Proposal to Review Course Grade Scale and Consider a College wide Grade Scale

Is there a UF policy on grade scale?

Excerpt from UF Faculty Handbook-

**GRADING POLICIES**

Instructors are responsible for setting the grading scale in their courses. There is no standard grading scale at UF. For general purposes, passing grades are A, B+, B, B-, C+, C, C-, D+, D, D- and S. Failing grades are E and U. However, note that C- is not a passing grade for courses in the major, General Education, or Gordon Rule credit. Learn more about UF writing and math requirements (formerly Gordon Rule) and the use of grades and grading policies.

Is there a UFCD policy on grade scale?

Curriculum Committee approved this statement and grade ranges when UF adopted + and – grade scales:

Excerpt from Best Practices for Classroom Teaching and Student Evaluation in the DMD Educational Program”

6. The course grade scale is set at the **discretion of the course director** with guidance from the department chair. Although there is no standard for issuing course letter grades based upon test scores, the following two scales are **suggested** options:

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

While letter grades using “plus” and “minus” indicators are optional for course directors to use at the University of Florida, the College of Dentistry encourages course directors to use either both plus and minus indicators or neither when issuing course grades.
Do other UF Academic Health Programs have college grade scales?

College of Pharmacy Example (graduate courses are still free to set their own scale).

**Table 1. Grading Scale**

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.50-100%</td>
<td>A</td>
</tr>
<tr>
<td>89.50-92.49%</td>
<td>A-</td>
</tr>
<tr>
<td>86.50-89.49%</td>
<td>B+</td>
</tr>
<tr>
<td>82.50-86.49%</td>
<td>B</td>
</tr>
<tr>
<td>79.50-82.49%</td>
<td>B-</td>
</tr>
<tr>
<td>76.50-79.49%</td>
<td>C+</td>
</tr>
<tr>
<td>72.50-76.49%</td>
<td>C</td>
</tr>
<tr>
<td>69.50-72.49%</td>
<td>C-</td>
</tr>
<tr>
<td>66.50-69.49%</td>
<td>D+</td>
</tr>
<tr>
<td>62.50-66.49%</td>
<td>D</td>
</tr>
<tr>
<td>59.50-62.49%</td>
<td>D-</td>
</tr>
<tr>
<td>&lt; 59.50%</td>
<td>E</td>
</tr>
</tbody>
</table>
COMPETENCIES FOR THE NEW DENTAL GRADUATE

The Competencies for the New Dental Graduate was developed by the College of Dentistry’s Curriculum Committee with input from the faculty, students, and staff and approved in October 1999. This document was revised in June 2004, April 2007, March 2010, August 2014, May 2016 and August 2020.

Preamble

The educational mission and philosophy for the UFCD predoctoral program are presented in Appendix A. The overriding goal of the program is to produce a competent general dentist. The general dentist is the primary oral health care provider, supported by dental specialists, allied dental professionals, and other health care providers. The general dentist will address healthcare issues beyond traditional oral health care and must be able to independently and collaboratively practice evidence-based comprehensive dentistry with the ultimate goal of improving the health of society. The general dentist must have a broad biomedical and clinical education and be able to demonstrate professional and ethical behavior as well as effective communication and interpersonal skills. In addition, he/she must have the ability to evaluate and utilize emerging technologies, continuing professional development opportunities and problem-solving and critical thinking skills to effectively address current and future issues in health care.

As used in this document and described in Appendix B, a competency is a complex behavior or ability essential for the general dentist to begin independent, unsupervised dental practice. Competency includes knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, and technical and procedural skills. These components become an integrated whole during the delivery of patient care by the competent general dentist. Competency assumes that all behaviors are performed with a degree of quality consistent with patient well-being and that the general dentist can self-evaluate treatment effectiveness.

In competency-based dental education, what students learn is based upon clearly articulated competencies and further assumes that all behaviors/abilities are supported by foundation knowledge and psychomotor skills in biomedical, behavioral, ethical, clinical dental science and information management that are essential for independent and unsupervised performance as an entry-level general dentist. In creating curricula, dental faculty must consider the competencies to be developed through the educational process, the learning experiences that will lead to the development of these competencies, and ways to assess or measure the attainment of competencies. Competency statements for dental education have evolved to a point where they are divided into domains, are broader and less prescriptive in nature, are fewer in number, and most importantly are linked to requisite foundation knowledge and skills. A glossary of terms used in competency-based education is found in Appendix C.

The purposes of this document are to:
- Define the competencies necessary for entry into the dental profession as a beginning general dentist;
- Enhance patient care quality and safety, illustrate current and emerging trends in the dental practice environment;
- Serve as a guide and central resource to promote change and innovation in predoctoral dental school curricula;
- Through periodic review and update, serve as a guide for benchmarking, best practice, and interprofessional collaboration and additionally, as a mechanism to inform educators in other health care professions about curricular priorities of dental education and entry-level competencies of general dentists.
Competency Statements
(Parentheses denote corresponding CODA standard)

Independent Skills

Students will be competent in the following concepts and skills, and expected to be able to perform them independently when they begin unsupervised dental practice. These independent skills are taught in the core curriculum. The competencies relate to the child and, adult patient.

Domain I: Critical Thinking –

- **1: Critical Thinking**: Use critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology. (2-10)

- **2: Evidence-Based Patient Care**: Access, critically appraise, apply and communicate scientific and lay literature as it relates to providing evidence-based patient care. (2-22)

- **3: Apply biomedical science knowledge in the delivery of patient care.** (2-15).

Domain II: Professionalism –

- **4: Ethical Standards**: Apply principles of ethical decision making and professional responsibility. (2-21)

- **5: Legal Standards**: Apply legal and regulatory concepts related to the provision and/or support of oral health care services. (2-18)

- **6: Appropriate Referral** Provide oral health care within the scope of general dentistry to include recognizing the complexity of patient treatment and identifying when referral is indicated. (2-24.c)

Domain III: Communication and Interpersonal Skills

- **7: Communication Skills**: Apply the fundamental principles of behavioral sciences using patient-centered approaches for promoting, improving and maintaining oral health. (2-16)

- **8: Diversity**: Manage a diverse patient population and have the interpersonal and communication skills to function successfully in a multicultural work environment. (2-17)

Domain IV: Health Promotion

- **9: Health Promotion & Disease Prevention**: Provide oral health care within the scope of general dentistry to include health promotion and disease prevention, including caries management. (2-24.d)

- **10: Interprofessional Experiences**: Communicate and collaborate with other members of the health care team to facilitate the provision of health care. (2-20)
• **Domain V: Practice Management and Informatics**

  • **11: Practice Management:** Apply the basic principles and philosophies of practice management, models of oral health care delivery and how to function successfully as the leader of the oral health care team. *(2-19)*

• **Domain VI: Patient Care**

  o **Assessment, Diagnosis, and Treatment**

    • **12: Patient Assessment, Diagnosis, Treatment Planning and Informed Consent:** Provide oral health care within the scope of general dentistry to include patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent. *(2-24.a)*

    • **13: Assess Patients with Special Needs:** Assess and manage the treatment needs of patients with special needs. *(2-25)*

      o **Establishment and Maintenance of Oral Health**

    • **14: Assessment of Treatment Outcomes:** Provide oral health care within the scope of general dentistry to evaluate the outcomes of treatment, recall strategies and prognosis. *(2-24.o)*

    • **15: Patient Management:** Provide oral health care within the scope of general dentistry to patients in all stages of life. *(2-23)*

    • **16: Emergency Treatment:** Provide oral health care within the scope of general dentistry to include dental emergencies. *(2-24.m)*

    • **17.** Provide oral health care within the scope of general dentistry to include restoration of teeth. *(2-24.f)*

    • **18.** Provide oral health care within the scope of general dentistry to include communicating and managing dental laboratory procedures in support of patient care. *(2-24.g)*

    • **19.** Provide oral health care within the scope of general dentistry to include replacement of teeth including fixed, removable and dental implant prosthodontic therapies. *(2-24.h)*

    • **20.** Provide oral health care within the scope of general dentistry to include periodontal therapy. *(2-24.i)*

    • **21.** Provide oral health care within the scope of general dentistry to include local anesthesia and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder. *(2-24.e)*

    • **22.** Provide oral health care within the scope of general dentistry to include hard and soft tissue surgery. *(2-24.l)*
• **23:** Provide oral health care within the scope of general dentistry to include malocclusion and space management. *(2-24.n)*

• **24:** Provide oral health care within the scope of general dentistry to include pulpal therapies. *(2-24.j)*

• **25:** Provide oral health care within the scope of general dentistry to include oral mucosal and osseous disorders. *(2-24.k)*

• **26:** Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer. *(2-24.b)*
Appendix A - Educational Mission, Philosophy and Curriculum for the Predoctoral Program at the University of Florida College of Dentistry

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

Philosophy
The College of Dentistry's highest commitment is to academic excellence. The development of the competent graduate in the art, science and practice of dentistry is the foundation of our educational philosophy. It is paramount that the educational environment be humanistic and reflects the values of integrity, honesty, respect, fairness, and cooperation. It is equally important that faculty and staff develop, integrate, and facilitate effective and active learning. These efforts must result in graduates who possess and demonstrate knowledge and skills in the cognitive, psychomotor, and affective domains.

Predoctoral Education Program

http://dental.ufl.edu/education/dmd-program/

1 competent graduate: an individual who possesses clinical judgment, understanding, empathy, technical skills and independence to begin professional practice.
2 educational philosophy: the system of values and beliefs by which students, faculty, staff and administration will accomplish student learning.
3 humanism: a philosophy that stresses an individual's dignity, worth, self-realization and reasoning.
4 effective: producing a desired measurable outcome
5 active learning: learning which focuses on the student's involvement in the process of reasoning and understanding, as well as their responsibility to engage in continued learning, self-assessment and the pursuit of higher knowledge.
6 affective: this domain relates to behaviors indicating attitudes of awareness, interest, attention, concern, involvement and responsibility.
Appendix B – Description of Competency-based Education

Competencies are learning experiences stated in terms of what a student must be able to do to be considered competent by the profession after completion of the dental curriculum, and imply performance at a clinically acceptable level in each of the identified domains of dental practice. These competencies must be supported by a working knowledge of the basic biomedical and clinical sciences, by cognitive and psychomotor skills, and by professional and ethical values.

Competencies must be relevant and important to the patient care responsibilities of the general dentist, directly linked to the oral health care needs of the public, realistic, and understandable by other health care professionals. Specific learning objectives are listed for each course as part of a course syllabus. Thus, this competency document provides a framework for the predoctoral curriculum, where as, a course syllabus outlines the specific learning objectives and experiences of a particular course which ultimately contributes to the achievement of competency.

Professional Development is a continuous process of improvement transitioning from novice to beginner to competent to proficient and ultimately to expert.

Competence is an intermediate stage of professional development and learning that starts with the beginner or novice dental student.

The basic and behavioral science foundation knowledge, skills, and values provide the general dentist a requisite knowledge base upon which sound clinical judgments are made. Specifically, the new dental graduate must be able to demonstrate an integrated knowledge of the biology, etiology and epidemiology of diseases and conditions affecting the oral cavity.

Basic and behavioral science knowledge and professionalism are the foundation upon which sound clinical judgments are made. Patient care is a dynamic and interactive process that begins with an assessment of the patient and leads to the restoration of a state of oral health and function, and ultimately to the promotion and maintenance of oral health. We recognize, however, that the patient care process can deviate from this "model." For example, based on an appropriate assessment, the dentist may decide that no restorative care is needed and the patient will receive preventive and health maintenance care. Our competency-based curriculum provides learning opportunities that support foundation knowledge, reinforce professional and ethical practice behaviors, and guide the development of sound clinical judgment and treatment skills.

Competencies are interdisciplinary, yet each department or division within a department is responsible for coursework with specific behavioral objectives or clinical activities. Clinical departments or divisions assess most competencies, although some competencies are assessed within interdepartmental activities.
Active learning: Learning which focuses on student’s individual responsibility to engage in continued learning, self-assessment in achieving and maintaining competency, and the pursuit of higher skill levels.

Competencies: Statements describing the abilities needed to engage in the independent practice of dentistry. Competencies combine foundation knowledge, skills, understanding, and professional values and are performed independently in realistic settings.

Competency-based education: A planned sequence of student experiences designed to move students through the stages in the competency continuum. Different methods of instruction and evaluation are used as appropriate to each level of professional growth, and the entire sequence is coordinate to produce a competent beginning practitioner.

Competency-based evaluation: Use of evaluation techniques and decisions that match the stages along the competency continuum. Novices are assessed with tests, beginners with simulation, and competent students with evaluation of direct patient care. Management of students is guided by assessing the correct educational qualification path for each student to decide which experiences are required to satisfy each competency. Educational diagnosis of learning difficulties and remedial interventions are also part of the evaluation system.

Behavioral objectives: Specific statements of expected student behavior as a result of short-term educational experiences, such as a lecture. A course typically has many behavioral objectives, most of which are cognitive in nature, although they might alternatively be in the psychomotor or affective domains. Competencies may cross disciplines and always combine skill, understanding, and supporting values.

Best practices: Evidence-based practice that integrates the best research evidence with clinical expertise and patient values.

Curriculum guidelines: Suggestions from special interest groups, usually disciplines or subdisciplines, about desired course topical coverage. There are no requirements for dental schools to conform to such guidelines, and the result of implementing all of them represents an unreasonably large task.

Evidence-based dentistry: The approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Foundation knowledge and skills: The necessary core body of cognitive basic and behavioral science and psychomotor skills for novices and beginners. These are what students must know and be able to do to benefit from the curriculum experiences designed to achieve competency.

Manage: Recognize and treat accordingly or refer and follow-up situations beyond the competency of the dentist.

Management: Direction of care so that care is provided in a judicious manner that encourages patient compliance.

Perform: To carry to completion a prescribed course of action.

Special needs: any individual that exhibits a physical, psychological, social, medical or developmental challenge that requires modification of the standard methods of dental delivery.

Treatment: The management and care of a patient for the purpose of combating a disease or disorder.

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7 This glossary of terms is adapted from definitions provided by the American Dental Association and the Journal of Evidenced-based Dental Practice (March 2007) as well as from the 1997 Chambers and Glassman article. Some additional terms were defined by the UFCD Curriculum Committee. For a more complete glossary of terms, please see: Chambers DW, Glassman P. A primer on competency-based evaluation. J Dent Educ 61(8): 651-66, 1997.