curriculum Committee, March 2009
Approved by the Executive Advisory Board, March 2009

Approved by the Curriculum Committee, December 15, 2011
Approved by the Dean, January 6, 2012
Reviewed by the Faculty Advisory Board, January 9, 2012

Approved by the Curriculum Committee, May 8, 2014
Reviewed by the Faculty Advisory Board, August 1, 2014

Approved by the Curriculum Committee, , 2018
Reviewed by the Faculty Advisory Board,
Appendix A
College of Dentistry Curriculum Committee Syllabus Evaluation Form

Course number __________ Course title: ________________________________
Faculty reviewer: ________________________________ Date_______________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Not Evident</th>
<th>Partially Evident</th>
<th>High Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the syllabus language learner-centered?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Educational Goals and Objectives**
- Describes Learning Goals and Course Objectives that are thorough and appropriate for predoctoral students.
- Aligns objectives with materials, lectures, and resources that will help students achieve learning.
- Provides learning experiences for students to achieve the course goals, objectives, and development of competency.
- Aligns objectives with assessments that will accurately and reliably measure student learning.

**High-impact practices in active learning and student engagement:**
- Includes assignments or activities that help students develop strategies for regulating their own learning
- Aligns instructional practices with students’ prior knowledge and cognitive ability.
- Requires students to make presentations during class or online.
- Requires students to work with other students either in- or out-of-class on projects or presentations; explicit mechanism in place to evaluate team skills and contributions of each student to final project
- Using a variety of teaching techniques including games, debates, films, experiments, role playing, stories and higher order thinking activities (may supplement rather than replace lecture)
- Requires multiple drafts of assignments (e.g. sequence of assignments that build to a final large project and provide feedback so students can improve work)
- Describes required activities in which students mentor, tutor or teach other students (e.g. a peer review as a required activity/assignment associated with a written paper)
- Describes expectations for independent study
- Includes diverse perspectives (different races, religions, genders, political beliefs, etc.) in class discussions and written assignments
- Other:

**Course Content:**
- Includes content that is thorough and appropriate for predoctoral students.
- Incorporates emerging information and evidence-based practice.
- Encourages application of knowledge to real-world cases and leverages situated cognition.
- Contains unique content that does not have excessive overlap with other courses in the curriculum.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Not Evident</th>
<th>Partially Present</th>
<th>High Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Methods of Evaluation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the grading criteria clear?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there varied methods of evaluation? (quizzes, papers, presentations, peer review, exams)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are evaluated based on the class or course objectives.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do students conduct self-evaluation or peer evaluation?</td>
<td></td>
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<tr>
<td>Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Readings and Assignments:**
Are course readings and assignments thorough and appropriate?

**Summary: Strengths of the course**

**Summary: Limitations of this course**

**Summary: Recommendations to enhance this course**
## Appendix B: Sample Rubric for Identifying High Impact Pedagogical Practices

<table>
<thead>
<tr>
<th>Not Evident</th>
<th>Partially Evident</th>
<th>High Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% lecture-oriented class Rote homework assignments (busy work)</td>
<td>Students conduct group presentations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students conduct group presentations and receive peer and instructor feedback</td>
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<td>using a rubric.</td>
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<td>Students write a reflective paper.</td>
<td>Paper assignment includes a formal peer review activity before students</td>
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<td>submit the final draft of the paper for evaluation.</td>
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<td>Students practice psychomotor skills during lab sessions.</td>
<td>Students practice psychomotor skills during lab sessions using a detailed</td>
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<td>rubric for self and instructor assessment.</td>
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<td>Incorporate multiple teaching techniques with lecture (TBL, case discussion,</td>
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<td>debates, skits) (These are described on the syllabus)</td>
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<td>Flipped class preparation: Connect what students read, or prepared in</td>
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<td>advance, to course content (evaluated prior work to ensure it is completed)</td>
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<td>Incorporate readiness quizzes and authentic practice experiences.</td>
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Present: D. Smith, R. Clance, J. Lovelace, K. Calderon, K. Campbell, G. Childs, J. Katz, P., S. Cha

Course Evaluation: Respondents: 50, Overall mean: 2.86

Purpose of debriefing: Overall course evaluation below 3.0.

Learning Environment:
- The course provides good timing with students going into clinic and NBDE Part 1.
- Students understood a major course goal was to teach differential diagnosis and they felt the case assignments provided useful practice.

Syllabus
- Redundancy was not a problem. Some students felt it taught them how to apply pharmacotherapies.

Lectures
- Lectures diverted to other topics without converging back to the original topic.

Laboratory (groups working on assigned cases)
- Some cases were missing information.
- Students had mixed experiences working in groups for the cases as all students did not put in the same effort. Some students liked it because it presented a real world environment. It taught students critical thinking and question asking skills.

Evaluation:
- For a group grade, some students felt other group members were not as motivated and did not participate evenly within their group. Other groups were very active and reviewed each others documents.
- The midterm and final were fair.

Summary of Recommendations-prioritized by students:
1. Include some of the information from prior courses in cases.
2. Have the Course Director stay during the case labs as some questions come up later in the session.
3. Present cases with the same clinical protocols expected in the TEAM program.
4. Consider using Strengths Quest to create groups.
5. Encourage students to rotate leadership in case groups.
   a. Update case presentation format. This may require more time than 50 minutes per class, and randomly select the groups to present. The goal of this sequence is to keep all team members involved through to the presentation.
   b. Class one, everyone reads the case or it is send prior to class.
   c. Class two, group discussions
   d. Class three, discuss previous case and start new case.
6. Keep lectures and slides on topic and use cases to identify the knowledge gaps.
7. Overall, follow the schedule lecture structure; keep the cases, randomize groups. Each Team is to decide who is responsible for each portion of the case presentation.
Curriculum Committee Semester Debriefing Template

Semester: 5 __________________________ Date 7/16/18______________


Criteria

Courses & Content Sequencing
Is the semester of courses sequenced to build on content development sufficiently?
Identify where this stream incorporates emerging information?
Do the courses have excessive content overlap with other streams in the curriculum such that time could be used in other ways?
Are their content gaps or redundancies that need to be addressed?

Comments:

- Students present reported this semester “not as intense” as former semesters.
- Consider teaching removable earlier if possible.
- Content overlap with Pain Control was helpful.
- Treatment Planning had redundant lectures from perio and endo that are not necessary so the time could be used in other ways.
- Exam sequencing: Students requested the OOE look at dual psychomotor exams on the same day.

*DEN6250C: Pain and Anxiety Control in Dental Patients -calibrate instructors. Teach the same way faculty expect students to perform in the TEAMs. Have 4 students max. to a group. More on injection technique in class and opportunity to ask questions about the Malimad videos.

DEN6302C: Introduction to Clinical Diagnosis and Treatment Planning
Teach as basic process first and integrate into axiUm later.
Work on a case from start to finish on paper. Second semester assist on a COE. Shadow every procedure. Consider teaching removable earlier if possible.

DEN6460C: Prosthodontic Treatment of the Edentulous Patient
Students appreciated the Email sent before class in December.
Video audio quality not good.
Very stressful learning environment due to quiz time limitations or not enough copies of the quizzes, everyone held to proceeding at the same rate. Lab time not utilized well. Negative feedback in simlab with failure feedback and no time to fix. Formative feedback would be helpful. Students reported feeling very disrespected. A course debriefing is scheduled for this course.

*DEN6432C: Basic Endodontic Therapy
Unproductive use of lab time waiting on line to take x-rays.

*DEN6415C: Preclinical Fixed Prosthodontics II –
“fun class” Dr. Z teaches how to fix mistakes. All “faculty were helpful and calibrated. Student felt like they prepared for psychomotor every day. Students could work ahead with the Blue sheet provided. There was also a catch up day.

*DEN6440: Introduction to Oral Surgery (Part I)
Very organized, expectations clear. Everything was in ECO.
Excellent lectures and lab session on extraction and suturing
Students requested more direct instruction on simple extractions. Where to place an elevator, etc.
Basically more clinical detail before SOS clinic.

Teaching Methods
What are the primary methods of instruction this semester?
Comments: Lectures, labs, sim lab, student peer lab, case discussions.

- . DEN6416, lectures and labs were extremely helpful in preparing for NDBE Part 1.
## Methods of Evaluation
What are the primary methods of student assessment this semester?

Comments:
- Written exams and psychomotor exams

## Student Preparation and Assignments:
Are course readings and assignments throughout the semester appropriate?
Identify where group projects/student presentations occur this semester?

Comments:
- Most content is through faculty presentations.

## Credit Hours
Does credit assignment for the courses reflect the hours scheduled and the assignments completed?
Do the credit assignments for the courses reflect appropriate weight within the curriculum?

Comments:
- No recommendations.

## Recommendations
- Have more than one means of assessment for DEN6416C: Basic Sciences Review
- *See the specific course debriefings for more details.

## General Comments regarding the Class of 2020’s experience with NDBE Part 1-
- Biochemistry and Neurophysiology were heavily represented.
- Dr. Dolwick was “spot on”!
- Body system questions included diabetes, liver, reproduction, renal, kidney, respiratory gas levels.
- One case on lupus with drugs and blood levels. The student felt underprepared in blood level aspects of the case.
- Students suggested a basic occlusion review, static occlusion. Students used “picket fence” study approach on YouTube. This suggestion is quite the opposite of last year’s comments where occlusion questions were more on dynamic occlusion.
- Released exams were helpful (students reported to check as two did not have answer key.)
- Students were aware that two case studies were released and not posted in DEN6416C.

## Practices that challenge you to do your best-
- Feedback, specific and often
- Encouragement that with practice their skills will improve.

Course Evaluation: Respondents: 56, Overall mean: 4.57

Purpose of debriefing: New course director, Dr. Zoidis

Learning Environment
- Dr. Zoidis created a positive learning environment with high standards. He continually encouraged the students and this provided confidence in lab practice.

Presentations
- Students noted the presentation material was mainly pictures and few words or labels.
- Many students identified they preferred PDF format and used Notability for PDF annotation.
- Students reinforced the best practice of answering questions repeating student question before answering it so it can be recorded on MediaSite.

Content
- Students did not feel the molecular level of biomaterials was needed when initially learning about the application of materials. Dr. Nader did a good basic presentation of dental biomaterials.
- Students felt the procedural videos were very helpful.
- Students appreciated when burs were referenced in lectures and this assisted in their lab practice.

Laboratory
- Faculty gave both constructive and technical feedback and were well calibrated.
- Students liked two lab sessions for each project.
- Students appreciated the extra time in the fiber post lab since it occurred around finals time.
- Extra time allowed students to build confidence in their skills.
- Students felt Dr. Zoidis and all the prosthodontic faculty were very helpful.
- Students had mixed responses about the TAs. Some preferred the practical approach of the TAs and the textbook approach of the faculty. Both were well calibrated.
- There were not enough lab materials such as putty, impression materials for VPS.
- Students were over using the vacuform when they ran short of other materials.
- Students felt they should be proficient in both smart temp and snap for making provisionals. Students wanted to know if they will ever get to use integrity. Dr. Echeto noted this material requires a different mixing applicator than the other materials which drives up lab costs.

Evaluation:
- Quizzes and exam question were not clear but improved over time.
- Some students finished psychomotor assessments early and requested a faculty member be present from the beginning.
- Initially faculty had more detailed feedback in the beginning of the mock psychomotors yet restricted this to critical errors towards the end of the session.
• Faculty limited talking during mock psychomotors with the exception of noting critical errors. Students noted the Operative mock psychomotors were more relaxed.

Summary of Recommendations-

1. Have at least one faculty be present at the start of mock psychomotors.
2. Align expectations for the mock psychomotor with the students in the beginning of the course. (How much talking, can faculty answer questions, etc.)
3. Create a common link for the clinical procedure videos.
4. Provide exam reviews or study guides.
5. Re-assess putty right after Preclinical Fixed Prosthodontic 1.
6. Emphasize to students in Preclinical Fixed Prosthodontic 1 the level of expectations material will be used.
7. Add bur information to tooth reduction lecture in Preclinical Fixed Prosthodontic 1.
8. Work on comment visibility for students on exam essay questions in DEN7413C: Removable Partial Dentures.

Recommendations-prioritized by students:
• Have enough putty for the course.
• Have text on slides, or have two sets of slides, one with and one without the notations.
Present: A. Sharma, C. Sayoc, M. Barron, O. Luaces, G. Childs, M. Johnson

Course Evaluation: Respondents: 5, Overall mean: 4.4

Purpose of debriefing: New course director, Dr. Dennis was not available for this debriefing.

Learning Environment:
- Students found Dr. Luaces approachable for assistance.
- Attendance was low due to Wednesday afternoon scheduling.
- Students felt the 11 lectures were drawn out over 3 months, Jan. – Apr., and to consider condensing into a shorter, intensive course.
- The students compared this course to being the cliff notes of DEN 8263, Advanced Oral Medicine and Clinical Pharmacology

Content
- Some content overlap but it was welcomed by the students: medical histories, oral medicine, common diseases, heart and antibiotics.
- New information covered in the course-included care for geriatric patients, accessibility, dementia, cariology and root caries.

Evaluation:
- Students felt exams were fair.

Summary of Recommendations-prioritized by students:
1. Increase repetition in pharmacology, health conditions, physical and systems assessment.
2. Condense course into a shorter, intensive course.
3. Consider moving courses to student lunch hours, 12pm – 1:30pm, Monday, Tuesday, Thursday or Friday to increase attendance.
4. Move earlier in the curriculum as a refresher for systemic assessment.

Suggestion for Dr. Bowers who will become the new Course Director:
- Schedule course for only one month.
- Keep humor in the course.
DEN 6440, Introduction to Oral Surgery (Part I.)

JULY 23, 2018


Course Evaluation: Respondents: 50, Overall mean: 4.48

Purpose of debriefing: New course director

Learning Environment:
- Students appreciated that lectures were finished on time.
- Dr. Bowers was an engaging speaker, and he emphasized what was important.
- Reviews for the exam were well organized and assisted in preparation for the exam and mastering the content.
- Dr. Bowers was very approachable and accessible to students.
- The classroom environment was not intimidating whether you did or did not attend.

Syllabus
- Lectures were organized, concise and to the point.

Laboratory
- The lab was helpful and informative.
- The class was divided into two groups, which made everything go smoother.
- There were enough faculty to assist students.
- In general, the labs had enough time so students did not feel rushed with the exception of the suturing time if you made it to that point.
- Dr. Bowers invited students to the Oral Surgery clinic for suturing practice when they have a no show patient.

Evaluation:
- It was evident that Dr. Bowers knew his exam questions throughout the course. There were no surprises on the exam.
- Students liked faculty evaluation questions on the final exam.

Summary of Recommendations-prioritized by students:
1. Extend time on laying a flap and suturing lab or make them two separate labs.
2. Have students place putty before the lab and post instructions.
3. Provide student access to the suturing materials earlier.

Administrative note: UF policies prohibit asking faculty evaluation questions on exams. The OOE will work with Dr. Bowers on increasing response rates.