

Prosthodontics Clinical Courses Syllabus & Policies

Clinical Prosthodontics Syllabus Overview						
DN Status	Fall	Spring	Summer	Fall	Spring	Graduation
Semester	7	8	9	10	11	
Course #	7845L	7846L	8857L	8858L	8859L	
Credit hours	2	2	2	3	3	
<u>Prosthodontics Competency & Clinical Experience</u> May be completed any semester	<u>4 Case Completion Competency</u> 2 Fixed cases 2 Removable cases (Complete Denture & RPD) One of the 4 cases must include and implant prosthesis PTA-CC Form and D0120CC Code must be completed @ last visit in ALL CASES – A justification necessary otherwise <i>Dental Lab Communication Competency Assessment is included in the prosthodontics case completions</i> <u>Overall Prosthodontics Competency Examination</u> The students must successfully select, complete, document and present (2) two cases to a panel of faculty in order to graduate			<u>Case Completion Combinations SAMPLES:</u> 1. Single unit crown/s and/or bridge, Implant-retained crown/bridge, C/C and P/P 2. Two cases of single unit crown/s and/or bridge, C/P, Implant-retained mandibular over-denture. 3. Any of the above combinations as long as among the 4 cases there is a complete denture (C), a removable partial denture (P) and an implant prosthesis (fixed or removable). <u>Overall Prosthodontics Competency Exam/Presentation SAMPLES:</u> 1. Restore lost posterior occlusion using removable prosthetics. 2. Anterior Esthetic Fixed Restorations (All-ceramic (E-max) or PFM) 3. Restore posterior occlusion at the existing OVD and in MI position using a fixed restoration. 4. Immediate Denture or complex C/C that involves prior extractions		
	<u>Daily Grade (70%)</u> Average of daily procedures	Patient and Appointment Management (Including infection Control) Problem solving, Clinical reasoning and integration of Relevant Scientific Evidence Clinical Skill Professionalism				-E: Exceeded expected outcome -A: Achieved expected outcome -M: Modification needed -N: Did not meet expected outcome
<u>Quantity (30%)</u> RVUs	1: < 499 2: 500 - 749 3: 750 - 999 4: 1,000 -1,250	1: < 1,749 2: 1,750- 1,999 3: 2,000 – 2,449 4: 2,500 -3,000	1: < 3,949 2: 3,950-4,449 3: 4,500-4,949 4: 4,950-5,500	1: < 7,999 2: 8,000-8,499 3: 8,500-8,999 4: 9,000 -9,500	1: < 13,249 2: 13,250-13,999 3: 14,000-14,749 4: 14,750-15,500	Up to 1,000 RVUs from offsite rotations
<u>Units</u>	Definitive Phase Treatment Planning	Minimum of 1 Completed Unit	Minimum of 5 Completed Units	Minimum of 10 Completed Units	Minimum of 20 Completed Units	1 cast post & core 1 occlusal guard = 1 unit At least 16 operator units 4 < as mentor
<u>Grading Scale</u> 3.80 – 4.00: A 3.60 – 3.79: A - 3.40 – 3.59: B + 3.20 – 3.39: B 3.00 – 3.19: B - 2.80 – 2.99: C + 2.50 – 2.79: C < 2.50: E	Semester Grade: Daily Quality Grade: 70 % Quantity (RVUs): 30% 100% <u>Highest passing grade = "C" if minimum units are not completed within the semester</u>					

Daily Assessment Rubric

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

Professionalism and ethical decision making are an expected part of daily practice. If this standard is not met it will be tracked with a professionalism variance.

I. GENERAL

Dr. Luisa F. Echeto, the Division of Prosthodontic Director, Department of Restorative Dental Science, is the course director for all clinical courses in prosthodontics. Appointments can be scheduled in the office, D 9-6B, at 273-6907 or email to: lecheto@dental.ufl.edu. Department of Prosthodontics faculty offices are located on the 9th floor of the dental tower.

II. COURSE GOALS

The goals of the prosthodontic clinical courses are to provide the predoctoral dental student opportunities to treatment plan and complete treatment of patients for fixed and removable prostheses at an acceptable to excellent quality level appropriate to your patients' needs in a general dentistry practice environment.

III. COURSE OBJECTIVES

1. Examine, diagnose, and present a treatment plan for your patients needing **fixed restorations**. The presentation(s) should include specific findings, relevant systemic health considerations, patient desires and needs, a written treatment plan proposal, and a rationale for each item of suggested treatment.

- a. Proper completion of dysfunction screening form, initial clinical examination and phase II treatment plan form.
- b. Current accurate diagnostic casts mounted in maximum intercuspation following the mounted diagnostic casts and treatment planning policy.*
- c. Appropriate recent radiographs must be available.
- d. Use of diagnostic tooth preparations and/or wax-ups are required, when indicated.
- e. Evaluation of the current periodontal condition of all the remaining teeth, including sulcus depths, tooth mobility, furcation involvements, and attached gingival tissue.
- f. Rationale for treatment, including alternatives is expected.
- g. Recognition of the need for "special care" and specific proposals for providing prophylactic antibiotic coverage, nitrous oxide/oxygen analgesia, etc.
- h. Ability to communicate to a faculty member the specific findings, proposed treatment, and prognosis.
- i. Communication to patient of proposed treatment, including estimation of time involved, cost, treatment goals, and patient responsibilities during and after treatment.

2. Perform diagnostic tooth preparations and **wax-ups**, when indicated, as part of the development of the fixed prosthodontic treatment plan.

If it is determined your patient would benefit from diagnostic tooth preparations and wax-ups, your supervising faculty will tell you at the time of treatment planning.

- a. Identification of benefits to be derived from a diagnostic wax-up and whether one is indicated for a particular patient, with the identification based on an evaluation of the occlusal plane, disclusion characteristics, and the extent of the restorative needs.
- b. Use of current, accurate diagnostic casts mounted in maximum intercuspation following the mounted diagnostic casts and treatment planning policy.*
- c. Identification of the need for, and correct use, where indicated, of a custom acrylic anterior guide table.
- d. Preparation of the teeth on the casts according to biological, mechanical, and esthetic needs.
- e. Restoration of axial tooth contours in wax.

- f. Evaluation of the existing occlusal scheme and interpretation of its influence on any proposed changes.
- g. Understanding the relationship between anterior guidance and the occlusal morphology of posterior teeth.
- h. Proper execution of the occlusal design in wax.
- i. Transfer of the information from such diagnostic procedures to the patient's treatment plan.

3. Prepare teeth, fabricate and cement **single cast gold restorations, PFM restorations and/or all-ceramic restorations** as indicated by a predetermined treatment plan at an acceptable or excellent level of quality. Complete all relevant Quality Assurance (QA) evaluations at an acceptable or excellent level of quality.

- a. Ability to discuss clearly the indications, contraindications, advantages, and disadvantages of the proposed restoration.
- b. Determination of the proper sequence of treatment to give the greatest benefit within the comprehensive patient care plan.
- c. Arrangement of the steps needed to complete the restoration to make the most efficient use of the patient's and your time.
- d. Skill with which the treatment is provided, including tooth preparation, temporization, impression making, and fabrication of the restoration.
- e. Quality of the restoration, including retention; axial contour; occlusal design; marginal adaptation; polish; adequate thickness and, where appropriate, esthetic acceptability and glaze.
- f. Identification of correctable deficiencies in the restorations.
- g. Knowledge of the correct cementation procedures and the importance of a dry operating field.
- h. Adequate post cementation follow-up to ensure the longevity of the restoration.
- i. Knowledge of any limitations of the restoration and judgment as to any corrective procedures that should be undertaken.
- j. Patient management and comfort.

4. Examine, diagnose, treatment plan, and determine the prognosis of your patients with partially edentulous needs. Prepare abutment teeth, fabricate provisional restoration and cement **fixed partial dentures (Bridge)** as indicated by a predetermined treatment plan at an acceptable or excellent level of quality. Complete all relevant Quality Assurance (QA) evaluations at an acceptable or excellent level of quality.

- a. Complexity of the overall treatment plan.
- b. Knowledge and comprehension of bridge design and construction and the ability to discuss these with the supervisory faculty.
- c. Understanding of the advantages and disadvantages of treatment alternatives and the proper selection of treatment sequences in the comprehensive patient care plan.
- d. Skill with which the treatment is provided, including tooth preparation, temporization, impression making, jaw recordings, and fabrication of the restoration.
- e. Quality of the restorations provided, including retention axial contour; occlusal design; marginal adaptation; pontic design; adequate thickness of the metal; polish; and, where applicable, esthetic acceptability of glaze.
- f. Knowledge of connector design for fixed partial dentures and the ability to successfully and correctly solder connectors.

- g. Identification of correctable deficiencies in the restorations.
- h. Knowledge of the correct cementation procedures and the importance of a dry operating field.
- i. Adequate post cementation follow-up to ensure the longevity of the restoration.
- j. Knowledge of any limitations of the restoration and judgment as to any corrective procedures that should be undertaken.
- k. Patient management and comfort.

Mounted diagnostic casts and treatment planning policy

All cases will need to have diagnostic casts fabricated and mounted on the articulator prior to the presentation of the Disease control treatment plan to the patient.

- **Every case must be mounted in a semi-adjustable articulator with face-bow transfer and maximum intercuspation position (MIP) except:**

- Kennedy Class I (P/P, P/, /P) that will need to be mounted with a Centric Relation (CR) record
- Complete denture cases (C/C, C/P, P/C) that will NOT need to be mounted unless determined by the prosthodontics faculty or TEAM leader.

- **It is recommended that fully dentate opposing arches casts that are stable when hand articulating, should be mounted without any record that could interfere with the proper occlusal relationship.**

- **Any case that cannot be hand articulated or that with a wax or Blu-Mousse record will not be stable when mounting; will need the fabrication of record base/s and wax rim/s and a second appointment for the appropriate face-bow and maximum intercuspation (MIP) or Centric Relation (CR) records.**

These cases include:

- Distal Extension RPD's (Class I and II cases). Even if the RPD will not be fabricated as part of the definitive treatment
- Immediate denture cases or partially edentulous cases

When Disease control treatment has been completed and the Definitive treatment plan is started, the case must be re-evaluated for the need to re-mount the case in CR (Centric Relation).

These cases include:

- Excessive slide of the mandible from CR to MIP
- Sign and/or symptoms of occlusal disorder
- Lack of posterior support
- At least one edentulous arch

The following type of cases should be referred to Graduate prosthodontics or Faculty Practice due to the level of complexity for the student's clinics:

- Restoration of multiple units
- Vertical dimension modification need
- Severe attrition – especially if patient want to retain their teeth
- Desire for multiple implants – students generally only do posterior single tooth implant restorations and complete mandibular overdenture.
- Long span fixed partial dentures (Longer than 4 units, except canine to canine FPD)
- Need or desire for precision attachments Removable Partial (RPDs) or complete dentures
- History of multiple unsatisfactory complete dentures fabrication
- Inadequate maxillary/mandibular ridges
- History of Facial Pain
- Rampant caries
- Severe gagging reflex or limited inter-occlusal space

- Confrontational/complaining patient's attitude

To treatment plan your patient for **fixed prosthodontics treatment**; you will need a patient who has had all periodontal, oral surgical, orthodontic, endodontic and operative treatment completed in order to develop a **Definitive treatment plan**. In some cases, this is not required, but this is very unusual. Consult with the clinical prosthodontic faculty or TEAM leader in the clinic if you are unsure about treatment planning your patient.

You will need recent, (this means after all restorative treatment has been done) accurate, diagnostic casts mounted with a facebow transfer and a Maximum Intercuspatation (MI) relationship. You must also complete the **Definitive Treatment Plan including all Prosthodontics Procedures needed**.

Bring your patient and mounted diagnostic casts to the clinic to present the proposed definitive treatment plan to the supervising prosthodontics faculty for approval. **TEAM leaders will co-sign the Definitive Tx. plans so that any subsequent changes in treatment would have to be approved by either the original prosthodontic faculty or the co-signing TEAM leader.**

If the treatment plan includes dental implants, Dr. Arthur Nimmo or his designee, should be contacted to guide this portion of patient care. Schedule your patient and have mounted diagnostic casts and completed forms available to present the proposed treatment plan to Dr. Nimmo and Implant Center/Graduate Periodontics/Graduate Prosthodontics faculty for screening and approval. The screening and approval will be done on an appointment only basis. It is acceptable to discuss general fee estimates in the TEAMS clinics to see if the patient is able to afford and is interested in implant treatment but the final costs and written treatment plan will be prepared at the formal implant consult.

Please refer to the following important policy:

The patient should be informed that **we require full payment** for any fixed restoration (crown and/or bridge) **before starting the preparation.**

During Definitive Treatment, when using Blu-Mousse to mount the master cast/s; **it is important that the bite registration be taken only over the prepared teeth.** Doing a full arch bite registration with Blu-Mousse will result in having an increased vertical dimension. Ideally, bite registrations for abutments and single crowns should be done with Duralay or GC Pattern Resin material.

Anterior tooth restorations require a **custom incisal guide table** fabrication prior to sending the case to the laboratory for final restoration fabrication. This guide must be fabricated on a semi-adjustable articulator with properly mounted diagnostic cast that replicates the patient's mandibular motions.

If the fixed restoration is a **survey crown/s or bridge**, the student **MUST design the RPD** and have it approved by the prosthodontic faculty or TEAM leader **prior to sending the case to the commercial laboratory for crown fabrication**. It is *strongly* recommended to make the **mouth preparations of abutment teeth (rest seats, guide planes, etc) following the RPD Design prior to taking the final impression for the survey crown/s or bridge/s**. The students will then pour the final impression, survey it and tripod it for the commercial lab to fabricate the survey restoration/s based on the already established and approved RPD design.

5. Prepare teeth, fabricate and cement post and cores on endodontically treated teeth that are going to receive cast restorations. **If one cast post & core is completed, it will count towards the required completed units.**

- a. An understanding of the special problems related to the restoration of root-filled teeth and the ability to discuss all aspects of the proposed teeth.

- b. Knowledge of both direct and indirect procedures to construct a post and core, understanding of the different techniques available and their advantages and disadvantages.
- c. Preparation of the remaining tooth structure, including adequate post length, provision of resistance to rotation, and conservative elimination of unsupported tooth structure allowing for a proper path of withdrawal.
- d. Ability to produce a pattern that adequately displays the following features: internal adaptation, marginal fit, proper design for the cast restoration, and smoothness.
- e. Minimum finishing of the post and core required clinically.
- f. Knowledge of the correct cementation procedures.
- g. Understanding of the special considerations for temporizing endodontically-filled teeth and the skillful application of the knowledge. **Note: Please refer to *The Prosthodontics Manual* for more details.**

6. Examine, diagnose, treatment plan, and determine the prognosis of your partially edentulous patients; treat the patient with a **removable partial denture (RPD)** at an acceptable or excellent level of quality; complete Laboratory Work Authorization forms; and supervise and evaluate those laboratory procedures performed by the laboratory technician. Complete all relevant Quality Assurance (QA) evaluations at an acceptable or excellent level of quality.

You must have completed DEN7413C. You will be evaluated on your ability to do the following:

- a. Accurately complete the documentation and evaluation of all diagnostic data on the clinic chart forms
- b. Interpret radiographs of the partially edentulous patient
- c. Recognize un-favorable biomechanical factors that require pre-prosthetic surgery or other preparatory or corrective treatment that may require joint consultations with other disciplines of dentistry (such as periodontics, operative, fixed prosthodontics, pathology and oral surgery)
- d. Evaluate the patient's existing removable partial denture (if applicable) in relation to the patient's complaints, needs, desires, and expectations of the new partial denture
- e. Formulate a prognosis based on the remaining teeth and oral anatomy and the patient's attitude toward dental health
- f. Present a logically sequenced treatment plan to the patient, including an estimate of the time involved and fee arrangements
- g. Have current, neatly trimmed and clean diagnostic casts mounted on an articulator surveyed and designed with all the removable partial denture components clearly delineated using the proper color coding – blue for all cast features and red for wrought wire clasps, preparations or modifications to be completed prior to the final impression for framework fabrication
- h. Complete the Removable Partial Denture Design form accurately and communicate to your supervising clinical faculty member the rationale for your treatment plan and indicated design

Removable Prosthodontics Treatment Planning:

To treatment plan your patient for removable partial denture treatment, in contrast to your fixed prosthodontic patients, your patient will NOT need to have all treatment completed in order to develop a removable partial denture design and treatment plan. Most of these patients can be treatment planned early during their dental treatment. You will be able to formulate a treatment plan once you have established which teeth are to be retained and restored as potential removable partial denture abutments. In some cases, this requires completion of Disease Control Phase including periodontal therapy. Consult with the clinical faculty or TEAM leader in the clinic if you are unsure about when to treatment plan your patient.

You must complete the **Definitive Treatment Plan including all Prosthodontics procedures needed.** **TEAM leaders will co-sign the Definitive Tx. plans so that any subsequent changes in treatment would have to be approved by either the original pros faculty or the co-signing team leader.**

To treatment plan your patient; you will need accurate diagnostic casts **mounted** on the articulator following the mounted diagnostic casts and treatment planning policy described before*. The diagnostic casts must be mounted on the articulator with a facebow transfer and a MI (Maximum Intercuspation) record if there are sufficient teeth holding the vertical dimension in a repeatable position that can be used as a reference. **For Kennedy Class I and II cases (distal extension RPDs) you will need to fabricate record bases and wax rims in order for you to accurately mount the cases on the articulator. This step may take another visit. This case may also need to be mounted with CR (Centric Relation) record if sufficient teeth are not serving as a reference.**

The Removable Partial Denture Treatment Plan consists of two areas, a Quality Assurance (QA) evaluation and a clinical evaluation.

- **Quality Assurance (QA) portion of the treatment plan:** Survey, tripod and draw the tentative framework design on the Removable Partial Denture Design and Work Authorization Form (***This form will be used for future framework fabrication***). Transfer your final design drawing to the diagnostic cast/s. The surveyed diagnostic mounted casts and design must be evaluated. The attending faculty is responsible for the evaluation of the design. He/she will review your work and provide you with written and/or verbal feedback. When you have received approval of your RPD design, you may schedule your patient to the clinic for the clinical portion of the treatment plan.

- **Clinical Portion of the Removable Partial Denture Treatment Plan:** Bring your patient and mounted diagnostic casts surveyed and designed to the clinic. Clinical faculty will review your design and examine the patient for appropriateness of this design. Often there are aspects of removable partial denture design which must be modified based on the conditions in the oral cavity which are not evident on diagnostic casts alone (i.e. tooth mobility, range of motion of the floor of the mouth, caries at proposed clasp tip sites, frenum insertions, etc).

Once the clinical evaluation is completed, the proposed treatment plan will be approved by supervising prosthodontics faculty. **TEAM leaders will co-sign the Definitive Tx plans so that any subsequent changes in treatment would have to be approved by either the original pros faculty or the co-signing team leader.**

Every removable denture treatment must **include a reline** before the patient signs it. We may not use it but it will be there if we need to use it.

- o D5760 Reline Partial Denture Lab
- o D5761 Reline Partial Denture Lab

The removable treatment will **be guaranteed for one year**. The patient should be aware that if any problem arise after one year of treatment completion, the patient will be responsible for any necessary treatment fee.

Once Disease Control treatment has been completed, you are ready to perform the Removable Partial Denture (RPD) procedures. If the Definitive treatment includes **survey crowns**; you will need to complete the survey crowns based on the **RPD design already established** before you may start the Removable Partial Denture treatment procedures. **Keep in mind that RPD mouth preparations must be done prior to the final impressions of the survey crowns.** The master cast/s must be surveyed and tripoded following your mouth preparations for the laboratory to fabricate the survey crown following the established path of insertion.

Note: Please refer to The Prosthodontics Manual/Sequences.

7. Examine, diagnose, treatment plan, and determine the prognosis for an **edentulous patients**; treat the patient with **complete dentures** and accomplish all the clinical and laboratory procedures for this treatment. Successfully complete all relevant Quality Assurance evaluations.

You must have completed DEN6460C. You will be judged on your ability to do the following:

- a. Accurately complete the documentation and evaluation of all diagnostic data on the clinic forms
- b. Interpret radiographs of the edentulous patients; recognize unfavorable biomechanical factors that require pre-prosthetic surgery
- c. Evaluate the patient's existing dentures (if applicable) in relation to the patient's complaints, desires, and expectations of the new dentures
- d. Formulate a prognosis based on the residual oral anatomy and the patient's attitude toward dental health
- e. Recognize and communicate to a prosthodontics faculty member certain anatomical landmarks and muscles which will determine the borders of the dentures
- f. Present a logically sequenced treatment plan to the patient, including an estimate of time involved and fee arrangements
- g. Provide patient education in oral hygiene and the care of dentures and make the patient aware of the need for periodic reexamination (recall) and subsequent maintenance procedures, such as relines and rebase
- h. Perform all the clinical and laboratory procedures which are clinically acceptable and biologically compatible with the masticatory system.
- i. Have all relevant clinical and laboratory procedures evaluated through Quality Assurance (QA).
- a. If remaining teeth will be extracted prior to the fabrication of this denture, the diagnostic impression/s should be made 10 weeks after remaining teeth extraction and then the border-molding and final impression should be made 2 weeks after that. This will result in a better fit of the denture/s at the final delivery appointment and may avoid the need for relines.
- j. **Clinical Remount of complete dentures MUST be done at the delivery appointment. Remount cast/s must be sent by the laboratory along with the final dentures. Otherwise, these need to be fabricated prior to the delivery visit.** Maxillary denture **MUST** be mounted on the articulator with the remount jig fabricated prior to processing the dentures. Mandibular denture will be mounted on the articulator with a Centric Relation record (CR) done intra-orally after properly fitting both dentures. The intaglio surface of both dentures need to be checked and adjusted using Pressure Indicated Paste (PIP).

Note: Please refer to *The Prosthodontics Manual* for more details.

Every removable denture treatment must **include a relines** before the patient signs it. We may not use it but it will be there if we need to use it.

- D5750 Reline Maxillary Denture Lab
- D5751 Reline Mandibular Denture Lab

TEAM leaders will co-sign the Definitive Tx plans so that any subsequent changes in treatment would have to be approved by either the original pros faculty or the co-signing team leader.

The removable treatment will **be guaranteed for one year**. The patient should be aware that if any problem arise after one year of treatment completion, the patient will be responsible for any necessary treatment fee.

8. Examine, diagnose, treatment plan, and determine the prognosis for **partially edentulous patients with hopeless teeth or financial constraints with esthetics demands**; treat the patient with **immediate complete dentures** and accomplish all the clinical and laboratory procedures for this treatment. Successfully complete all relevant Quality Assurance evaluations.

You must have completed DEN6460C. You will be judged on your ability to do the following:

- b. Accurately complete the documentation and evaluation of all diagnostic data on the clinic chart forms

- c. Interpret radiographs of the partially edentulous patients; recognize unfavorable biomechanical factors that require pre-prosthetic surgery
- d. Evaluate the patient's existing dentures (if applicable) in relation to the patient's complaints, desires, and expectations of the new dentures
- e. Formulate a prognosis based on the residual oral anatomy and the patient's attitude toward dental health
- f. Recognize and communicate to a prosthodontics faculty member certain anatomical landmarks and muscles which will determine the borders of the dentures
- g. Present a logically sequenced treatment plan to the patient, including an estimate of time involved and fee arrangements
- h. Communicate and discuss with the patient all advantages and disadvantages of the immediate dentures discussing the policy which **MUST** be signed by the patient.**
- i. Provide patient education in oral hygiene and the care of dentures and make the patient aware of the need for periodic reexamination (recall) and subsequent maintenance procedures, such as relines and rebases
- j. Perform all the clinical and laboratory procedures which are clinically acceptable and biologically compatible with the masticatory system.
- k. Have all relevant clinical and laboratory procedures evaluated through Quality Assurance.
- l. Immediate dentures **MUST** be relined with soft Lynam at delivery and throughout at least 6 months when the bone is stable and healed for final hard laboratory relines or fabrication of new dentures.
- m. Diagnostic impression should be made 10 weeks after posterior remaining teeth extraction and the border-molding and final impression should be made 2 weeks after that. This will result in a better fit of the denture/s at the final denture delivery which immediately follows the anterior teeth extractions.

Note: Please refer to The Prosthodontics Manual

Immediate denture treatment must not be offered to Medicaid patients. The right approach for Medicaid patients will be as follows:

- Enter in the treatment plan the correspondent ADA code (D5110 or D5120) that is accepted by Medicaid
- Enter in the treatment plan a relines that will be done 6 months after extractions
- ALL Remaining teeth must be extracted
- Wait for the appropriate healing time (8-10 weeks)
- Start the conventional dentures treatment at 10-12 weeks after extraction of teeth.

If patient does not want to get the conventional dentures and request immediate denture treatment; **the patient must pay the immediate denture fee out of pocket.** Medicaid will not be billed for this procedure since they do not cover it.

If new conventional dentures are needed after the immediate denture treatment; we could then perform the conventional dentures procedure and bill Medicaid.

Immediate denture cases MUST be mounted on the articulator as an evaluation and diagnostic tool for pre-prosthetic surgery. OMFS consultation should NOT be done until the diagnostic casts have been mounted, evaluated and approved by a prosthodontics faculty.

- The diagnostic casts may be duplicated for the fabrication of surgical guide, if indicated
- Diagnostic casts should have areas to be assessed:
 - marked in red on diagnostic casts and
 - modified in duplicate cast for surgical guide fabrication to be done after OMFS consultation has been completed
- Alveoloplasty for each quadrant should be added to the treatment plan and completed at the teeth extraction appointment.

Every removable denture treatment must **include a relines** before the patient signs it. We may not use it but it will be there if we need to use it.

- D5750 Reline Maxillary Denture Lab
- D5751 Reline Mandibular Denture Lab

TEAM leaders will co-sign the Definitive Tx plans so that any subsequent changes in treatment would have to be approved by either the original pros faculty or the co-signing team leader.

The removable treatment will be guaranteed for one year. The patient should be aware that if any problem arise after one year of treatment completion, the patient will be responsible for any necessary treatment fee.

9. Treat a patient in need of a **reline, rebase, or repair of a complete or removable partial denture**; and satisfactorily accomplish all the clinical procedures for this treatment at an acceptable or excellent quality.

- Evaluate the patient's existing dentures in relation to the patient's centric relation, vertical dimension, occlusion, extension and in relation to the patient's complaints, desires, and expectations
- Formulate a prognosis based on the residual oral anatomy and the patient's attitude toward dental health; present a logically sequenced treatment plan to the patient, including an estimate of time involved and fee arrangements
- Perform all procedures which are clinically acceptable and biologically compatible with the masticatory system.
- The relines and repairs must be scheduled with the lab in order to complete the procedure

10. Examine, diagnose, treatment plan and determine the prognosis for an **edentulous patients/partially edentulous patients** whose needs **implant fixed or removable restorations**. Treat the patient with **corresponding Implants restorations** and accomplish all the clinical and laboratory procedures for this treatment. Successfully complete all relevant Quality Assurance evaluations.

- Proper completion of dysfunction screening form, initial clinical examination and departmental treatment plan form.
- Current accurate diagnostic casts mounted in maximum intercuspation following the Mounted Models policy.
- The disease control phase must be completed
- Appropriate recent radiographs must be available.
- Use of diagnostic tooth preparations and/or wax-ups, when indicated.
- Evaluation of the current periodontal condition of all the remaining teeth, including sulcus depths, tooth mobility, furcation involvements, and attached gingival tissue.
- Rationale for treatment, including alternatives.
- Recognition of the need for "special care" and specific proposals for providing prophylactic antibiotic coverage, nitrous oxide/oxygen analgesia, etc.
- Ability to communicate to a faculty member the specific findings, proposed treatment, and prognosis.
- Communication to patient of proposed treatment, including estimation of time involved, cost, treatment goals, and patient responsibilities during and after treatment.

You will need recent, (this means after all restorative treatment has been done) accurate, diagnostic casts mounted with a facebow transfer and Maximum Intercuspation record.

Patient Selection

- Dental implant therapy is elective treatment. All Disease Control Phase treatment (including perio and operative) should be completed, although in some cases, the TEAM leader may refer the patient for an informal consult prior to completion of disease control.

- For partially edentulous patients, we are providing **posterior tooth replacement** (i.e. molar or premolar) **only**. Usually, just one or two sites. For anything more complex, please see Dr. Nimmo, the predoctoral Implant Program Director, before scheduling an implant consultation.
- For edentulous patients, we offer **two-implant mandibular overdentures only**. If a patient is interested in a maxillary implant overdenture, they should be referred to Graduate Prosthodontics.
- ***Treatment plans for implant treatment should not be written or finalized in the TEAMS clinics – this will be done at the implant consult.***
- It is acceptable to discuss general fee estimates in the TEAMS clinics to see if the patient is able to afford and is interested in implant treatment (see note at end of guidelines about fee estimates)* ***The final costs and written treatment plan will be prepared at the formal implant consult.***
- Patients needing anterior implant treatment (maxillary or mandibular anterior) should be referred to Graduate Prosthodontics for evaluation. These patients will be treated by Grad Pros and Grad Perio and/or OMFS residents working together.

Implant Consults

- Appointments for implant consults will be available for juniors at the start of the Fall Term, and are made by Treatment Coordinators for 45 minute blocks of time.
- Before a formal implant consult can be scheduled a PTA-DC MUST be completed.
- Implant consult appointments are available on 5-6 half days a week depending on the semester.
- Bring current mounted diagnostic casts (for dentate patients) to the consult. If teeth have been extracted, you will need a new current PA radiograph for a posterior implant site and updated casts.
- If you have a patient who needs multiple implants, see Dr. Nimmo on an individual basis, prior to scheduling the consult, to review the casts and x-rays to see if the patient is eligible
- On the day of the consult, bring your patient to the location listed above and check in with the front desk for that clinic.
- If your patient is acceptable for treatment in the student implant program, a treatment plan will be entered in Axiom, signed by the patient, and the patient will be given a printed copy. We try to make a best estimate, based upon their presenting condition and needs.

Radiographic/Surgical guides

- Once your patient is approved for treatment in the student program, you will need to make a radiographic guide and a surgical guide.
- The surgical resident will work directly with you to make the guides.
- You need to get a PA radiograph (or sectional CBCT) with the radiographic guide prior to making the surgical guide.
- For edentulous cases, you will need to work directly with the resident (or dental laboratory) to make a duplicate denture for the RG and surgical guides.

Surgery Appointments

- Once you have made the surgical guide, you may schedule the implant surgery.
- Implant surgery will be done in the same area where the formal implant consult was done. Based upon where the original consult was done, you will go the receptionist of the listed clinic to make the appointment.
- Please plan on being present for your patient's surgery.

Restorative Appointments

- There is a minimum healing time of 8-12 weeks after the placement of a dental implant prior to starting restorative procedures, irrespective of the implant system used. In some instances, the surgeon placing the implant will specify a longer healing time in the EHR in axiUm.
- You will need to contact Dr. Nimmo by Outlook e-mail to order the restorative components two weeks prior to the appointment. The e-mail subject should read: "implant parts order" and you need to include the following items in the body of the message: patient name, patient number, implant site, implant manufacturer, and implant size. Please do not send requests from unsecure, third party e-mail servers (like gmail, Yahoo, AOL, etc.)
- We have two implant systems: ITI Straumann and Astra DENTSPLY. The wrench kits are available through central sterilization.
- Prosthodontic faculty and TEAM leaders are available to supervise the restorative treatment.
- When removing healing abutments, use a throat pack and tie off any wrenches with dental floss prior to their use in the mouth!
- For fixed units, we are using closed tray implant level impressions. Dr. Nimmo will work with the dental lab to choose the abutment type, once the lab pours the impression.

Additional information

- For additional information on the radiographic and surgical guides refer to ECO for DEN 7411 Overview of Implant Dentistry. In the "Documents" section, look for the implant lectures entitled "Templates" and "Treatment of the edentulous patient." Also, there will be videos about guides on ECO, courtesy of Drs. Will Martin and Luiz Gonzaga.
- If you want to read more about the clinical procedures, refer to ECO for DEN 7411 Overview of Implant Dentistry. In the "Documents" section, look for the implant lectures entitled "Fixed Rest Options (implant level)," "Treatment of the edentulous patient," and "Restoration with Bone Level Implants."

* Note about fees: The approximate cost for a posterior single tooth replacement is about \$1650 (\$750 for implant surgery and \$900 for abutment & implant crown). For an implant-retained overdenture, the additional cost for the implants and retentive elements is about \$2000 (\$1500 for implant surgery and \$500 for Locator abutments and attachments) beyond the standard cost of denture treatment. These fee levels should be described as a "**base**" cost to the patient. The patient should understand that there would most likely be additional charges for "complications" including radiographs, extractions, alveoloplasty, lab reline (for the overdenture) and/or bone grafting.

All students must be exposed to an implant case by either:

- **Completing a fixed and/or removable implant restoration/ step OR**
- **Assisting both, a fixed implant restoration AND a removable implant restoration**
 - **6918 – IMPLANT Assisting**
 - **6918.1 – Fixed case**
 - **6918.2 – Removable case**

IV. COURSE MATERIALS

- Prosthodontics Manual
- Complete Denture Manual
- Quality Assurance Manual
- Clinic Procedural Manual

V. EVALUATIONS

Evaluation of the clinical prosthodontic patient care in the DMD clinics at the University of Florida College of Dentistry is based on two components which takes into account the **Quality** of the student performance and

the student's productivity or **Quantity** throughout the RVU system (Relative Value Units) of the student during their career.

1. The daily quality of patient care is both formative and summative in nature. The primary purpose of evaluation is to provide helpful feedback to students to guide them towards attaining competency in this discipline. We recognize that this is a process of growth and change for students as they progress through the prosthodontics curriculum. Self-evaluation and critical thinking are important factor in this process, which can be practiced using the prosthodontic procedures forms in all different treatments. Feedback to students is provided in the form of both clinical daily evaluations of quality of patient care and the laboratory Quality Assurance program.

The Prosthodontic faculty and TEAM leaders will review all of your laboratory work in prosthodontics. The QA program in prosthodontics is a formative type of evaluation and a method of communication with dental students regarding dental laboratory work. The process is based on written and oral feedback to students with the expectation that student quality will improve as clinical experience, understanding and skills increase.

The department assumes that the clinical and laboratory work will be at the acceptable level of quality as reflected in the clinical daily quality grades showing a trend of improvement as you gain clinical experience.

The Daily Assessment will be on:

- **Patient and Appointment Management**
- **Problem Solving, Clinical Reasoning and Integration of Relevant Scientific Evidence**
- **Clinical Skills**

The Grading Criteria Definitions will be as following:

- **E: Exceeded expected outcome (4)**
- **A: Achieved expected outcome (3)**
- **M: Modification/ Intervention needed (2)**
- **D: Did not meet expected outcome (1)**

2. Quantity (RVUs): A secondary purpose of evaluation includes delineation of student development and productivity in order to assign semester grades. The Relative Value Unit system (RVU) provides a way to measure and capture all activity that the student performs in the clinic, whether at the college or offsite, and then generates a report of the student's efforts. This value is cumulative throughout all semesters until graduation.

This value is attached to a CDT code already established in axiUm. Every time the students are in the clinics they accumulate RVUs based on the activity or activities completed on a given day. Once a procedure/step is marked as "completed" the RVU value is accumulated. For example, a student attempt a final impression, but did not get a good one, this procedure will be marked as "in-progress" no RVU are accumulated. The next visit the impression is successfully completed, then the procedure is marked as "completed" and RVUs are accumulated.

The specific guidelines for awarding Quantity grades (RVUs) in each of the prosthodontics clinical courses (semester) are listed in tabular form in the Clinical Courses Syllabus Overview.

PROSTHODONTICS CLINICAL COMPETENCY

At the end of the senior year, the student MUST complete at least 4 cases to be deemed competent in prosthodontics.

- **2 Fixed Prosthodontics Cases**
- **2 Removable Prosthodontics Cases**
(at least 1 complete denture and 1 RPD)

The student must complete all related steps in each case. Dr. Echeto's approval REQUIRED for exceptions. Once the case is completed, the Post-Treatment Assessment – Case Completion (PTA-CC) form and code (D0120CC) must be completed and graded.

- The faculty **MUST** select the “Prosthodontics Case Completion Form” into the system
- The faculty marks any error/s and assign a grade on the scale of P/F.
- Two prosthodontic faculties will discuss the case prior to assigning a failing grade of “F”.

OVERALL PROSTHODONTICS COMPETENCY EXAMINATION

This examination consists of a **comprehensive case completion presentation**. To fulfill the **required Overall Prosthodontics Competency Examination**, cases have to be classified according to the most challenging problem in the patient’s treatment plan, which would most probably be the patient’s chief complaint. These cases will include several of the required competencies including operative and perio competencies along the course of the treatment. The student will have to select and perform all the work from start to finish according to the required standards and will be required to document all the clinical treatment procedures with diagnostic work and clinical photos for each competency step to formulate a complete power point case presentation.

There are four (4) types of case completion based competencies – as a reference. Depending on the students’ patient’s pool, they must select and complete (2) two of the proposed cases. After completion, ONE (1) of the selected cases must be SUBMITTED, presented and defended to a panel of faculty that will evaluate the work and presentation to approve the Overall Prosthodontics Competency Examination base on the provided rubric. (See Rubric on Page 27-28 of the Prosthodontics Manual). This presentation will be done along with the Case Completion Presentation Board (The same presentation for both courses DEN8768L and DEN8859L).

TYPES OF CASE COMPLETION BASED COMPETENCIES (Samples)

- 1. Restoring lost posterior occlusion using removable prosthetics. The student will restore the patient to full occlusion, while preserving the anterior teeth and the vertical dimension OR restoring one arch with full complete denture.**

Case requirements: loss of posterior occlusion, no posterior teeth are in occlusion, while the patient still maintains healthy anterior teeth and vertical dimension OR is opposing a complete denture.

Competencies challenged:

The student should demonstrate the ability to present the following:

- Medical history, diagnosis & treatment planning: go through the logical sequence of treatment phases 1 to 3 including all perio and operative work needed.
- Arrange the sequence of the clinical steps in the most time efficient way
- Design the appropriate occlusal scheme with references to back up the chosen occlusal scheme.
- Design distal extension RPD, do mouth preparations and make a border molded final impression (CD/RPD)
- Correctly measure VDR/OVD, record MMR, and evaluate teeth try in and RPD/CD insertion
- Additional competency may be achieved by designing and fabrication of a survey crown.

Case scenarios samples:

- a. Upper CD against lower distal extension RPD (C/P)
- b. Complex C/C case –Pre-prosthetic surgery required (I.e. Teeth extraction, alveoloplasty, etc.)
- c. Upper and lower distal extension RPD’s with no posterior teeth in occlusion but anterior teeth in contact. (P/P)
- d. Lower CD (with 2 implants) against upper distal extension RPD (P/Over-C)

The case presentation

The student will provide the panel with the following:

- Mounted diagnostic **pre-treatment casts** and **post treatment** casts mounted in the articulator, a copy of the RPD design form, teeth selection & lab authorization forms.
- Clinical remount jig

Power point presentation required photos:

- Standard pre- treatment photographs & pre- treatment x rays
- Border molded impression tray
- Border molded final impression same view as the tray
- Full face OVD/ VDR (markings on chin and nose and VD on a ruler or tongue depressor)
- MMR in the mouth and on the articulator frontal and L & R buccal views
- Framework try - in occlusal view
- Teeth try in occlusal, frontal and L & R buccal views
- Clinical remount on the articulator showing proper occlusion, frontal and L & R buccal views
- Delivery same views

2. Anterior esthetic fixed restorations (All-ceramic (E- max) or PFM):

Case requirements: missing or badly broken one or more anterior teeth in the presence of solid posterior occlusion, restored in MI position. Restorations could be single crowns, bridge or veneers.

Competencies challenged:

The student should demonstrate the ability to present the following:

- Medical history and diagnosis & treatment planning: go through the logical sequence of treatment phases 1 to 3 including all perio and operative work needed.
- Arrange the sequence of the clinical steps in the most time efficient way.
- Do a diagnostic preparation on a duplicate diagnostic cast
- Bridge design, showing type of pontic selected and connector's size and location
- Do a diagnostic wax-up that fulfills the esthetic requirements of the patient and considering the golden proportions for anterior teeth.
- Restore the case in canine guidance or rebuild the case in Canine Guidance if needed (Custom incisal guide table must be provided)
- Duplicate the diagnostic wax up to an esthetic provisional restoration
- Teeth preparation, final impression, try in, esthetic try in and cementation

Case scenarios samples:

- a. Replacement or fabrication of anterior crown/s
- b. Enamel hypoplasia / defects in one or more anterior teeth
- c. Missing one or more anterior teeth
- d. Endo treated and/or fractured one or more anterior teeth

The case presentation

The student will provide the panel with the following:

- Mounted diagnostic **pre-treatment** and **post treatment** casts mounted in MI.
- Duplicate diagnostic cast showing diagnostic wax up done using **custom incisal guide table**
- Lab authorization form and actual dies/working cast used by the lab to fabricate the restoration

Power point presentation: required photos

- Standard pre-treatment photographs & pre-treatment radiographs
- Diagnostic teeth preparation on duplicate diagnostic cast

- Custom incisal guide table on the articulator
- Teeth preparation incisal and frontal views
- Final impression
- Esthetic provisional restoration in the patient's mouth frontal view
- Framework try in frontal view
- Esthetic try in frontal view (in occlusion)
- Post cementation frontal and R&L buccal (in occlusion) views

3. Restoring posterior occlusion on one side using fixed restorations at the existing OVD and in MI position using a fixed restoration.

Case requirements: missing premolar or molar, U or L with good mesial and distal abutments, suitable for constructing a posterior three unit bridge (or more) or fabrication of multiple posterior single crowns on one side of the mouth. The patient should have solid posterior occlusion on the **other side**.

Competencies challenged:

The student should demonstrate the ability to do the following:

- Medical history and diagnosis & treatment planning: go through the logical sequence of treatment phases 1 to 3 including all perio and operative work needed.
- Arrange the sequence of the clinical steps in the most time efficient way.
- Do a diagnostic preparation on a duplicate diagnostic cast
- Do a diagnostic wax up that fulfills the occlusal, anatomical and functional requirements of the patient.
- **Duplicate the diagnostic wax up to a provisional restoration**
- Restore the case in canine guidance or rebuild the case in CG if needed (custom incisal guide table)
- Bridge design, showing type of pontic selected and connectors size and location
- Teeth preparation, final impression, metal try in, and cementation

Case scenarios samples:

- Replacement or fabrication of multiple single unit crowns (2 or more)
- Missing U or L second premolar
- Missing U or L first molar
- Missing U or L second molar in the presence of a third molar tooth that can be used as a good abutment

The case presentation

The student will provide the panel with the following:

- Mounted diagnostic **pre-treatment** and **post treatment** casts
- Duplicate diagnostic cast showing diagnostic wax-up done using custom incisal guide table
- Lab authorization form
- Actual dies/working cast used by the lab to fabricate the restoration

Power point presentation required photos

- Standard pre-treatment photographs & pre-treatment radiographs
- Diagnostic teeth preparation on duplicate diagnostic cast
- Teeth preparation occlusal and buccal views
- Final impression
- Provisional restoration in the patients mouth occlusal and buccal (in occlusion) view
- Framework try in occlusal and buccal view

- Metal try in occlusal and buccal views
- Post cementation occlusal and buccal (in occlusion) views

4. Immediate Denture case

Case requirements: Un-restorable remaining teeth that need to be extracted, but the patient presented with esthetics and/or functional demands and the Immediate denture is the alternative

Competencies challenged:

The student should demonstrate the ability to present the following:

- Medical history, diagnosis & treatment planning: go through the logical sequence of treatment phases 1 to 3 including pre-surgical procedures needed.
- Arrange the sequence of the clinical steps in the most time efficient way
- Design the appropriate occlusal scheme with references to back up the chosen occlusal scheme.
- Make border molded final impression
- Correctly measure VDR/OVD, record MMR, and evaluate teeth try in and Immediate dentures insertion

Case scenarios samples:

- Upper Immediate denture against lower distal extension RPD (IMMC/P)
- Upper Immediate denture against lower natural teeth (IMMC/TEETH)
- Upper and lower Immediate dentures (IMMC/IMMC)

The case presentation

The student will provide the panel with the following:

- Mounted diagnostic **pre-treatment casts** and a copy of the teeth selection & lab authorization forms.
- Clinical remount jig

Power point presentation required photos:

- Standard pre- treatment photographs & pre- treatment x rays
- Border molded impression trays
- Border molded final impression same view as the trays
- Full face OVD/ VDR (markings on chin and nose and VD on a ruler or tongue depressor)
- MMR in the mouth and on the articulator frontal and L & R buccal views
- Teeth try in occlusal, frontal and L & R buccal views
- Clinical remount on the articulator showing proper occlusion, frontal and L & R buccal views
- Delivery same views with appropriate soft reline
- Soft reline intaglio surfaces view

VI. ASSIGNING GRADES

The final grade calculations will be done based on the following weight: **70% daily grade (quality) and 30% RVUs (quantity)**. The students may pass the semester following our calculations; **BUT the minimum passing grade will be a “C” if the student does not complete the minimum required amount of units per semester.** Please refer to the **Prosthodontics Clinical Courses Syllabus Overview on Page 2.**

1. Quality Daily Grade (70%): This part of the grade comes from the average of all steps/procedures in prosthodontics in every semester. You may find this value under your “Personal Planner” into axiUm. The quality grade is measure by a scale of E/A/M/D through the Prosthodontic Procedures grading Forms. A grade of “E” signifies excellence. A grade of “D” signifies that the student Did not meet expectations and has failed on the step/case and a remediation activity might be required.

Error/s should be marked on the form. If student does not recognize the mistake, the faculty should point it out following the criteria in the forms and mark the error. The correction should be made prior to proceeding with the case. **(Refer to the Daily Quality Grade Rubric on page 3 for more information)**

- 2. Quantity - RVUs (30%):** This part of the grade comes from the RVUs accumulated based on the “completed” steps/procedures. You may find this value under your “personal planner” into axiUm. A maximum of 1,000 RVUs may be accumulated from the offsite rotations. 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 grading in the summer 2020 semester due to the COVID pandemic. The cap for graduation certification and other semesters has not been changed at this time and remains 40%.
- 3. Clinical Competency:** Students must successfully complete at least four (4) clinical cases and all corresponding steps. Two (2) of the cases must involve fixed prosthodontics procedures and two (2) of the cases must involve removable prosthodontics procedures. The patient pool must include at least one complete denture and at least one removable partial denture (RPD). **One of the four cases must include an implant prosthesis.**
- 4. Overall Prosthodontics Competency Examination:** The students must successfully select, complete and document (2) two cases. The student then chooses one (1) of the cases, presents and successfully defends it to a panel of faculty. This will be done within the Fall and Spring semesters of their senior year simultaneously with the Treatment Planning Board Presentation.
- 5. Unit Criteria Policy:** Juniors and seniors have been paired to create small student group practices, improve learning, increase experiences, and focus on case completion and patient-centered care. Patients will be shared by the pair (or in a few cases, a group of 3). The group will ensure there is adequate communication and collaboration in the patient-centered treatment of the patients in their pool. The TEAM leader will oversee the management of the patients and the provision of care.

A minimum of 20 units completed is required for graduation. A minimum of 16 of those units must be completed as an operator. The other 4 or more units may be completed as an operator and/or mentor.

Only the senior associate is allowed to enter mentoring codes when mentoring the junior associate. The senior/mentor associate will get the same RVUs and units as the junior operator following this “Units Policy”.

- The operator will always enter the CDT- Codes (“D”) codes in the system
- The senior mentor will enter the analog “N” code of the procedure completed by the operator in the system. *For example:*
 - Operator is completing a final impression for a PFM crown = **D2752.2**
 - Mentor will enter the analog code of this procedure = **N2752.2**
- **The junior associate can only enter the D6901 Prosthodontics Assistant code when assisting their senior associate or another student.**

Units Criteria Policy

Multi-step cases are to be completed by the same student/pair following comprehensive care standards for the benefit of the patient and the student/pair learning experience. Dr. Echeto’s approval is REQUIRED for exceptions

- Each abutment / arch will count as one (1) unit **if all steps are completed by the same student:**
 - Single crowns, RPD or complete dentures will count as one (1) unit
 - 3-unit bridges, C/C, P/P or any combination will count as two (2) units
- 1 occlusal guard will count as one (1) unit – ONCE
- 1 cast Post & Core will count as one (1) unit – ONCE
- Implant overdenture attachments pick-up will count as one (1) unit – ANYTIME
- Every Interim Partial Dentures will count as half (½) unit – ANYTIME

- **1 unit** per abutment/arch will be added to the student record if the student completes the following step/s:
 - Final impression/s, and cementation
 - Final impression/s, MMR records, teeth try-in, insertion and check ups
 - Framework try-in, MMR records, teeth try-in, insertion and check ups

- **Half (½) unit** per abutment/arch will be added to the student record if the student completes the following step/s:
 - Crown/bridge cementation only
 - Teeth try-in, insertion and check ups
 - Insertion and check ups

- **No unit** will be added to the student record if the student completes the following step/s:
 - Preliminary steps – PRIOR to delivery
 - 24 hours check and/or one week check
 - Adjustments

The four case completion Competencies, the Overall Prosthodontics Competency Examination/presentation, 20 completed units and a minimum of 13,250 RVUs must be completed by semester 11 in order to be certified for graduation in prosthodontics. All procedures are cumulative throughout all semesters.

VII. GRADE SCALE

A	3.80 – 4.00	(96% - 100%)
A-	3.60 – 3.79	(92% - 95%)
B+	3.40 – 3.59	(89% - 91%)
B	3.20 – 3.39	(85% - 88%)
B-	3.00 – 3.19	(81% - 84%)
C+	2.80 – 2.99	(77% - 80%)
C	2.50 – 2.79	(72% -76%)
E	<2.50	

Minor changes to this syllabus may occur. Students will be notified promptly.

VIII. REMEDIATION

Remediation of the Overall Prosthodontics Competency Examination: If the student is not able to successfully complete the corresponding presentation, an action plan will be established and a remediation of the presentation will be scheduled. **This failure may result in delayed graduation.**

Remediation for unacceptable quality of effort: Unacceptable quality of effort may be defined as students with 2 or more Clinical Daily Quality Grades of unacceptable (1)/(D) – Did not meet expectations, or two or more instances of running 30 minutes or more past the clinic closing time. These students' records will be individually reviewed by the Division of Prosthodontics Director or designated faculty. Student graduation may be delayed and an individual remediation program designed for students whose clinical quality of patient treatment is found to be unacceptable. Remediation activities for the Fixed and/or Removable Treatment of the clinical courses are at the discretion of the Division of Prosthodontics Director or Department Chair.

Students failing any academic/clinic coursework will be awarded an "E" grade and required to remediate. To satisfactorily complete the remediation program at least a "C" grade must be earned the next semester. The final grade assigned for the course, after remediation, will be a "D." Students failing to satisfactorily complete the remediation program will again be awarded an "E" grade and required to repeat the course.

Re-enrollment will be as soon as deemed feasible by the course director. The highest final grade attainable when repeating a course is an "A". Students receiving an "E" grade for the re-enrolled course will be sent to the Student Performance Evaluation Committee (SPEC) for further action.

Example of remediation activity:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Single Gold Crown Prep & Provisional on the dentoform	Final Impression for 3-unit Bridge on the dentoform & laboratory work	Fabrication of Indirect 3-unit Bridge provisional of Bridge on the dentoform.	RPD design of a given case, including survey/tripod and Mouth preparations	Review of all the cases
PM	3-unit PFM bridge prep & provisional on the dentoform	Finish Lab. work (Pindex) for 3-unit Bridge. Case should be mounted on the articulator	Custom Tray & wax rims fabrication for complete dentures.	Teeth setting of mounted RPD case.	