# PROSTHODONTICS CLINICAL CURRICULUM

## CLASS 2020

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<thead>
<tr>
<th>Daily Grade 70%</th>
<th>Quality Grade</th>
<th>Average per semester</th>
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<tbody>
<tr>
<td>13,250 RVUs 30%</td>
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<td>8 Mentor/Assisting units</td>
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<tr>
<td>4 - Case-Completion Competencies</td>
<td>Required for Graduation</td>
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Laboratory Communication Competency Included

- 2 - Fixed Cases Completed
- 2 - Removable Cases Completed

<table>
<thead>
<tr>
<th>RPD</th>
<th>Complete Denture</th>
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<tbody>
<tr>
<td>Implant Experience</td>
<td>Required for Graduation</td>
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<tr>
<td>1 Implant step as operator</td>
<td>OR 2 Implant case assisting</td>
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1 Fixed Case | 1 Removable Case

## Sample Combinations Below

- Single crown/s Implant-retained crown/s  C/P  C/C
- Single crown/s FPD/ Bridge  C/P  C/Implant Overdenture
- Implant-retained crown/s FPD/ Bridge  P/P  C/C
- Single crown/s Implant-retained Bridge  Single RPD  Single Complete

## CLASS 2021

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Laboratory Communication Competency Included

- 2 Fixed Cases Completed
- 2 Removable Cases Completed

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## Sample Combinations Below

- Implant Prosthesis within the 4 Completed Cases (Fixed or Removable)

Overall Prosthodontics Competency Presentation / Treatment Planning Board Presentation | Required for Graduation

| Single crown/s Implant-retained crown/s  C/P  C/C |
| Single crown/s FPD/ Bridge  C/P  C/Implant Overdenture |
| Implant-retained crown/s FPD/ Bridge  P/P  C/C |
| Single crown/s Implant-retained Bridge  Single RPD  Single Complete |

Overall Prosthodontics Competency Presentation / Treatment Planning Board Presentation | Required for Graduation
Prosthodontics Case Completion: Checklist

Case Completion Overview

As a reminder, students are expected to complete at least 4 cases by graduation: 2 fixed and 2 removable. The patients’ pool must include at least a complete denture, a removable partial denture (RPD) and an implant prosthesis.

- 1 crown/bridge in a patient counts for 1 fixed case completion – if that completes the patient’s needs. However, if you complete 3 crowns on 1 patient, this fulfills “1 fixed case” and you must find another patient to complete the second required fixed case.
- 1 removable prosthesis in a patient counts for the removable case completion. A C/P case will fulfill the requirements for completing a denture and a partial, but you will still need a second removable case of any kind to complete the 2 required removable cases.
- Having a patient in need of a crown + removable partial or complete denture counts for 2 cases: a fixed case and a removable case completion.
  Two (2) cases are completed in this scenario due to the complexity of such a case. (i.e. survey crown with an RPD).

1. Huddle Announcement
   During the morning huddle, did the student announce their intention to complete the PTA-CC as a competency?
   ✔ Yes  ❌ No. If not, competency cannot be completed.

2. Signed PTA-CC FORM by the Clinical Prosthodontics Faculty
   Has a Prosthodontics faculty member signed the PTA-CC form?
   ✔ Yes  ❌ No. If not, competency cannot be completed.

3. Case Presentation Requirements:
   - Mounted diagnostic casts, final impression/s and master cast/s
   - Current radiographs and post-cementation bitewings for fixed restorations are required
   - A written SEQUENCED definitive phase treatment plan for review and discussion
   - Hard copies of ALL work authorization forms – excluding the QA checklist
   - Pre-treatment and post-treatment pictures

   ✔ Yes  ❌ No. If not, competency cannot be completed.

3. Clinic Schedule
   Can the competency be completed in clinic?
   ✔ Yes  ❌ No. If not, schedule a meeting with the prosth faculty or Dr. Echeto.

4. Codes D0120C and D00073
   Have the codes been added?
   ✔ Yes  ❌ No. If not, ask the student to add the code.

5. Competency Criteria Met with No Critical Errors
   ✔ Yes  ❌ No, Failure
# Prosthodontics Case Completion: Evaluation Criteria

## 1. Case Assessment, Diagnosis and Treatment Plan

**P: ✓**  
**F: ☐**  

**Critical Errors:**  
- Failure to identify significant findings in medical history  
- Failure to identify need for medical consultation  
- Inadequate understanding of patient’s medications and their effects  
- Failure to identify/diagnose disease processes or pathology  
- Failure to develop an appropriate sequenced treatment plan, including appropriate phases

## 2. Dental Treatment Sequence & Delivery

**P: ✓**  
**F: ☐**  

**Critical Errors:**  
- Significant omissions of treatment and/or inaccuracies in treatment sequence or treatment provided  
- Inappropriate record management and/or case inadequately documented  
- Unaware of the steps and procedures to satisfactorily meet the patient chief complain  
- Ability to reflect, self-assess and self-correct not demonstrated

## 3. Clinical and Laboratory Skills

**P: ✓**  
**F: ☐**  

**Critical Errors:**  
- Failure to demonstrate acceptable psychomotor, technical and/or laboratory skills  
- Failure to present acceptable and identified mounted diagnostic casts, custom trays, final impressions, master casts, RPD design (if applicable), MMR records, record bases and wax rims when indicated  
- Treatment errors that require additional treatment or a change in treatment

## 4. Reasoning & Integration of Evidence

**P: ✓**  
**F: ☐**  

**Critical Errors:**  
- Failure to effectively communicate a conceptual understanding, clinical reasoning, problem solving and/or application of relevant scientific evidence.  
- Failure to appropriately explain treatment modifications, treatment options and/or alternatives

## 5. Replacement of Missing Teeth

**P: ✓**  
**F: ☐**  

**Critical Errors:**  
- Failure to appropriately complete the case providing oral health care within the scope of general dentistry  
- Student does not demonstrate the basic knowledge, skills and values to practice dentistry independently  
- Student is not able to evaluate, assess and apply current and emerging science and technology

## 6. Laboratory Communication

**P: ✓**  
**F: ☐**  

**Critical Errors:**  
- Incomplete work authorization forms, ineligible and/or unclear  
- Missing important laboratory supplements – *i.e. custom incisal guide table, remount jig, posterior palatal seal, etc.*

## 7. Student Applies Ethical & Professional Standards

**P: ✓**  
**F: ☐**  

**Critical Errors:**  
- Unprofessional presentation  
- Unethical treatment rendered. Patient’s needs and concerns were not taken into consideration
# Prosthodontics Clinical Curriculum

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Overall Prosthodontics Competency Presentation / Treatment Planning Board Presentation | Required for Graduation
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<tr>
<th>University</th>
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<th>OSCE Type</th>
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Proposition for a new UFDC Special Needs Competency Assessment
Department of Pediatric Dentistry
November 13, 2019

Background

In our 2015 CODA self-study, to address CODA standard 2-26, Graduates must be competent in assessing patients with special needs, UFCD utilized the complex medical/pharmacology history of TEAM patients to assess student competency.

The SN competency assessment has been managed in Clinical Treatment Planning via TPC 1, TCP 2 and the Completed Case Presentation. An axiUm report was created to measure the completed treatment plan competency assessments.

Advantages:

- This assessment uses existing patients with complex medical histories.
- An axiUm report was set up to run medical/pharmacology reviews of TPC1 and TCP2.

Limitations:

- Identification of SN patients (without SN box checked in axiUm) is not transparent to the student and the clinical faculty.
- TPC 1 was removed as a competency assessment to reduce the total number of student competency assessments/documentation in 2018.
- This assessment did not holistically reflect patients with developmental, physical or cognitive limitations.

Rationale

The current CODA Standard 2-25 has been updated to reflect: Graduates must be competent in assessing and managing the treatment of patients with special needs.

CODA Intent:
An appropriate patient pool should be available to provide experiences that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. As defined by the school, these individuals may include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. The assessment should emphasize the importance of non-dental considerations. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques including the use of respectful nomenclature, and assessing the treatment needs compatible with the special need, and providing services or referral as appropriate.
Definition of Special Needs Patients for UFCD Predoctoral Program

Dental health care professionals are responsible for providing comprehensive oral health care to all people; children (6-21 years), adults, (over 21 years), the medically-compromised, including disabled and those with special needs.

In regards to DMD student education, the college defines people with special needs as individuals who have medical disorders, physical limitations, intellectual impairments, or psychological/social conditions that impact the delivery of oral health care. People with special health care needs, including those aged 0-5 years, often require more time, effort and accommodation by the dental team. In addition, the dental team may need to modify their routine treatment procedures in order to provide care that is appropriate for the needs of the individual.

Dental students at the University of Florida provide comprehensive oral health care to people with special health care needs which include the following disorders or conditions.

Any of the following would meet the definition of “special needs” in UFCD predoctoral program.

- Developmentally Disabled
  - Disability occurred before the age of 22
  - Impairment of general intellectual functioning
  - Can be the result of cerebral palsy, seizure disorder, autism, or other neurological conditions

- Physically disabled
  - Long term loss of physical function that substantially limits one or more major life activities. This includes impairments of the sensory functions, neurological, skeletal cardiovascular, respiratory and endocrine systems
  - Examples include vision loss, deafness, spina bifida, speech disorders and others

- Mentally disabled
  - A mental or behavioral pattern or anomaly that that causes impaired ability to function in ordinary life, which is not developmentally or socially normative.
  - Includes anxiety, major depression, bipolar disorder, schizophrenia, OCD, eating disorders and others

- Complex Medical Problems

  Any condition which is included in the axiUm, electronic health record, as a “medical alert”* (See attachment for complete list)

  A summary by category follows.

  - Allergies to medications, medical dyes, dental materials
  - Alcohol abuse
  - Bisphosphonates – IV or oral
  - Cardiovascular – (Congenital Heart Disease, Cardiac transplant, Prosthetic cardiac valve, Previous Infective Endocarditis)
  - Cancer/Malignancy
  - Endocrine disorder
- GI disorder
- Hematologic disorders /bleeding disorders
- Hepatitis C - Active or chronic
- Hepatitis B - Active or chronic
- History of radiation therapy to head and neck area
- Immune suppression (medication induced, chemotherapy, autoimmune condition, HIV/AIDS)
- Premedication necessary for Cardiovascular issues or Prosthetic Joint Replacements
- Prosthetic joints
- Pulmonary /Severe COPD
- Recreational drug abuse
- Severe dementia
- Unstable angina
- Uncontrolled asthma
- Uncontrolled seizure disorder

- Vulnerable elderly
  - Need assistance with daily activities
  - Reside in an assisted living-type facility

- Language deficient – Requires translator or similar assistance

**AxiUm Codes included in “Special Needs” patient queries**

ABUSE - Alcohol /drug abuse - significant or poorly controlled
ADHD – Attention Deficit Hyperactivity Disorder
ALCOHOL - Alcohol Abuse
ALL ASA – Aspirin allergy
ALL COD – Codeine or narcotic allergy
ALL PEN – Penicillin Allergy
ALLDEN - Dental Materials Allergy
ALLLAT - Latex Allergy
ANG – Angina
AUT – Autism
BCHRT – Birth Control/HRT
BHM – Behavioral Management
BISPHIV- IV Bisphosphonate
BISPHOR - Oral Bisphosphonate
BLDTHIN - Blood thinning medication
BLEED
CANCER – Current chemo or RT
CANTUM – Cancer Tumor
CHD – Congenital Heart Defect
COCAINE - Cocaine Abuse
DIABETE – Diabetes, significant or poorly controlled
DIALYSI - Dialysis
DMNTIA - Dementia
DRUG – Drug Abuse
ECSTABU - Ecstasy Abuse
EMPHYS – Emphysema/COPD  
ENDOCAR - Endocarditis  
EP – Seizures or Epilepsy  
HEPATIC – Hepatic Disease  
HEROIN - Heroin Abuse  
HIV – HIV positive  
HTN - Hypertension  
HVR – Prosthetic Heart Valve  
HYPERT – Hypertension Significant or poorly controlled  
IMMSUP – Immune Suppression  
METH - Methamphetamine Abuse  
MISTRK – MI or Stroke, recent or multiple  
ORGTRAN - Organ Transplant  
OXYCON - OxyContin Abuse  
PACJR – Joint replacement  
PARK – Parkinson’s  
PREMEDJ – Premed Joint  
PREMEDJ Premedication  
PSYCHD - Psychiatric Disorder  
RESPIR – Asthma  
RESPOT – Respiratory Problem  
RXSENP – Penicillin Allergy  
SC – Sickle Cell  
SPCNEED - Special Needs  
STEROID – steroid use  
TB - Tuberculosis

**Proposal**

1. Request 4 (orientation, calibration, EPIC record review) additional hours in DEN7826L: Clinical Pediatric Dentistry - Grad Rotation for students to participate in the Special Needs Clinic (D1-40, Wednesday’s from 2 PM to 5 PM) **Foundation knowledge**- students observe and participate on the assessment and management of care of special need adult patients at Tacachale (Developmental Disability State Institution), and the Infant Oral Health Center (patients up to 3 years of age). The additional 3 hours on Wednesday afternoon will allow students to provide assessment to special needs patients up to 21 years of age in the D1-40 Special Needs Clinic.

2. **Request a new Summative Competency Assessment**- Students would be assigned a patient case during their rotation in the Special Needs Clinic (Wednesdays PM) in DEN7826L and **provide a case write up on assessment and management** that will be scored by Dr. Connell/Mugayar by the defined rubric one week later.

**Remediation**

**UFCD Special Needs Clinic Information**

The Special Needs Clinic is a graduate clinic rotation taking place at the Pediatric Dentistry Clinic, room D1-40, every Wednesday afternoon when the DMD Clinic is not in use. This Clinic
is a referral center for medically complex patients with systemic, inherited, intellectual and physical conditions where individuals are comprehensively assessed, triaged and treatment planned. The main referral source of this clinic’s patients are pediatric medical specialties from Shands Hospital. Patients with similar conditions from outside sources are also accepted.

Students rotating through this clinic will be collaborating with a pediatric dental resident and will be pre-assigned to patients. During clinic hours, students will have access to patient’s hospital records (Epic), and will review the information. Together with the pediatric dental resident, a clinical and radiographic assessment (behavior permitting) will take place and treatment recommendations be discussed. Within a week from the rotation, the DMD student must submit an independent comprehensive 2-page summary report of one of the patient’s seen in the clinic (without identifiers) on Canvas. The report content will include a review of the medical history, clinical and radiographic findings, treatment recommendations and special considerations if appropriate. The faculty attending will assess the assignment on a rubric and assign a Pass/Fail grade. In case of a Fail grade, the report will be returned to the student with recommendations for improvement and resubmitted, until a satisfactory level is achieved.

**Proposed Draft Rubric**

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<th>Criteria</th>
<th>Pass</th>
<th>Fail</th>
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<tr>
<td>Assessment: Systemic health review</td>
<td>Complete description of health condition/disorder, list of diagnoses, functional information.</td>
<td>Incomplete or inadequate description of health condition/disorder, list of diagnoses, functional information.</td>
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<tr>
<td>Assessment: Oral health and radiographic findings</td>
<td>Complete description of clinical oral and radiographic findings.</td>
<td>Incomplete or inadequate description of clinical oral and radiographic findings.</td>
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<tr>
<td>Management: Treatment Recommendations</td>
<td>Complete description of treatment recommendations and communication/collaboration with other health care professionals.</td>
<td>Incomplete or inadequate description of treatment recommendations and communication/collaboration with other health care professionals.</td>
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<tr>
<td>Management/Special Considerations including facilitation/adaptations</td>
<td>Complete description of behavioral/immobilization, pharmacological adaptations and appropriate health promotion, disease prevention and communication/collaboration with patient/care givers.</td>
<td>Incomplete or inadequate description of behavioral/immobilization, pharmacological adaptations and appropriate health promotion, disease prevention and communication/collaboration with patient/care givers.</td>
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**Implementation Date:**

3DN Spring 2020 with the Class of 2022
WHO ICF Profile Instructions/Examples

1. Fill out WHO ICF Profile Worksheet based on your previous review of medical/dental history
2. Take ≤ 5 min to complete – you should already have info from your review of med/dental history

Health Condition/Disorder

List all diagnoses. Do not become singularly focused on the disability diagnosis – all are relevant.
Example: Intellectual disability, ADHD, GERD, asthma, ventricular septal defect, history of aspiration pneumonia.

Body Functions and Structure

List any impairments of body functions or structures that were discovered during review of medical/dental history. Do not create a list of body parts or systems.
Example: Impairment of intellectual functions, impairment in swallowing thin liquids (aspirates), feeding tube, ventricular septal defect closed, contractures in elbows/wrists, stiff gait pattern, missing teeth.

Activity

Describe any limitations to performing oral hygiene and how these are addressed. If no limitations, say so.
Describe other activity limitations as relevant discovered during review of medical/dental history.
Example: Patient does not brush teeth, not able to rinse/spit, caregiver brushes, patient pulls brush out of mouth, kicks, and hits. Can't have thin liquids or swallow pills. Not able to walk long distances. Example: Patient is able to floss/brush without difficulty.

Participation

Describe any restrictions to participating fully in dental care. If no participation restrictions, say so.
Describe other participation restrictions as relevant from review of medical/dental history.
Example: Hitting, kicking, pulling hair at the dentist office even with oral sedation. Had dental care under GA in the past 3 years.
Example: Patient is able to fully participate in the dental appointment without difficulty.

Contextual Factors

Environmental Factors

Barriers Example: No provider in their area willing/able to treat, Medicaid (doesn't cover RCT); Paratransit services (needs to leave early); Caregivers (do not know health history). Facilitators Example: Medicaid (covers most procedures); Paratransit services (available); Caregivers (support pt with transportation, oral hygiene), wheelchair.

Personal Factors

Example: 40 y/o white female. Smoking 3 packs/day, very interested in quitting. Requested no fluoride. Chief complaint: Wants replacement of missing teeth.
DECOD Comprehensive Exam WHO ICF Profile Worksheet for Clinical Case Presentation to Faculty

Health Condition/Disorder

List all diagnoses

Body Functions and Structure

Functional Information

Structural Information

Activity

Oral Hygiene

Other

Participation

Dental Participation

Other

Contextual Factors

Environmental Factors

Barriers

Facilitators

Personal Factors

Demographics

Health Attitudes/Behaviors/Beliefs

Chief Complaint
<table>
<thead>
<tr>
<th>Event</th>
<th>DMD Program</th>
<th>Graduate Program</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester Break/1DN orientation</td>
<td>August 19-23</td>
<td>Graduate Program</td>
<td>August 12-16</td>
</tr>
<tr>
<td><strong>FALL 2019</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classes begin</td>
<td>August 26</td>
<td>August 20</td>
<td>August 20</td>
</tr>
<tr>
<td>Labor Day Holiday</td>
<td>September 2</td>
<td>September 2</td>
<td>September 2</td>
</tr>
<tr>
<td>ADA Annual Meeting (San Francisco)</td>
<td>September 5-8</td>
<td>September 2</td>
<td>September 2</td>
</tr>
<tr>
<td>Homecoming Holiday (tentative)</td>
<td>October 4</td>
<td>October 4</td>
<td>October 4</td>
</tr>
<tr>
<td>Clinic Exam II - manikin</td>
<td>October 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall Break</td>
<td>October 21-25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida Board Exam Traditional Format</td>
<td>October 26-27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism Day (4DN)</td>
<td>November 8</td>
<td></td>
<td></td>
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<tr>
<td>Veteran’s Day Holiday</td>
<td>November 11</td>
<td>November 11</td>
<td>November 11</td>
</tr>
<tr>
<td>Thanksgiving Holidays</td>
<td>November 27*-29</td>
<td>November 27-29</td>
<td>November 27-29</td>
</tr>
<tr>
<td>Florida Board Exam Manikin CIF</td>
<td>December 7-8</td>
<td></td>
<td></td>
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<tr>
<td>Classes/Clinics end</td>
<td>December 20</td>
<td>December 20</td>
<td>December 13</td>
</tr>
<tr>
<td>Semester Break</td>
<td>Dec. 23-Jan 3</td>
<td></td>
<td>Dec 16-Jan 3</td>
</tr>
<tr>
<td><strong>SPRING 2020</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classes begin</td>
<td>January 6</td>
<td>January 6</td>
<td>January 6</td>
</tr>
<tr>
<td>M.L. King Jr. Holiday</td>
<td>January 20</td>
<td>January 20</td>
<td>January 20</td>
</tr>
<tr>
<td>Clinic Exam II – patient</td>
<td>January 23-24</td>
<td></td>
<td></td>
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<tr>
<td>ACD Ethics Seminar (3 &amp; 4DN)</td>
<td>January 17</td>
<td></td>
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<tr>
<td>White Coat Ceremony/Family &amp; Friends Day</td>
<td>February 8</td>
<td></td>
<td></td>
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<tr>
<td>FL Board of Dentistry Meeting (4DN)</td>
<td>February 21</td>
<td></td>
<td></td>
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<tr>
<td>Spring Break</td>
<td>March 2-6</td>
<td>March 2-6</td>
<td>March 2-6</td>
</tr>
<tr>
<td>Florida Board Exam – Patient CIF</td>
<td>March 6-7</td>
<td></td>
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<tr>
<td>National Boards Part I Block (2DN)</td>
<td>March 9-13</td>
<td></td>
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<tr>
<td>ADEA (National Harbor, MD)</td>
<td>March 14-17</td>
<td></td>
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<tr>
<td>AADR (Washington, DC)</td>
<td>March 18-21</td>
<td></td>
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<tr>
<td>Spring Synergy</td>
<td>March 27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring semester ends &amp; Last Senior Clinic Day</td>
<td>April 24</td>
<td>May 1</td>
<td>May 1</td>
</tr>
<tr>
<td>Senior Check Out</td>
<td>May 4-May 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester break (1-3DN)</td>
<td>April 27-May 1</td>
<td>May 4-8</td>
<td>May 4-8</td>
</tr>
<tr>
<td><strong>SUMMER 2020</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hialeah AEGD Program Start date</td>
<td>May 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida Board Exam Traditional Format</td>
<td>TBA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer semester (A/C) begins</td>
<td>May 4</td>
<td>May 11</td>
<td></td>
</tr>
<tr>
<td>Graduation Certification</td>
<td>May 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring Commencement</td>
<td>May 15</td>
<td>May 15 (Grad Ortho End)</td>
<td>May 1-3</td>
</tr>
<tr>
<td>Pre Health Summer Program (SHPEP)</td>
<td>May 11-June 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Exam I</td>
<td>TBA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memorial Day Holiday</td>
<td>May 25</td>
<td>May 25</td>
<td>May 25</td>
</tr>
<tr>
<td>Summer A Graduation</td>
<td>June 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Date Grad Endodontics, Operative,</td>
<td>June 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontology, Prosthodontics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer B Classes begin</td>
<td>NA</td>
<td>July 1 (All MS start date)</td>
<td>June 29</td>
</tr>
<tr>
<td>Summer Break</td>
<td>July 6-10</td>
<td>July 6-10</td>
<td>June 22-26</td>
</tr>
<tr>
<td>Independence Day(observed)</td>
<td>July 3</td>
<td>July 3</td>
<td>July 3</td>
</tr>
<tr>
<td>Florida Board Exam Traditional Format</td>
<td>TBA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Boards Part II Block</td>
<td>August 1-Sept 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer C Graduation</td>
<td>August 14</td>
<td>August 14</td>
<td>August 8-9</td>
</tr>
<tr>
<td>Summer semester ends</td>
<td>August 21</td>
<td>August 7</td>
<td>August 7</td>
</tr>
<tr>
<td>Semester Break/1DN orientation</td>
<td>August 24-28</td>
<td></td>
<td>August 10-21</td>
</tr>
</tbody>
</table>

* = afternoon

*THE COLLEGE OF DENTISTRY RESERVES THE RIGHT TO CHANGE THE CALENDAR WITHOUT PRIOR NOTICE*

updated **November 13, 2019**
ECO Syllabi Administrative Practices

For further information on any of the practices listed below, consult the UFCD Student Handbook and UF Attendance Policies, catalog.ufl.edu/UGRD/academic-regulations/attendance-policies/.

A. Attendance

Student attendance during school hours (7:25 am - 4:55 pm) is required on all days officially scheduled on the annual school calendar.

In general, acceptable reasons for absence from or failure to participate in class include illness, serious family emergencies, special curricular requirements (e.g., professional conferences), military obligation, severe weather conditions and religious holidays. Absences from class for court-imposed legal obligations (e.g., jury duty or subpoena) must be excused. Other reasons also may be approved. For any deviation from this policy, the procedures described in the UFCD Student Handbook must be followed. More information can be found on this website, UF Attendance Policies. Leaves of absence will be handled on a case-by-case basis. Students must obtain signed approval from each course director for any non-emergency absence. Students with an absence must report to the course director within 48 hours of their return to arrange for any necessary make-up. While some course directors will not mandate attendance for lectures, attendance is mandatory for all basic science and clinical simulation laboratory sessions, all intramural and extramural rotations, special education events, testing sessions, and lectures/seminars mandated by the course director.

B. Dress Code

The dress code shall apply to all students while in the Health Science Center during usual business hours, from 7:30 a.m. - 5:30 p.m. Monday through Friday. The dress code will apply to all usual academic activities, including didactic lectures and exams, preclinical simulation classes, and clinical patient care activities during the four-year curriculum, and includes wearing their UFID badge. For special events and invited presentations by nationally recognized experts, the event organizer may require that students wear business attire.

C. Email Policy

Within the College of Dentistry, email is the primary mode of communication between faculty, administration, staff, and students. Students are required to check their email daily, on all scheduled school days. A Gatorlink account is required as each student's primary email address.

D. Professional Behavior

The College of Dentistry expects all dental students to be professionals in their dealings with patients, colleagues, faculty and staff and to exhibit caring and compassionate attitudes. Professionalism encompasses altruism, accountability, compassion, duty, excellence and respect for others. Attitudes and behaviors inconsistent with compassionate care, refusal by or inability of the student to participate constructively in learning or patient care, derogatory attitudes or inappropriate behavior directed at patient groups, peers, faculty or staff, or other unprofessional conduct can be grounds for dismissal.
E. Student Responsibilities in the Classroom

1. It is both the responsibility of the students and faculty to ensure that decorum in the classroom is maintained at all times. Students who cannot conduct themselves appropriately should be asked, by the teacher, to leave the room.

2. Out of courtesy to student peers and faculty, disruption in the classroom, i.e. talking, reading of newspapers, etc., is forbidden.

3. All audible communication devices, i.e. cell phones, beepers, etc., should be turned off before entering the classroom.

4. Students are responsible for attending lectures on time and for their entirety; ensuring that conflicts in class times arising out of special circumstances such as patient scheduling, seminars or courses should be discussed before start of class with the instructor or course director.

5. Students are expected to complete all assigned readings before class and be prepared to answer questions related to the assigned material.

6. Learning is an active behavior. Accordingly, students are expected to participate in classroom discussion.

7. Laptop computers may be used for note-taking or accessing course-related materials during lectures and class sessions. Violations of this policy, such as sending or reading emails or text messages, accessing websites unrelated to the course, or use of the computer for purposes other than for the class in progress will result in loss of the privilege to bring a laptop computer to class.

8. Students must request permission of each faculty member prior to tape recording a class session.

F. Academic Honesty and the Student Honor Code

UF students are bound by The Honor Pledge which states, “We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honor and integrity by abiding by the Honor Code. On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied: “On my honor, I have neither given nor received unauthorized aid in doing this assignment.” The Honor Code (sccr.dso.ufl.edu/process/student-conduct-code/) specifies a number of behaviors that are in violation of this code and the possible sanctions. Furthermore, you are obligated to report any condition that facilitates academic misconduct to appropriate personnel. If you have any questions or concerns, please consult with the instructor or TAs in this class.

G. Tutoring

A tutoring program is available to any student who fails an examination or whose performance ranks in the bottom ten percent of the class in multiple courses. Students are advised of this tutoring program during orientation and then occasionally reminded. Course directors are also aware of the program and can make a referral. Student performance is monitored by the Assistant Dean for Student and Multicultural Affairs in conjunction with the Associate Dean for Education and course directors following
each block examination period. The Coordinator of Student Affairs will contact the student, provide counseling and advisement, and offer tutoring. Upon a request for tutoring by the student, the Assistant Dean for Student and Multicultural Affairs will contact the tutor (an upper class student who excelled in the course, is available and interested, and seems like the best fit for the struggling student). The student then contacts the tutor and together they work out a schedule and activity plan that is reported to and approved by the Office of Student and Multicultural Affairs. The tutor is compensated by an hourly wage. Each semester, several students take advantage of this program and student performance has been shown to improve in future examinations. Students referred for tutoring are asked to sign a tutoring agreement form so they are clearly aware of their request in the tutoring process.

**H. Americans with Disabilities Act (ADA) - Student Accommodations**

Students with disabilities requesting accommodations should first register with the Disability Resource Center (352-392-8565, dso.ufl.edu/drc) by providing appropriate documentation. Once registered, students will receive an accommodation letter which must be presented to the Assistant Dean of Advocacy and Inclusion when requesting accommodations. Students with disabilities should follow this procedure as early as possible in the semester.

Students requiring special testing accommodations will be handled through the Assistant Dean of Student and Multicultural Affairs. The following procedure will be followed:

1. Students requesting testing accommodation must be tested by the Disability Resources Program at Peabody Hall. Students qualifying for accommodations will receive an Accommodation Memo from that office which must be presented to the Assistant Dean of Student and Multicultural Affairs.

2. The Assistant Dean will identify the student and the specific accommodation need(s) in the course roster feature in ECO. This information can only be viewed by the course director and test administrators. The student will also be identified in the Grade Book feature of ECO viewable only by grade coordinators and course directors. Access to this information will permit test administrators to schedule and set-up the appropriate accommodation. This process replaces the former procedure of students personally informing each course director of their need for testing accommodation and securing their signature.

Students receiving special testing accommodations will be handled in manner that protects their privacy and confidentiality. Computerized testing conditions will mimic those provided in the Testing Center. When scheduling conflicts prohibit synchronous testing, the examination will be scheduled prior to the regular examination time. The College of Dentistry provides special testing accommodations for those students providing documentation. Common test accommodations include providing a scribe, a reader, extended time, quiet and separate environment, and assistive technology. The Disability Resource Center is located within the Dean of Students Office.

**I. Post-Examination Review**

To facilitate and reinforce effective learning, dental students are encouraged to review any omission in knowledge through an exam review immediately following the exam (unless the Course Director indicates otherwise). Following thorough analysis of the test items and adjustment for any identified aberrant items, the individual examination scores are posted in the grade book feature of ECO.
J. Grading System

Student performance in academic coursework and clinical requirements is evaluated by letter grades (A to E). The S/U grading system is used for select courses so designated by the College and for all elective courses. Grade point averages will be derived from the numerical equivalents of the letter grade. For example, a grade of A for a three-hour course yields 12 grade points.

Passing Grades - Grade points:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Grade Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>3.33</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
</tr>
<tr>
<td>B-</td>
<td>2.67</td>
</tr>
<tr>
<td>C+</td>
<td>2.33</td>
</tr>
<tr>
<td>C</td>
<td>2.00</td>
</tr>
<tr>
<td>D</td>
<td>1.00</td>
</tr>
<tr>
<td>S</td>
<td>None</td>
</tr>
</tbody>
</table>

A grade of S is equal to a C or better grade, but is not calculated in the grade point system.

Failing Grades:

<table>
<thead>
<tr>
<th>E</th>
<th>Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A failing grade awarded in any course will remain on the permanent record if the student fails to successfully remediate the course and is equivalent to 0.0 grade points. Any grade achieved after re-enrollment in the course will be listed separately.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>U</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A failing grade assigned only when an entire course is graded S/U. No grade points are calculated and course credit is not awarded.</td>
</tr>
</tbody>
</table>

Non-Punitive Grades (no grade point value):
W: Withdrew: Assigned for any course dropped when the student was in good academic standing. This grade requires College approval and is assigned to students withdrawing enrollment due to personal and/or medical problems resulting in an excused extended leave of absence.
WF: Withdrew Failing: Assigned to any course dropped when the student was not in good academic standing.
I: Incomplete: Assigned to a student who is capable of achieving a passing grade in the course but who
could not complete the course requirements because of extenuating circumstances. Arrangements must be made with the course director to complete the work by the end of the next semester or earlier. This grade must be rectified by the end of the next semester. An I grade may be assigned at the discretion of the course instructor as an interim grade for a course in which the student has (1) completed a major portion of the course with a passing grade, (2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and (3) obtained written agreement from the instructor as to the arrangements for resolution of the incomplete grade. Instructors are not required to assign I grades.

More information on UF Grading policies can be found at Grades and Grading Policies.

K. Remediation

Students failing any course will be awarded an "E" grade, referred to the Student Performance Evaluation Committee (SPEC), and automatically placed on academic probation. The student must meet with the course director to develop a remediation plan within one week of notification of the failing final grade. The remediation activities are at the discretion of the course director and may consist of a comprehensive examination with emphasis on those areas in which the student failed to achieve a grade of "C" or better. Faculty are available to assist students preparing for this examination, but the responsibility for learning the material resides with the student. The remedial activity will include no formal instruction. The time and place of the remediation examination will be arranged individually. Please note that if the course director determines that the student failed the coursework to such an extent that remedial activities would be inadequate to attain an acceptable level of academic achievement in the course material, the course director can recommend that the student repeat the course in lieu of remedial activity.

The passing grade in the remediation program is a "C"; however, the highest grade attainable in a remediated course is a "D". Students failing to satisfactorily complete the remediation program will maintain the "E" grade and be referred to SPEC for consideration for dismissal or retracking. Re-enrollment will be as soon as deemed feasible by the course director in concert with the Associate Dean for Education and the SPEC. The highest final grade attainable when repeating a course in its entirety is an "A." Students failing to satisfactorily complete a course at the second offering will be referred to SPEC for further evaluation and possible action. A failing grade awarded in any course will remain on the permanent record. Any grade achieved after re-enrollment will be listed separately.

L. Student Evaluation of Instruction

Students are expected to provide professional and respectful feedback on the quality of instruction in this course by completing course evaluations online via GatorEvals. Guidance on how to give feedback in a professional and respectful manner is available at gatorevals.aa.ufl.edu/students/. Students will be notified when the evaluation period opens, and can complete evaluations through the email they receive from GatorEvals, in their Canvas course menu under GatorEvals, or via ufl.bluera.com/ufl/. Summaries of course evaluation results are available to students at gatorevals.aa.ufl.edu/public-results/.

M. Complaint Process
External complaint process:

The University of Florida's DMD program is accredited by the Commission on Dental Accreditation (CODA). If a student, faculty, patient or other individual has any complaints or concerns about the college's accredited educational programs, those issues and concerns can be directed to the Commission.

CODA will review complaints that relate to the program's compliance with the accreditation standards. The Commission is interred in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611 or by calling 1-800-621-8099 extension 4563.

Internal complaint process:

1. Informal: UFCD recognizes that health care professionals should learn to address disagreements and conflicts in a mature and responsible manner. Often relational problems may be resolved best informally between the parties involved. Students who wish to make a complaint about an issue related to the College of Dentistry should first contact their class president, vice president, or Student Affairs committee representative. The class officer can advise the student on how to best seek resolution. Oftentimes, the class officer has heard the same complaint from other classmates and will then proceed by advocating for their class as a whole rather than for one individual. Class officers may seek the help of the Assistant Dean for Student Affairs, their Class Advisor or TEAM leader. Students who do not feel comfortable discussing their concern with their class officers should discuss the complaint with the Assistant Dean for Student and Multicultural Affairs, or Associate Dean for Education.

2. Formal: If the informal procedure has been followed and a student still feels the issue is unresolved the student may initiate a formal complaint. This process may be accessed at: dental.ufl.edu.

The form asks for a description of the complaint including the circumstances regarding the complaint, previous efforts to resolve and restitution sought. The grievance is forwarded to the appropriate person or committee who has been designated to handle a certain type complaint. For example, the Facilities Manager would receive all complaints involving the physical plant/infrastructure of the College. A timely acknowledgement of the submission will be sent by email.

N. Health and Wellness

U Matter, We Care: If you or someone you know is in distress, please contact https://umatter.ufl.edu, 352-392-1575, or visit umatter.ufl.edu/ to refer or report a concern and a team member will reach out to the student in distress.

Counseling and Wellness Center: Visit counseling.ufl.edu/ or call 352-392-1575 for information on crisis services as well as non-crisis services.
Student Health Care Center: Call 352-392-1161 for 24/7 information to help you find the care you need, or visit shcc.ufl.edu/.

University Police Department: Visit police.ufl.edu/ or call 352-392-1111 (or 9-1-1 for emergencies).

UF Health Shands Emergency Room / Trauma Center: For immediate medical care call 352-733-0111 or go to the emergency room at 1515 SW Archer Road, Gainesville, FL 32608; ufhealth.org/emergency-room-trauma-center.

O. Electronic Course Material and Social Media

Recordings are for educational use only and are to be considered confidential. No recorded lecture material, university maintained or otherwise, may be shared (e.g., copied, displayed, broadcast or published) with any individual or organization within or outside the UFCD without prior written permission from the lecturer and without giving proper attribution. UFCD will take reasonable measures to prevent the inappropriate use of such recordings by individuals with access to the web site on which the recorded lectures are posted, but cannot guarantee against possible misuse. This prohibition includes placing the recording on any web page or the Internet for use by, or access to, any person, including the student. In addition to any legal ramifications, misuse of recordings will be considered as unprofessional behavior and appropriate disciplinary action will be taken according to UF policy and procedures. Materials contained within lectures may be subject to copyright protection. Please review Copyright Information for more information.

Unauthorized Recordings. A student shall not without express authorization from the faculty member and, if required by law, from other participants, make or receive any recording, including but not limited to audio and video recordings, of any class, co-curricular meeting, organizational meeting, or meeting with a faculty member. Refer to Student Conduct & Honor Code for more information.

Social Media

Social networks provide fun and exciting ways to connect with others who share common interests. Use of social media, even in a personal capacity, must comply with state and federal law concerning intellectual property, restricted records, and patient information. Text, photos, videos, and other material posted on social media pages, including personal ones, should be in keeping with generally accepted professional and/or ethical standards for one's field(s) of work and/or study. For example, patient information, even if it has been "de-identified" may not be posted. This includes photos or videos as part of medical, research, or other international humanitarian educational experiences. UF has explicit student guidelines to permit appropriate use of social media, while prohibiting conduct through social media that is illegal or against University of Florida policy or professional standards. Refer to UF Social Media Use, Guidelines and Policy Implications for more information.
Best Practices for Teaching and Student Evaluation in the DMD Educational Program

The purposes of these guidelines are to promote excellence in classroom teaching and student evaluation by establishing uniform practices for the development/delivery of courses and the assessment of learning by defining the rights and responsibilities of the department chair, course director, teaching faculty and students. These practices are facilitated by the Office of Education directed by the Associate Dean of Education.

I. The following educational goals are highly encouraged:

(a) The application of active learning methodologies and technologies (see potential applications at the Instructional Support web page, https://dental.ufl.edu/about/administration/it-help-desk/instructional-support/)
(b) The incorporation of evidence-based dentistry assignments and clinical case presentations in every course.
(c) The use of cumulative examinations and various assessment methods in the evaluation of students.

II. Classroom Teaching Practices

Student Responsibilities

1. Students are responsible for attending lectures on time and for their entirety unless specified differently in the syllabus; ensuring that conflicts in class times arising out of special circumstances such as patient scheduling, seminars or courses should be discussed before start of class with the instructor or course director. Students are discouraged from entering and leaving the classroom during class because it is disruptive and interferes with learning.
2. Students are expected to complete all assigned readings before class and be prepared to answer questions related to the assigned material.
3. Learning is an active behavior. Accordingly, students are expected to participate in classroom discussion and assignments.
4. Laptop computers may be used for note-taking or accessing course-related materials during lectures and class sessions. Violations of this policy, such as sending or reading emails or text messages, accessing websites unrelated to the course, or use of the computer for purposes other than for the class in progress may result in loss of the privilege to bring a laptop computer to class.
5. It is both the responsibility of the students and faculty to ensure that decorum in the classroom is maintained at all times. Students who cannot conduct themselves appropriately should be asked, by the teacher, to the leave the room.
6. All audible communication devices, i.e. cell phones, should be turned off before entering the classroom.

Course Director Responsibilities
A Semester or Two Prior to the Course
1. Familiarizes him/herself with this document and the Instructional Support web page, https://dental.ufl.edu/about/administration/it-help-desk/instructional-support/
   2. Meet with the Director of Curriculum and Instruction and/or the Instructional Designer to review:
      a. Course goal, objectives, evaluations, associated competencies, and general philosophy of course.
      b. Teaching methodology and instructional support that will enhance student learning.
      c. Student faculty/course evaluations of previous year’s course.
      d. Curriculum Committee review of the strength’s and weaknesses of this course.
      e. Faculty or student debriefing of the course.
      f. Suggested course schedule.
      g. Faculty/course evaluation plan.
      h. A timeline to complete the course organization and syllabus revision (4 weeks prior to first day of class) will be established.
3. Schedule teaching sessions no longer than 50 minutes in duration; longer sessions should have breaks built into the scheduled time.
4. Distribute a tentative schedule, a draft of the new/revised syllabus, and the COD accessible PowerPoint template for use to all contributing faculty and the Department Chair for comments.
5. Provide a final syllabus, including course objectives, lecture topics by date and name of lecturer, readings and assignments for each class, whether class attendance will be used in determining the final grade, and the course grade scale on UFCD’s Electronic Course Organizer (ECO).
6. The course grade scale is set at the discretion of the course director with guidance from the department chair. Although there is no standard for issuing course letter grades based upon test scores, the following two scales are suggested options:

<table>
<thead>
<tr>
<th>Letter</th>
<th>Narrow Interval</th>
<th>Wide Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95-100</td>
<td>90-94.99</td>
</tr>
<tr>
<td>A-</td>
<td>92-94.99</td>
<td>85-89.99</td>
</tr>
<tr>
<td>B+</td>
<td>88-91.99</td>
<td>80-84.99</td>
</tr>
<tr>
<td>B</td>
<td>84-87.99</td>
<td>75-79.99</td>
</tr>
<tr>
<td>B-</td>
<td>80-83.99</td>
<td>70-74.99</td>
</tr>
<tr>
<td>C+</td>
<td>76-79.99</td>
<td>65-69.99</td>
</tr>
<tr>
<td>C</td>
<td>70-75.99</td>
<td>&lt;70</td>
</tr>
<tr>
<td>E</td>
<td>&lt;70</td>
<td>&lt;65</td>
</tr>
</tbody>
</table>

While letter grades using “plus” and “minus” indicators are optional for course directors to use at the University of Florida, the College of Dentistry encourages course directors to use either both plus and minus indicators or neither when issuing course grades.
7. Complete Family Education Records and Privacy Act (FERPA) training to make sure you are updated on the privacy of education records in the Sunshine State.
8. Order required textbooks via the UF text adoption website, early in the semester prior to the course offering. (Please note that Florida Law requires that students must be informed of textbooks 30 days before a course begins.) If changes are made from previous year also update on the course material section of ECO. Instruct any faculty member requiring a personally authored textbook to complete UF Conflict of Interest
form and provide copies of textbook at the HSC Library, if faculty member will profit from its sale.

9. Arrange for and verify room reservations with the Office of Education.

10. Arrange for staff assistance.

11. Review course materials located at the Library Media Reserve for renewal.

12. Coordinate development of new course materials (web/video) with a review of prior / concurrent course material available on ECO to minimize redundant curricular material.

13. All classroom lectures will be video recorded on Mediasite. The benefits include: 1) providing students with excused absences the ability to view missed presentations, 2) allowing students to review presentations for study purposes, 3) providing students with the previous year’s presentation in cases when a faculty member is unable to present. Faculty can preview the recording and indicate any desired edits prior to posting to Mediasite. The posting and availability of lectures will be according to the guidelines listed on the COD web site under Education, Instructional Support, Mediasite (Streaming Videos & Presentations) https://www.dental.ufl.edu/intranet/IT/Instructional-Support/mediasite.php. As indicated above, “student attendance and attentiveness are paramount to learning”. Course directors have the option to take attendance and to assign attendance as part of the final grade.

14. Send each member of the teaching faculty the link to the current ECO syllabus for review. A class roster composite will be viewable when the students are enrolled one week prior to the course start date.

During the Course

1. Be competent in using the Electronic Curriculum Organizer (ECO) and Evalsuite web course management applications (ECO and/or E-Learning) and minimally, use this course tool to make announcements, post course documents and student grades.

2. Post Powerpoint presentations and handouts used in class, and other learning resources, such as released examinations, when available, under the "document" section of ECO. This practice provides student access and retrieval and maintains a course archive of the instructional materials. Other learning resources can also be linked to HSC Library E-reserves. PowerPoint presentations should be posted using the COD accessible template using a sans serif font in .pptx or .pdf format, one slide per page, color (with light background). These resources are posted in ECO (under the guidelines in #2 above) by the course director as soon as available but preferably no later than the Friday preceding the lecture to allow time for student access and use in class the following week.

3. Attend most classes given in their course even if another faculty is presenting.

4. Introduce teaching faculty to the students and ensure that the class begins and ends as scheduled.

5. Engage in active learning exercises with the students including the use of interspersed questions throughout the presentation and (at least one) case-based learning activity in each course.

6. Coordinate quizzes and examinations including:
   a. Prepare tests after discussing the composition and questions with the teaching faculty.
   c. Submit a minimum of one Patient Box item in every quiz and exam. There are instructions writing Patient Box questions in the Course Director Planning Folder in every course ECO Documents sections under Edit View.
d. Ensure that tests are administered and reviewed appropriately.
e. Ensure that grading is conducted in a timely manner.
f. Use item analysis and review test results with teaching faculty to verify validity of the individual questions.
g. Provide students with test grades in a timely manner (preferably within 48 hour yet no longer than two weeks).
h. Assure that faculty are calibrated to the student grading criteria using rubrics, grade forms, typodonts, images and/or student work samples.
i. Ensuring that accurate grade records are maintained.

7. Meet with any students experiencing academic difficulty and develop an action plan. The Office of Education will monitor student performance via GradeBook and arrange for appropriate counseling and tutoring services.
8. Coordinate faculty and course evaluations with the Office of Education at the midpoint or earlier of the course.
9. Notify the Office of Education, 273-5950, of any cancelled or rescheduled class and/or laboratory sessions. Prior class recordings can be used as part of a backup plan for emergency faculty illness.

At the End of the Course
1. Meet with teaching faculty to discuss student performance in the course and grades to be submitted.
2. Participate in scheduled course debriefings.
3. Coordinate remediation or repetition of course as necessary.
4. Provide documentation of faculty calibration sessions (minutes, powerpoint presentations, spreadsheets of faculty grading means,) etc. to Division Director or Department Chair for CODA documentation.
5. Develop plan for course revisions for the next class offering, as necessary. (A change in clock hours and/or content will need to be requested of the Curriculum Committee three months prior to the date the class begins.)
6. Conduct course audits every three years that address updating of educational evidence-based content, identification of active learning and critical thinking, and development of procedural videos in preclinical courses.

In Addition, for Laboratory Courses and Clinical Training Not Involving Assigned Patient Care

Prior to the Beginning of the Course
1. Submit the list of required supplies (vendor, quantity) to the Instrument Leasing staff person for ordering 3-4 months before the beginning of the course. When determining the amount of supplies required for laboratory exercises, estimate the additional amount that might be necessary to complete remediation(s).
2. Meet with the Instrument Leasing Manager one month before the course begins to obtain training on the instructional equipment, confirm receipt of the requested lab supplies, obtain the lab storage cabinet key, and review the preferred method for supply distribution to the students.

During the Course
1. Monitor the use of personal protective equipment for student safety.
2. Remind students when the lab session is over and help assure that students vacate the lab in a timely manner.
3. Lock the lab or clinic and turn off the lights at the end of the class if the educational resources manager is not available.

4. Remind students that they must purchase supplies from Schein Dental for use in practice sessions. Consider holding teeth for psychomotor examinations and distribute on the psychomotor examination day.

5. Use the Professional Variance form for reporting student non-compliance to expected professional behavior located at the College’s website:

6. Report equipment failure/need of repair to the Educational Resource Manager

**At the End of the Course**

1. Meet with the Instrument Leasing Manager to return lab storage cabinet keys and to determine need for storing instruments and supplies for next year.

**Department Chair Responsibilities**

For existing courses, the chair:

1. Appoints the Course Director and an administrative staff assistant (grade coordinator) to work with the Course Director.

2. Informs the Office of Education and the Curriculum Committee of changes in Course Director(s) assignment.

3. Assigns departmental members of the teaching faculty in consultation with the course director. Best practices discourage the assignment of residents or post-doctoral fellows for any lecture. It is acceptable to assign these individuals to preclinical instruction.

4. Approves course syllabus. Two weeks prior to the first class, the Office of Education will email the Department Chairman the web link to the syllabus with request to reply with approval.

5. Ensures that appropriate support (financial, staff, etc.) will be available, and the syllabus revision is submitted to the Office of Education on ECO four weeks before a course begins.

6. Assigns sufficient supporting faculty to permit diversification of faculty contributions to the course. Best practices ensures a wide distribution of teaching assignments among teaching faculty in the department and that each course has a designated faculty, other than the course director, who is mentored to inherit the course directorship should the course director discontinue that assignment.

7. Evaluates the course director and departmental teaching faculty in each course annually and identifies which courses teaching faculty should receive student evaluations.

For new courses, the chair:

1. Is responsible for leading the initial process of organizing new courses.

2. Presents proposed plan to the Curriculum Committee for approval.

3. Appoints a course director and teaching team (proceeds though steps 4-6 above).

**Teaching Faculty Responsibilities:**

1. Teach assigned and appropriate subject matter.

2. Be present and on-time for assigned lectures/laboratories/clinic sessions.

3. Participate in planning meetings and course debriefings.

4. Familiarize themselves with this document, the materials in the Course Director Planning Packet (located in ECO course Documents section under Edit View, and the Instructional Support webpage http://www.dental.ufl.edu/IT/InstructionalSupport/) the syllabus for the course, and policies concerning student attendance, examinations and grading.
5. Prepare course material media, exam questions, etc. in a timely manner.
6. Proctor examinations, when necessary.
7. Provide and/or post handouts (when used) on ECO for the students.

III. **Student Evaluation Practices**

It is the policy of the College of Dentistry to evaluate students in the first and second years by block examinations. Block examinations are scheduled at a periodic basis, every third week for first year students and every fifth week for second year students. Typically, block examinations are scheduled on Monday and Tuesday following a study day of no scheduled classes on the preceding Friday. Block examinations imply that all major examinations, defined as weighted 20 percent of the final grade, are scheduled together in the same block with no more than 3 examinations in any one day.

**Student Responsibilities**

1. It is the responsibility of the student to abide by and to report any observed infractions of the Student Honor Code (University of Florida Regulations 6C1-4.017). This responsibility is reaffirmed on each examination with the following text placed at the beginning of the examination. The text reads as follows:
   
   “On my honor, I have neither given nor received unauthorized aid on this examination and agree to comply with the Student Honor Code.”

2. Each student has the obligation to protect the integrity of his/her work and is obligated to conduct themselves in a manner that does not arouse suspicion or cause a question of integrity.

3. Students should not bring personal belongings, i.e., backpacks, coats, hats, calculators, electronic devices, etc, into the examination room. There are to be no personal belongings besides pencils and erasers in the room unless otherwise instructed by the proctor. When this is not possible, all personal belongings should be placed in a designated area.

4. When taking paper exams, students should, to the extent possible, sit in every other seat, except for in the first three rows, at the front of the lecture hall. Left handed students should sit on the left side of the room as they face the front of the classroom.

5. Students receiving special testing accommodations will be handled in a manner that protects their privacy and confidentiality. Computerized testing conditions will mimic those provided in the Testing Center using similar equipment. Scheduling of accommodated examinations will occur simultaneously during regularly scheduled block examinations in a location outside of the Testing Center. When scheduling conflicts prohibit synchronous testing, the examination will be scheduled prior to the regular examination time.

6. Students requiring special testing accommodations will be handled through the Assistant Dean of Advocacy and Inclusion. The following procedure will be followed:
   a. Students requesting testing accommodation must make an appointment with the Disability Resources Program at Peabody Hall. Students qualifying for accommodations will receive an Accommodation Memo from that office which must be presented to the Assistant Dean of Advocacy and Inclusion.
   b. The Office of Advocacy and Inclusion will identify the student and the specific accommodation need(s) in the course roster feature in ECO. This information can only be viewed by the course director and test administrators. The student will also be identified in the Gradebook feature of ECO viewable only by grade coordinators and course directors. Access to this information will permit test administrators to schedule and set-up the appropriate accommodation. (This
process replaces the former procedure of students personally informing each course director of their need for testing accommodation and securing their signature.)

7. When taking computerized exams in the testing center:
   a. Students must be on time to be permitted entrance and should congregate inside the MDL, rather than the hallways, while waiting admission to the Testing Center. Students may be admitted late at the discretion of the head proctor but once the first student leaves the Testing Center, no one will be admitted.
   b. The Head Proctor will open the room(s) and allow students to enter a few minutes before the start of each session. A proctor must be present when students are in the facility. The rooms are to remain locked when not in use.
   c. The Head Proctor is in control of the facility and exam administration. There will typically be at least two additional proctors in each room. Faculty and departmental staff may also be present, but cannot substitute for the proctors.
   d. Once an examination session begins, all personnel should refrain from conversing with examinees. This includes clarification or interpretation of exam questions. Students who have specific issues or challenges should write these down on their scratch paper provided at their station and notify the head proctor when they leave the center. The head proctor has the discretion to provide critical information over the public address system, when this is necessary.
   e. Students are assigned to specific numbered stations at random. The seating chart is given to the proctor and posted near the doors for each test. Upon entering, students should quickly find their station number and be seated.
   f. Each exam session (aka "book") has a prearranged start time and duration. Students are prohibited from bringing electronic devices into the Testing Center. Calculators may be allowed at the discretion of the course director or proctor. An on-screen, software calculator is available at every station. Use of ANY other electronic device during an exam will be considered evidence of cheating!
   g. From time to time a testing session is disrupted by unforeseen events (power failure, fire drill). If this occurs, students are encouraged to click on the Pause button near the top of the screen. This locks their station until testing can resume. The Head Proctor will also lock the entire exam to prevent submissions during the disruption.
   h. Students are generally NOT allowed to reenter the Testing Center once they leave a session. The proctor has the discretion to allow reentry on a case by case basis for personal emergencies or illness. If a student does leave prematurely, they should click Pause to lock their station. Under normal circumstances, there is NO provision to give extra time to students who arrive late. Extensions or alternate testing times are possible for special situations. Contact the Head Proctor. All absences (whether excused or unexcused) will be noted and reported to the course director and other appropriate staff.
   i. Students are routinely given scratch paper and two pencils during a testing session. Scratch paper is imprinted with the student’s name and station number for tracking. All materials and scratch paper must be turned in to the proctors at the end of the test. Students are not allowed to retain written notes or remove test materials.
   j. Students are prohibited from bringing electronic devices into the Testing Center. Calculators may be allowed at the discretion of the course director or proctor. An on-screen, software calculator is available at every station. Use of ANY other electronic device during an exam will be considered evidence of cheating!

8. Make-up examinations are only in the event of sickness (documented by a physician’s note), a documented personal or family emergency or for a scheduled rotation. Students must contact the Office of Education and/or the Course Director to notify them as soon as possible of any such events warranting an excused absence. It is the student’s responsibility to schedule a make-up exam with the Course Director within 48 hours of
their return to the College. Students who do not have an excused absence from an examination are, at the discretion of the Course Director, subject to any or all of the following: 1) An "E" grade or a "0" for the examination missed, or 2) A make-up examination which may be cumulative in composition. The make-up examination or failing grade given will be assigned the same value (graded weight) as the original examination.

9. Exam reviews are at the discretion of the Course Director and available at the end of the exam time, when the student submits their exam responses, providing there is exam time remaining.

Course Director's Responsibilities

All course directors will:

1. Be responsible for the accuracy, appropriateness, and balance of the included course material on the examination. Faculty are strongly encouraged to write new examination items every year and develop test banks with valid and reliable questions. Use a variety of examination formats that best suit the specific evaluation objectives. When using multiple choice questions, course directors should plan 75 to 90 seconds per multiple choice question (a maximum of 40 questions in 60 minutes or 60 questions in 90 minutes). When using essay questions, students should be given: a clear set of expectations as to the length, depth and scope of appropriate answers, explicit instructions as to the basic features and components of the expected responses, and written criteria to be used for scoring. Best practices would encourage the posting of excellent answers from previous examinations as guidance to students in preparing for this examination format. Students must be coached to understand what the instructor wants addressed in the essay.

2. Provide the Honor Code statement above on the first page of each examination.

3. Must follow the examination schedule posted on ECO. The schedule may not be changed without the approval of the Office of Education.

4. Must submit the electronic examination via the UFCD Intranet, https://www.dental.ufl.edu/intranet/ZF/XamManager/index/upload, a minimum of two working days prior to the examination.

5. Be responsible for maintaining the proper environment to conduct an examination by following the procedures below:

   a. Computerized examinations will be scheduled by the Office of Education in the Testing Center or Communicore rooms. Proctors are scheduled for all examinations in the testing center.
      - Be expected to use a fair and standardized methodology for scoring exam performance. For multiple choice questions, a statistical item analysis of each item must be preformed and the value of each item judged based on that analysis.
      - Assistance from the Director of Curriculum and Instruction can be sought for guidance in handling decisions concerning giving credit for or deleting items judged to be of poor statistical characteristics. For scoring essay examinations, the grader must use a pre-determined rubric model to consistently score the various expected responses and be blinded to student identification. Essay exams enable the student to receive written feedback comments on the strengths and flaws of their responses and should be addressed in a positive manner. **Multiple scorers must be calibrated.**
      - Distribute grades to students in a confidential manner shortly after the administration of an examination. This can be accomplished by using the grade book feature in ECO or E-Learning. *(Note: The University prohibits posting...*
grades by any portion of a student's social security number.) Course directors are highly encouraged to complete FERPA training at http://privacy.health.ufl.edu/training/FERPA/ to understand issues and liabilities associated with the confidentiality of student education records.

- Schedule make-up examinations only in the event of sickness (documented by a physician’s note) or a documented personal or family emergency. Students must contact the Office of Education and/or the Course Director to notify them as soon as possible of any such events warranting an excused absence. It is the student’s responsibility to schedule a make-up exam with the Course Director within 48 hours of their return to the College. Students who do not have an excused absence from an examination are, at the discretion of the Course Director, subject to any or all of the following:
  i) An "E" grade or a "0" for the examination missed, or
  ii) A make-up examination which may be cumulative in composition.
The make-up examination or failing grade given will be assigned the same value (graded weight) as the original examination.

- To facilitate and reinforce effective learning, dental students are encouraged to review any omission in knowledge through channeled and secured examination feedback following item analysis by the course director. Course directors are to use item analysis evaluation tools in Examsoft and Canvas to review distribution of student responses to the multiple choice questions and to identify items not appropriately evaluating content validity. A difficulty index and the point biserial correlation item analysis data determine the validity and discrimination ability of the test items. Following thorough analysis of the test items and adjustment for any identified aberrant items, the individual scores are posted on the grade book feature of ECO, and the examination is released for student review in the testing center within one week of its administration.

- Faculty may use the ECO announcement page or class time to discuss generalized questions about an exam item. Course directors and teaching faculty are encouraged to attend the review sessions.

Faculty Advisory Board Review and Approval from Dean Dolan, January 2012, February 2013, October 2018
Update on the Integrated National Board Dental Examination (INBDE)

David M. Waldschmidt, Ph.D.
Director, Department of Testing Services and Secretary, Joint Commission on National Dental Examinations

ADEA Fall Meeting
October 24, 2019
Portland, OR
INBDE Resources

• The JCNDE website contains a number of useful INBDE-related resources

https://www.ada.org/en/jcnde/inbde

Resources Related to Examination Content

– Foundation Knowledge for the General Dentist
– INBDE Test Specifications
– INBDE Domain of Dentistry
– INBDE Practice Questions
– INBDE Item Development Guide

Resources Related to Policy and Timelines

– Formal Notice of INBDE Implementation and NBDE Discontinuation
  • INBDE implementation plan
  • Retest policy
  • Eligibility
  • Administration
1. What would biochemistry course objectives look like which would provide adequate knowledge for the INBDE?

- First and foremost: Academic deans should be consulted on all decisions concerning course objectives
- The document entitled *Foundation Knowledge for the General Dentist* provides examples of disciplines (e.g., biochemistry) that are relevant to each of the INBDE’s ten foundation knowledge areas
- For example, this document indicates Biochemistry is relevant to each of the following subsections of Foundation Knowledge area 1:
  - 1.2 Structure and function of cell membranes and the mechanism of neurosynaptic transmission
  - 1.3 Mechanisms of intra and intercellular communications and their role in health and disease
  - 1.4 Health maintenance through the regulation of major biochemical energy production pathways and the synthesis/degradation of macromolecules. Impact of dysregulation in disease on the management of oral health
  - 1.5 Atomic and molecular characteristics of biological constituents to predict normal and pathological function
2. Roughly what percentage of INBDE exam questions will be based on basic/pre clinical science areas and will all/most of these be integrated as patient box based questions?

- The **INBDE test specifications** provide the percentage of questions allocated to each foundation knowledge area.
- The Patient Box is a tool for skill evaluation; the test specifications do not dictate requirements concerning this.
- The majority of INBDE questions currently include a patient box.

<table>
<thead>
<tr>
<th>#</th>
<th>Foundation Knowledge Area</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Molecular, biochemical, cellular, and systems-level development, structure and function</td>
<td>12.2%</td>
</tr>
<tr>
<td>2</td>
<td>Physics and chemistry to explain normal biology and pathobiology</td>
<td>6.8%</td>
</tr>
<tr>
<td>3</td>
<td>Physics and chemistry to explain the characteristics and use of technologies and materials</td>
<td>8.0%</td>
</tr>
<tr>
<td>4</td>
<td>Principles of genetic, congenital and developmental diseases and conditions and their clinical features to understand patient risk</td>
<td>10.6%</td>
</tr>
<tr>
<td>5</td>
<td>Cellular and molecular bases of immune and non-immune host defense mechanisms</td>
<td>9.0%</td>
</tr>
<tr>
<td>6</td>
<td>General and disease-specific pathology to assess patient risk</td>
<td>11.8%</td>
</tr>
<tr>
<td>7</td>
<td>Biology of microorganisms in physiology and pathology</td>
<td>10.6%</td>
</tr>
<tr>
<td>8</td>
<td>Pharmacology</td>
<td>10.6%</td>
</tr>
<tr>
<td>9</td>
<td>Behavioral sciences, ethics, and jurisprudence</td>
<td>10.6%</td>
</tr>
<tr>
<td>10</td>
<td>Research methodology and analysis, and informatics tools</td>
<td>9.8%</td>
</tr>
</tbody>
</table>
INBDE Update

3. To what extent should behavioral sciences content need to be integrated into every specialty area content of dentistry or will integration into general dentistry content be sufficient?

- The INBDE is focused on the knowledge and skills required for safe, independent practice of entry-level general dentistry.
- Behavioral science content covered on the INBDE is designed to reflect the actual experiences of practicing general dentists.
- The task performed by the dentist in these types of questions would simply provide context for the evaluation of behavioral science knowledge/application.
4. Which periodontal classification system will be used on the INBDE?

- The INBDE will use the periodontal classification system introduced by the American Academy of Periodontology in 2017.

5. If 40% of questions utilize the patient box and are integrated in nature, can you please give more specifics on the remaining 60% of the exam?

• Many INBDE questions use a Patient Box to convey information about a patient. The characteristics of the Patient Box are described in the *INBDE Item Development Guide*.

• Case-based item sets make up 40% of the INBDE. A case-based item set consists of two or more items that reference a common set of stimulus materials (e.g., a patient box and an image). INBDE item sets typically involve 2-5 items.

• Standalone items make up the remaining 60% of INBDE content. Standalone items are written to be clinically relevant and integrated; they *can* contain patient boxes and images.
6. What will be the distribution of patient box-based questions vs. standalone questions?

- If a question involves a patient, the question will include a Patient Box. However, item writers are discouraged from including a patient or patient box where doing so would simply add unnecessary verbiage to an item that is already clinically relevant.

- JCNDE staff estimate that approximately 70% of INBDE items will contain a patient box; these will include standalone items and items that are part of case-based item sets.
INBDE Update

7. Can you estimate what is the weight/percentage of the following topics in the exam? Evidence-based dentistry, biostatistics, epidemiology, dental public health, library sciences

• While it is difficult to provide an exact percentage, the INBDE test specifications and the document titled *Foundation Knowledge for the General Dentist* shed some light on this

• Evidence-based dentistry, biostatistics, and library sciences are covered primarily within foundation knowledge area 10 which makes up 9.8% of the examination
  – Note that evidence-based dentistry in many cases involves meta-analytic studies involving research questions that can focus within and across Foundation Knowledge areas

• Epidemiology and dental public health are covered within foundation knowledge areas 7, 8, 9, and 10
8. How well did student performance on the INBDE pilot exams correlate with their performance on Part I and Part II of the NBDE?

- Candidate performance on the 2017-2018 INBDE Field Test was positively correlated with performance on NBDE Parts I and II

Correlation Between INBDE Field Test and NBDE Performance
(N = 1,180 participants)

<table>
<thead>
<tr>
<th></th>
<th>Observed Correlation</th>
<th>Disattenuated Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBDE Part I</td>
<td>.58</td>
<td>.65</td>
</tr>
<tr>
<td>NBDE Part II</td>
<td>.74</td>
<td>.84</td>
</tr>
</tbody>
</table>

Note. Disattenuated correlations were estimated using the following reliability coefficients: Field Test=.87; NBDE Part I=.94; NBDE Part II=.91
9. Will more released questions be available and when will that take place? Will a larger sample question bank be released?

- Forty four (44) INBDE practice questions are available on the JCNDE website

- The JCNDE does not plan to release additional practice questions in the immediate future
INBDE Update

10. Will there be study guides for students prior to taking the exam?

- The following resources will be helpful to candidates who are preparing to take the INBDE
  - Foundation Knowledge for the General Dentist
  - INBDE Test Specifications
  - INBDE Domain of Dentistry
  - INBDE Practice Questions

- Stakeholders can use the INBDE practice questions to understand the types of questions that will appear on the examination

- Programs are also free to use concept maps and related tools to help prepare students
## INBDE Update (Spielman, 2018)

<table>
<thead>
<tr>
<th>Area of Science</th>
<th>Anatomy Neuroanatomy Dental Anatomy Embryology</th>
<th>Biochemistry Cell Biology</th>
<th>Histology Physiology</th>
<th>Genetics</th>
<th>Immunology</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td>Anatomy of sublingual area; anatomy of the sublingual vein for absorption of nitroglycerine, Anatomy of coronary arteries</td>
<td>Blood clotting factors</td>
<td>Contractility of heart muscle; collateral blood supply; vascularization of the heart;</td>
<td></td>
<td></td>
<td>EKG in pathology; what in the heart; what kind of changes; complications – evaluation &amp; potential of MI</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High sodium diet</td>
<td>Artery structure of arteria wall; factors that regulate blood pressure (i.e. anemia)</td>
<td>Genetic basis of hypertension</td>
<td></td>
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</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>Cardiac anatomy and neurovasculature</td>
<td>Apolipoproteins, deposition, HDL scavenging</td>
<td></td>
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<td></td>
<td>Mechanics of arterial plaque formation;</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>Pulmonary and systemic vasculature</td>
<td>Heart as pump</td>
<td></td>
<td></td>
<td></td>
<td>Edema - differential of diagnosis of edema (day vs night) (left vs right) pulmonary edema</td>
</tr>
</tbody>
</table>
11. Are you aware of publications from editors such as Kaplan useful as aids and that might be purchased by University libraries?

- The JCNDE does not review or endorse publications from editors such as Kaplan

- The JCNDE recommends that candidates use textbooks and lecture notes as primary sources for study. Candidates are cautioned not to limit their examination preparation to the review of the INBDE practice questions
12. When will “old” INBDE tests be released? What do you recommend as study aids?

- Because the INBDE is a new examination program, “old” tests are unlikely to be released for several years. No release schedule has been established.

- The JCNDE recommends that candidates use textbooks and lecture notes as primary sources for study.
13. Will there be questions that are similar to those in the current NBDE?

- Yes, the INBDE and NBDE programs have different content specifications, but assess many of the same underlying concepts. Scores on the 2017-2018 INBDE Field Test were positively correlated with scores on NBDE Parts I and II.

- The INBDE has an enhanced focus on clinical relevance, relative to the NBDE Part I
14. How will pass/fail be determined – i.e. raw score, curved?

- In February 2020, the JCNDE will convene a panel of subject matter experts to recommend the pass/fail performance standard for the INBDE. The recommendation will be determined using a process called standard setting.

- During the standard setting activities, the panelists will review INBDE questions and make judgments about how a “just qualified” licensure candidate would perform. The standard setting activities will be facilitated by Dr. Gregory Cizek, a Professor of Educational Measurement and Evaluation who is a nationally recognized expert on standard setting methods.

- The INBDE will not be graded on a curve. All candidates who perform at or above the established performance standard will pass the examination.
15. When will more specific information be given to schools regarding what students will need to know for the exam? For example, in anatomy: is non-head-and-neck material applicable? If so, how specific?

• The touchstone for determining whether specific content or concepts will or will not appear on the examination is CLINICAL RELEVANCE. If a given concept is relevant to the decisions and judgments a practicing dentist must make, then it is fair game for inclusion on the examination.

• The document titled *Foundation Knowledge for the General Dentist* is relevant to this question; it provides detailed examples of the topics and subtopics within each foundation knowledge area.

• Additional helpful resources include the following:
  – INBDE Test Specifications
  – INBDE Domain of Dentistry
  – INBDE Practice Questions
16. Is the Joint Commission creating a dental therapy national exam? If so, are there dental therapists from the only program that has an application accepted by CODA (the Alaska Dental Therapy Educational Program) including on the planning and development? What about educators from this same program?

- The JCNDE is not currently creating a national dental therapy examination.

- The JCNDE has not received any formal requests by dental boards to create such an examination.
INBDE Update

17. Has or will linking between the NBDE and INBDE been or will be done in order to describe a score comparison between the two tests?

- The JCNDE does not plan to link NBDE and INBDE scores. NBDE and INBDE results are both reported as Pass/Fail

- The JCNDE conducts analyses and investigations in support of its vision and mission.
18. Are students eligible to take the integrated board if they have failed part one?

- Yes. However, once a candidate attempts the INBDE, they are no longer eligible to take NBDE Part I.

- Examination eligibility decisions are made by dental programs, in accordance with JCNDE policies.

- Additional information about INBDE eligibility is available in the document titled *Formal Notice of INBDE Implementation and NBDE Discontinuation*.

https://www.ada.org/en/jcnde/inbde
19. If a student takes part one and passes, what happens if they fail part two just before it disappears?

• The NBDE Part II will be discontinued on July 31, 2022. No administration of NBDE Part II will occur after that date.

• Candidates who have not passed NBDE Part II by July 31, 2022 must attempt the INBDE to obtain National Board certification.

• Additional information about INBDE eligibility is available in the document titled *Formal Notice of INBDE Implementation and NBDE Discontinuation* https://www.ada.org/en/jcnde/inbde
Questions?
University of Florida College of Dentistry Course Debriefing  
DEN 8423, Periodontics in General Practice  
October 29, 2019


Debriefing Purpose: Online Course Revision

Learning Environment
- Students like the flexibility of the online course.
- Quizzes assisted with student pacing.

Syllabus/Schedule
- No suggestions

Teaching Methods
- Dr. Aukhil noted differences of what is taught in the periodontal curriculum (i.e. addressing overhangs, open contacts and caries management) and comprehensive care in the TEAM clinic since multidiscipline procedures are not encouraged in clinic.

Course Content
- Students felt many of the topics covered were good review for NDBE Part 3. They appreciated the new topics taught by the periodontal resident,
- According to Dr. Aukhil, treatment aspects were not reflected in the clinical practice portion of the class.
- Consider adding a lecture with general dentists / periodontists who work outside of Gainesville regarding periodontal referrals. Similar to the lecture given by Dr. Joseph Richardson earlier in the periodontal curriculum.
- When asked, student overall felt confident in when they should refer patients to a periodontist.

Course Materials
- Dr. Aukhil reported ethical concerns in regards to lack of documentation (overhangs, open contacts, caries) in axiUm.

Assignments
- Consider a treatment planning, case-based quiz prior to the final exam.

Assessments
- Quizzes were fair
- Students felt the case-based final was authentic to practice where they had to utilize critical thinking skills in a holistic patient-centered context.

Course Sequencing
- Students this course was sequenced appropriately.

Recommendations Summary: (*Prioritized by students)
- Review disease control treatment planning that could be implemented in the TEAM clinics.
University of Florida College of Dentistry Course Debriefing
DEN 6407C, Preclinical Operative Dentistry II
November 4, 2019


Debriefing Purpose: New Course Director-Dr. Delgado

Learning Environment
- Students were unclear about expectations in the first week of the course. This became clearer after the first week of lectures and labs.

Syllabus/Schedule
- Clarify on the schedule how many quizzes will take place. They syllabus says 9 and there were 6. This was potentially due to the hurricane.

Laboratory
- Clarify the threshold for signing off.
- Make the cycling of faculty more transparent in the labs. Not all faculty get to work with each lab group and students feel they are missing out.
- Students liked Dr. Delgado’s presentation on which faculty working with the students each lab day.
- Students appreciated Dr. Silva’s double checking with the students if they have any questions during lab sessions. She provides the initial instruction and then provides the next step check for students. Students reported this keeps them from progressing in the wrong direction.
- The camera in the front of the room student’s note is underutilized. It was recommended to use this resource if a faculty member had an approved tip for the class.
- For tips not sanctioned to the class, they need to be addressed to the class that a certain method is not approved.
- Optional lab sessions were available to students who needed help. Students found this useful and generous of the faculty. Dr. Delgado even did an optional session during break week.
- Students noted that they were uncertain with some ergonomics such as a fulcrum with hand pieces. Dr. Dilbone encouraged the students to speak up what they need help with.
- Dr. Dilbone said their goal as faculty is for the students to be good at everything, so the students should practice everything in preparation for a psychomotor.
- To assist student psychomotor anxiety, announce the tooth a few days prior to the psychomotor.
- There was only one prep psychomotor, and it was expressed that a second prep psychomotor would be beneficial. Dr. Ribeiro supported this and assured students changes like this would be coming in the curriculum.
- Students noted the time crunch in psychomotor especially as they become more complex. It was noted the time ratios should altered when going from prep to provisional.

Course Content
- It was noted that finishing and polishing were not addressed in a take home assignment and feedback was not given. A bonus point was added to the last psychomotor, amalgam, in regards to a project with polishing and finishing. This extra point was appreciated by the students.
- Students appreciated when a change is made that noting “due to student feedback” was helpful.
- Quizzes and exams were fair, and the exam review was extremely generous.
- It was noted amalgam was the most difficult part. It was suggested to find is a pre-tooth way to introduce the topic.
- The amalgam block exercise was not appreciated equally among the students. Perhaps combine with benchtop building anatomy and students timing themselves.

Assessments
- Dr. Delgado gave the class clinical autonomy over what materials they would be tested. However, this fostered the perception that students would get to choose their material but instead it was on a majority basis.
- Students thought it was fun to see their names in the final exam questions.
Recommendations Summary: (*Prioritized by students)

- Have all faculty cycle through the lab stations. It is felt all faculty have tips and general knowledge they can share with the students. Possibly use the Canvas discussion board to share common tips or misconceptions with all students.
- Have a pod leader to report student progress for the second lab session so everyone gets a chance with the faculty.
- Have left-handed faculty or TAs assigned to left-handed students.
- Add an additional psychomotor prep to prepare students for Operative III.
- Use huddles or the document camera to explain / demonstrate more complex and/or new techniques.
- Clarify on the periodontal probe where to measure.
- Include range of quizzes in syllabus.