

**DMD CURRICULUM COMMITTEE COURSE CHANGE PROPOSAL**

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

Date: May 22, 2019

Course Title: DEN 8719: Selection of Clinical Dental Materials - Class of 2020

Department: Restorative

Course Director: Dr. Jean-Francois Roulet

Revision request summary: To reallocate the hours of 3 student seminar sessions at 3 hours each (9 hrs.) to 2 student seminar sessions at 3 hours each (6 hrs.) and include 4 lecture hours. In summary, this would be one additional hour for students in lecture format. The following 4 dates and topics are being requested below.

- 8/8 – 12:50pm – 1:40 PM in D 3-3 - Today’s publishing world is changing
- 8/8 – 12:50pm – 1:40 PM in D 3-3 - Checklist for critical assessment of a paper
- 8/8 – 12:50pm – 1:40 PM in D 3-3 - Facts about statistics you need to remember
- 8/8 – 12:50pm – 1:40 PM in D 3-3 - How to prepare a power point presentation

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 assist the students in preparing higher quality presentations for the seminar sessions

Student hours requested by event and science type:

| Hours by Type      | Biomedical Hrs. | Behavioral Hrs. | Clinical Hrs. | Total Hrs. |
|--------------------|-----------------|-----------------|---------------|------------|
| Lecture/seminar    |                 |                 |               | <b>1</b>   |
| Independent study  |                 |                 |               |            |
| Laboratory         |                 |                 |               |            |
| Clinical           |                 |                 |               |            |
| <b>TOTAL HOURS</b> |                 |                 |               | <b>1</b>   |

Department Chair Approval:        YES        NO

Responsible Dean/Chair/Faculty: Dr. Jean-Francois Roulet

Proposed implementation date/semester        Fall 2019/        Dates above

Curriculum Committee Action:

|                     |  |                     |
|---------------------|--|---------------------|
| Approved in Concept |  |                     |
| Approval            |  | Credit Hours Change |
| Reject              |  |                     |

# Process and Timeline For Documentation of Faculty Calibration and Curriculum Committee Review

**Due Date (all components): December 15, 2019**

| Complete by              |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | June 6, 2019                        | Curriculum Committee approves the process and timeline.   |
| <input type="checkbox"/> | June 14, 2019                       | A Curriculum Committee workgroup identifies one or two “best practice model” to serve as a template for others. |
| <input type="checkbox"/> | July 15, 2019                       | Dr. Sposetti and CC Chair share proposed process and timeline with the Department Chairs.                       |
| <input type="checkbox"/> | July 22, 2019                       | Department Chairs designate the responsible person for placing documentation in a designated shared file.       |
| <input type="checkbox"/> | <insert date 5 wks before Due Date> | Review of Faculty Calibration Documentation added to the August Curriculum Committee                            |
| <input type="checkbox"/> | <insert date 5 wks before Due Date> | Review of Faculty Calibration Documentation added to the September Curriculum Committee                         |
| <input type="checkbox"/> | <insert date 5 wks before Due Date> | Review of Faculty Calibration Documentation added to the October Curriculum Committee                           |
| <input type="checkbox"/> | <insert date 4 wks before Due Date> | Review of Faculty Calibration Documentation added to the November Curriculum Committee                          |
| <input type="checkbox"/> | <insert date 3 wks before Due Date> | Review of Faculty Calibration Documentation added to the December Curriculum Committee                          |
| <input type="checkbox"/> | December 15, 2019                   | End of year report to Dean Garcia   |

minimal risk of side-effects due to low absorption of the medication into the blood stream. Compounded topicals prepared by a pharmacist can be customized to the patient's specific needs.

**Interventional pain management.** "Interventional" procedures might include an injection of an anesthetic medicine or steroid around nerves, tendons, joints or muscles; spinal cord stimulation; insertion of a drug delivery system; or a procedure to stop a nerve from working for a long period of time.

**Non-opioid anesthesia.** Non-opioid anesthesia refers to the anesthetic technique of using medications to provide anesthesia and post-operative pain relief in a way that does not require opioids. Anesthetists can replace opioids with other medications selected for their ability to block surgical and post-surgical pain. By replacing opioids and incorporating the variety of anesthetic and analgesic medications that block the process of pain, anesthesia providers can provide a safer anesthetic that avoids the adverse effects of opioids.

Discuss these alternatives with your healthcare practitioner and talk about the advantages and disadvantages of the specific options being considered. Different approaches work better on different types of pain. Some treatments for pain can have undesirable side effects while others may provide benefits beyond pain relief. Depending on your insurance coverage, some options may not be covered, resulting in substantial out-of-pocket costs. Other options may require a significant time commitment due to the number of treatments or the time required for the treatment. Good communication between you and your healthcare practitioner is essential in building the best pain management plan for you.

## Helpful Hints and Links

When you are selecting a healthcare practitioner, you can verify their license and find more information at: <https://appsmqa.doh.state.fl.us/MQASearchServices/Home>

**You can find more information at these links.**

National Institutes of Health: <https://nccih.nih.gov/health/pain/chronic.htm>

Centers for Disease Control and Prevention: [https://www.cdc.gov/drugoverdose/pdf/nonopioid\\_treatments-a.pdf](https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf)



# Information on Nonopioid Alternatives for the Treatment of Pain

A guide to working with your healthcare practitioner to manage pain

*Prescription opioids are sometimes used to treat moderate-to-severe pain. Because prescription opioids have a number of serious side effects, it is important for you to ask questions and learn more about the benefits and risks of opioids. Make sure you're getting care that is safe, effective, and right for you.*



This pamphlet provides information about nonopioid alternative treatments to manage pain. You and your healthcare practitioner can develop a course of treatment that uses multiple methods and modalities, including prescription medications such as opioids, and discuss the advantages and disadvantages of each approach.

*Pain management requires attention to biological, psychological, and environmental factors. Before deciding with your healthcare practitioner about how to treat your pain, you should consider options so that your treatment provides the greatest benefit with the lowest risk.*

**Cold and heat.** Cold can be useful soon after an injury to relieve pain, decrease inflammation and muscle spasms, and help speed recovery. Heat raises your pain threshold and relaxes muscles.

**Exercise.** Staying physically active, despite some pain, can play a helpful role for people with some of the more common pain conditions, including low back pain, arthritis, and fibromyalgia.

**Weight loss.** Many painful health conditions are worsened by excess weight. It makes sense, then, that losing weight can help to relieve some kinds of pain.

**Diet and nutrition.** Chronic pain may be the result of chronic inflammation. Some foods can increase inflammation and contribute to pain levels. Reducing or eliminating foods that increase inflammation may provide pain relief.

**Yoga and tai chi.** These mind-body and exercise practices incorporate breath control, meditation, and movements to stretch and strengthen muscles. They may help with chronic pain conditions such as fibromyalgia, low back pain, arthritis, or headaches.

**Transcutaneous electrical nerve stimulation (TENS).** This technique employs a very mild electrical current to block pain signals going from the body to the brain.

**Over-the-counter medications.** Pain relievers that you can buy without a prescription, such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn) can help to relieve mild to moderate pain.



## Treatments provided by Licensed Healthcare Providers

**Physical therapy (PT) and occupational therapy (OT).** PT helps to increase flexibility and range of motion which can provide pain relief. PT can also restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

**Massage therapy.** Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly impeding pain messages to and from the brain.

**Acupuncture.** Acupuncture is based on traditional Chinese medical concepts and modern medical techniques and provides pain relief with no side-effects by stimulating the body's pain-relieving endorphins. Techniques may include inserting extremely fine needles into the skin at specific points on the body.

**Chiropractic care.** Chiropractic physicians treat and rehabilitate pain, diseases and conditions using manual, mechanical, electrical, natural methods, physical therapy, nutrition and acupuncture. Chiropractors practice a hands-on, prescription drug-free approach to health care that includes patient examination, diagnosis and treatment.

**Osteopathic Manipulative Treatment (OMT).** Osteopathic physicians (DO) are educated, trained, and licensed physicians, but also receive additional training in OMT. OMT is a set of hands-on techniques used by osteopathic physicians to diagnose, treat, and prevent illness or injury. OMT is often used to treat pain but can also be used to promote healing, increase overall mobility, and treat other health problems.

**Behavioral interventions.** Mental health professionals can offer many avenues for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Behavioral interventions can allow you to better manage your pain by changing behavior patterns.

**Topical treatments and medications.** Topical Agents, including Anesthetics, NSAIDs, Muscle Relaxers, and Neuropathic Agents, can be applied directly to the affected areas to provide needed pain relief and typically have a

**From:** [Board of Dentistry](#)  
**To:** [Childs, Gail Schneider](#)  
**Subject:** CORRECTION - HB 851 - Human Trafficking  
**Date:** Friday, June 28, 2019 3:23:53 PM

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Florida Board of Dentistry - [www.floridasdentistry.gov](http://www.floridasdentistry.gov)

Board of Nursing Logo



Effective July 1, 2019, s. 456.0341, F.S., is created to require currently licensed dentists and dental hygienists to complete a board approved 1-hour course on Human Trafficking. This course is required by January 1, 2021. A list of approved courses can be found at [www.cebroker.com](http://www.cebroker.com).

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**University of Florida College of Dentistry**  
**Course Debriefing Summary**  
**DEN 8263 Advanced Oral Medicine and Clinical Pharmacology**

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**June 17, 2019**

**Present:** S. Young, K. Choi, A. Sipos, N. Ateyo, J. Lee, M. Fabian, D. Cohen, S. Fitzpatrick, C. Stewart, M. Johnson, G. Childs, V. Sposetti

**Debriefing Purpose:** New Course Director, Dr. Fitzpatrick

**Course Evaluation:** 14 total responses, Overall course mean, 4.36

**Learning Environment:**

- Students expressed their appreciation of Dr. Fitzpatrick's responsiveness to student inquiries.

**Syllabus/Schedule**

- Students felt the course expectations were clear.

**Teaching Methods**

- Students liked the self-pacing of the course and that the course did not have to be unlocked like in Canvas to access the course's other sections.
- Students appreciated immediate case feedback.
- Student's present preferred option attendance to case presentations beyond the ones in the group they are scheduled for.

**Course Content**

- Lecture topics were a good blend of new and a review of previous materials.
- Downloading 50 cases students felt was laborious.
- Students felt the placement of the course in the curriculum was appropriate.
- It was noted the antibiotics and antimicrobial sections were helpful when studying for boards.

**Examinations/Evaluation**

- Students felt the assessment methods were straight-forward.
- There was a comment on the course evaluation that requested more questions. These students expressed this is helpful in raising their final grade percentage.
- Dr. Stewart asked the students how they felt about fill-n-the-blank questions. Students noted a blend of essay, fill-n-the-blank and multiple choice questions would best support clinical practice and preparation for NDBE Part 2.

**Recommendations Summary:**

- Open cases sooner.
- Integrate all of the cases two documents, one for cases before the mid-term and the second before the final. Then add answer keys that unlock after the lecture.

**University of Florida College of Dentistry**  
**Course Debriefing Summary**  
**DEN 6015, Professionalism In Patient Care and Practice Management I**

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**June 1, 2016**

Present: C. Daniel, A. Rick, B. Denton F. Haddock, G. Childs

Debriefing Purpose: New Course Director, Dr. F. Haddock

Review of course evaluation: respondents = 86, Mean = 4.08

**Syllabus:**

- Dr. Haddock explained how students get RVUs for assisting. RVUs can only be achieved after the student has completed the required 4 hours of shadowing. If a student exceeds the 4 shadowing hours, they do not roll over to the next semester. RVUs for assisting can be achieved after the 4 shadowing hours is completed and the correct paperwork submitted. RVUs can be applied to future semesters.
- Students noted upper class members appear unaware that they cannot assist until their shadow requirements have been met.

**Course content:**

- No suggestions

**Course materials:**

- No suggestions

**Teaching Methods:**

- Ms. Childs noted the newly added screening rotation with Dr. Echeto.
- Dr. Haddock noted the new form in axiUm which has replaced the paper forms.
- Students liked seeing the deadlines on their ECO calendar. .
- Students felt the timing of the axiUm training without application is not useful.
- The axiUm session in DEN7016, right before entering clinic, students felt was helpful.
- It was suggested to have an axiUm training on how to see your clinical schedules.
- Students asked if additional copies of procedures and forms could be made available to them. Ms. Childs noted in axiUm there is a Helpful Links section. Students can seek Richelle Janiec or Dr. Migliorati in Clinical Administration to inquire about documents or links added to this site in axiUm.

**Evaluation:**

- No suggestions.

**Summary of Recommendations:**

- Add an axiUm training session covering daily procedures and personal schedules.

## 56 Clinical Content Areas

| #  | DIAGNOSIS AND TREATMENT PLANNING  |
|----|---|
| 1  | Interpret patient information and medical data to assess and manage patients.   |
| 2  | Identify the chief complaint and understand the contributing factors.   |
| 3  | Perform head and neck and intraoral examinations, interpreting and evaluating the clinical findings.  |
| 4  | Use clinical and epidemiological data to diagnose and establish a prognosis for dental abnormalities and pathology.   |
| 5  | Recognize the normal range of clinical findings and distinguish significant deviations that require monitoring, treatment, or management.                             |
| 6  | Predict the most likely diagnostic result given available patient information.  |
| 7  | Interpret diagnostic results to inform understanding of the patient's condition.  |
| 8  | Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.                                       |
| 9  | Recognize the interrelationship between oral health and systemic disease, and implement strategies for improving overall health.                                      |
| 10 | Select the diagnostic tools most likely to establish or confirm the diagnosis   |
| 11 | Collect information from diverse sources (patient, guardian, patient records, allied staff, and other healthcare professionals) to make informed decisions.           |
| 12 | Formulate a comprehensive diagnosis and treatment plan for patient management.  |
| 13 | Discuss etiologies, treatment alternatives, and prognoses with patients so they are educated and can make informed decisions concerning the management of their care. |

| #  | ORAL HEALTH MANAGEMENT  |
|----|---|
| 14 | Prevent, recognize and manage medical emergencies (e.g., cardiac arrest).   |
| 15 | Prevent, recognize and manage dental emergencies.   |
| 16 | Recognize and manage acute pain, hemorrhage, trauma, and infection of the orofacial complex.  |
| 17 | Prevent, diagnose and manage pain during treatment.   |
| 18 | Prevent, diagnose and manage pulpal and periradicular diseases.   |
| 19 | Prevent, diagnose and manage caries.  |
| 20 | Prevent, diagnose and manage periodontal diseases.  |
| 21 | Prevent, diagnose and manage oral mucosal and osseous diseases.   |
| 22 | Recognize, manage and report patient abuse and neglect.   |
| 23 | Recognize and manage substance abuse.   |
| 24 | Select and administer or prescribe pharmacological agents in the treatment of dental patients.  |
| 25 | Anticipate, prevent, and manage complications arising from the use of therapeutic and pharmacological agents in patient care.                     |
| 26 | Diagnose endodontic conditions and perform endodontic procedures.   |
| 27 | Diagnose and manage the restorative needs of the partially or completely edentulous patient.  |
| 28 | Restore tooth function, structure, and esthetics by replacing missing and defective tooth structure, while promoting soft and hard tissue health. |
| 29 | Perform prosthetic restorations (fixed or removable) and implant procedures for the edentulous and partially edentulous patient.                  |
| 30 | Diagnose and manage oral surgical treatment needs.  |
| 31 | Perform oral surgical procedures.   |
| 32 | Prevent, diagnose and manage developmental or acquired occlusal problems.   |
| 33 | Prevent, diagnose and manage temporomandibular disorders.   |
| 34 | Diagnose and manage patients requiring modification of oral tissues to optimize form, function and esthetics.                                     |
| 35 | Evaluate outcomes of comprehensive dental care.   |
| 36 | Manage the oral esthetic needs of patients.   |

| #  | PRACTICE AND PROFESSION  |
|----|--|
| 37 | Understand how patient attributes (e.g., gender, age, race, ethnicity, and special needs), social background and values influence the provision of oral health care at all stages of life.             |
| 38 | Interact and communicate with patients using psychological, social, and behavioral principles.   |
| 39 | Evaluate and integrate emerging trends in health care.   |
| 40 | Evaluate social and economic trends and adapt to accommodate their impact on oral health care.   |
| 41 | Evaluate scientific literature and integrate new knowledge and best research outcomes with patient values and other sources of information to make decisions about treatment.                          |
| 42 | Practice within the general dentist's scope of competence and consult with or refer to professional colleagues when indicated.   |
| 43 | Evaluate and utilize available and emerging resources (e.g., laboratory and clinical resources, information technology) to facilitate patient care, practice management, and professional development. |
| 44 | Conduct practice activities in a manner that manages risk and is consistent with jurisprudence and ethical requirements in dentistry and healthcare.   |
| 45 | Recognize and respond to situations involving ethical and jurisprudence considerations.  |
| 46 | Maintain patient records in accordance with jurisprudence and ethical requirements.  |
| 47 | Conduct practice related business activities and financial operations in accordance with sound business practices and jurisprudence (e.g., OSHA and HIPAA).  |
| 48 | Develop a catastrophe preparedness plan for the dental practice.   |
| 49 | Manage, coordinate and supervise the activity of allied dental health personnel.   |
| 50 | Assess one's personal level of skills and knowledge relative to dental practice.   |
| 51 | Adhere to standard precautions for infection control for all clinical procedures.  |
| 52 | Use prevention, intervention, and patient education strategies to maximize oral health.  |
| 53 | Collaborate with dental team members and other health care professionals to promote health and manage disease in communities.  |
| 54 | Evaluate and implement systems of oral health care management and delivery that will address the needs of patient populations served.  |
| 55 | Apply quality assurance, assessment and improvement concepts to improve outcomes.  |
| 56 | Communicate case design to laboratory technicians and evaluate the resultant restoration or prosthesis.  |

**From:** [Scott Robertson](#)  
**To:** [Childs,Gail.Schneider](#)  
**Subject:** Our INBDE Roll-Out Plan  
**Date:** Thursday, June 6, 2019 1:13:54 PM

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Our team of experts is hard at work developing a brand new resource to help students during both the basic science and clinical years of dental education, and we look forward to launching the first phase of our INBDE-aligned program this fall.

We will be rolling out the program in three phases:

## **Phase 1: Digital Dental Resource**

*Expected launch: September of 2019*

- A 25-chapter, 450+ page digital resource
- Comprehensive coverage of INBDE content informed by currently available JCNDE guidelines
- Ongoing expert revisions to reflect the most up-to-date understanding of the emerging INBDE exam
- Questions embedded in each chapter to promote active learning

## **Phase 2: Case-based Question Review**

*Expected launch: Winter/Spring of 2020*

- A case-based, question-driven review of 15 of the most common disease states encountered in clinical practice and on boards
- Each unit starts with an OSCE-style case and includes multiple spin-off scenarios to cover highly-tested, critical topics in dental medicine
- Each case will have 50 to 75 questions with detailed explanations to ensure student engagement with material and understanding of high-yield topics

## **Phase 3: Mock INBDE & INBDE Qbank**

*Expected Launch: Winter of 2019/2020*

- All questions will be in INBDE format
- Questions will reinforce learning and assess clinical integration and decision-making skills
- Mock INBDE exam will include 500 questions built in accordance with currently available JCNDE guidelines and aligned to Foundation Knowledge areas
- Intended for use by institutions to gauge student readiness for the exam
- At launch, the Qbank will include approximately 500 questions that can be used to reinforce critical topics. We will continue to add questions so that students have a significant bank of practice questions before the first administration of the INBDE.

## Learn More About the New Resource

Click the link below for our brochure, or feel free to reach out to me. I would be happy to set up some time for us to discuss the resource and how it can best be integrated into your program.

[Download our INBDE Brochure](#)

**Still using the current Part 1 and Part 2 NBDE exams?** We will continue to maintain our content-rich, high-yield resources for the current Part 1 and Part 2 NBDE until the transition is complete, and we would be happy to assist your students as they prep for these exams.

[Download our Part 1 & Part 2 Brochure](#)

Looking forward to hearing from you.

Sincerely,  
Scott Robertson  
Kaplan Medical

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