

2020

# Clinical Course Syllabus

Division of Operative Dentistry

Class of 2022

Courses: DEN7744L, DEN7745L, DEN7746L,  
DEN8747L, DEN8748L, and DEN8749L

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## **Course Goals**

The goals of the clinical courses in operative dentistry are to build upon the foundational knowledge gained in the first two years of dental school, both in the basic and clinical sciences. **Students are expected to judiciously integrate the clinically relevant evidence-based education provided, while making clinical decisions in the provision of comprehensive patient care.** This knowledge is expected to broaden as experience is gained.

Students are expected to demonstrate competency in patient assessment, health promotion, disease prevention and control, diagnosis, treatment planning, prognosis, local anesthesia, pain and anxiety control, restoration of teeth, reassessment and evaluation of treatment outcomes, and recall and maintenance strategies.

Students must possess the basic knowledge, skills, and values to practice dentistry independently by the end of semester eleven.

- **Successfully passing the Oral Exam from 6302 and Psychomotor are is a pre-requisite to be enrolled in DEN7744L.**

## **III. Courses Objectives**

Objectives:

1. Demonstrate proficiency in performing caries risk assessments and **creating a caries management plan** for every patient.
2. **Demonstrate effective communication** and motivational tools in providing patients with a caries management plan including dietary counseling and oral hygiene instructions.
3. **Demonstrate competency** in diagnosing carious lesions utilizing all necessary tools including clinical and radiographic examinations, tooth separation, and current scientific evidence.
4. Demonstrate proficiency in **developing evidence-based and clinical treatment plans** utilizing the information gathered from the medical history, dental history; caries risk assessment, clinical hard tissue examination and radiographic examination.
5. Demonstrate competency in preparing and restoring carious lesions requiring surgical intervention utilizing clinically relevant scientific evidence
6. Demonstrate proficiency in material selection based on scientific evidence for every clinical situation encountered.
7. Demonstrate proficiency in treating and appropriately monitoring all carious lesions not requiring surgical intervention utilizing current scientific evidence.
8. Monitor non-surgical interventions to assure that there is no clinical or radiographical progression. until it is determined that the lesions have undergone sufficient remineralization.
9. Demonstrate competence in providing adequate pain control.
10. Demonstrate competence in managing and controlling patient's anxiety.
11. Demonstrate competence in **completing a post-treatment assessment and caries management re-evaluation** on every comprehensive care patient in order to adequately assess treatment outcomes.
12. Demonstrate effective patient and **appointment management** including adequate preparation, record management and time management.
13. Demonstrate skilled and purposeful communication which demonstrates inclusivity, sensitivity to diversity, respect and compassion.
14. Demonstrate proficiency in following UFCD's **infection control protocol**.
15. Demonstrate proficiency in following all HIPAA recommendations and regulations.

**Skills Assessments will measure each student's ability to work independently on 7 specific operative assessments. An overall evaluation will be conducted in DEN8960L Clinical Exam II and DEN8768L to assess each student's readiness to enter the practice of general dentistry.**

#### **IV. Courses Materials**

##### **A. Required texts (from pre-clinical courses):**

Fundamentals of Operative Dentistry - A Contemporary Approach by Summit J et al, 4th ed., 2013

Art & Science of Operative Dentistry – by Sturdevant et al, fifth ed., 2006

Phillips' Science of Dental Materials , - by Anusavice, K.J., 11<sup>th</sup>ed., W.B. Saunders Co., 2003.

#### **V. Courses Competencies**

**The operative clinical courses contribute to teaching to the following competencies:**

**Domain I:** Professionalism – Apply standards of care in an ethical and medicolegal context to assure appropriate informed consent, risk management, quality assurance and record keeping and delivered within the scope of the dentist's competence in a patient-centered environment that interfaces with diverse patient populations.

1. Ethical Standards. Apply ethical standards as a professional.
2. Legal Standards. Apply legal standards (state and federal regulations) to professional practice.

**Domain II:** Health Promotion and Maintenance - Educate patients and the community, based upon scientific inquiry, critical thinking and outcomes assessments, about the etiology of oral disease. Promote preventive interventions and works effectively with patients and other health care workers to achieve and maintain a state of optimal oral health through evidence-based care.

3. Communication and Interpersonal Skills. Demonstrate culturally sensitive patient-centered communication using the scientific and lay literature and behavioral principles and strategies.
4. Critical Thinking. Apply self-assessment, evidence-based decision making, problem solving skills and biomedical science knowledge in patient care.
5. Assessment of Treatment Outcomes. Analyze the outcomes of patient care (previous treatment) to improve oral health through appropriate recall plans and application of best evidence to improve and maintain oral health.
7. Patient Management. Apply behavioral and communicative management skills during the provision of patient care.

**Domain III:** Health Assessment – Evaluate the patient's medical and oral condition and plan treatment needs.

9. Examination of the Patient. Perform an evidence-based comprehensive patient evaluation that collects patient history including medications, chief compliant(s), medical, oral and extra-oral conditions, biological, behavioral, cultural and socioeconomic information and assessment needed to assess the patient's medical, oral and extra-oral conditions.

**The operative clinical courses DEN7746L and DEN8749L certify the following competencies:**

**Domain IV:** Health Rehabilitation – Perform procedures that manage oral diseases and restore the patient to optimal oral health.

13. Prescribe and/or apply clinical and/or at home therapies, including pharmacotherapeutic agents, for the management of dental caries and monitor their effect on the patient's oral health.
14. Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prostheses.

## **VI. Associate Pairing in Clinic**

### **Comp Exam Credit When Paired**

- When a 3DN completes a COE on their assigned patient, mentored by the 4DN, **the 3DN enters the “D” or operator code and the 4DN enters the “N” or mentor code.** When a 3DN assists a 3DN for a COE, **the 3DN operator enters the D code and the assistant enters the N code.**

### **Operative Credit When Paired**

- When **senior** students **mentor** junior students in operative, both will get the same RVUs for the completed procedures. (The senior mentor enters the “N” code.)
- When **junior** students assist **senior** students in operative, the junior will earn assisting credit. (The junior enters the operative assist code.)\*
- Juniors cannot enter mentoring codes for any operative procedures.\*
- The student assistant is expected to assist the entire procedure. If a student is not able to assist the entire procedure they are being kind and helpful to the student operator but they cannot receive assisting RVUs.\*
- Only one assisting/mentoring code can be entered per clinic session.\*
- Students are permitted to have two assistants for esthetic and CAD/CAM procedures **only**. All other procedures allow one assistant.
- 4DNs cannot mentor other 4DNs.

*\*Due to a high volume of abuse, professional variances will be issued when these guidelines are not followed.*

### **Expectations of Students**

- When working together each student will prepare as if they were the only provider
  - It is expected that all students will identify knowledge gaps prior to the patient appointment and prepare accordingly. This includes reviewing the medical and dental history, treatment plan, etc. Review the information (lectures, textbook, etc.) for the planned procedure prior to coming to clinic.
  - Be prepared for any changes that could arise in the treatment.
- Both students are expected to set-up for the appointment a minimum of 30 minutes prior to the appointment. Student pairs should communicate to arrange to show up at the same time.
- Both students are expected to clean up after the appointment.
- When mentoring, seniors will “coach” juniors. They are not expected to tell the junior what to do.
- When assisting, juniors are expected to engage in the planning and treatment to learn as much as possible to better prepare them for completing the same type of procedure on their own.
- Student pairs are expected to meet outside of clinic time to plan in order to increase efficiency of patient appointments.

### **Miscellaneous**

- Students cannot earn more than 40% of required RVUs from assisting and/or mentoring.
- Skills assessments/competency examinations are completed independently. They are not completed as a pair.

## **VII. Evaluation**

### **Clinical Operative Dentistry Performance Expectations and Grading for Semesters 6 – 11**

Achieving competency as it relates to professionalism, diagnosis, prevention, treatment, and oral health maintenance in the Division of Operative Dentistry, is a process, not an event. This process extends over semesters six through eleven. Facilitating and certifying this accomplishment are the expressed goals of our department as stated above and occur by measuring the breadth of your clinical experience over time and by measuring your ability to perform more independently with increasing experience, and ultimately demonstrating complete independence. Clinic evaluation is based on a quality evaluation which consists of daily clinic evaluations, level I skills assessments in the junior year and level II skills assessments in the senior year. In addition, the amount of experience gained in the clinic is evaluated by the number of RVUs earned.

## A. Quality Evaluation

### 1. Daily Clinical Assessment

A clinical evaluation is completed during every clinic procedure. Below is an example of the daily grade evaluation:

	Did Not Meet Expected Outcome	Modification/Intervention Necessary	Achieved Expected Outcome	Exceeded Expected Outcome
Patient and Appointment Management <i>(Including Infection Control)</i>				
Problem Solving, Clinical Reasoning and Integration of Relevant Scientific Evidence				
Clinical Skill				
Comment (optional)				

Please refer to the Daily Clinical Assessment Rubric on page 12 for a detailed description of the grading criteria.

The grade scale is:

- 4-Exceeded Expected Outcome
- 3-Achieved Expected Outcome
- 2-Modification/Intervention Necessary
- 1-Did Not Meet Expected Outcome

An intervention program is mandatory if any of the following occur:

- a student receives three or more “Did Not Meet Expected Outcome” on the Daily Clinical Assessments in three or more different clinic sessions
- a student receives two “Did Not Meet Expected Outcome” on the Daily Clinical Assessments on two or more different clinic sessions and a failing grade on one Skills Assessment
- a student receives two failing grades on Skills Assessments (as noted in the previous section)

This may occur during the same semester or over a semester-like period of time (16 weeks). This remediation program may begin mid-semester.

The SPEC will be notified at the beginning and end of the intervention program.

Once the intervention program is successfully completed the student will receive a “C” grade. If the program is not successfully completed, the student will receive an “E” grade for that semester without further remediation, will be immediately suspended from doing any operative procedures in clinic, and will be referred to the SPEC.

## **2. Skills Assessments (Level I and II)**

From semester 6-8 (junior year), students are expected to successfully complete Level I Skills Assessments to evaluate clinical progress. These assessments are simple operative procedures and are similar to the more difficult Level II Skills Assessments given in semesters 9-11 (senior year). Level I Skills Assessments are designed to prepare students to challenge the 4 Level II Skills Assessments in their senior year.

The skills assessments will not only evaluate a student's psychomotor ability but will also evaluate the student's ability to select appropriate cases, manage patients, make evidence- based decisions, and operate **independently** while providing dental treatment **without** faculty intervention. Skills Assessments **are not intended to mimic normal daily clinic sessions**. Students may have a volunteer assistant (not a dental student or clinic assistant)

- Students select procedures to challenge for Skills Assessments that are **compatible with the needs of their family of patients from the menu below**. Once all Level I Skills Assessments have been successfully completed, students can begin challenging Level II Skills Assessments.
- Students **must** have completed a minimum of one clinical case of the same classification before challenging an assessment. ***It is strongly recommended that the student achieve adequate clinical experience with that specific classification prior to challenging the assessment.*** Students are expected to show faculty (in axiUm) that at least one of the same procedure that was completed in the clinic before every Level I Skills Assessment.

### **Skills Assessment Evaluation**

Skills Assessments are pass or fail examinations. They are graded by two faculty members (caries management skills assessments are an exception). Each category is graded with a 1-4 score or a P/F. Critical errors are listed on the back of the forms and receive a score of "1" or "F". A passing grade on the exam requires that no "1" or "F" grades were received and an average of a 2.5 or above was achieved. (Scores are added and divided by the number of categories receiving the 1-4 grades.)

### **Skills Assessment Grading Rubric**

**4 - Exceeded Expected Outcome:** The student demonstrated outstanding clinical skill and judgement based on scientific evidence.

**3 - Achieved Expected Outcome:** The student achieved the expected outcome demonstrating acceptable clinical skill and judgement based on scientific evidence with minor errors noted.

**2 - Modifications Necessary:** Multiple, reversible errors exist and are not identified by the student. The level of skill demonstrated is below what is expected but no critical errors are noted.

**1 - Did Not Meet Expected Outcome:** The student was unable to achieve an acceptable outcome, significant or irreversible errors are noted which jeopardize the outcome.

- **All skills assessments must be retaken until a passing score is obtained.** However, an intervention program will be required if two skills Assessments are failed during one semester or over a semester-like period (16 weeks). (For more information see "Intervention" of page 11)

- **Clinical Assessments must be graded by 11:00 AM or 4:30 PM.** Before asking faculty to grade the preparation and before asking faculty to grade the restoration, you **must** self-assess by filling in the form for each criterion listed. The assessment will be graded at that time (AS IS).
- All completed skills assessment forms must be turned into the designated drop box within two weeks of the exam date or a **professionalvariance** will be issued.
- If a student selects a procedure for a skills assessment and it does not meet the specific requirements in the procedure menu, faculty may issue a failing grade for that skills assessment since the student has failed to meet the criteria.

**\*Students must have special permission from their TEAM leader to provide treatment on another student's assigned patient.**

**(It is strongly recommended that a caries management skills assessment be completed in semester 6)**

If 4 Level II skills assessments are not complete by the end of the senior year (semester 11) an "E" grade will be awarded.

## ASSESSMENTS AND REQUIREMENTS

### Level I Skills Assessments (Junior Level Competency Assessments) & Requirements

Skills Assessments	Description
1. Caries Risk Assessment and Management Plan	Caries risk skills assessments must be completed on a high-risk patient that is your assigned comprehensive care patient. <b>Hard tissue charting is part of this assessment.</b> <b>CRAs cannot be completed on another student's patient. CRA and HT must be completed by a operative faculty. <i>There are no exceptions.</i></b>
2. Class V Composite, RMGI or Amalgam Restoration	New, replacement, carious or non-carious cervical lesion. The restoration can be composite, RMGI, or amalgam.
Miscellaneous Requirements	Description
1 Carious Tissue Removal	A Carious Tissue Removal exercise is required in the junior year which involves a primary asymptomatic D2 lesion. It can be Class I, II, III, IV or V. The restoration can be composite, RMGI, or amalgam.
1 Complex Class II	Students must complete 1 complex class II restoration in the Junior Year. This must be completed on a dentoform during a regular clinic session. RVUs are not given for dentoform exercises.
2 CAD/CAM Onlay Assists 2 Veneer or Diastema Closure Assists	These should be completed prior to starting a LEVEL II CAD/CAM LEVEL II Esthetic Restoration

Students can begin challenging Level II Skills Assessments once all Level I Skills Assessments are successfully completed or upon approval by an operative faculty and following the treatment sequence. If any of the Level I miscellaneous requirements are completed during the Junior year, and a Level II miscellaneous requirement procedure is also done in that category, it may be carried forward to meet the Level II requirement for the Senior year.

### Level II Skills Assessments (Senior Level Competency Assessments) & Requirements

Skills Assessments	Description
1. Class II Composite or Amalgam	New or replacement. Must present a carious lesion (primary or secondary) <b>Must be in occlusion and must replace a proximal contact.</b>
2. Class III Composite	New or replacement. Must present a carious lesion (primary or secondary) <b>Must replace a proximal contact.</b>
"3. Caries Management Case Completion "	Present a patient with a decreased caries risk since the initial CRA and successful treatment of remineralization of at least 1 incipient lesion. <b>The competency requires 1 initial CRA and at least 2 re-assessments.</b>
Miscellaneous Requirements	Description
1 Complex Class II	Students must complete 1 complex class II restoration on the Senior Year. This must be completed on a patient.
CAD/CAM and Esthetic Restorations	Students must complete a CAD/CAM and an Esthetic Restoration by the end of the Senior Year.
Amalgam Restoration	Students must complete an Amalgam Restoration by the end of the Senior Year.

Students can begin challenging Level II Skills Assessments once all Level I Skills Assessments are successfully completed or upon approval by an operative faculty and following the treatment sequence. If any of the Level I miscellaneous requirements are completed during the Junior year, and a Level II miscellaneous requirement procedure is also done in that category, it may be carried forward to meet the Level II requirement for the Senior year.

## **B. Quantity Evaluation**

It is expected that proficiency and competency will be gained over time with a variety of formative clinical experiences. Each operative procedure is assigned a number of RVUs. Students will receive operative RVUs for each accomplished operative procedure. Breadth of experience is measured by the number of accumulated RVUs. A grade of 1-4 will be assigned according to the number of RVUs accumulated each semester. Offsite rotations begin in semester 9. RVUs are accumulated during offsite rotations with a cap of 700 per semester.

In addition, **students are expected to accumulate a minimum of 1000 RVUs in the TEAMS clinics (not offsite) in semesters 7-11.** If the RVUs accumulated are less than 1000 the semester grade will be dropped one grade level. If less than 800 RVUs are accumulated the semester grade will be dropped two grade levels.

RVU Grade Scale (Referred to the corresponding syllabus overview)

**Note:** Junior students earn an additional 60 operative RVUs for **assisting** another student doing an operative procedure provided the student assists the **entire** clinic session. A senior student **mentoring** a junior student will earn the same RVUs (procedure dependent) as the junior (primary provider). Students must earn at least 60% of the RVUs from operating as the primary provider in semesters 7-11.

**The cap on assisting RVUs has been lifted for the summer semester 2020 due to the COVID pandemic. The cap for graduation certification has not been changed.**

## **C. Graduation Requirements**

Each student must pass each of the 2 Level I Skills Assessments in their junior year and demonstrate competency on each of the 4 Level II Skills Assessments thereafter. In addition, a minimum of (refer to your clinic overview). RVUs must be accumulated over semesters 6-11

## **VII. Grade Assignment:**

**Each semester a letter grade will be given by the division.**

A passing grade in this course is a 72% or above.

→ Semester grade will be computed as follows:

1. **Daily Clinic Assessment (Quality) - 70%**

70% of the semester's grade will be determined by the average of all daily clinical assessments in that given semester. Please refer to the Evaluation in section VI for details.

2. **Breadth of Experience (Quantity) - 30%**

30% of the semester's grade will be determined by the breadth of clinical experience each student gains in a semester. This is determined by the accumulation of RVUs. Please refer to the above chart for the specifics of this semester grade. A total of 12,500 RVUs must be completed prior to graduation.

**If less than 12,500 RVUs are accumulated, the student should not expect to graduate on time.**

**3. Skills Assessment –**

If the 2 Level I skills assessments are not completed by the end of the junior year (semester 8) and the 4 Level II skills assessments are not complete by the end of the senior year (semester 11) an “E” grade will be awarded.

**4. Miscellaneous Requirements–**

The minimum number of aesthetic procedures, complex class II restorations and the carious tissue removal procedure must be completed by the end of the junior and senior years or an “E” grade will be issued for the semester.

**5. Failed Skills Assessments and Daily Clinical Assessments will result in the following grade reduction:**

1 Failed Skills Assessment/Competency (ex. 1 grade level drop is an A to an A-)	Drop 1 grade levels
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**6. Failure to Accumulate the Minimum 1000 RVUs in TEAMs Clinic Semester 7-11**

Failure to accumulate 1000 TEAMs clinic RVUs	Drop 1 grade level
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**Note: No treatment rendered as a part of the mock board examinations will count toward performance expectations in any clinical operative dentistry course.**

**Grade Scale**

The following grade scale will be used for all operative clinical courses:

Letter Grade	4 point Scale	Percentage Scale
A	3.80-4.00	95-100
A-	3.60-3.79	90-94.99
B+	3.40-3.59	86-89.99
B	3.20-3.39	82-85.99
B-	3.0-3.19	80-81.99
C+	2.8-2.99	74-79.99
C	2.5-2.79	72-73.99
E	< 2.50	< 72

**Remediation**

**Failing to Successfully Complete the Semester Requirements**

If an “E” grade is issued as a result of a student not completing the junior level I requirements by the end of semester 8 or the senior level II requirements by the end of semester 11, the SPEC will be notified and remediation will be offered to the student. This remediation will vary depending on the deficiencies remaining for the specific course. The operative director and the operative division director will determine the remediation requirements on a case to case basis. Once the remediation is successfully completed within the assigned timeframe, the SPEC will be notified and a remediated “D” grade will be issued. If the remediation is not successfully completed within the assigned timeframe, the SPEC will be notified and the “E” grade will remain without an option of another remediation.

## **Intervention Program**

### **Failing Skills Assessments and/or Daily Clinical Assessments**

An intervention program is mandatory if any of the following occur:

- a student receives three or more “Did Not Meet Expected Outcome” on the Daily Clinical Assessments in three or more different clinic sessions
- a student receives two “Did Not Meet Expected Outcome” on the Daily Clinical Assessments on two or more different clinic sessions and a failing grade on one Skills Assessment
- a student receives two failing grades on Skills Assessments (as noted in the previous section)

This may occur during the same semester or over a semester-like period of time (16 weeks). This remediation program may begin mid-semester. The intervention program will vary depending on the deficiencies noted. The operative director and the operative division director will determine the intervention program on a case to case basis.

The SPEC will be notified at the beginning and end of the intervention program.

Once the intervention program is successfully completed the student will receive a “C” grade. If the program is not successfully completed, the student will receive an “E” grade for that semester without further remediation, will be immediately suspended from doing any operative procedures in clinic, and will be referred back to the SPEC.

### **Failing to Successfully Complete an Intervention Program**

Remediation is not an option once a student fails the extensive intervention program set up for failing skills assessments and/or daily clinical assessments.

## Daily Clinical Assessment Rubric

	Exceeded Expected Outcome (4) <i>(All relevant information available)</i>	Achieved Expected Outcome (3) <i>Most of the time</i>	Modification/Intervention Necessary (2) <i>Some of the time</i>	Not Met Expected outcome (1) <i>None of the time</i>
Patient and Appointment Management  (Includes Infection Control)	<ul style="list-style-type: none"> <li>-Oilslandfn9preparation, record lineutilation, pain COOlrOI andin:edlon COOIJ'd</li> <li>-Demonstrates a highlevelor corriasslonandreSl)eCt fo, patient, SlaffandfaaJliy.</li> <li>-Clearly recognzes patients needs in the contextofhei'tvesand hejoral care.</li> <li>•SkilledandPLIJ)Oseful communicationv"1ichdemosrates sensi1Mtv 1)CJin.ral cfversly</li> <li>-Oisptavs fair-mindednessand actively seel\Sfeedback</li> </ul>	<ul style="list-style-type: none"> <li>•Acceptable preparation, record lineutilization,pain oonrol and infeQJQnconlOI</li> <li>•Ilemonsuatescompassionandrespect fo patient,stattand rao.cty.</li> <li>•Recognizes patients'needs in the contextofhei'liivesandhei'ro,al care</li> <li>•Acceptable communicaUno</li> <li>•Seeks feedback</li> </ul> <p>k cerx«Je- WJSmel Slidenl/s /T,:P¥ td rop,mnnrh!fJl)C&lt;dtt. Slidertnoeds someassl!once SlidertOn1iles oolime ( IYeOlmertarr/</p>	<ul style="list-style-type: none"> <li>-Minlmany prepared, help needed 'Oilh 11C0ld11la1aQE111811, tinemanaQE11811,pain COOIJ'd and/Qt in:ea, onconlOI</li> <li>•Doesnotfullyrecognize, l.lldetslandlhe inlelpersonal needsofhepa1ien1, Slaffand faaJltv.</li> <li>-Challenged cornmunicaton</li> <li>•Does notseek feedback</li> </ul> <p>kc ,p «Jesundlfd wasmet w/111 1'SSist.lnodmodicalm St,de,xlii\$hes onr.,,,th fllo patitrl ,..... , lie .,,,awaian/r,sdiQ !Jyoa,becm,illflet dnr.d hours</p>	<ul style="list-style-type: none"> <li>•Unprepared, l.llawareof the stepSand proceclJre l&gt; sa1is/actonyneellhe needsof hepatient</li> <li>•Inappropriaterordmanagemen ame utilization, pain cootrol, and/or infecoon coolrOI</li> <li>•Ineffective co,nmuncatlanandfaili.re1&gt; estllish flnctional rappon withpawi,Slaff an&lt;fo,rawly</li> <li>•Unaware o1 uninterestedln patient'sneeds.</li> <li>•Oisl)laysclosed-mindednessbyresistill faculty o1 patient feedback.</li> <li>A=ptable standa,dwJS mt met TmeWlISI!P'C¥&gt;;trym.wq«t,,,1olleddoor" IIIIfaf101Dientnvr,1&lt;11m&gt;a, np... imceare,r11ep.,...,rtarr/rf8dilQmarh....,rc becm,J/ucna,;/ofi.</li> </ul>
Problem Solving. Clinical Reasoning and Integration of Relevant Scientific Evidence	<ul style="list-style-type: none"> <li>-Oemonstrates outstandingconceptual understanding andInsightful applicaUano N!leYIWlt sciencWic EMdeOO!</li> <li>Information is communicated completely, accurately andconcisely</li> <li>•Seeksmo<e> Information and asks Insightful questions</e></li> <li>M.:Or,Jain:ois(Cf110sted.&lt;hestu:Jerr lY!)rqmldy.,,  &lt;Qlllirty ilm/llisfl• laakr arr/...,aefoflrecoormr triwx based cirelevan.sder,ii: ewdtne</li> </ul>	<ul style="list-style-type: none"> <li>-Oemonstrates conceptual understanding andInsightful applicaUon orrelevant scientific evidence</li> <li>•Informatiion is communicatedeffectivety</li> <li>•Seeksmo,eln!lllation andasks Insightfluquestions</li> <li>I'.henqIManco ISO!l/""""1t&gt;osa,denl -tij/rlyarr.eruuiay warmsmeucy rel/tv:nsde,fifc</li> </ul>	<ul style="list-style-type: none"> <li>-Oemonstratesomegapsin understanding,clinicalreasonin!!&amp;problem solving</li> <li>•FoundatiokroNledQe is Incomplete and Inacurate</li> <li>-Minimal scientific evidencels Incorporated1n10palien1 trealmenl</li> </ul>	<ul style="list-style-type: none"> <li>•Failedto demonstrateconceptual understanding, <u>clinicalreaso</u>*<u>II</u>,problem soMn!!and<u>application</u> of relevanlsciencWic eidence</li> </ul>
Clinical Skill	<ul style="list-style-type: none"> <li>•OUtstandingtehnicalskill demousaled</li> <li>•Clinical proceduresareaccnllished somewhat IndependenUy and ently</li> <li>•Follows facultydirectionsprecisely</li> </ul>	<ul style="list-style-type: none"> <li>•TeachingskiDwasappropriate fotlew!! ofeducatioll</li> <li>-ch;al areaccx,nlished llthminimal InSTRUCTION</li> <li>•Followsfacultydirections</li> </ul>	<ul style="list-style-type: none"> <li>•FacultyInterventionwas necessary11 &lt;XI1111ele treatmento, 10Qe!pa nt10an accep4able pointlOldisrrissal</li> <li>•Needr» minor deviation rue10llesrude,n error (TreallJ11enl errorsreQlremInOla,:ltitiOnal treaminto,a minorvariaiion in llanned eatmen1)</li> </ul>	<ul style="list-style-type: none"> <li>•Fatedlo demonstrare acnpirable ledWcal sklls</li> <li>•Failed lo meet <u>g.edao..s</u> IOldis levelof educatioll</li> <li>•Does not follow facultydrecclions o, proceeds with treatment beyond lleideal (CC'lheexpected nomi) 'Allhoulln1orming raa.crv</li> <li>•Treatmenterrorsrequirredctionaltreatmefl o1 a changein 1realmen1</li> </ul>

## 2019 Clinical Operative Syllabus Overview

Semester	Summer/6	Fall/7	Spring/8	Summer/9	Fall/10	Spring/11	Graduation				
Course #	7744L	7745L	7746L	8747L	8748L	8749L					
Credit hours	1	2	2	2	2	2					
<b>Quality Evaluation</b>											
Daily Clinic Evaluation	The Following 3 Criteria are Evaluated During Each Clinic Session:			Evaluation is based on whether a student:							
	1. Patient and Appointment Management 2. Problem Solving, Clinical Reasoning and Integration of Relevant Scientific Evidence 3. Clinical Skill			4. Exceeded the Expected Outcome 3. Achieved the Expected Outcome 2. Achieved an Acceptable Outcome with Modification/Intervention 1. Did Not Meet the Expected Outcome							
Level I Skills Assessments	1. Caries Risk Assessment & Management Plan ( <b>Must be completed before any other Skills Assessments may be challenged</b> ) 2. Class V Composite						Successful Completion of all 2				
Level II Skills Assessments	1. Class II Composite or Amalgam 2. Class III Composite 3. Caries Management Case Completion						Successful Completion of all 3				
Miscellaneous Requirements: CTR, Aesthetic & Complex Class II	<b>LEVEL I MISCELLANEOUS REQUIREMENTS</b> 2 CAD/CAM Onlay Assists -----> 2 Veneer or Diastema Closure Assists -----> 1 Complex Class II Restoration (Dentoform or Patient) -----> 1 Carious Tissue Removal			<b>LEVEL II MISCELLANEOUS REQUIREMENTS</b> 1 CAD/CAM Onlay Restoration 1 Veneer or Diastema Closure Restoration or Class IV 1 Complex Class II Restoration (Patient) 1 Amalgam Restoration							
	<b><u>Students must complete a minimum of one case in the same clinical classification prior to challenging the skills assessment.</u></b> Students must select the case and patient and declare the skills assessment at the morning huddle. A grade of "2.5" or greater is considered a passing grade for skills assessments. A grade of "1" or "F" in any category will result in a failing grade for the skills assessment. <b>Students can begin challenging Level II Skills Assessments once all Level I Skills Assessments are successfully completed or upon approval by an operative faculty and following the treatment sequence. If any of the Level I miscellaneous requirements are completed during the Junior year, and a Level II miscellaneous requirement procedure is also done in that category, it may be carried forward to meet the Level II requirement for the Senior year.</b> <b>RELATED Level II miscellaneous requirements until Level I miscellaneous requirements are successfully completed.</b>										
<b>Quantity Evaluation</b>											
Breadth of Experience/RVUs	4	>900	>4,000	>6,500	>9,000	>11,500	>15,000	12,500			
	3	650-899	3,500-3,999	5,750-6,499	8,000-8,999	10,500-11,499	13,500-14,999				
	2	500-649	3,000-3,499	5,000-5,749	7,000-7,999	9,500-10,499	12,500-13,499				
	1	<500	<3,000	<5,000	<7,000	<9,500	<12,500				

A minimum of 1000 RVUs must be accumulated in semesters 7 through 11 in order to achieve the above grades.

### GRADE

Quality      70%  
 Quantity (RVUs) 30%

ALL SKILLS ASSESSMENTS AND MISCELLANEOUS REQUIREMENTS MUST BE COMPLETED BY SEMESTER 11 OR AN "E" GRADE WILL BE ISSUED!