



College of Dentistry and Dental Clinics

Office for
Education

Department Curriculum Review for Family Dentistry

- I. Department Report
- II. Questions and Responses

Work Group: Dr. M. Abdelaal, Prof. Cunningham-Ford, and Ms. S. Howes (D3-DS representative)

Curriculum Review presented to Curriculum Committee, February 2017.

Date: November 14, 2016

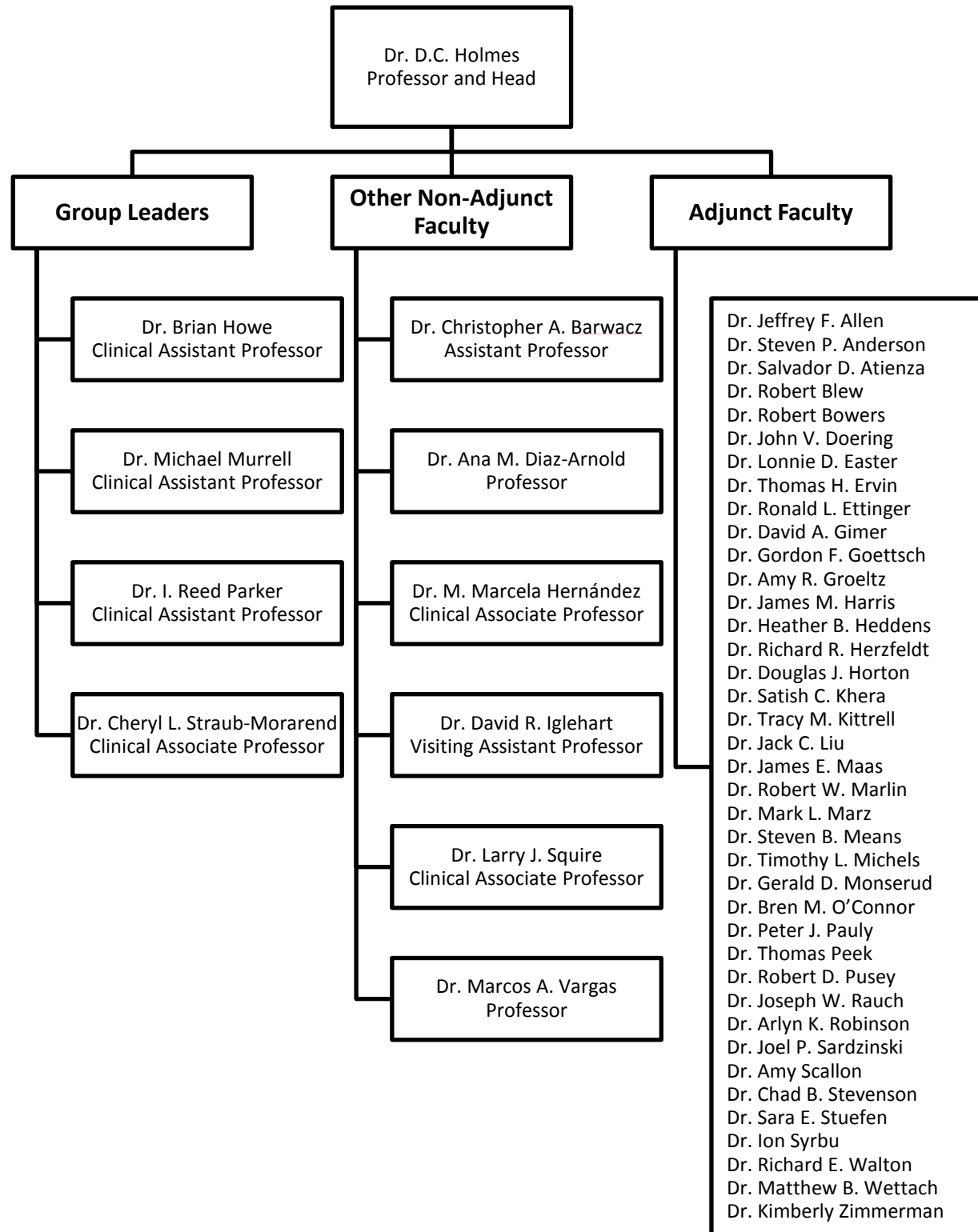
Department: Family Dentistry

I. Department Mission Statement: <i>development a statement if none exists; also.</i>
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<i>Department of Family Dentistry Mission Statement</i>
The Department of Family Dentistry is a humanistic environment, characterized by respect, tolerance, understanding, and concern for all patients, students, staff, and faculty.
The primary mission of the Department of Family Dentistry is to reinforce and refine the comprehensive approach for managing the oral health care needs of patients.
The Senior year integrates the basic science knowledge, clinical skills, and dental laboratory experiences acquired during the first three years of dental school into a systematic approach to providing care.
Students completing their education in Family Dentistry are expected to:
<ol style="list-style-type: none">1. conduct themselves in a professional and ethical manner;2. understand the principles of comprehensive treatment planning;3. know the medical, ethical, and legal issues involved in patient care;4. be able to recognize the need for specialty consultation;5. be competent in coordinating and sequencing patient treatments;6. be an effective member of the dental team;7. be prepared to enter General Practice;8. be educated and trained for licensure examination; and9. appreciate the importance and value of lifelong learning.
Our faculty and staff will demonstrate these qualities in their daily interpersonal interaction with colleagues, patients and students.
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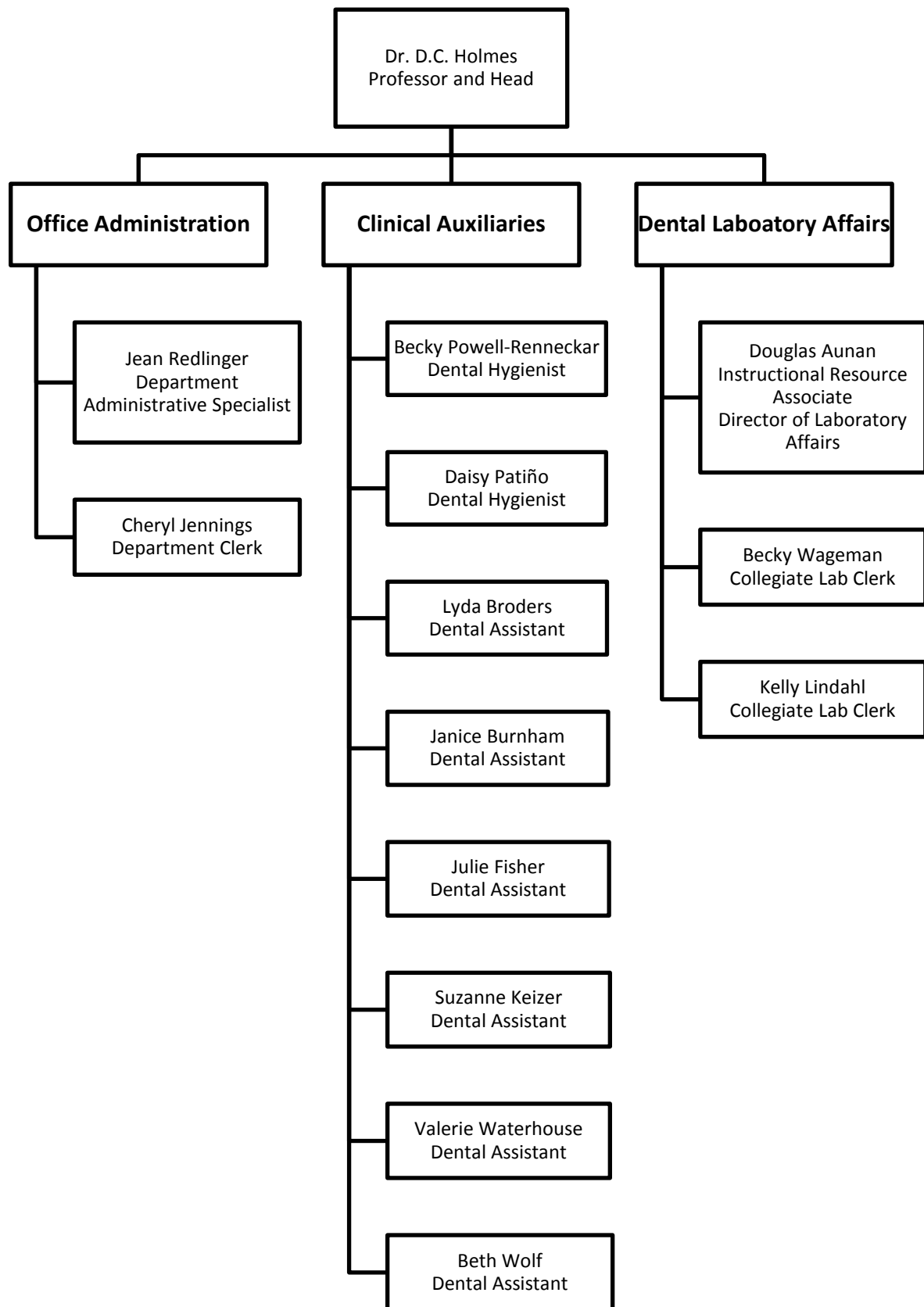
II.	Describe how the department curriculum addresses the <i>Iowa Collegiate Competencies & Domains</i>
	<p>The mission statement articulates what we believe to be the most important activity of our department – strengthening the knowledge and skills acquired during the first three years.</p> <p>The Family Dentistry Curriculum comprises the final 30 weeks of the intramural predoctoral curriculum of our college.</p> <p>We view the specialty departments in our college as the experts in their respective disciplines, and the Family Dentistry Clinic as the venue where those skills and knowledge are reinforced, refined, and integrated.</p> <p>It is assumed that students have demonstrated fundamental clinical skills in all disciplines prior to being promoted to the D4 year.</p> <p>Our entire department faculty (full-time and adjunct) convenes as a group 5 times a year for a “Family Dentistry Faculty Conference”. These conferences are utilized as opportunities to invite faculty from the specialty departments to calibrate our Family Dentistry faculty with our school’s content experts.</p> <p>The Group Leader is charged with individually mentoring and counseling the dental students -- facilitating the integration of their technical skills with competence in patient management, treatment planning, case presentation, and clinical judgment.</p> <p>Course Competencies, Instructional Methods and Assessment Methods are described in Appendix I.</p>

III. Include department organizational structure and how it fulfills the department's mission. Attach appendix, if necessary

Department Faculty



Department Staff



IV. Provide profiles for each course: <i>additional rows can be added as needed.</i>				
Year	Course No.	Course Director/ Co-Director	Format: lecture, seminar, PBL, CBL, simulation lab, clinical, etc.	Faculty:Student Ratio
D4	FAMD:8484 Dental Practice Management (2 credit hours)	Squire	lecture, seminar, clinical	lecture ~1:80 seminar ~1:20 clinical ~1:10
D4	FAMD:8487 Clinical Experiences – Comp. Care (10 credit hours)	Group Leaders (Howe, Murrell, Parker, Straub-Morarend)	seminar, clinical	seminar ~1:20 clinical ~1:10
D4	FAMD:8488 Clinical Competencies – Comp. Care (12 credit hours)	Group Leaders (Howe, Murrell, Parker, Straub-Morarend)	seminar, clinical	seminar ~1:20 clinical ~1:10
D4	FAMD:8494 Topics in Family Dentistry (3 credit hours)	Parker	lecture, seminar	lecture ~1:40 seminar ~1:40
D4	FAMD:8495 Treatment Planning and Sequencing (2 credit hours)	Straub-Morarend	lecture, seminar, PBL, CBL, clinical	lecture ~1:40 seminar ~1:40 PBL ~1:10 CBL ~1:10 clinical ~1:10
<p>The Family Dentistry curriculum comprises 75% of the D4 year for students at The University of Iowa College of Dentistry. The other 25% of the D4 curriculum is composed of extramural experiences. The D4 Family Dentistry curriculum consist of five courses, each spanning the entire academic year from late July through early June.</p> <p>The course FAMD:8484 Dental Practice Management addresses principles of dental practice management and delivery of comprehensive dental treatment in a simulated group-practice clinical setting, with chairside dental assistants.</p> <p>The two clinical courses (FAMD:8487 - Clinical Experiences in Comprehensive Care and FAMD:8488 - Clinical Competencies in Comprehensive Care) carry the most semester credit hours of any courses in the entire dental curriculum at The University of Iowa College of Dentistry. For the courses FAMD:8487 and FAMD:8488, dental students treat patients for a three hour clinical session every morning and a four hour session every afternoon during the final year of the intramural dental school curriculum. The D4 class is divided into 4 FD groups (20 students each). Each group is supervised in the clinic by a full time faculty Group Leader and approximately six clinical adjunct faculty members. (All adjunct faculty members in the Department of Family Dentistry supervise care one or two full days each week in the Family Dentistry Clinic.) Supervision and consultation are also available from full time specialty faculty in the disciplines of endodontics, periodontics, prosthodontics, and oral pathology/medicine.</p> <p>The 8487 and 8488 courses are concurrent companion courses; student assessment in each is based on their performance while providing care to the same set of patients under the same supervising faculty. The distinction between these two course grades is intended to discriminate between two elements of professional performance: 1) procedural efficiency/technical production (FAMD:8487), and 2) a comprehensive assessment of overall clinical performance (FAMD:8488).</p> <p>The course, FAMD:8487 - Clinical Experiences in Comprehensive Care, carries ten semester credit hours. To pass the FAMD:8487 course, students must satisfy attendance standards and</p>				

complete all clinical procedures on a list of Minimum Essential Experiences. The final course grade is determined by the quantity of a student's clinical experiences, as measured by the total Relative Value Units (RVUs) earned in the Family Dentistry Clinic. Every procedure code posted on a patient's aXiUm record has a standard number of RVUs assigned to it. Faculty members and students are advised that, as a rule of thumb, a reasonably organized and efficient dental student should earn roughly six RVUs per hour of patient treatment. Thus, FAMD:8487 (the clinical experiences course) focuses on the quantitative aspects of dental care delivery. This focus is intended to encourage students to gain more clinical experiences, and to increase their speed and efficiency in clinical treatment. Students earning a higher RVU total are rewarded with a higher letter grade in the FAMD:8487 course. At the beginning of their D4 year, the students are presented a grade scale (contract) and a procedure code table referencing the RVU award for each procedure; they thus know exactly how many RVUs they need to earn in order to achieve their desired letter grade.

For the 2016-17 schoolyear, the RVU threshold for letter grades in FAMD:8487 were these:

- A ≥ 4900 RVU
- A- ≥ 4750
- B+ ≥ 4600
- B ≥ 4450
- B- ≥ 4300
- C+ ≥ 4150
- C ≥ 4000
- C- ≥ 3850
- F = 3849 and below

In addition to satisfactory completion of specific clinical procedures, students are required to satisfactorily treatment plan and complete comprehensive treatment on five "major" care and five "minor" care patients in order to receive a passing grade in the FAMD:8487 course. A single final grade for FAMD:8487 appears on a student's transcript at the end of the D4 year.

The course, FAMD:8488 - Clinical Competencies in Comprehensive Care, carries more semester credit hours (twelve credit hours) than any other single course in the entire dental curriculum at The University of Iowa College of Dentistry. The final course grade is based on evaluation by all clinical instructors who have supervised the student at least one day each week in the comprehensive care (Family Dentistry) clinic during the final year of dental school. Criteria for daily feedback and the final letter grade in course FAMD:8488 are based on the seven IOWA domains in the University of Iowa College of Dentistry collegiate competency document:

- Critical Thinking
- Professionalism
- Communication & Interpersonal Skills
- Health Promotion
- Practice Management & Informatics
- Assessment, Diagnosis & Treatment Planning
- Establishment and Maintenance of Oral Health

Detailed rubrics of evaluation criteria are reviewed with faculty at the start of the school year and in three subsequent calibration sessions each year. These written criteria are printed and attached to the clinical faculty's daily feedback books; this allows for easy reference throughout the clinical session.

Current progress and provisional grades are compiled and discussed together amongst faculty in grading sessions each ten weeks throughout the course. The Family Dentistry Group Leader prepares and leads a quarterly "triangulation" session for all faculty interacting with each individual student. After each triangulation session, the Group Leader provides students with individual feedback regarding current progress towards competency in each of the seven domains, perceived strengths and shortcomings. The only grade for FAMD:8488 which appears on a student's transcript is the final grade for this course, recorded at the end of the D4 year. This final grade is based on evaluation by all clinical instructors who have supervised the student in the Family Dentistry clinic during the final 30 weeks of dental school. It is believed that the grade earned in FAMD:8488 represents the clinical faculty's most accurate

assessment of the student's clinical competency at the time of graduation. Current versions of our daily feedback and quarterly/final evaluation forms and rubrics are included here in Appendix II.

The course FAMD:8494 Topics in Family Dentistry comprises a series of lectures (typically scheduled from 8:00-8:50AM) designed to acquaint students with advanced dental techniques and philosophies of comprehensive dental care. The lectures are presented by faculty from departments throughout the College. These provide an updated prospective on advancing technologies and new clinical applications.

The purpose of the course FAMD:8495 Treatment Planning and Sequencing is to provide the student with the ability to develop and the knowledge to implement complex treatment plans involving a multi-discipline approach to dentistry, reinforcing and refining the skills acquired in the D1- D3 years to develop an evidence-based practice (recognizing gaps in clinical knowledge, effectively conducting search strategies to obtain scientific information, critically assessing validity and reliability of scientific information, and integrating current evidence in the clinical treatment of patients). Emphasis is placed on critical thinking utilizing knowledge acquired in the previous years of the dental program.

We anticipate that an additional part of this review process will entail review for each departmental course after AEFIS is activated. After that time, course directors will be able to explore the mapping program and provide input & thought as to how their individual course fits into the overall predoctoral curriculum scheme.

V. Describe how horizontal curriculum integration is achieved with other departments, courses, and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.

As noted in section II (above), our entire department faculty (full-time and adjunct) convenes as a group 5 times a year for a "Family Dentistry Faculty Conference". These conferences are utilized as opportunities to invite faculty from the specialty departments to calibrate our Family Dentistry faculty with our school's content experts. It is at these conferences that the assessment criteria are reviewed with faculty, and the faculty members are calibrated to the assessment protocol, to improve inter-rater reliability. Faculty calibration to the assessment protocol is accomplished through presentation of several clinical situation vignettes, each followed immediately by faculty assessments (collected and displayed via the TurningPoint audience response system) and discussion of the vignette in the context of the Criteria for Daily Feedback for Professional Development. Further, all faculty participate in composition of constructive, formative written comments on the DAILY FEEDBACK FOR PROFESSIONAL DEVELOPMENT form for each scenario.

<p>VI. Describe how <u>vertical</u> integration across D1 through D4 courses, including with other departments and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.</p> <p>At the University of Iowa College of Dentistry, third-year (D3) dental students rotate through a series of clinical clerkships in each of 7 specific clinical disciplines: endodontics, operative dentistry, oral and maxillofacial pathology, oral diagnosis, oral and maxillofacial radiology, oral and maxillofacial surgery, pediatric dentistry, periodontics, and prosthodontics. Specialists for each clerkship discipline provide concentrated instruction over a period of 25 clinic days for each discipline. (The clerkship in prosthodontics spans 50 full days to include both fixed and removable prosthodontics.) The clerkship model assures that D3 students receive focused, in-depth education in each of the recognized dental disciplines through concentrated didactic and clinical instruction.</p> <p>The Family Dentistry Program comprises the final 30 weeks of intramural predoctoral curriculum. It is presumed that students have demonstrated fundamental procedural competencies in all disciplines prior to being promoted to Family Dentistry. (Students have passed procedural skillset exams administered in the clerkships, as well as demonstrated didactic understanding by passing written and/or OSCE type exams in the clerkships. Clerkship directors use this feedback as well as instructor feedback from daily evaluations prior to promoting any student to the D4 year. If a student is not deemed ready to proceed to the fourth year, an individualized remediation plan is crafted to meet the student's particular educational needs.)</p> <p>As noted in section II (above), we view the specialty departments in our college as the experts in their respective disciplines, and the Family Dentistry Clinic as the venue where those skills and knowledge are reinforced, refined, and integrated.</p> <p>In the Family Dentistry clinic, D4 students provide comprehensive care for a group of assigned patients. Although most of the full-time faculty members in the Department of Family Dentistry have completed advanced training beyond the dental degree, all teach as generalists in the Family Dentistry clinic.</p> <p>The role of the Family Dentistry Group Leader includes serving as the primary faculty mentor for all D4 students in the group, and monitoring each student's progress as they matriculate through the D4 year.</p> <p>All D4 students in the Family Dentistry program are scheduled to treat patients ten clinic sessions per week (Monday through Friday, 9:00-11:30 AM and 1:00-4:30 PM). Each student will have a different faculty member providing clinical supervision each day of the week, but same faculty supervision each week. Faculty supervision rotates every 10 weeks; a student will have regular supervision by 5-6 different faculty members in the course of a 10-week quarter, and 10-12 different faculty members in the course of the year.</p>
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<p>VII. Describe efforts in faculty development to calibrate teaching styles, techniques, outcomes assessment methods and a unified grade scale.</p> <p>As noted in sections II and V (above), our entire department faculty (full-time and adjunct) convenes as a group 5 times a year for a "Family Dentistry Faculty Conference". These conferences are utilized as opportunities to invite faculty from the specialty departments to calibrate our Family Dentistry faculty with our school's content experts. It is at these conferences that the assessment criteria are reviewed with faculty, and the faculty members are calibrated to the assessment protocol, to improve inter-rater reliability. Faculty calibration to the assessment protocol is accomplished through presentation of several clinical situation vignettes, each followed immediately by faculty assessments (collected and displayed via the TurningPoint audience response system) and discussion of the vignette in the context of the Criteria for Daily Feedback for Professional Development. Further, all faculty participate in composition of constructive, formative written comments on the DAILY FEEDBACK FOR PROFESSIONAL DEVELOPMENT form for each scenario.</p>

<p>VIII. What major issues face the department that may require change(s) to the predoctoral curriculum?</p>	<p>Our college's current clerkship model has been celebrated for its assurance that third year students receive focused, in-depth education in each of the recognized dental disciplines. This immersion in discrete areas of the profession has provided concentrated didactic and clinical instruction. Any new clinical curriculum model we elect to pursue should include provisions to maintain these positive outcomes.</p> <p>While the clerkship concept has several strengths, the current clinical curriculum model also presents several challenges:</p> <ul style="list-style-type: none"> • Students do not progress through the clerkships in the same sequence. • Clerkship content is constrained by 5-week blocks • We have two separate, discreet patient pools – one for D-3 clerkships, one for D-4 Family Dentistry • In the course of their predoctoral education, students manage an individual patient case for a maximum period of 30 weeks, typically less. • Accountability for comprehensive case management and timely, appropriate treatment sequencing is sometimes unclear in the clerkships. <p>We still need to do better, as a college, in bringing together the missions of patient care and education by coordinating the pre-doc clinical curriculum with the care of patients in the pre-doc clinics.</p>
<p>IX. Describe curriculum changes that are a result from student feedback.</p>	<p>Additional didactic topics, new instruments and materials, and new treatment modalities have been added to the curriculum as a result of (among other factors) student feedback. Examples include D4 rotations in the Pediatric Dentistry Department and the introduction of Dental Sleep Medicine in lectures and clinical activities.</p> <p>As noted in sections II and VI (above), we view the specialty departments in our college as the experts in their respective disciplines, and the Family Dentistry Clinic as the venue where those skills and knowledge are reinforced, refined, and integrated. Therefore, we make concerted efforts to collaborate with the specialty departments on any changes in the predoctoral clinical curriculum, and we endeavor to always reinforce the principles, philosophies and techniques taught in the D1-D3 years.</p>
<p>X. Is the scope of the discipline-specific treatment procedures taught appropriate for a new graduate, general dentist? Include references for inclusion/modification/deletion relative to the current state of private practice, i.e. insurance data, etc.</p>	<p>As noted in section IX (above), we view the specialty departments in our college as the experts in their respective disciplines, and we make concerted efforts to collaborate with those departments in establishing the scope of the discipline-specific treatment procedures taught in our predoctoral clinics and considering topics and procedures for inclusion/modification/deletion relative to the current state of private practice.</p> <p>The list of our "Minimum Essential Experiences" is reviewed on an ongoing basis by our department faculty in consultation with the specialists who teach in our clinic and in the D3 clerkships and the preclinical courses.</p>

XI. Include comments to indicate department efforts toward a prospective analysis of the predoctoral curriculum and list other changes under consideration that may require collegiate support.
<p>Our faculty continues to work closely with the collegiate pre-doctoral Curriculum Committee in efforts to conduct an ongoing prospective analysis of the curriculum and to consider curricular improvement, other changes and innovations that may require collegiate support. Three of our faculty members (Dr. David C. Holmes, Dr. Cheryl L. Straub-Morarend, and Dr. Brian J. Howe) are currently active members of the Curriculum Committee.</p> <p>Our department faculty has recently adapted our daily feedback and quarterly/final evaluation forms and rubrics to be consistent with the seven IOWA domains in the University of Iowa College of Dentistry collegiate competency document. Current versions of these forms are included here in Appendix II.</p> <p>We believe that the new University of Iowa College of Dentistry collegiate competency document establishes a structural context for the ongoing prospective analysis of the predoctoral curriculum, and that the data and metrics based on this prospective analysis (such as the students' annual self-assessment survey of the 38 competencies; and our faculty's daily feedback and quarterly evaluations) will inform future decisions in the management of our collegiate predoctoral curriculum.</p>

XII. What resources directly related to curriculum management would facilitate your ability to fulfill the teaching mission? (<i>Time, space, faculty development, course support, etc.</i>)
<p>All of the categories of resources listed (time, space, faculty development, course support) would facilitate our ability to fulfill the teaching mission; I suspect that all departments in the college would have these on their wish lists.</p> <p>Realistically speaking, the resource which would have the most significant impact on our ability to fulfill our teaching mission would probably be faculty support (faculty development, more competitive compensation, benefit packages, flexible employment arrangements, etc.). In each of the past several years, we've had several important long-time regular one-day-per-week adjunct faculty members who did not renew their contracts. In light of these departures, it has been more and more difficult to cover our D4 student clinic adequately each year. We continue to count on ongoing recruiting efforts by our faculty, as well as collaboration with other departments and our dental college administration in faculty recruitment and retention, to help us identify the faculty personnel to meet our needs for D4 clinic coverage for the coming academic years.</p>

Appendix I: Course Competencies, Instructional Methods and Assessment Methods

The following Collegiate Competencies are assessed in the course Dental Practice Management (FAMD:8484):

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate.	Clinical experience, Lecture, Patient care, Seminar	Observation by faculty, Work samples
1.2 Utilize critical thinking and problem-solving skills.	Clinical experience, Faculty team teaching, Patient care	Observation by faculty
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.	Clinical experience, Patient care	Observation by faculty
2.1 Apply ethical and legal standards in the provision of dental care.	Patient care, Seminar	Observation by faculty
2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.	Clinical experience, Patient care	Observation by faculty
3.1 Apply appropriate interpersonal and communication skills.	Patient care	Observation by faculty
3.2 Apply psychosocial and behavioral principles in patient-centered health care.	Clinical experience, Patient care	Observation by faculty
3.3 Communicate effectively with individuals from diverse populations.	Clinical experience, Patient care	Observation by faculty
4.1 Provide prevention, intervention, and educational strategies.	Clinical experience, Patient care	Observation by faculty
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.	Clinical experience, Patient care	Observation by faculty, Work samples
4.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.	Clinical experience, Patient care	Observation by faculty
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.	Clinical experience, Lecture, Patient care	Observation by faculty
5.2 Evaluate and manage current models of oral health care management and delivery.	Clinical experience, Patient care	Observation by faculty
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care.	Clinical experience, Patient care, Seminar	Observation by faculty

Collegiate Competency	Instructional Methods	Assessment Methods
5.4 Recognize effective business, financial management and human resource skills.	Lecture	Observation by faculty
5.5 Apply quality assurance, assessment and improvement concepts.	Clinical experience, Patient care	Observation by faculty
5.6 Comply with local, state, and federal regulations including OSHA and HIPAA.	Lecture, Patient care	Observation by faculty, Written assessment (Test)
6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients.	Clinical experience, Patient care	Observation by faculty
6.2 Prevent, identify, and manage trauma, oral diseases and other disorders.	Clinical experience, Patient care	Observation by faculty
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.	Clinical experience, Patient care	Observation by faculty
6.4 Select, obtain, and interpret diagnostic images for the individual patient.	Clinical experience, Patient care	Observation by faculty
6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.	Clinical experience, Patient care	Observation by faculty
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.	Clinical experience, Patient care	Observation by faculty
6.7 Utilize universal infection control guidelines for all clinical procedures.	Clinical experience, Lecture, Patient care	Observation by faculty
6.8 Prevent diagnose and manage pain and anxiety in the dental patient.	Clinical experience, Patient care	Observation by faculty
6.11 Prevent, diagnose, and manage caries disease.	Clinical experience, Patient care	Observation by faculty
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.	Clinical experience, Patient care	Observation by faculty
6.14 Manage the replacement of teeth for the partially or completely edentulous patient.	Clinical experience, Patient care	Observation by faculty
6.15 Prevent, diagnose, identify and manage pulpal and periradicular diseases.	Clinical experience, Patient care	Observation by faculty
6.17 Prevent, recognize, and manage medical and dental emergencies.	Clinical experience, Patient care	Observation by faculty

**The following Collegiate Competencies are assessed in the course Clinical Experiences--
Comprehensive Care (FAMD:8487):**

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
1.2 Utilize critical thinking and problem-solving skills.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
2.1 Apply ethical and legal standards in the provision of dental care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
3.1 Apply appropriate interpersonal and communication skills.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
3.2 Apply psychosocial and behavioral principles in patient-centered health care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
3.3 Communicate effectively with individuals from diverse populations.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
4.1 Provide prevention, intervention, and educational strategies.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.5 Apply quality assurance, assessment and improvement concepts.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.6 Comply with local, state, and federal regulations including OSHA and HIPAA.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.2 Prevent, identify, and manage trauma, oral diseases and other disorders.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.4 Select, obtain, and interpret diagnostic images for the individual patient.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.7 Utilize universal infection control guidelines for all clinical procedures.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.8 Prevent diagnose and manage pain and anxiety in the dental patient.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.9 Prevent, diagnose, and manage temporomandibular disorders.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.10 Prevent, diagnose, and manage periodontal diseases.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.11 Prevent, diagnose, and manage caries disease.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.13 Diagnose and manage developmental or acquired occlusal abnormalities.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.14 Manage the replacement of teeth for the partially or completely edentulous patient.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.15 Prevent, diagnose, identify and manage pulpal and periradicular diseases.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.16 Diagnose and manage oral surgical treatment needs.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.17 Prevent, recognize, and manage medical and dental emergencies.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.18 Recognize and manage patient abuse and/or neglect.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.19 Recognize and manage substance abuse.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.20 Evaluate outcomes of comprehensive dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.21 Diagnose, identify, and manage oral mucosal and osseous diseases.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

**The following Collegiate Competencies are assessed in the course Clinical Competencies--
Comprehensive Care (FAMD:8488):**

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
1.2 Utilize critical thinking and problem-solving skills.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
2.1 Apply ethical and legal standards in the provision of dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process
3.1 Apply appropriate interpersonal and communication skills.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.2 Apply psychosocial and behavioral principles in patient-centered health care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.3 Communicate effectively with individuals from diverse populations.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
4.1 Provide prevention, intervention, and educational strategies.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.5 Apply quality assurance, assessment and improvement concepts.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.6 Comply with local, state, and federal regulations including OSHA and HIPAA.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.2 Prevent, identify, and manage trauma, oral diseases and other disorders.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.4 Select, obtain, and interpret diagnostic images for the individual patient.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.7 Utilize universal infection control guidelines for all clinical procedures.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.8 Prevent diagnose and manage pain and anxiety in the dental patient.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.9 Prevent, diagnose, and manage temporomandibular disorders.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.10 Prevent, diagnose, and manage periodontal diseases.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.11 Prevent, diagnose, and manage caries disease.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.13 Diagnose and manage developmental or acquired occlusal abnormalities.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.14 Manage the replacement of teeth for the partially or completely edentulous patient.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.15 Prevent, diagnose, identify and manage pulpal and periradicular diseases.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.16 Diagnose and manage oral surgical treatment needs.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.17 Prevent, recognize, and manage medical and dental emergencies.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.18 Recognize and manage patient abuse and/or neglect.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.19 Recognize and manage substance abuse.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.20 Evaluate outcomes of comprehensive dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.21 Diagnose, identify, and manage oral mucosal and osseous diseases.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

The following Collegiate Competencies are assessed in the course Topics in Family Dentistry (FAMD:8494):

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate.	Lecture, Seminar	Written Examination
1.2 Utilize critical thinking and problem-solving skills.	Lecture, Seminar	Written Examination
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.	Lecture, Seminar	Written Examination

The following Collegiate Competencies are assessed in the course Treatment Planning and Sequencing (FAMD:8495):

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
1.2 Utilize critical thinking and problem-solving skills.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
3.1 Apply appropriate interpersonal and communication skills.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
4.1 Provide prevention, intervention, and educational strategies.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)

Collegiate Competency	Instructional Methods	Assessment Methods
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)
6.20 Evaluate outcomes of comprehensive dental care.	Case-based learning, Clinical experience, Lecture, Patient care, Problem-based learning, Seminar	Observation by faculty, Written Examination, Other (Case presentations)

Appendix II: Daily Feedback and Quarterly/Final Evaluation Forms and Rubrics

DAILY FEEDBACK FOR PROFESSIONAL DEVELOPMENT

Date: _____ Unit #: _____

Student: _____

Instructor: _____

AM CLINIC SESSION

Finished Late ☐

(This form is for morning session; afternoon session of this date is on the reverse side of this page.)

S	M	N	Diagnosis, Treatment planning, Sequencing, Execution
S	M	N	Communication & Interpersonal Skills (Patient management, Team player, Diversity sensitivity)
S	M	N	Health Promotion (Risk assessment, Prevention strategies, Patient centered)
S	M	N	Practice Management (Informed consent, Documentation, HIPAA compliance)
S	M	N	Technical skills, OSHA compliance, Focused on comprehensive care outcomes
S	M	N	Professionalism (Professional characteristics, Ethics, Self-assessment, Appropriate referrals & consultations)
S	M	N	Critical Thinking (Problem solving, Integration of EBD)

PROCEDURE: Exam Perio Endo Oper F.Pros R.Pros

COMPLEXITY: Easy Routine Difficult Very Difficult

LEVEL OF AUTONOMY: High Medium Low

AM CLINIC SESSION

FEEDBACK ON PERFORMANCE:

Criteria for Daily Feedback for Professional Development

	S (Surpassed Expectations)	M (Met Expectations)	N (Needs improvement, Below expectations)
Patient care (Diagnosis, Treatment planning, Sequencing, Execution)	<ul style="list-style-type: none"> • Student is exceptionally skilled with information gathering, treatment planning, presentation, sequencing, and execution, even of complex cases. • Impeccably prepared for planned procedures and contingencies as well. • Consistently reviews treatment plan at each visit and makes necessary changes. • Demonstrates outstanding conceptual understanding of all procedures enabling exemplary oral health care. 	<ul style="list-style-type: none"> • Student consistently demonstrates the ability to gather diagnostic information, treatment plan, present, sequence and implement care in an appropriate manner. • Each dental visit is planned enabling timely completion of the treatment sequence. • Reviews treatment plan at each visit and modifies as needed • Demonstrates conceptual understanding of planned procedures enabling treatment outcomes within the standard of care. 	<ul style="list-style-type: none"> • Student does not meet expectations in one or more of the following: information gathering, treatment planning, presentation, sequencing, implementation. • Inappropriate sequencing of treatment benefits the student but not the patient. • Lack of planning for any given appointment results in an adverse or delayed outcome. • Lack of conceptual understanding or ability affects student's ability to manage the oral health care of the patient.
Communication & Interpersonal skills (Patient management, Team player, Diversity sensitivity)	<ul style="list-style-type: none"> • Student exhibits highly effective communication & interpersonal skills. • Demonstrates conflict resolution, reflective listening, behavior modification, fear, anxiety, and pain management including to those with special needs. • Effective member of the health care team and is viewed as a leader. 	<ul style="list-style-type: none"> • Student demonstrates acceptable communication & interpersonal skills. • Applies psychosocial and behavioral principles to deliver patient-centered oral health care most of the time. • Communicates well with individuals from diverse populations. • Collaborative attitude with other health care providers. 	<ul style="list-style-type: none"> • Student shows ineffective and/or destructive communication & interpersonal skills. • Shows impatience or disinterest with patient concerns/issues/problems. • Impersonal. Lack of empathy/sensitivity. • Must be prompted to collaborate and can hinder patient care by not being a team player.
Health Promotion (Risk assessment, Prevention strategies, Patient centered)	<ul style="list-style-type: none"> • Student consistently applies prevention, intervention, and patient education strategies. • Consistently applies risk assessment findings to enhance treatment outcomes. • Empowers the patient to maximize wellness in all regards. Addresses all concerns in a holistic manner. 	<ul style="list-style-type: none"> • Student adequately applies prevention, intervention, and educational strategies to promote health and maximize outcomes. • Routinely evaluates risk assessment and makes recommendations based on such. • Promotes oral health as an integral part of overall health. 	<ul style="list-style-type: none"> • Student does not articulate or demonstrate the importance of health promotion. • Student does not recommend/complete disease control before prosthodontic treatment. • Minimal or no risk assessment is seen or, if completed, student does not recommend/ apply strategies to mitigate the risk.
Practice management (Informed consent, Documentation, HIPAA compliance)	<ul style="list-style-type: none"> • Student exhibits consistently thorough risk management including informed consent, record keeping, and HIPAA compliance. • Computer savvy, functionally skilled with Axiom and readily adapts to new technologies. • Displays skill sets predictive of success in varied practice settings 	<ul style="list-style-type: none"> • Student exhibits acceptable risk management including informed consent, appropriate record keeping, and HIPAA compliance. • Acceptable use of Axiom and ancillary dental technologies. • Appropriate attention to compliance issues contributes to a healthy work environment. 	<ul style="list-style-type: none"> • Student shows unacceptable risk management including: <ul style="list-style-type: none"> -lack of informed consent -inadequate/untimely documentation -breach of HIPAA policies -operates outside the standard of care • Disregard for compliance issues promotes discord/distrust within the dental team.
Patient care (Technical skills, OSHA compliance, Focused on comprehensive care outcomes)	<ul style="list-style-type: none"> • Student displays exceptional technical skills with resulting superb treatment outcomes. • Procedures in all disciplines show textbook precision and consistency. • OSHA compliance/universal precautions serve as an example to others. • Consistently evaluates outcomes in the quest for continuous quality improvement. 	<ul style="list-style-type: none"> • Student displays acceptable technical skills for this stage of education. • Technically sound in all disciplines. • OSHA compliance/universal precautions meet expectations. • Acceptable comprehensive care outcome evaluation is seen. 	<ul style="list-style-type: none"> • Student displays technical skills below the standard of care resulting in near or actual harm to the patient. • Overly reliant on the instructor or required instructor intervention. • Inconsistent OSHA compliance or infection control. • No attempt to evaluate outcomes is seen.
Professionalism (Professional characteristics, Ethics, Appropriate referrals & consultations)	<ul style="list-style-type: none"> • Student demonstrates exemplary ethical behavior and professionalism and serves as a role model to other students. • Demonstrates accurate self-awareness of competence/limitations with timely consultation with & referral to specialists. • Understands and consistently applies ethical and legal standards. 	<ul style="list-style-type: none"> • Student demonstrates appropriate professionalism and ethical behavior throughout the clinic session. • Is increasingly aware of abilities & limitations resulting in appropriate consultation with and referral to specialists. • Shows awareness of ethical & legal standards. 	<ul style="list-style-type: none"> • Student demonstrates unethical or unprofessional behavior at some point in the clinic session: • Does not understand and/or is not aware of ethical and legal standards. • Treatment is inconsistent with the patient's welfare or best interest. • Inaccurately self-assesses level of competence and limitations.
Critical thinking (Problem solving, Self assessment, Integration of EBD)	<p>Student displays advanced integration of critical thinking skills:</p> <ul style="list-style-type: none"> • Consistently problem solves on-the-fly, applies EBD principles, accurately self-assesses and demonstrates sound judgment. • Evaluates and integrates best practices to achieve optimal treatment outcomes. • Highly independent but asks for input to maximize treatment and educational outcomes. 	<p>Student demonstrates critical thinking skills and their application most of the time through:</p> <ul style="list-style-type: none"> -problem solving, introspection, self-assessment, good judgment and integration of EBD concepts. <p>Moving towards independence by asking for input when appropriate to maximize treatment or educational outcomes.</p>	<p>Student lacks and/or demonstrates only basic critical thinking skills.</p> <ul style="list-style-type: none"> • Has difficulty applying didactic knowledge to the clinical situation. • No or little evidence of acquiring or integrating EBD concepts, problem solving, or constructive self-assessment to the delivery of dental care. • Overly reliant on faculty input for this stage of dental education.

Department of Family Dentistry

Quarter _____ Evaluation

AY16-17- *Student Self-Evaluation*

Student: _____ Group Leader: _____

Patient care (Diagnosis, Treatment planning, Sequencing, Execution):

Consistently demonstrates appropriate information gathering, treatment planning, case presentation, sequencing, and execution.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision			Integrating skills with little guidance or supervision			Independently, consistently & confidently perform on own

Planned strategies for ongoing personal improvement in diagnosis, treatment planning, sequencing, execution:

Communication & Interpersonal skills (Patient management, Team player, Diversity sensitivity):

Demonstrates effective communication & interpersonal skills, with individuals from diverse populations; demonstrates application of psychosocial and behavioral principles to deliver patient-centered oral health care; demonstrates ability to be an effective member of the health care team, viewed as a leader.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision			Integrating skills with little guidance or supervision			Independently, consistently & confidently perform on own

Planned strategies for ongoing personal improvement in communication & interpersonal skills:

Health Promotion (Risk assessment, Prevention strategies, Patient centered):

Consistently applies prevention, intervention, and patient education strategies and risk assessment findings to enhance treatment outcomes; demonstrates ability to promote oral health as an integral part of overall health.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision			Integrating skills with little guidance or supervision			Independently, consistently & confidently perform on own

Planned strategies for ongoing personal improvement in health promotion:

Practice management (Informed consent, Documentation, HIPAA compliance):

Consistently demonstrates appropriate practice management principles: Risk assessment, Prevention strategies, Patient centered care.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision			Integrating skills with little guidance or supervision			Independently, consistently & confidently perform on own

Planned strategies for ongoing personal improvement in practice management:

Patient care (Technical skills, OSHA compliance, Focused on comprehensive care outcomes):

Consistently demonstrates appropriate technical skills, OSHA compliance, and ability to evaluate comprehensive care outcomes.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision			Integrating skills with little guidance or supervision			Independently, consistently & confidently perform on own

Planned strategies for ongoing personal improvement in technical skills:

Professionalism (Professional characteristics, Ethics, Appropriate referrals & consultations):

Demonstrates appropriate professionalism and ethical behavior; demonstrates accurate self-awareness of competence/limitations with timely consultation with & referral to specialists; demonstrates consistent application of ethical and legal standards.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision			Integrating skills with little guidance or supervision			Independently, consistently & confidently perform on own

Planned strategies for ongoing personal improvement in professionalism:

Critical thinking (Problem solving, Self assessment, Integration of EBD):

Demonstrates integration of critical thinking skills and their application through problem solving, introspection, self-assessment, good judgment and integration of EBD concepts; demonstration of ability to evaluate and integrate best practices to achieve optimal treatment outcomes.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision			Integrating skills with little guidance or supervision			Independently, consistently & confidently perform on own

Planned strategies for ongoing personal improvement in critical thinking:

Department of Family Dentistry

Quarter _____ Evaluation

AY16-17- Student Evaluation by Faculty

Student: _____

Group Leader: _____

Patient care (Diagnosis, Treatment planning, Sequencing, Execution):

Consistently demonstrates appropriate information gathering, treatment planning, case presentation, sequencing, and execution.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision		Integrating skills with little guidance or supervision		Independently, consistently & confidently perform on own		

Strengths, weaknesses and suggestions for concentration in diagnosis, treatment planning, sequencing, execution:

Communication & Interpersonal skills (Patient management, Team player, Diversity sensitivity):

Demonstrates effective communication & interpersonal skills, with individuals from diverse populations; demonstrates application of psychosocial and behavioral principles to deliver patient-centered oral health care; demonstrates ability to be an effective member of the health care team, viewed as a leader.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision		Integrating skills with little guidance or supervision		Independently, consistently & confidently perform on own		

Strengths, weaknesses and suggestions for concentration in communication & interpersonal skills:

Health Promotion (Risk assessment, Prevention strategies, Patient centered):

Consistently applies prevention, intervention, and patient education strategies and risk assessment findings to enhance treatment outcomes; demonstrates ability to promote oral health as an integral part of overall health.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision		Integrating skills with little guidance or supervision		Independently, consistently & confidently perform on own		

Strengths, weaknesses and suggestions for concentration in health promotion:

Practice management (Informed consent, Documentation, HIPAA compliance):

Consistently demonstrates appropriate practice management principles: Risk assessment, Prevention strategies, Patient centered care.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision		Integrating skills with little guidance or supervision		Independently, consistently & confidently perform on own		

Strengths, weaknesses and suggestions for concentration in practice management:

Patient care (Technical skills, OSHA compliance, Focused on comprehensive care outcomes):

Consistently demonstrates appropriate technical skills, OSHA compliance, and ability to evaluate comprehensive care outcomes.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision		Integrating skills with little guidance or supervision		Independently, consistently & confidently perform on own		

Strengths, weaknesses and suggestions for concentration in technical skills:

Professionalism (Professional characteristics, Ethics, Appropriate referrals & consultations):

Demonstrates appropriate professionalism and ethical behavior; demonstrates accurate self-awareness of competence/limitations with timely consultation with & referral to specialists; demonstrates consistent application of ethical and legal standards.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision		Integrating skills with little guidance or supervision		Independently, consistently & confidently perform on own		

Strengths, weaknesses and suggestions for concentration in professionalism:

Critical thinking (Problem solving, Self assessment, Integration of EBD):

Demonstrates integration of critical thinking skills and their application through-problem solving, introspection, self-assessment, good judgment and integration of EBD concepts; demonstration of ability to evaluate and integrate best practices to achieve optimal treatment outcomes.

0	1	2	3	4	5	6	7	8	9	10
Basic Awareness		Learning concepts and basic skills		Applying skills and concepts with direct supervision		Integrating skills with little guidance or supervision		Independently, consistently & confidently perform on own		

Strengths, weaknesses and suggestions for concentration in critical thinking:

Criteria for Final Grade in Course FAMD:8488: Clinical Competencies in Comprehensive Care

Because of the subjective element of this evaluation of clinical competency, it is impossible to provide a precise mathematical formula for the letter grade. In light of daily clinical evaluations and the quarterly summary evaluations, the following general criteria will be used for assignment of a final letter grade:

- A** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates complete conceptual understanding of clinical concepts. Student demonstrates critical self-evaluation, recognizing areas of deficiency in clinical skills and conceptual understanding, and seeks consultation or referral when appropriate. Student consistently demonstrates outstanding clinical skills and independent clinical judgment.
- B** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates conceptual understanding of clinical concepts. Student demonstrates critical self-evaluation, recognizing areas of deficiency in clinical skills and conceptual understanding, and seeks consultation or referral when appropriate. Student demonstrates acceptable clinical skills and acceptable clinical judgment.
- C** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates conceptual understanding of clinical concepts.
- F** Student has not always behaved in a professional and ethical manner and/or has not consistently demonstrated competency in all aspects of comprehensive dental treatment of patients.

10/17/2016

Department: Family Dentistry

Course: FAMD 8484 Dental Practice Management

Course Director:

Dr. Larry Squire

I.	Summarize Student Evaluations (past 2-3 years)
Students self-evaluate and evaluate the course at end of two week rotation. The PML series is evaluated by the students and is reflected in FAMD instructor's evaluations.	
II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
Students have an introduction their junior year with Dr. Caplan's course. The Senior year hopefully prepares them for the next level which is private practice.	
III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
I am tied to the University schedule. Not all speakers are available on the 5 days – so I have to scramble to find experts to speak in their respective fields. No updates planned.	
IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
Discussions with Dr. Caplan to coordinate topics to eliminate redundancies.	

V. Are there hours allocated to this course that can be reduced?
No

VI. Which of the <i>Iowa Collegiate Competencies & Domains</i> does this course address?
Refer to the competencies and domains for FAMD. Appendix I Course Competencies, Instructional Methods and Assessment Methods Dental Practice Management (FAMD:8484)

College of Dentistry – University of Iowa

1. Course Information

- a. FAMD:8484:0800, Practice Management Lecture/DAU

Course Director(s):

Dr. Larry J. Squire
331 DSB S

Credit Hours:

2

- b. **Office Hours:**

By Appointment

Appointments are best reserved by e-mail. 335-6662

larry-squire@uiowa.edu

- c. **Additional Faculty:**

Mr. Steven Olson, Dr. Steven Rabedaux, Ms. Susan McFadden, Mr. Calvin Capranos, Ms. Christine White, Ms. Deb Hoyle, Mr. Christopher Graw, Mr. Randy Pribyl, Dr. Patty Meredith, Dr. Sherry Timmons, Dr. David Holmes, Ddr. Cheryl Morarend, Mr. Brian Sedars,, Dr. Sara Stuefen, Mr. Rod Warren, Mr. Greg Egbers, Dr. Adam Unterbrunner, Dr. Douglas Horton, Ms. Beth Jones, Ms. Eileen Caccioppo, Ms. Penni Ryan and Guest Lecturers from ADA Success Seminars. Clinical portion – Dr.'s Larry Squire, Chad Stevenson, and Doug Horton.

See addendum for Practice Management Lecture Series on page 9/10.

- d. **Purpose**

Course Description:

Development of a dental practice; economics, managerial principles, personnel management, leadership styles, marketing and communication, computerization, decision making, time utilization; insurance needs, banking, accounting, legal considerations, risk management, and entering into an associate contract. Integration of all concepts into clinical practice setting for 2 week rotations.

2. Course Goals, Outcomes and Objectives:

Program Goals

At the end of this course the student will be able to demonstrate...

Knowledge of:

Career alternatives; Personality Type; searching for and evaluating practices; marketing; interviewing techniques; employment and payroll law; OSHA; staff retention and motivation; today's business climate and why dental practices are different; dental insurance; personal finance and insurance; malpractice and risk management and practice all of the above in a clinical setting.

Psychomotor skills by:

Clinical practice in private practice facility.

Cognitive skills by:

Developing an awareness of their personality type and how this might influence their interaction with staff, patients, and others.

Desire for self-improvement/self-directed learning by:

Being made aware of multiple management resources.

Principles of four-handed dentistry:

The clinical opportunity to become familiar with delivering dental care to your patients while utilizing a trained chairside dental assistant.

Purpose And Objectives Of The Clinical Rotation

The primary purpose of the DAU clinical rotation is to provide the dental student with practice in the principles of four-handed dentistry. This includes planning, communication, people and time management, and chairside techniques. DAU principles are based on the premise that attention to the process increases the quality and quantity of the result while reducing stress and fatigue.

The rotation provides an opportunity for the student to work as a dental team, primarily with a dental assistant. The overall purpose of the rotation is reflected in the program objectives listed below.

Program Objectives:

1. Demonstrates an understanding of efficient utilization of a chairside dental assistant by effectively applying the principles of work simplification, motion economy, instrument transfer and positioning of providers and patients.
2. Demonstrates an understanding of the team approach to delivering dental care by effectively applying principles and concepts relating to task delegation and quality assurance.
3. Demonstrates an understanding of personnel management in a dental practice by effectively applying principles and concepts relating to leadership and supervision, staff communication and task delegation. To increase the awareness that working effectively with a chairside assistant is a product of good management skills on the part of the student.
4. Demonstrates an understanding of time management through efficient appointment scheduling and procedure prioritization.

3. Evaluation Methods Overview:

Grading Scale:

Primarily based on attendance, clinical performance in DAU, production, dental assistant job description, and written exam.

Evaluation Components:

- 1) Attendance
- 2) P/F projects/exercises
- 3) Participation in DAU Clinic – 2 week rotation and daily clinical evaluations and production reports.

Course Grades:

You will receive your course grade at the end of your senior year in Family Dentistry. It will appear on your transcript. The course grade is a compilation of each of the five graded criteria as listed below. Grade description and definition is as set forth by the University of Iowa and College of Dentistry Collegiate Academic and Professional Performance Manual. Final course grade is a letter grade as **A, B, C, D, or F**. A letter grade of F requires course remediation prior to graduation.

A Significantly higher than satisfactory professional performance	(85-100)
B Higher than satisfactory professional performance	(75-84)
C Average performance	(65-74)
D Meets minimum essential requirements	(55-64)
F Achievement level unsatisfactory	(below 54)

Course Grade Criteria:

1. DAU Evaluation of Student Performance

Your assigned DAU dental assistant will fill out an evaluation of your performance during the rotation. This evaluation has sections for each of the areas stressed during DAU. These evaluations are only of your DAU performance and not evaluations of your dental skills and abilities. Please review this form (Appendix, Page 29) prior to the seminar so that you are fully aware of the areas being evaluated. Your DAU assistant will discuss these evaluations with you at the completion of the DAU rotation. Forms must be initialed by the student and assistant.

2. Course Director's Appraisal (see Appendix, Page 39)

The Course Director, Dr. L. J. Squire, will observe your preparation in advance of the DAU rotation; attitude and performance during the DAU rotation; attendance and participation; promptness in meeting deadlines; completion of paperwork, abilities in communication and delegation; interaction with DAU assistants faculty and patients.

3. RVU Production

You will be awarded RVU's for your efforts consistent with Family Dentistry Protocol.

4. Chairside Dental Assistant Job Description (see Appendix, Page 43)

You are to write a job description for a chairside dental assistant. This job description would resemble the description you would develop for placement in an Office Policy Manual. The outline in Appendix, Page 35 is a summation of the areas that the job description should address. Your job description is **NOT** a help wanted ad but a detailed description of the

qualifications, the duties, and the responsibilities of your chairside dental assistant. The job description is to be typed neatly.

5. Written Examination

There will be a written examination administered approximately the last day of the rotation. The examination time has been blocked out of your schedule for this examination. Topics covered will be the principles and concepts of four-handed dentistry, materials covered in the procedures manual and syllabus, material presented during the orientation seminar. Some of the questions may be taken from the reference text, *Four-Handed Dentistry in Clinical Practice* by Dr. Joseph E. Chasteen.

Clinical Evaluation

Clinical evaluation in the DAU rotation is performed by the DAU Course Director/Instructor with input from the teaching staff assistants. Evaluations will be done at the end of the clinical DAU rotation using the criteria shown in this manual (see Appendix, Page 29).

These evaluations are meant to provide you with immediate feedback on your progress.

4. Course Evaluation Methods:

Evaluation components:

Evaluation of the clinical performance in Family Dentistry will be both objective and subjective by a group of faculty who will observe your progress through this clinical experience. Passing marks and satisfactory completion of each area of the above is required.

Each instructor will make a written evaluation of your activity, for each one half day of contact. You may also expect each instructor to give you as much verbal feedback as time and situation permits. Should you feel that there is inadequate time at the chair or away from the chair for feedback, please feel free to request a specific time during the day to discuss with your instructor anything you feel pertinent. If you have availed yourself of every opportunity to gain verbal feedback, your first interim grade should not come as a surprise. At the end of approximately 8 weeks, your Group Leader and other faculty that worked with you, will meet and discuss your strong points as well as make recommendations for assisting you in gaining strength in areas in which you either have not had the opportunity to show competency, or have shown a definite weakness. After this evaluation session has been completed, your Group Leader will discuss this evaluation with you as to areas the faculty felt were your strengths and weaknesses, with suggestions for areas of concentration. The goal is to gain self-assessment skills and independence in all domains.

A suggestion as to your approach to the instructors to best demonstrate your organizational knowledge, and your knowledge of the procedures would be as follows:

You should approach the instructor with a comment similar to "In my judgment this step is complete. Please evaluate it so I may proceed to the next step, which is _____." (Stating what should follow.) Should you as a student wish an opinion, you could phrase your comment, such as, "This step is not complete. An unusual situation has arisen and I feel I should proceed in the following manner for these reasons. Do you agree?"

PLEASE NOTE:

It is important to point out that the grade given in Family Dentistry is process, not product, oriented. You are evaluated on the organization and knowledge of procedures to be accomplished as well as patient rapport, professionalism, self-evaluation independence and time utilization. After the eighth week evaluation, you will receive two additional evaluations as well as daily feedback. Again, we would like to stress the importance of the immediate feedback. If your instructor is busy and other students demand his/her time, preventing your opportunity to receive that feedback at the instant that you most like, it will be your responsibility to contact the instructor at a later time that day to get the information that you feel important. Should you receive a daily feedback mark of “N”, the daily feedback page will be copied and given to your Group Leader, who may speak with you regarding that situation. The daily written feedback pages are kept on file. You should review these comments often. Should you receive an “N” on any procedure, you should seek out the instructor and ask for a detailed discussion of the situation so you may correctly and accurately identify those points of the procedure that were acceptable as well as those points that the instructor felt were not acceptable.

Evaluation:

1. Each instructor will make a written assessment of the student's performance in patient activity in seven domains (Diagnosis, Treatment Planning, Sequencing, Execution; Communication & Interpersonal Skills; Health Promotion; Practice Management; Technical Skills; Professionalism; and Critical Thinking) for each one half day of clinical contact.
2. Toward the end of each 10-week quarter, (three times during the year for each student) each faculty member that has worked with the student in clinical patient contact makes a summary subjective evaluation on an ordinal scale of 0 - 10 in the above named seven domains.
3. The Group Leader will assemble all the evaluations of the faculty involved and determine the student's progress and progression through the senior year.
4. Toward the end of each 10-week quarter, the student will complete a self- evaluation, using the ordinal scale of 0 - 10 of the above named seven domains. This self- evaluation will be submitted to the Group Leader in advance of the evaluation session.
5. After each evaluation session the Group Leader meets with the student to discuss their strong and weak points in patient treatment and if necessary make recommendations to the student on how they may enhance their performance.
6. The grade given in Family Dentistry is more process than product oriented. The process evaluated is the organization and knowledge of procedures to be accomplished as well as patient rapport, professionalism, independence and time utilization.

Grading scale:

Because of the subjective element of this evaluation of clinical competency, it is impossible to provide a precise mathematical formula for the letter grade. In light of daily clinical competency evaluations and the quarterly summary evaluations, the following general criteria will be used for assignment of a final letter grade:

- A** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates complete conceptual understanding of clinical concepts. Student demonstrates critical self-evaluation, recognizing areas of deficiency in clinical skills and conceptual understanding, and seeks consultation or referral when appropriate. Student consistently demonstrates outstanding clinical skills and independent clinical judgment.
- B** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates conceptual understanding of clinical concepts. Student demonstrates critical self-evaluation, recognizing areas of deficiency in clinical skills and conceptual understanding, and seeks consultation or referral when appropriate. Student demonstrates acceptable clinical skills and acceptable clinical judgment.
- C** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates conceptual understanding of clinical concepts.
- F** Student has not always behaved in a professional and ethical manner and/or has not consistently demonstrated competency in all aspects of comprehensive dental treatment of patients.

5. Collegiate Competencies addressed in this course:

Collegiate Competency	Instructional Methods	Assessment Methods
2.1 Apply ethical and legal standards in the provision of dental care. <i>Ethical decision making and conflicting obligations, Legal and regulatory principles and standards</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.1 Apply appropriate interpersonal and communication skills. <i>Communication theory and skills (interpersonal communication principles, verbal & nonverbal principles conflict resolution, reflective listening), Collaborative teamwork, Emotional & behavioral development & sensitivity, Physiological and psychological indications of anxiety & fear, Addressing patient concerns/issues/problems, Behavior modification & motivation techniques, Special needs/diversity of patients, Health literacy, Language barriers, Cognitive barriers</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources. <i>Data analysis for disease trends, basic understanding of computer software, Basic computer utilization skills, Evidence-based literature on practice management, Models of dental practice and types of delivery systems, Application of contemporary electronic information systems, Computer systems for practice management</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care. <i>Principles of record keeping/documentation, Concepts of professional liability, Risk management protocols, Legal responsibilities in patient care management, Management of patient information, Quality assurance</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

6. Learning Resources

Handout Recommended

Handouts, workbooks, and informational packets are distributed by all speakers or the course director. Most Powerpoint presentations are accessible on ICON.

7. **Policy & Procedures**

a. Attendance policy:

Manadatory/Required

b. Cheating and plagiarism:

Exercises and projects are take home and/or open book.

c. Late assignments policy:

Projects/Exercises due at end of Spring Semester. Grade affected as stated above for missing projects.

d. Missed/makeup policy:

Excused absences are not counted. Missed lectures and projects affect grade as described. Projects will required for missed days. Handouts, Powerpoints, etc. available from course director.

e. Remediation:

As guest speakers are involved remediation can only be accomplished by repeating course the following year.

f. Policy for extra credit work:

N/A

Faculty-Student Communications:

Appointments are best reserved by e-mail.

335-6662

larry-squire@uiowa.edu

g. Special accommodations procedures – If you are a student with a disability and require academic accommodations, please contact the Associate Dean for Student Affairs, College of Dentistry

8. **Additional Notation:**

Changing class times/exams:

As guest speakers, many from some distance away, have arranged to come to the College, and as there are a limited number of days in which the entire D-4 class can be present, it is not possible to change times. Should weather, illness, etc., prevent a speaker from traveling to the COD, the course director will contact the students as soon as possible.

Due Date for Assignments:

1. DAU Evaluation of Student Performance: collected by dental assistant at end of rotation
2. Student Self-Evaluation of Performance: collected by dental assistant at the end of rotation
3. Job Description: prior to the end of rotation
4. Written Examination: Time will be blocked off on your schedule the last day of the rotation

College of Dentistry ACADEMIC MISCONDUCT STATEMENT

Compliance should reflect expectations outlined in collegiate and University policies. Students are expected to maintain standards of professionalism in regard to their academic performance and are expected to protect the integrity of their work at all times during the course, whether in the classroom, laboratory or clinic. For further information and examples, students should refer to the College of Dentistry Student Handbook (http://www.dentistry.uiowa.edu/secure/students/student_handbook.pdf); the University of Iowa Code of Student Life (<http://dos.uiowa.edu/conduct/2013-2014-code-of-student-life/>); or the Graduate College Manual of Rules and Regulations (<http://www.grad.uiowa.edu/graduate-college-manual/>).

The Course Director will report cases of alleged academic misconduct to the Associate Dean for Student Affairs who may refer the matter to the Collegiate Academic and Professional Performance Committee (CAPP Committee) or to the Graduate College depending on the student's enrollment status. Students are encouraged to seek discussion with the Course Director if they have any doubt about approaches and procedures that might result in charges of academic misconduct against them.

9. **Day-by-day schedule of instructional sessions:**

Session Date	Time	Room	Topic	Assignment	Goals
Aug through May	9:00 am- 11:30 am 1:00 pm – 4:30 pm	Clinic			

Addendum -

PRACTICE MANAGEMENT LECTURE **SERIES 2016 – 2017**

Updated 7/21/2016

July 22, 2016

8:00-8:15 am	Practice Management Intro	Dr. L.J. Squire
8:15-8:45 am	CV and Resume Building	Ms. Christine White/Ms. Deb Hoyle
8:45-10:15 am	Financial Planning/Insurance	Mr. Christopher Graw
10:15-10:30 am	BREAK	
10:30-11:30am	Personal Financial Mgmt	Mr. Randy Pribyl
11:30-noon	AGD	Dr. Patty Meredith
Noon	Lunch	
1:00 – 2:00 pm	Infection Control	Dr. Sherry Timmons
2:00-5:00pm	Licensure Exam Orientation	Dr. D.C. Holmes

October 3, 2016

8:00 – 8:15 am		
8:15 am – noon	Risk Management	Sue McFadden, CNA
	Noon Lunch	
1:00 – 1:15 pm	Con Ed	Penni Ryan
1:15 – 5:00 pm	Pearls from the Real World	Dr. Steven Rabedeaux

November 4, 2016

8:00-8:30 am	AGD	Galagan 14B
8:30 - 9:00 am	Tx Planning Survey	<i>Dr. Patty Meredith</i>
9:00 - 11:00 am	Primus Dental, Medix	Dr. Cheryl Morarend
Drewelow		Doug Horton & Jason
11:00 – 11:30	Delta Dental	Beth Jones
Noon	Lunch	
1:00 - 4:00 pm	Sullivan-Schein Dental	Nathan Johnston
4:00 - 5:00 pm	Infection Control	Dr. Sherry Timmons

November 7, 2016

8:00 – 9:00 am	Licensure	Galagan 14A
9:00-10:30 am	Risk Management	Dr. Brian Howe
Greg Egbers		Mr. Rod Warren/Mr.
10:30-11:00 am	BREAK	
11:00 – noon	Personal Banking	Mr. Steve Olsen
Noon	Lunch	
1:00 – 5:00 pm	Optimal Esthetics for Maxillary Anterior Implant	Brent Ludens

November 8, 2016

8:00 – 8:30 am

IDA - New Dentist Committee

8:30 – noon

ADA Success Program

Noon**Lunch**

1:00 – 5:00 pm

Licensure Exam Orientation

Galagan 14B

Dr. Sara Stuefen

TBA

Dr. David Holmes

March 20, 2017

8:00 – 10:00 am

Getting Started

10:15 – noon

The Impaired Dentist

Noon**Lunch**

1:00 – 1:15 pm

Cont Ed.

1:15 – 4:30 pm

Patterson Dental

4:30 – 5:00 pm

Juris Prudence

Galagan 14B

Dr. Adam Unterbrunner

IBDE - Phil McCullom

Penni Ryan

TBA

Eileen Caccioppo, IBDE

11/14/2016

Department: Family Dentistry

Course: FAMD 8487 Clinical Experiences - Comprehensive Care

Course Directors: Brian J. Howe, Michael D. Murrell, I. Reed Parker, Cheryl L. Straub Morarend

I. Summarize Student Evaluations (past 2-3 years)

The faculty evaluations by students for the course FAMD 8487 are combined with the evaluations for the concurrent companion course FAMD 8488.

Department of Family Dentistry Clinical Instructor Evaluation by Students is administered each ten weeks throughout the D4 year (four times during the year). All D4 students are presented evaluation forms for the clinical faculty assigned to their group each quarter. Students respond anonymously to seven standard statements, with a Likert-scale "Strongly Agree ⇔ Strongly Disagree" and space for additional written comments. The seven standard items on the Department of Family Dentistry Clinical Instructor Evaluation by Students are these:

1. This instructor treated me professionally and with respect.
2. This instructor was readily available during assigned clinic sessions.
3. This instructor engaged in dialog with me to make sure that I understood clinical concepts.
4. This instructor emphasized independent thinking instead of solving the problem for me.
5. This instructor encouraged me to evaluate my own performance.
6. This instructor offered me clinically relevant advice.
7. This instructor critiqued my clinical performance fairly and consistently.

In addition to the Clinical Instructor Evaluations, a separate Group Leader Evaluation by Students is also administered at the same time. The seven standard items on the Department of Family Dentistry Group Leader Evaluation by Students are these:

1. My Group Leader monitors my progress in the Family Dentistry program and provides timely feedback.
2. My Group Leader communicates clearly with me.
3. My Group Leader is well-organized and understands department policies.
4. My Group Leader's availability is sufficient to meet my needs.
5. My Group Leader advocates for me and is sincerely interested in my success in the D4 year.
6. My Group Leader treats me and my classmates fairly, equitably, and with respect.
7. My Group Leader facilitates group meetings which are productive and helpful to me.

Prior to the 2014-15 academic year, the evaluations were administered via a #2-pencil-fill-in-the-dot form which was submitted to the university's Evaluation and Examination Service for statistical analysis, and then returned to us. Starting with the 2014-15 academic year, the evaluations have been administered online through the CollegeNET "What•Do•You•Think?®" Online Course Evaluation System on ICON.

Each ten weeks, after the administration and processing of the Clinical Instructor and Group Leader evaluations, individual reports for each instructor are made available to the Family Dentistry DEO and to the individual instructor. The reports consist of a statistical summary of the pooled student responses for each "Strongly Agree ⇔ Strongly Disagree" question, and a transcript of all written comments from the students. These reports are discussed with the individual faculty member by the DEO.

Although participation by the students in these evaluations is voluntary, we have typically had 90-100% of the D4 students complete the questionnaires each ten weeks.

In general, the faculty evaluations by students have been overwhelmingly positive, with most responses to the standard statements being in the "Agree" or "Strongly Agree" category. The reports of these evaluations are quite useful annually in the development of each faculty member's professional plan, and in review of our courses and department curriculum by our department faculty.

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
<p>The primary mission of the Department of Family Dentistry is to reinforce and refine the comprehensive approach for managing the oral health care needs of patients. We view the specialty departments in our college as the experts in their respective disciplines, and the Family Dentistry Clinic as the venue where those skills and knowledge are reinforced, refined, and integrated. This course integrates the basic science knowledge, clinical skills, and dental laboratory experiences acquired during the first three years of dental school into a systematic approach to providing care.</p> <p>As a capstone course in our college's predoctoral curriculum, this course provide foundation for subsequent independent practice and/or advanced education.</p>	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
<p>No major changes/updates in this course are planned at this time. We continually monitor the effectiveness and success of this course and meet regularly as a department faculty to brainstorm, plan, and implement any refinements as appropriate. We make concerted efforts to collaborate with the specialty departments on any changes in the predoctoral clinical curriculum, and we endeavor to always reinforce the principles, philosophies and techniques taught in the D1-D3 years.</p> <p>Our department faculty has recently adapted our daily feedback and quarterly/final evaluation forms and rubrics to be consistent with the seven IOWA domains in the University of Iowa College of Dentistry collegiate competency document.</p> <p>The protocol for restoration of implants by D4 students has changed this year; per a mandate from our collegiate administration, D4 students performing implant procedures are now doing this in the Family Dentistry Clinic rather than in the "Predoctoral Implant Clinic" on the fourth floor. This arrangement seems to be working out well; however it must be acknowledged that our "normal" faculty:student ratio of 1:10 is insufficient to assure patient safety and student learning for these implant procedures. D4 students performing implant procedures are now supervised by Dr. Barwacz in a designated area of the Family Dentistry Clinic three sessions per week (Monday morning, Monday afternoon, and Wednesday afternoon). This precludes Dr. Barwacz from having a "regular" Family Dentistry clinic assignment on those three sessions, so it has been necessary for us to consolidate faculty coverage in other areas of the Family Dentistry Clinic to free up Dr. Barwacz, and this has been problematic at times. Ideally, additional faculty resources should be allocated for the predoctoral implant program so that we have sufficient faculty to cover implant restorations in addition to the necessary "regular" faculty coverage in our clinic.</p> <p>We face a similar challenge in teaching digital impressions and CAD/CAM milled restorations. We certainly wish to continually revise our departmental curriculum to be consistent with the collegiate curriculum and to reflect new developments in technology and dental practice. However, even with the support of a trained and skilled laboratory technician, our "normal" faculty:student ratio of 1:10 is insufficient to assure patient safety and student learning for these digital procedures. Again, ideally, additional faculty resources should be allocated for predoctoral digital restoration clinical education, so that we have sufficient faculty to cover idigital proceduresin addition to the necessary "regular" faculty coverage in our clinic.</p>	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
<p>We believe that the new University of Iowa College of Dentistry collegiate competency document establishes a structural context for the ongoing prospective analysis of the predoctoral curriculum, and that the data and metrics based on this prospective analysis (such as the students' annual self-assessment survey of the 38 competencies; and our faculty's daily feedback and quarterly evaluations) will inform future decisions in the management of our collegiate predoctoral curriculum.</p> <p>We anticipate that a more robust analysis of curricular gaps and redundancies can be accomplished after AEFIS is activated. After that time, course directors will be able to explore the mapping program and provide input & thought as to how their individual course fits into the overall predoctoral curriculum scheme.</p>	

V.	Are there hours allocated to this course that can be reduced?
<p>The current predoctoral curriculum structure and collegiate calendar essentially locks us into a timetable of 40 weeks in the D4 year, with 30 weeks in Family Dentistry and 10 weeks in extramural rotations. So the number of hours allocated to this course probably can't realistically be reduced or increased under the current collegiate curriculum model.</p>	

**The following Collegiate Competencies are assessed in the course Clinical Experiences--
Comprehensive Care (FAMD:8487):**

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
1.2 Utilize critical thinking and problem-solving skills.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
2.1 Apply ethical and legal standards in the provision of dental care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
3.1 Apply appropriate interpersonal and communication skills.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
3.2 Apply psychosocial and behavioral principles in patient-centered health care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
3.3 Communicate effectively with individuals from diverse populations.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
4.1 Provide prevention, intervention, and educational strategies.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.5 Apply quality assurance, assessment and improvement concepts.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
5.6 Comply with local, state, and federal regulations including OSHA and HIPAA.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.2 Prevent, identify, and manage trauma, oral diseases and other disorders.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.4 Select, obtain, and interpret diagnostic images for the individual patient.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.7 Utilize universal infection control guidelines for all clinical procedures.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.8 Prevent diagnose and manage pain and anxiety in the dental patient.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.9 Prevent, diagnose, and manage temporomandibular disorders.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.10 Prevent, diagnose, and manage periodontal diseases.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.11 Prevent, diagnose, and manage caries disease.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.13 Diagnose and manage developmental or acquired occlusal abnormalities.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.14 Manage the replacement of teeth for the partially or completely edentulous patient.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.15 Prevent, diagnose, identify and manage pulpal and periradicular diseases.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.16 Diagnose and manage oral surgical treatment needs.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.17 Prevent, recognize, and manage medical and dental emergencies.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.18 Recognize and manage patient abuse and/or neglect.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.19 Recognize and manage substance abuse.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.20 Evaluate outcomes of comprehensive dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.21 Diagnose, identify, and manage oral mucosal and osseous diseases.	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Course Syllabus 2016-2017
Clinical Experiences--Comprehensive Care (FAMD:8487)
Credit Hours: 10
Dental Class: D4

Course Directors:

FD Group 1

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FD Group 2

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FD Group 3

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FD Group 4

Dr. Michael D. Murrell
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Office hours by appointment

Course Faculty:

Dr. Vrushali Abhyankar	Dr. David C. Holmes	Dr. Robert D. Pusey
Dr. Steven P. Anderson	Dr. Brian J. Howe	Dr. Sarah Rinehart
Dr. Christopher A. Barwacz	Dr. Lewis A. Humbert	Dr. Arlyn K. Robinson
Dr. Robert Bowers	Dr. David R. Iglehart	Dr. Joel P. Sardzinski
Dr. Steven H. Clark	Dr. Georgia K. Johnson	Dr. Amy Scallon
Dr. Ana M. Diaz-Arnold	Dr. Satish C. Khera	Dr. Larry J. Squire
Dr. Satheesh Elangovan	Dr. Tracy M. Kittrell	Dr. Chad B. Stevenson
Dr. Ronald L. Ettinger	Dr. Robert W. Marlin	Dr. Cheryl L. Straub-Morarend
Dr. David A. Gimer	Dr. Mark L. Marz	Dr. Sara E. Stuefen
Dr. Manuel R. Gómez	Dr. Timothy L. Michels	Dr. Ion Syrbu
Dr. Amy R. Groeltz	Dr. Gerald D. Monserud	Dr. Marcos A. Vargas
Dr. James M. Harris	Dr. Michael D. Murrell	Dr. Matthew B. Wettach
Dr. Heather B. Heddens	Dr. Bren M. O'Connor	Dr. Kimberly Zimmerman
Dr. M M. Hernández	Dr. I R. Parker	

Course Description:

This course, together with its concurrent course, FAMD:8488, entails the clinical treatment of patients in a group practice atmosphere with an emphasis on diagnosis, planning and sequencing of comprehensive dental treatment. The comprehensive care of dental patients is intended to simulate and prepare future dentists for a practice in general dentistry.

Course Goals:

At the end of this course, the student will be able to demonstrate:

1. the ability to take an adequate general and oral health history.
2. the ability to thoroughly and systematically examine the oral cavity and related structure and record results.
3. the ability to utilize systematic observation and data recording.
4. the ability to recognize pathologic and potentially pathologic oral lesions.
5. the ability to recognize pathologic occlusions and TMD.
6. the ability to recognize the need for dental referral and/or consultation based on the knowledge and experience of the operator, and the variables presented by the patient.
7. the ability to use principles of work organization.
8. the ability to develop an orderly, comprehensive, practical and sequential treatment plan.
9. the ability to educate the patient for accepting a treatment plan that is in the patient's best interests.
10. the ability to instruct patients in oral health care and to assist them in maintaining effective health habits.
11. the ability to treat oral infections.
12. the ability to recognize and treat periodontal disease.
13. the ability to treat endodontic pathoses and its sequela.
14. the ability to treat dental caries and its sequelae.
15. principles of correct procedures for design and completion of fixed partial dentures as well as single units of full and partial coverage.
16. the ability to treat partial and complete edentulism.
17. the ability to recognize and treat iatrogenic restorative conditions.
18. the ability to critically evaluate treatment currently being delivered, and plan decisions based on that evaluation.
19. the ability to gain the patient's cooperation in various phases of treatment.
20. the ability to interact with patients and provide treatment in a manner that will inspire confidence, allay nervous apprehension and control pain.
21. the ability to function with auxiliary personnel effectively.

Terminal Behavioral Objectives:

1. The student will have accumulated at the end of the senior year at least a minimum of 3850 RVUs. (A student must, in the judgment of the Group Leader, be making adequate progress in the achievement of this goal prior to a licensure examination agency's notification deadline, if the student intends to take that licensure examination a few weeks later.)

2. The student will have demonstrated for each Minimum Essential Experience a clinically acceptable process and procedure.
3. Proper use of clinic time will be demonstrated in the final grade given for the RVUs.

Minimum Essential Experiences:

Students are required to complete the following Minimum Essential Experiences:

Fixed Prosthodontics

3 single crowns (one of which must be a canine or incisor)

Endodontics

3 endodontic experiences

- a. Each student is required to perform one **Molar** root canal treatment.
- b. Each student is required to perform two more endodontic experiences.

Removable Prosthodontics

1 cast framework partial denture

Mounted diagnostic casts are required for an accurate RPD diagnosis and design. The completed gold form (RPD) must be reviewed and signed by a faculty member prior to treating the patient.

Submit the signed minimum essential white sheet for RPD. Note that two signatures are required on this sheet.

Periodontics

2 periodontal surgery assists (or 1 surgery and 1 assist)

For surgery and/or assisting credit use the form headed: "Family Dentistry Periodontal Surgery Check-List, and Surgery and Assisting Credit Form". Complete this form and have it signed at the time of the surgery. For credit it must be turned in to the Family Dentistry department secretary **within two weeks of the surgery.** The check list part of the form is not a requirement, but is strongly suggested.

2 "board-quality" scales

It is required that you appoint patients who meet the CRDTS criteria for "Board Quality Scale". This will allow you and your evaluating faculty to have an experience that parallels "the real thing". You must sign up for a FAMD Perio consultant for the Board Quality exercise. You will be given 1.5 hours to complete the exercise. If you do not pass the exercise, you will be required to perform another "Board Quality Scale". Successfully completing 2 "Board Quality Scales" satisfies the required Minimal Essential Experiences.

It is strongly recommended that these “Board Quality Scale” exercises be completed before the student takes the patient portion of the CRDTS Exam; however, even if a student has successfully passed the CRDTS Exam, he/she still must complete 2 “Board Quality Scales” (not counting the procedure done in the CRDTS Exam) in order to pass this course and graduate.

Implants

Complete prosthetic treatment for one implant patient:

Posterior single tooth implant
OR
Mandibular Overdenture

Implant treatment completed in the D3 year may be used to satisfy the Family Dentistry MEE, but Family Dentistry RVUs will only be awarded for treatment done in the D4 year.

Patient Care Commitment

5 Major Care Patients

Five patients will be patients with major restorative needs. To be included as a major care patient, a total of 150 RVUs is required. Patients receiving care in excess of 300 RVUs will be considered as 2 major care patients. (but no patient can be considered as more than 2 major cases. i.e., a “triple major” is not a possibility.) If a student has completed five major cases, an additional case with 150 RVUs may be counted as 2 minor cases, if necessary. (A patient with care in excess of 300 RVUs can be counted as 2 major cases, or 1 major & 2 minors, or 4 minors.)

An Exit Examination (procedure code I9800) must be appropriately performed and recorded for a patient to be included. Patients should have no calculus deposits at the Exit Examination visit, and should have an exit prophylaxis, if indicated, when treatment is complete. The patient should have no further needs (other than treatment that the patient has declined) and patient must be placed on appropriate recall.

ONE complete maxillary/complete mandibular denture patient can be counted as one of the 5 required “Major Care Patients”. (Students may treat more than one complete maxillary/complete mandibular denture patient, and RVUs will be awarded for all treatment provided, but the additional complete maxillary/complete mandibular denture patients will not count as additional Major Care Patients.)

A written reflective summary must be written by the student for the first two Major Care Patients in order for each of those patients to be counted as one of the five Major Care Patients for the Patient Care Commitment

MEE. The purpose of this report is to challenge students to construct meaning out of educational experiences in the comprehensive management of patients. Students are to include reflective statements illustrating the value of their experiences in the learning process and how the experiences contribute to their continued professional growth.

The reflective summary should be centered on addressing the following themes:

- Identify the most valuable aspects learned in treating this patient about the case/procedures, patient management, and your professional abilities.
- Upon reflection, how could the case management potentially be improved?
- How will this experience impact your future practice of dentistry?

Guidelines for the Reflective Summary

- Completion of a reflective summary for each of the first two Major Care Patient is required for credit in the 114:187 CLINICAL EXPERIENCES--COMPREHENSIVE CARE Course. The assignment will be pass/fail.
- The writing style should be clear and to the point. Excessively descriptive language is not desired.
- The reflective summary should include a concise summary of the treatment planned and treatment completed.
- Please ensure that patient or instructor names are omitted from the report.
- The reflective summary should be a maximum of 1 page, typed.
- The reflective summary should be stapled to the signed and stamped "Major Case Completed" sheet when it is submitted for credit.

5 Disease Control Patients

Five additional patients will be required to be treated to completion of the disease control phase of their treatment plan. A minimum of 75 RVUs are required for a patient to be included. An Exit Examination (procedure code I9800) must be appropriately performed and recorded for a patient to be included. Patients should have no calculus deposits at the Exit Examination visit, and should have an exit prophylaxis, if indicated, when treatment is complete. The patient should have no further needs (other than treatment that the patient has declined) and patient must be placed on appropriate recall.

If a student has completed more than 5 Major Care cases, one of those Major Care cases may be counted as 2 Disease Control (minor) cases if necessary

NOTE: In all instances a faculty signature on a printed Patient Care Commitment Report is required at the time of the exit examination. Signed and stamped sheets for major care or minor care patients must be submitted within one week of the patient's exit examination.

Continuous Care Patients – (Maintenance & Junior Removable Pros)

Of the patients assigned to you by the Department of Family Dentistry some are designated as Continuous Care Patients (CCP's). It will be your responsibility to review each of these patients' clinical records and determine their recommended maintenance programs. You will schedule recall examinations, monitor oral hygiene performance and compliance with specialized preventive measures (e.g., home-applied fluoride rinses, etc.), and provide any treatment needs identified during your examination. You will also be responsible for the emergency care these patients need.

Relative Value Units (RVUs)

You will receive relative value units (RVU) credit for all procedures that are completed in Family Dentistry. You will receive RVUs for your Oral Surgery procedures, and these **will be counted towards your patient care commitment.** The RVU for each procedure is listed on the Clinic Fee and Code Summary and unless indicated are assigned by the computer when the appropriate procedure code is used.

Completion of minimum essential experiences is a requisite for a grade in Family Dentistry. However, **completion of minimum essential experiences does not guarantee a passing mark** and is only to be considered a guide for the student to achieve a well-rounded clinic experience. The important consideration in the final analysis of your Family Dentistry performance will be the consideration for your patients and a serious and conscientious attempt to treat each one as thoroughly as possible in the proper sequence.

Course Evaluation Methods:

Evaluation components:

The final letter grade for course FAMD:8487 will be determined by:

1. The total Relative Value Units (RVU) accumulated.
2. Completion of the Minimum Essential Experiences.
3. Proper utilization of clinic time.
 - a. Attendance will be monitored on a half-day basis.
 - b. Excused absences for personal reasons exceeding the 4 allotted days will result in a deduction of 30 RVU per day.

Grading scale:

A	≥ 4900 RVU
A-	≥ 4750
B+	≥ 4600
B	≥ 4450
B-	≥ 4300
C+	≥ 4150
C	≥ 4000
C-	≥ 3850
F	= 3849 and below

Attendance policy:

D4 students are expected to be present and engaged in patient treatment in the Family Dentistry Clinic during clinic hours (9:00-11:30 AM; 1:00-4:30 PM) on all assigned days on the collegiate schedule, unless an excused absence has been previously arranged.

When students are not treating patients during clinic hours on assigned days, they are expected to be available to treat emergency and/or overflow patients in the College of Dentistry. Students are expected to be present at their assigned operatory in the Family Dentistry Clinic during clinic hours. If you leave the clinic, you must advise attending faculty, advise FAMD clinic clerks, and leave a message on your operatory chair indicating your whereabouts in the DSB. In the event that a Clinic Clerk is unable to summon a D4 student during clinic hours on an assigned day, a 20 RVU deduction penalty will be assessed to the student for each clinic session (AM session or PM session) that they are unaccounted for.

Excused absences – Family Dentistry:

To assist you in planning your senior year and to provide you with some flexibility in scheduling, the Department of Family Dentistry has developed a policy for excused absences. This policy is intended to help you in coordinating the care of your patients and allow you the opportunity to manage your time during the year.

Each student is permitted to have four (4) days of excused absence from the Family Dentistry clinic for reasons such as the following:

- a. personal emergencies
- b. illness/medical appointments
- c. family situations

Additionally, students may be excused from the Family Dentistry clinic for professional activities such as the following:

- a. presentations at professional/scientific meetings
- b. interviews for dental residency or graduate training programs
- c. investigation of private practice opportunities

d. state or regional board examinations other than CRDTS

Absence(s) for these professional activities must be approved, in advance, by the Associate Dean for Student Affairs. Absences for approved professional activities are not counted against the allowance of four excused absences for personal reasons.

If you must be absent from the Family Dentistry Clinic for one or more of the above reasons, you must submit, in advance, a completed "Department of Family Dentistry Absence from clinic form", with all required signatures. These forms are available in the Department of Family Dentistry office. Also, advise the clinic clerk, and when necessary inform your patient(s).

You are personally responsible for any classwork you miss as a result of these absences. You are also responsible to make arrangements, in advance, for coverage of any clinic or duty assignments (Pediatric Dentistry Clinic, laboratory monitor duty, etc.) previously scheduled for the day you will be absent.

These excused absences should not be confused with or otherwise be thought of as "vacation days." Should, for some unforeseen reason, you require more than four excused absences, you must meet with your group leader. (Personal days are not required for Part II National Boards nor for the CRDTS exams.)

Note: if a patient fails an appointment or you have no patient scheduled, you do have the option of completing the Absence form and taking ½ day excused absence on short notice. This still counts against your 4 personal days total allowance.

Remediation:

Remediation plans will be developed based on individualized student performance as needed in consultation with the course director and the Office for Student Affairs.

Collegiate Academic and Professional Performance (CAPP) Committee guidelines in your Student Handbook will be followed for any remediation or repeated coursework due to an unsatisfactory achievement level in this course.

Unsatisfactory completion of the Minimum Essential Experiences by graduation will require the student to re-enroll the following semester with a new set of Minimum Essential Experiences determined by the student's competency and deficiencies.

Receiving less than 3850 RVUs for the academic year will postpone graduation until the following semester or year, so that the student will have had a minimum number of clinical experiences to develop competency in the course objectives.

Policy for extra credit work:

No extra credit is given.

Other Evaluations:

Not applicable.

Course Policy and Procedures:

Changing class times/exams:

The schedule and procedures in this course are subject to change in the event of extenuating circumstances. Students will be notified as soon as possible of any change in the course schedule by e-mail and/or class announcement.

Cheating and plagiarism:

During examinations and quizzes, the student shall conduct himself/herself in a manner keeping with the highest standards of ethical principles. Cheating on examinations, stealing, dishonest practices in completing assignments, forging initials and/or signatures, and aiding or endorsing cheating by others constitute misconduct. Students have the obligation as future professionals to self-regulate peers regarding such conduct. Students have the extra obligation to thoroughly avoid any action which might give the appearance or suspicion of such behavior. In the event of misconduct, the student will be referred to the CAPP (Collegiate Academic and Professional Performance) Committee for review and disciplinary action. Any conduct judged unethical or unprofessional by the course directors or course faculty will result in an "F" for the event in question and/or the entire course.

Violations will be adjudicated in accordance with the hearing regulations for Alleged Violations of Regent Rules, as listed in Section 20.270 in the University Operations Manual. Proceedings within the College of Dentistry are in accordance with these guidelines and are explained in the Student Handbook, College of Dentistry.

Special accommodations procedures:

If you are a student with a disability and require academic accommodations please contact the course director directly, either after the first class or during office hours. The Associate Dean for Student Affairs should also be notified.

This course complies with the University Policies and Procedures regarding the provisions of academic accommodations to students with disabilities.

Resources for additional assistance:

It is the student's responsibility to ask for help and seek additional resources if needed to perform successfully in a course. Students should first contact the course director and then consult the Offices for Student Affairs.

The Office of Student Affairs can assist the student in obtaining a tutor if necessary.

Course/Faculty Evaluation:

The College of Dentistry utilizes an online course and faculty evaluation system at the end of each course. Constructive student feedback is imperative and valued for continual curricular improvements and faculty development. Student feedback is completely anonymous through the online system.

Course Competencies, Evaluation, and Outcomes Assessment

The following Collegiate Competencies are assessed in this course:

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate. <i>Trends in healthcare, Health care policy, Economic principles of health care delivery, Health care organization and delivery models, Quality assessment and quality assurance, Demographics of the oral health care workforce, Interprofessional health care relationships, Relationship of systemic health to oral health and disease, Impact of political and social climate on health care delivery, Critical evaluation of health care literature</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
1.2 Utilize critical thinking and problem-solving skills. <i>Application of scientific method to clinical problem-solving, Evidence-based delivery of oral health care, Clinical reasoning skills, Diagnostic skills, Treatment planning, Self-Assessment, Reading comprehension, Verbal and written communication skills, Computer literacy</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice. <i>Application of scientific method to clinical problem-solving, Evidence-based delivery of oral health care, Critical thinking and problem-solving skills, Cultural competence, Communication skills, verbal and written, Reading comprehension, Ethics, Statistics literacy, Computer literacy, Epidemiological methods</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
2.1 Apply ethical and legal standards in the provision of dental care. <i>Ethical decision making and conflicting obligations, Legal and regulatory principles and standards</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
<p>2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.</p> <p><i>Self-assessment of competence, Standards of care, Communication skills, both orally and in writing, with patients, patient's families, colleagues, and others with whom other health care providers must exchange information in carrying out their responsibilities; Scope of practice of dental and medical specialties and social support services, Identification of community resources for referrals</i></p>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
<p>3.1 Apply appropriate interpersonal and communication skills.</p> <p><i>Communication theory and skills (interpersonal communication principles, verbal & nonverbal principles conflict resolution, reflective listening), Collaborative teamwork, Emotional & behavioral development & sensitivity, Physiological and psychological indications of anxiety & fear, Addressing patient concerns/issues/problems, Behavior modification & motivation techniques, Special needs/diversity of patients, Health literacy, Language barriers, Cognitive barriers</i></p>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
<p>3.2 Apply psychosocial and behavioral principles in patient-centered health care.</p> <p><i>Counseling skills and motivational interviewing principles, Social & behavioral applied sciences, Behavior modification, Fear & anxiety management, Pain management (acute & chronic pain), Geriatrics, Special patient needs, Cultural competence</i></p>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
<p>3.3 Communicate effectively with individuals from diverse populations.</p> <p><i>Influence of culture on health and illness behaviors, Culture related to oral health, Complementary and alternative therapies, Communication with patients in a culturally sensitive manner, Communication in overcoming language barriers, Communication with special needs patients, Communication skills to address diversity-related conflict</i></p>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
<p>4.1 Provide prevention, intervention, and educational strategies.</p> <p><i>Patient and family communication, Education of patient and/or family, Risk assessment, Prevention strategies (intervention, motivation, nutrition); Clinical evaluation</i></p>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients. <i>Various practice settings (community setting), Organizational behavior of team, Professional communication, Collaborative and leadership skills, Interprofessional education</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources. <i>Data analysis for disease trends, basic understanding of computer software, Basic computer utilization skills, Evidence-based literature on practice management, Models of dental practice and types of delivery systems, Application of contemporary electronic information systems, Computer systems for practice management</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care. <i>Principles of record keeping/documentation, Concepts of professional liability, Risk management protocols, Legal responsibilities in patient care management, Management of patient information, Quality assurance</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.5 Apply quality assurance, assessment and improvement concepts. <i>Self-assessment for quality improvement, Concepts and principles of quality assurance and quality assessment, Awareness of continuous professional development, Lifelong learning</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
5.6 Comply with local, state, and federal regulations including OSHA and HIPAA. <i>Elements of applicable local, state, and federal regulations; Methods of effective application and pursuance of local, state, and federal regulations</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients. <i>Human development (structure & function), Pathophysiology of oral and systemic disease, Patient and social/family assessment, Communication, History taking, Exam techniques, Diagnostic tests and evaluation, Diagnosis, Risk assessment, Treatment planning, Implementation, Outcomes assessment</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.2 Prevent, identify, and manage trauma, oral diseases and other disorders. <i>Epidemiology of trauma, oral diseases & other disorders; Patient motivation/education for prevention, Preventing principles and therapies, Patient assessment and treatment planning, Risk analysis, Lab findings, Systemic conditions, Diagnostic skills, Pharmacology and patient medications, Clinical evaluation, Applied biomedical sciences related to trauma, oral diseases, and other disorders</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients. <i>History acquisition and interpretation, Pharmacotherapeutics, Clinical evaluation, Medical and dental referrals, Diagnostic test interpretation, Risk assessment, Assessment and management of patient behaviors, Assessment and management of patient social context</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.4 Select, obtain, and interpret diagnostic images for the individual patient. <i>Diagnostic imaging modalities, Interpret forms of imaging used in dental practice, Differential diagnosis, Imaging safety protocols, Imaging technologies and techniques</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care. <i>Systemic manifestations of oral disease, Systemic medical conditions that affect oral health and treatment, Oral conditions that affect systemic health</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients. <i>Clinical evaluation, Diagnostic skills and techniques, Risk assessment & analysis, Patient assessment, Sequencing of treatment, Critical thinking & analysis, Evidence-based healthcare, Treatment presentation, communication & considerations; Treatment alternatives & financial considerations, Self-assessment of clinical competence & limitations, Referrals, Case management</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.7 Utilize universal infection control guidelines for all clinical procedures. <i>State/federal regulatory guidelines, Universal in infection control protocols, Applied biomedical sciences related to transmission of disease</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.8 Prevent diagnose and manage pain and anxiety in the dental patient. <i>Psychological & social manifestations of pain, Pathophysiology of pain, Pharmacotherapeutic management of pain and anxiety, Behavioral management of pain & anxiety</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.9 Prevent, diagnose, and manage temporomandibular disorders. <i>Epidemiology of temporomandibular disorders; Physical, psychological, & social factors; Multidisciplinary approaches, Outcomes assessment, Applied biomedical sciences related to temporomandibular health and disorders</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.10 Prevent, diagnose, and manage periodontal diseases. <i>Epidemiology of periodontal disease, Pharmacologic management, Behavioral modification, Nonsurgical management, Surgical management, Applied biomedical sciences related to the periodontium and periodontal diseases</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.11 Prevent, diagnose, and manage caries disease. <i>Evidence-based detection, diagnosis, risk assessment, prevention, behavioral modification, non-surgical and surgical management of dental caries, both at the individual and community level, and be able to assess the outcomes of interventions over time.</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health. <i>Biomechanical concepts, Principles of biomaterial sciences, Behavioral modification, Applied biomedical sciences related to soft and hard tissues</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.13 Diagnose and manage developmental or acquired occlusal abnormalities. <i>Principles of biomaterial sciences, Multidisciplinary approaches, Behavioral modification, Applied biomedical sciences related to health and pathology of dental hard tissues</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.14 Manage the replacement of teeth for the partially or completely edentulous patient. <i>Principles of biomaterial sciences, Multidisciplinary approaches, Behavioral modification, Principles of biomechanics, Applied biomedical sciences related to oral tissues</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.15 Prevent, diagnose, identify and manage pulpal and periradicular diseases. <i>Epidemiology of pulpal and periradicular disease, Principles of endodontic therapy, Applied biomedical sciences related to the pulpal and periradicular tissues and associated diseases</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.16 Diagnose and manage oral surgical treatment needs. <i>Multidisciplinary approaches, Behavioral modification, Principles of biomaterials, Applied biomedical sciences related to oral surgery</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.17 Prevent, recognize, and manage medical and dental emergencies. <i>Emergency protocol, Pharmacotherapeutics, Multidisciplinary approaches, Non-pharmacologic approaches, Applied biomedical sciences related to emergency care</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.18 Recognize and manage patient abuse and/or neglect. <i>Signs & symptoms of abuse and/or neglect, Cultural awareness, Behavioral modification, Multidisciplinary approaches, Ethical/legal principles and responsibilities</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.19 Recognize and manage substance abuse. <i>Signs & symptoms of abuse and/or neglect, Cultural awareness, Behavioral modification, Multidisciplinary approaches, Ethical/legal principles & responsibilities</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

Collegiate Competency	Instructional Methods	Assessment Methods
6.20 Evaluate outcomes of comprehensive dental care. <i>Criteria for evaluation, Evaluation methods, Mechanisms for continuous quality improvement</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Other (reflective summaries, patient exit examinations, total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))
6.21 Diagnose, identify, and manage oral mucosal and osseous diseases. <i>Epidemiology of oral soft tissue and osseous diseases, Multidisciplinary approaches, Pharmacotherapeutic management, Nonsurgical management, Surgical management, Applied biomedical sciences related to the health & pathology of oral soft tissue & osseous tissues, Screening & risk assessment for oral, head & neck cancer</i>	Clinical experience, Patient care	Observation by faculty, Other (total Relative Value Units (RVUs) accumulated; Completion of Minimum Essential Experiences (MEEs))

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OFFICE OF AFFIRMATIVE ACTION
Nondiscrimination Statement

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.

COD Student Handbook Reference: Section VIII, Student Services, The University of Iowa

UNIVERSITY OF IOWA
COLLEGE OF DENTISTRY
Academic Misconduct Statement

Compliance should reflect expectations outline in collegiate and University policies. Students are expected to maintain standards of professionalism in regard to their academic performance and are expected to protect the integrity of their work at all times during the course, whether in the classroom, laboratory or clinic. For further information and examples, students should refer to the College of Dentistry Student Handbook found on the IntraDent after login, under Students, Manuals section <https://intradent.dentistry.uiowa.edu/>, University of Iowa Code of

Student Life: <http://dos.uiowa.edu/conduct/>; or the Graduate College Manual of Rules and Regulations: <http://www.grad.uiowa.edu/graduate-college-manual>

COD Student Handbook Reference: Section VI Student Services, Professional & Academic Code of Conduct, Students in the Academic Environment

Additional Appropriate Accommodations

Faculty in the College of Dentistry are required to comply with the University policies and procedures regarding the provisions of academic accommodations to students with disabilities if the accommodations requested are deemed reasonable. Students seeking accommodations should contact the Associate Dean for Student Affairs.

COD Student Handbook Reference: Section VI, Student Services, Student Academic Accommodations Policy

Policy on the Use of "Old Exams" *(applicable to all exams, not just multiple-choice exams)

1. Faculty will NOT be mandated to release old exams.
2. Neither faculty nor students will consider it cheating if students use old exams, and there will be no action taken by the College against students who use old exams.

*In this context, an "old exam" means any printed or electronic copy of a verified original version of an exam (or portion of an exam) from a prior academic year.

While College of Dentistry students take courses offered by other colleges in the University, this policy only applies to those courses originating in the College of Dentistry. Contact the Office of Student Affairs if you have questions about whether a course is covered by the policy.

11/14/2016

Department: Family Dentistry

Course: FAMD 8488 Clinical Competencies - Comprehensive Care

Course Directors: Brian J. Howe, Michael D. Murrell, I. Reed Parker, Cheryl L. Straub Morarend

I. Summarize Student Evaluations (past 2-3 years)

The faculty evaluations by students for the course FAMD 8488 are combined with the evaluations for the concurrent companion course FAMD 8487.

Department of Family Dentistry Clinical Instructor Evaluation by Students is administered each ten weeks throughout the D4 year (four times during the year). All D4 students are presented evaluation forms for the clinical faculty assigned to their group each quarter. Students respond anonymously to seven standard statements, with a Likert-scale "Strongly Agree ⇔ Strongly Disagree" and space for additional written comments. The seven standard items on the Department of Family Dentistry Clinical Instructor Evaluation by Students are these:

1. This instructor treated me professionally and with respect.
2. This instructor was readily available during assigned clinic sessions.
3. This instructor engaged in dialog with me to make sure that I understood clinical concepts.
4. This instructor emphasized independent thinking instead of solving the problem for me.
5. This instructor encouraged me to evaluate my own performance.
6. This instructor offered me clinically relevant advice.
7. This instructor critiqued my clinical performance fairly and consistently.

In addition to the Clinical Instructor Evaluations, a separate Group Leader Evaluation by Students is also administered at the same time. The seven standard items on the Department of Family Dentistry Group Leader Evaluation by Students are these:

1. My Group Leader monitors my progress in the Family Dentistry program and provides timely feedback.
2. My Group Leader communicates clearly with me.
3. My Group Leader is well-organized and understands department policies.
4. My Group Leader's availability is sufficient to meet my needs.
5. My Group Leader advocates for me and is sincerely interested in my success in the D4 year.
6. My Group Leader treats me and my classmates fairly, equitably, and with respect.
7. My Group Leader facilitates group meetings which are productive and helpful to me.

Prior to the 2014-15 academic year, the evaluations were administered via a #2-pencil-fill-in-the-dot form which was submitted to the university's Evaluation and Examination Service for statistical analysis, and then returned to us. Starting with the 2014-15 academic year, the evaluations have been administered online through the CollegeNET "What•Do•You•Think?®" Online Course Evaluation System on ICON.

Each ten weeks, after the administration and processing of the Clinical Instructor and Group Leader evaluations, individual reports for each instructor are made available to the Family Dentistry DEO and to the individual instructor. The reports consist of a statistical summary of the pooled student responses for each "Strongly Agree ⇔ Strongly Disagree" question, and a transcript of all written comments from the students. These reports are discussed with the individual faculty member by the DEO.

Although participation by the students in these evaluations is voluntary, we have typically had 90-100% of the D4 students complete the questionnaires each ten weeks.

In general, the faculty evaluations by students have been overwhelmingly positive, with most responses to the standard statements being in the "Agree" or "Strongly Agree" category. The reports of these evaluations are quite useful annually in the development of each faculty member's professional plan, and in review of our courses and department curriculum by our department faculty.

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
<p>The primary mission of the Department of Family Dentistry is to reinforce and refine the comprehensive approach for managing the oral health care needs of patients. We view the specialty departments in our college as the experts in their respective disciplines, and the Family Dentistry Clinic as the venue where those skills and knowledge are reinforced, refined, and integrated. This course integrates the basic science knowledge, clinical skills, and dental laboratory experiences acquired during the first three years of dental school into a systematic approach to providing care.</p> <p>As a capstone course in our college's predoctoral curriculum, this course provide foundation for subsequent independent practice and/or advanced education.</p>	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
<p>No major changes/updates in this course are planned at this time. We continually monitor the effectiveness and success of this course and meet regularly as a department faculty to brainstorm, plan, and implement any refinements as appropriate. We make concerted efforts to collaborate with the specialty departments on any changes in the predoctoral clinical curriculum, and we endeavor to always reinforce the principles, philosophies and techniques taught in the D1-D3 years.</p> <p>Our department faculty has recently adapted our daily feedback and quarterly/final evaluation forms and rubrics to be consistent with the seven IOWA domains in the University of Iowa College of Dentistry collegiate competency document.</p> <p>The protocol for restoration of implants by D4 students has changed this year; per a mandate from our collegiate administration, D4 students performing implant procedures are now doing this in the Family Dentistry Clinic rather than in the "Predoctoral Implant Clinic" on the fourth floor. This arrangement seems to be working out well; however it must be acknowledged that our "normal" faculty:student ratio of 1:10 is insufficient to assure patient safety and student learning for these implant procedures. D4 students performing implant procedures are now supervised by Dr. Barwacz in a designated area of the Family Dentistry Clinic three sessions per week (Monday morning, Monday afternoon, and Wednesday afternoon). This precludes Dr. Barwacz from having a "regular" Family Dentistry clinic assignment on those three sessions, so it has been necessary for us to consolidate faculty coverage in other areas of the Family Dentistry Clinic to free up Dr. Barwacz, and this has been problematic at times. Ideally, additional faculty resources should be allocated for the predoctoral implant program so that we have sufficient faculty to cover implant restorations in addition to the necessary "regular" faculty coverage in our clinic.</p> <p>We face a similar challenge in teaching digital impressions and CAD/CAM milled restorations. We certainly wish to continually revise our departmental curriculum to be consistent with the collegiate curriculum and to reflect new developments in technology and dental practice. However, even with the support of a trained and skilled laboratory technician, our "normal" faculty:student ratio of 1:10 is insufficient to assure patient safety and student learning for these digital procedures. Again, ideally, additional faculty resources should be allocated for predoctoral digital restoration clinical education, so that we have sufficient faculty to cover idigital proceduresin addition to the necessary "regular" faculty coverage in our clinic.</p>	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
<p>We believe that the new University of Iowa College of Dentistry collegiate competency document establishes a structural context for the ongoing prospective analysis of the predoctoral curriculum, and that the data and metrics based on this prospective analysis (such as the students' annual self-assessment survey of the 38 competencies; and our faculty's daily feedback and quarterly evaluations) will inform future decisions in the management of our collegiate predoctoral curriculum.</p> <p>We anticipate that a more robust analysis of curricular gaps and redundancies can be accomplished after AEFIS is activated. After that time, course directors will be able to explore the mapping program and provide input & thought as to how their individual course fits into the overall predoctoral curriculum scheme.</p>	

V.	Are there hours allocated to this course that can be reduced?
<p>The current predoctoral curriculum structure and collegiate calendar essentially locks us into a timetable of 40 weeks in the D4 year, with 30 weeks in Family Dentistry and 10 weeks in extramural rotations. So the number of hours allocated to this course probably can't realistically be reduced or increased under the current collegiate curriculum model.</p>	

The following Collegiate Competencies are assessed in the course Clinical Competencies-- Comprehensive Care (FAMD:8488):

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
1.2 Utilize critical thinking and problem-solving skills.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
2.1 Apply ethical and legal standards in the provision of dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process
3.1 Apply appropriate interpersonal and communication skills.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.2 Apply psychosocial and behavioral principles in patient-centered health care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.3 Communicate effectively with individuals from diverse populations.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
4.1 Provide prevention, intervention, and educational strategies.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.5 Apply quality assurance, assessment and improvement concepts.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.6 Comply with local, state, and federal regulations including OSHA and HIPAA.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.2 Prevent, identify, and manage trauma, oral diseases and other disorders.	Clinical experience, Patient care, Seminar	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.4 Select, obtain, and interpret diagnostic images for the individual patient.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.7 Utilize universal infection control guidelines for all clinical procedures.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.8 Prevent diagnose and manage pain and anxiety in the dental patient.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.9 Prevent, diagnose, and manage temporomandibular disorders.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.10 Prevent, diagnose, and manage periodontal diseases.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.11 Prevent, diagnose, and manage caries disease.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.13 Diagnose and manage developmental or acquired occlusal abnormalities.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.14 Manage the replacement of teeth for the partially or completely edentulous patient.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.15 Prevent, diagnose, identify and manage pulpal and periradicular diseases.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.16 Diagnose and manage oral surgical treatment needs.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.17 Prevent, recognize, and manage medical and dental emergencies.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.18 Recognize and manage patient abuse and/or neglect.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.19 Recognize and manage substance abuse.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.20 Evaluate outcomes of comprehensive dental care.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.21 Diagnose, identify, and manage oral mucosal and osseous diseases.	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Course Syllabus 2016-2017
Clinical Competencies--Comprehensive Care (FAMD:8488)
Credit Hours: 12
Dental Class: D4

Course Directors:

FD Group 1

Dr. Brian J. Howe
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FD Group 4

Dr. Michael D. Murrell
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Course Faculty:

Dr. Vrushali Abhyankar
Dr. Steven P. Anderson
Dr. Christopher A. Barwacz
Dr. Robert Bowers
Dr. Steven H. Clark
Dr. Ana M. Diaz-Arnold
Dr. Satheesh Elangovan
Dr. Ronald L. Ettinger
Dr. David A. Gimer
Dr. Manuel R. Gómez
Dr. Amy R. Groeltz
Dr. James M. Harris
Dr. Heather B. Heddens
Dr. M M. Hernández

Dr. David C. Holmes
Dr. Brian J. Howe
Dr. Lewis A. Humbert
Dr. David R. Iglehart
Dr. Georgia K. Johnson
Dr. Satish C. Khera
Dr. Tracy M. Kittrell
Dr. Robert W. Marlin
Dr. Mark L. Marz
Dr. Timothy L. Michels
Dr. Gerald D. Monserud
Dr. Michael D. Murrell
Dr. Bren M. O'Connor
Dr. I R. Parker

Dr. Robert D. Pusey
Dr. Sarah Rinehart
Dr. Arlyn K. Robinson
Dr. Joel P. Sardzinski
Dr. Amy Scallon
Dr. Larry J. Squire
Dr. Chad B. Stevenson
Dr. Cheryl L. Straub-Morarend
Dr. Sara E. Stuefen
Dr. Ion Syrbu
Dr. Marcos A. Vargas
Dr. Matthew B. Wettach
Dr. Kimberly Zimmerman

Course Description:

This course, together with its concurrent course, FAMD:8487, entails the clinical treatment of patients in a group practice atmosphere with an emphasis on diagnosis, planning and sequencing of comprehensive dental treatment. The comprehensive care of dental patients is intended to simulate and prepare future dentists for a practice in general dentistry.

Course Goals:

At the end of this course, the student will be able to demonstrate:

1. the ability to take an adequate general and oral health history.
2. the ability to thoroughly and systematically examine the oral cavity and related structure and record results.
3. the ability to utilize systematic observation and data recording.
4. the ability to recognize pathologic and potentially pathologic oral lesions.
5. the ability to recognize pathologic occlusions and TMD.
6. the ability to recognize the need for dental referral and/or consultation based on the knowledge and experience of the operator, and the variables presented by the patient.
7. the ability to use principles of work organization.
8. the ability to develop an orderly, comprehensive, practical and sequential treatment plan.
9. the ability to educate the patient for accepting a treatment plan that is in the patient's best interests.
10. the ability to instruct patients in oral health care and to assist them in maintaining effective health habits.
11. the ability to treat oral infections.
12. the ability to recognize and treat periodontal disease.
13. the ability to treat endodontic pathoses and its sequela.
14. the ability to treat dental caries and its sequelae.
15. principles of correct procedures for design and completion of fixed partial dentures as well as single units of full and partial coverage.
16. the ability to treat partial and complete edentulism.
17. the ability to recognize and treat iatrogenic restorative conditions.
18. the ability to critically evaluate treatment currently being delivered, and plan decisions based on that evaluation.
19. the ability to gain the patient's cooperation in various phases of treatment.
20. the ability to interact with patients and provide treatment in a manner that will inspire confidence, allay nervous apprehension and control pain.
21. the ability to function with auxiliary personnel effectively.
22. the ability to independently and autonomously assess gaps in his/her skills and knowledge, and to pursue appropriate continuing self-directed learning.

Terminal Behavioral Objectives:

1. Consistent demonstration of appropriate information gathering, treatment planning, case presentation, sequencing, and execution.
2. Demonstration of effective communication & interpersonal skills, with individuals from diverse populations; demonstration of application of psychosocial and behavioral principles to deliver patient-centered oral health care; demonstration of ability to be an effective member of the health care team, viewed as a leader.

3. Consistent application of prevention, intervention, and patient education strategies and risk assessment findings to enhance treatment outcomes; demonstration of ability to promote oral health as an integral part of overall health.
4. Consistent demonstration of appropriate practice management principles: Risk assessment, Prevention strategies, Patient centered care.
5. Consistent demonstration of appropriate technical skills, OSHA compliance, and ability to evaluate comprehensive care outcomes.
6. Demonstration of appropriate professionalism and ethical behavior; demonstration of accurate self-awareness of competence/limitations with timely consultation with & referral to specialists; demonstration of consistent application of ethical and legal standards.
7. Demonstration of integration of critical thinking skills and their application through- problem solving, introspection, self-assessment, good judgment and integration of EBD concepts; demonstration of ability to Evaluate and integrate best practices to achieve optimal treatment outcomes

Course Evaluation Methods:

Evaluation components:

Evaluation of the clinical performance in Family Dentistry will be both objective and subjective by a group of faculty who will observe your progress through this clinical experience. Passing marks and satisfactory completion of each area of the above is required.

Each instructor will make a written evaluation of your activity, for each one half day of contact. You may also expect each instructor to give you as much verbal feedback as time and situation permits. Should you feel that there is inadequate time at the chair or away from the chair for feedback, please feel free to request a specific time during the day to discuss with your instructor anything you feel pertinent. If you have availed yourself of every opportunity to gain verbal feedback, your first interim grade should not come as a surprise. At the end of approximately 8 weeks, your Group Leader and other faculty that worked with you, will meet and discuss your strong points as well as make recommendations for assisting you in gaining strength in areas in which you either have not had the opportunity to show competency, or have shown a definite weakness. After this evaluation session has been completed, your Group Leader will discuss this evaluation with you as to areas the faculty felt were your strengths and weaknesses, with suggestions for areas of concentration. The goal is to gain self-assessment skills and independence in all domains.

A suggestion as to your approach to the instructors to best demonstrate your organizational knowledge, and your knowledge of the procedures would be as follows:

You should approach the instructor with a comment similar to "In my judgment this step is complete. Please evaluate it so I may proceed to the next step, which is _____. " (Stating what should follow.) Should you as a student wish an opinion, you could phrase your comment, such as, "This step is not complete. An unusual situation has arisen and I feel I should proceed in the following manner for these reasons. Do you agree?"

PLEASE NOTE:

It is important to point out that the grade given in Family Dentistry is process, not product, oriented. You are evaluated on the organization and knowledge of procedures to be accomplished as well as patient rapport, professionalism, self-evaluation independence and time utilization. After the eighth week evaluation, you will receive two additional evaluations as well as daily feedback. Again, we would like to stress the importance of the immediate feedback. If your instructor is busy and other students demand his/her time, preventing your opportunity to receive that feedback at the instant that you most like, it will be your responsibility to contact the instructor at a later time that day to get the information that you feel important. Should you receive a daily feedback mark of "N", the daily feedback page will be copied and given to your Group Leader, who may speak with you regarding that situation. The daily written feedback pages are kept on file. You should review these comments often. Should you receive an "N" on any procedure, you should seek out the instructor and ask for a detailed discussion of the situation so you may correctly and accurately identify those points of the procedure that were acceptable as well as those points that the instructor felt were not acceptable.

Evaluation:

1. Each instructor will make a written assessment of the student's performance in patient activity in seven domains (Diagnosis, Treatment Planning, Sequencing, Execution; Communication & Interpersonal Skills; Health Promotion; Practice Management; Technical Skills; Professionalism; and Critical Thinking) for each one half day of clinical contact.
2. Toward the end of each 10-week quarter, (three times during the year for each student) each faculty member that has worked with the student in clinical patient contact makes a summary subjective evaluation on an ordinal scale of 0 - 10 in the above named seven domains.
3. The Group Leader will assemble all the evaluations of the faculty involved and determine the student's progress and progression through the senior year.
4. Toward the end of each 10-week quarter, the student will complete a self-evaluation, using the ordinal scale of 0 - 10 of the above named seven domains. This self-evaluation will be submitted to the Group Leader in advance of the evaluation session.
5. After each evaluation session the Group Leader meets with the student to discuss their strong and weak points in patient treatment and if necessary make recommendations to the student on how they may enhance their performance.
6. The grade given in Family Dentistry is more process than product oriented. The process evaluated is the organization and knowledge of procedures to be accomplished as well as patient rapport, professionalism, independence and time utilization.

Grading scale:

Because of the subjective element of this evaluation of clinical competency, it is impossible to provide a precise mathematical formula for the letter grade. In light of daily clinical competency evaluations and the quarterly summary evaluations, the following general criteria will be used for assignment of a final letter grade:

- A** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates complete conceptual understanding of clinical concepts. Student demonstrates critical self-evaluation, recognizing areas of deficiency in clinical skills and conceptual understanding, and seeks consultation or referral when appropriate. Student consistently demonstrates outstanding clinical skills and independent clinical judgment.
- B** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates conceptual understanding of clinical concepts. Student demonstrates critical self-evaluation, recognizing areas of deficiency in clinical skills and conceptual understanding, and seeks consultation or referral when appropriate. Student demonstrates acceptable clinical skills and acceptable clinical judgment.
- C** Student always behaves in a professional and ethical manner. Student consistently demonstrates competency in all aspects of comprehensive dental treatment of patients. Student consistently demonstrates conceptual understanding of clinical concepts.
- F** Student has not always behaved in a professional and ethical manner and/or has not consistently demonstrated competency in all aspects of comprehensive dental treatment of patients.

Attendance policy:

D4 students are expected to be present and engaged in patient treatment in the Family Dentistry Clinic during clinic hours (9:00-11:30 AM; 1:00-4:30 PM) on all assigned days on the collegiate schedule, unless an excused absence has been previously arranged.

When students are not treating patients during clinic hours on assigned days, they are expected to be available to treat emergency and/or overflow patients in the College of Dentistry. Students are expected to be present at their assigned operatory in the Family Dentistry Clinic during clinic hours. If you leave the clinic, you must advise attending faculty, advise FAMD clinic clerks, and leave a message on your operatory chair indicating your whereabouts in the DSB. In the event that a Clinic Clerk is unable to summon a D4 student during clinic hours on an assigned day, a 20 RVU deduction penalty will be assessed to the student for each clinic session (AM session or PM session) that they are unaccounted for.

Excused absences – Family Dentistry:

To assist you in planning your senior year and to provide you with some flexibility in scheduling, the Department of Family Dentistry has developed a policy for excused absences. This policy is intended to help you in coordinating the care of your patients and allow you the opportunity to manage your time during the year.

Each student is permitted to have four (4) days of excused absence from the Family Dentistry clinic for reasons such as the following:

- a. personal emergencies
- b. illness/medical appointments
- c. family situations

Additionally, students may be excused from the Family Dentistry clinic for professional activities such as the following:

- a. presentations at professional/scientific meetings
- b. interviews for dental residency or graduate training programs
- c. investigation of private practice opportunities
- d. state or regional board examinations other than CRDTS

Absence(s) for these professional activities must be approved, in advance, by the Associate Dean for Student Affairs. Absences for approved professional activities are not counted against the allowance of four excused absences for personal reasons.

If you must be absent from the Family Dentistry Clinic for one or more of the above reasons, you must submit, in advance, a completed “Department of Family Dentistry Absence from clinic form”, with all required signatures. These forms are available in the Department of Family Dentistry office. Also, advise the clinic clerk, and when necessary inform your patient(s).

You are personally responsible for any classwork you miss as a result of these absences. You are also responsible to make arrangements, in advance, for coverage of any clinic or duty assignments (Pediatric Dentistry Clinic, Oral Surgery Clinic, Oral Diagnosis Clinic, laboratory monitor duty, etc.) previously scheduled for the day you will be absent.

These excused absences should not be confused with or otherwise be thought of as “vacation days.” Should, for some unforeseen reason, you require more than four excused absences, you must meet with your Group Leader. (Personal days are not required for Part II National Boards nor for the CRDTS exams.)

Note: if a patient fails an appointment or you have no patient scheduled, you do have the option of completing the Absence form and taking ½ day excused absence on short notice. This still counts against your 4 personal days total allowance.

Remediation:

Remediation plans will be developed based on individualized student performance as needed in consultation with the course director and the Office for Student Affairs.

Collegiate Academic and Professional Performance (CAPP) Committee guidelines in your Student Handbook will be followed for any remediation or repeated coursework due to an unsatisfactory achievement level in this course.

Unsatisfactory completion of the Minimum Essential Experiences by graduation will require the student to re-enroll the following semester with a new set of Minimum Essential Experiences determined by the student's competency and deficiencies.

Receiving less than 3850 RVUs for the academic year will postpone graduation until the following semester or year, so that the student will have had a minimum number of clinical experiences to develop competency in the course objectives.

Policy for extra credit work:

No extra credit is given.

Other Evaluations:

Not applicable.

Course Policy and Procedures:

Changing class times/exams:

The schedule and procedures in this course are subject to change in the event of extenuating circumstances. Students will be notified as soon as possible of any change in the course schedule by e-mail or class announcement.

Cheating and plagiarism:

During examinations and quizzes, the student shall conduct himself/herself in a manner keeping with the highest standards of ethical principles. Cheating on examinations, stealing, dishonest practices in completing assignments, forging initials and/or signatures, and aiding or endorsing cheating by others constitute misconduct. Students have the obligation as future professionals to self-regulate peers regarding such conduct. Students have the extra obligation to thoroughly avoid any action which might give the appearance or suspicion of such behavior. In the event of misconduct, the student will be referred to the CAPP (Collegiate Academic and Professional Performance) Committee for review and disciplinary action. Any conduct judged unethical or unprofessional by the course directors or course faculty will result in an "F" for the event in question and/or the entire course.

Violations will be adjudicated in accordance with the hearing regulations for Alleged Violations of Regent Rules, as listed in Section 20.270 in the University Operations Manual. Proceedings within the College of Dentistry are in accordance with these guidelines and are explained in the Student Handbook, College of Dentistry.

Special accommodations procedures:

If you are a student with a disability and require academic accommodations please contact the course director directly, either after the first class or during office hours. The Associate Dean for Student Affairs should also be notified.

This course complies with the University Policies and Procedures regarding the provisions of academic accommodations to students with disabilities.

Resources for additional assistance:

It is the student's responsibility to ask for help and seek additional resources if needed to perform successfully in a course. Students should first contact the course director and then consult the Offices for Student Affairs.

The Office of Student Affairs can assist the student in obtaining a tutor if necessary.

Course Competencies, Evaluation, and Outcomes Assessment

The following Collegiate Competencies are assessed in this course:

Collegiate Competency	Instructional Methods	Assessment Methods
1.1 Evaluate and integrate emerging trends in health care as appropriate. <i>Trends in healthcare, Health care policy, Economic principles of health care delivery, Health care organization and delivery models, Quality assessment and quality assurance, Demographics of the oral health care workforce, Interprofessional health care relationships, Relationship of systemic health to oral health and disease, Impact of political and social climate on health care delivery, Critical evaluation of health care literature</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
1.2 Utilize critical thinking and problem-solving skills. <i>Application of scientific method to clinical problem-solving, Evidence-based delivery of oral health care, Clinical reasoning skills, Diagnostic skills, Treatment planning, Self-Assessment, Reading comprehension, Verbal and written communication skills, Computer literacy</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice. <i>Application of scientific method to clinical problem-solving, Evidence-based delivery of oral health care, Critical thinking and problem-solving skills, Cultural competence, Communication skills, verbal and written, Reading comprehension, Ethics, Statistics literacy, Computer literacy, Epidemiological methods</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
2.1 Apply ethical and legal standards in the provision of dental care. <i>Ethical decision making and conflicting obligations, Legal and regulatory principles and standards</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated. <i>Self-assessment of competence, Standards of care, Communication skills, both orally and in writing, with patients, patient's families, colleagues, and others with whom other health care providers must exchange information in carrying out their responsibilities; Scope of practice of dental and medical specialties and social support services, Identification of community resources for referrals</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.1 Apply appropriate interpersonal and communication skills. <i>Communication theory and skills (interpersonal communication principles, verbal & nonverbal principles conflict resolution, reflective listening), Collaborative teamwork, Emotional & behavioral development & sensitivity, Physiological and psychological indications of anxiety & fear, Addressing patient concerns/issues/problems, Behavior modification & motivation techniques, Special needs/diversity of patients, Health literacy, Language barriers, Cognitive barriers</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.2 Apply psychosocial and behavioral principles in patient-centered health care. <i>Counseling skills and motivational interviewing principles, Social & behavioral applied sciences, Behavior modification, Fear & anxiety management, Pain management (acute & chronic pain), Geriatrics, Special patient needs, Cultural competence</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
3.3 Communicate effectively with individuals from diverse populations. <i>Influence of culture on health and illness behaviors, Culture related to oral health, Complementary and alternative therapies, Communication with patients in a culturally sensitive manner, Communication in overcoming language barriers, Communication with special needs patients, Communication skills to address diversity-related conflict</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
4.1 Provide prevention, intervention, and educational strategies. <i>Patient and family communication, Education of patient and/or family, Risk assessment, Prevention strategies (intervention, motivation, nutrition); Clinical evaluation</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
4.2 Participate with dental team members and other healthcare professionals in the management and health promotion for all patients. <i>Various practice settings (community setting), Organizational behavior of team, Professional communication, Collaborative and leadership skills, Interprofessional education</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources. <i>Data analysis for disease trends, basic understanding of computer software, Basic computer utilization skills, Evidence-based literature on practice management, Models of dental practice and types of delivery systems, Application of contemporary electronic information systems, Computer systems for practice management</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.3 Apply principles of risk management including informed consent and appropriate record keeping in patient care. <i>Principles of record keeping/documentation, Concepts of professional liability, Risk management protocols, Legal responsibilities in patient care management, Management of patient information, Quality assurance</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.5 Apply quality assurance, assessment and improvement concepts. <i>Self-assessment for quality improvement, Concepts and principles of quality assurance and quality assessment, Awareness of continuous professional development, Lifelong learning</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
5.6 Comply with local, state, and federal regulations including OSHA and HIPAA. <i>Elements of applicable local, state, and federal regulations; Methods of effective application and pursuance of local, state, and federal regulations</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients. <i>Human development (structure & function), Pathophysiology of oral and systemic disease, Patient and social/family assessment, Communication, History taking, Exam techniques, Diagnostic tests and evaluation, Diagnosis, Risk assessment, Treatment planning, Implementation, Outcomes assessment</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.2 Prevent, identify, and manage trauma, oral diseases and other disorders. <i>Epidemiology of trauma, oral diseases & other disorders; Patient motivation/education for prevention, Preventing principles and therapies, Patient assessment and treatment planning, Risk analysis, Lab findings, Systemic conditions, Diagnostic skills, Pharmacology and patient medications, Clinical evaluation, Applied biomedical sciences related to trauma, oral diseases, and other disorders</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients. <i>History acquisition and interpretation, Pharmacotherapeutics, Clinical evaluation, Medical and dental referrals, Diagnostic test interpretation, Risk assessment, Assessment and management of patient behaviors, Assessment and management of patient social context</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.4 Select, obtain, and interpret diagnostic images for the individual patient. <i>Diagnostic imaging modalities, Interpret forms of imaging used in dental practice, Differential diagnosis, Imaging safety protocols, Imaging technologies and techniques</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care. <i>Systemic manifestations of oral disease, Systemic medical conditions that affect oral health and treatment, Oral conditions that affect systemic health</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients. <i>Clinical evaluation, Diagnostic skills and techniques, Risk assessment & analysis, Patient assessment, Sequencing of treatment, Critical thinking & analysis, Evidence-based healthcare, Treatment presentation, communication & considerations; Treatment alternatives & financial considerations, Self-assessment of clinical competence & limitations, Referrals, Case management</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.7 Utilize universal infection control guidelines for all clinical procedures. <i>State/federal regulatory guidelines, Universal in infection control protocols, Applied biomedical sciences related to transmission of disease</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.8 Prevent diagnose and manage pain and anxiety in the dental patient. <i>Psychological & social manifestations of pain, Pathophysiology of pain, Pharmacotherapeutic management of pain and anxiety, Behavioral management of pain & anxiety</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.9 Prevent, diagnose, and manage temporomandibular disorders. <i>Epidemiology of temporomandibular disorders; Physical, psychological, & social factors; Multidisciplinary approaches, Outcomes assessment, Applied biomedical sciences related to temporomandibular health and disorders</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.10 Prevent, diagnose, and manage periodontal diseases. <i>Epidemiology of periodontal disease, Pharmacologic management, Behavioral modification, Nonsurgical management, Surgical management, Applied biomedical sciences related to the periodontium and periodontal diseases</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.11 Prevent, diagnose, and manage caries disease. <i>Evidence-based detection, diagnosis, risk assessment, prevention, behavioral modification, non-surgical and surgical management of dental caries, both at the individual and community level, and be able to assess the outcomes of interventions over time.</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health. <i>Biomechanical concepts, Principles of biomaterial sciences, Behavioral modification, Applied biomedical sciences related to soft and hard tissues</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.13 Diagnose and manage developmental or acquired occlusal abnormalities. <i>Principles of biomaterial sciences, Multidisciplinary approaches, Behavioral modification, Applied biomedical sciences related to health and pathology of dental hard tissues</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.14 Manage the replacement of teeth for the partially or completely edentulous patient. <i>Principles of biomaterial sciences, Multidisciplinary approaches, Behavioral modification, Principles of biomechanics, Applied biomedical sciences related to oral tissues</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.15 Prevent, diagnose, identify and manage pulpal and periradicular diseases. <i>Epidemiology of pulpal and periradicular disease, Principles of endodontic therapy, Applied biomedical sciences related to the pulpal and periradicular tissues and associated diseases</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

Collegiate Competency	Instructional Methods	Assessment Methods
6.16 Diagnose and manage oral surgical treatment needs. <i>Multidisciplinary approaches, Behavioral modification, Principles of biomaterials, Applied biomedical sciences related to oral surgery</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.17 Prevent, recognize, and manage medical and dental emergencies. <i>Emergency protocol, Pharmacotherapeutics, Multidisciplinary approaches, Non-pharmacologic approaches, Applied biomedical sciences related to emergency care</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.18 Recognize and manage patient abuse and/or neglect. <i>Signs & symptoms of abuse and/or neglect, Cultural awareness, Behavioral modification, Multidisciplinary approaches, Ethical/legal principles and responsibilities</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.19 Recognize and manage substance abuse. <i>Signs & symptoms of abuse and/or neglect, Cultural awareness, Behavioral modification, Multidisciplinary approaches, Ethical/legal principles & responsibilities</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.20 Evaluate outcomes of comprehensive dental care. <i>Criteria for evaluation, Evaluation methods, Mechanisms for continuous quality improvement</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process
6.21 Diagnose, identify, and manage oral mucosal and osseous diseases. <i>Epidemiology of oral soft tissue and osseous diseases, Multidisciplinary approaches, Pharmacotherapeutic management, Nonsurgical management, Surgical management, Applied biomedical sciences related to the health & pathology of oral soft tissue & osseous tissues, Screening & risk assessment for oral, head & neck cancer</i>	Clinical experience, Patient care	Observation by faculty, Self-assessment, Nominal group process

UNIVERSITY OF IOWA
OFFICE OF AFFIRMATIVE ACTION
Nondiscrimination Statement

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.

COD Student Handbook Reference: Section VIII, Student Services, The University of Iowa

**UNIVERSITY OF IOWA
COLLEGE OF DENTISTRY
Academic Misconduct Statement**

Compliance should reflect expectations outline in collegiate and University policies. Students are expected to maintain standards of professionalism in regard to their academic performance and are expected to protect the integrity of their work at all times during the course, whether in the classroom, laboratory or clinic. For further information and examples, students should refer to the College of Dentistry Student Handbook found on the IntraDent after login, under Students, Manuals section <https://intradent.dentistry.uiowa.edu/>, University of Iowa Code of Student Life: <http://dos.uiowa.edu/conduct/>; or the Graduate College Manual of Rules and Regulations: <http://www.grad.uiowa.edu/graduate-college-manual>

COD Student Handbook Reference: Section VI Student Services, Professional & Academic Code of Conduct, Students in the Academic Environment

Additional Appropriate Accommodations

Faculty in the College of Dentistry are required to comply with the University policies and procedures regarding the provisions of academic accommodations to students with disabilities if the accommodations requested are deemed reasonable. Students seeking accommodations should contact the Associate Dean for Student Affairs.

COD Student Handbook Reference: Section VI, Student Services, Student Academic Accommodations Policy

Policy on the Use of "Old Exams" *(applicable to all exams, not just multiple-choice exams)

1. Faculty will NOT be mandated to release old exams.
2. Neither faculty nor students will consider it cheating if students use old exams, and there will be no action taken by the College against students who use old exams.

*In this context, an "old exam" means any printed or electronic copy of a verified original version of an exam (or portion of an exam) from a prior academic year.

While College of Dentistry students take courses offered by other colleges in the University, this policy only applies to those courses originating in the College of Dentistry. Contact the Office of Student Affairs if you have questions about whether a course is covered by the policy.

10/19/2016

Department: Family Dentistry

Course: FAMD 8494 Topics in Family Dentistry

Course Director: Reed Parker, DDS

I. Summarize Student Evaluations (past 2-3 years)
Students are evaluated by attendance and a written examination administered in May of each year. The final grade is determined by attendance records and the scoring of the exam.

II. Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
Each specialty department contributes presenters with the assignment of presenting material which the specialty faculty determine to be new since the student's last academic experience in that department or important concepts that should be reviewed. The FAMD faculty present topics that they perceive to essential for general dentistry care in the D4 clinics and after graduation. The FAMD faculty respond to observed areas of challenge in the clinic with targeted lectures.

III. What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
The director will continue to encourage each specialty department to contribute to the course as faculty resources permit.

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
The specialty departments often choose to include review of previous content balanced with novel information from recent research and clinical experience. The FAMD faculty will include lecture material in response to frequently occurring student clinical challenges observed in the clinic.	

V.	Are there hours allocated to this course that can be reduced?
There are no hours of this course that can be reduced without reducing the contribution this course makes to the competency of the Iowa graduates. The course shares time with FAMD: 8495, FAMD: 8487 and FAMD: 8488. The schedule is adjusted by advance planning and last minute adjustments for faculty availability. Flexibility and substitution are used to condense the content into the hours available.	

VI.	Which of the <i>Iowa Collegiate Competencies & Domains</i> does this course address?
This course addresses competencies 1.1, 1.2, 1.3. The lecture content will include emerging trends and research. The variety of material will challenge the student to seek and be discriminate in the selection of continuing education opportunities after graduation. The course is designed to represent and facilitate the learning skills of the student through the change from undergraduate student to life-long learner.	

TOPICS IN FAMILY DENTISTRY
114:194 (3 hours) FAMD 8494
2016-17

- Course Director: Reed Parker D.D.S.
- Office Hours-TBA
- iparker@uiowa.edu-319-353-5349

Purpose and Course Description

Lectures that are designed to acquaint students with advanced dental techniques and philosophies of comprehensive dental care are delivered in this lecture series. These lectures expand and build upon the continuum of the didactic courses given years D1-D3. Lectures will be presented to the students by experts in their respected disciplines (see lecture schedule). The lectures should be viewed as both the terminus of didactic material given to the students in dental school, and the starting point for their journey of lifelong learners.

Learning Resources

Power point lectures will be presented at the lecture. At faculty discretion handouts may be available, and uploaded lectures may be available on ICON. In Family Dentistry one of the goals of the faculty is to help transition a D3 student into an independent practitioner by the end of the D4 year. As such, **the student is expected to pay attention to the lecture, show up on time for the lecture (by 8:00AM or 1:00PM or be considered absent from lecture)**, and take notes or use other methods most suitable to the student's learning style to help retain this information. It is encouraged that the student use resources such as previous lectures on the topic, Medline searches, textbooks, etc. to help prepare to get the most out of this lecture series, and to keep exploring these subjects after the lecture.

Goals and Objectives

1. To prepare the student to deal with complex as well as single phases of clinical dentistry.
2. To incorporate this didactic material attainment into a sound philosophy of comprehensive patient care, as evidenced (via FAMD faculty) by their continued growth in clinic to become a competent independent general dentist.
3. Instill the importance of lifelong learning to enhance patient care.

Collegiate Competencies addressed in this course.

Iowa Competencies

- 1.1 Evaluate and integrate emerging trends in health care as appropriate.
- 1.2 Utilize critical thinking and problem-solving skills
- 1.3 Evaluate and Integrate best research outcomes with clinical expertise and patient values for evidence-based practice

MEASUREMENT AND EVALUATION

- 1. Attendance, participation, respect, and the grade on the final examination will be the metrics that will be evaluated for a grade in for the Topics Course. Attendance will be taken and students will sign in every lecture. The Class President and officers (TBA) will be responsible to bring the attendance sheet to class, and that sheet will be available every morning before lecture with either Jean Redlinger or Cheryl Jennings in room S342. Anyone who signs in for classmate who is not present will receive an "F" for a final grade and the issue will be brought to the Academic and Professional Performance committee.
- 2. If a student has more than 3 unexcused absences from lectures, the student's final grade will be dropped by 1 full letter grade (i.e. a B+ will become a C+) Sick days and professional development absences cleared by Dean Solow's office will not be counted against your final grade! At the end of the year a cumulative examination will be given, and the results of this examination and participation in the course will determine the student's final grade in the topic's course (provided deductions are not taken away as described above).

3. Grade Scale for examination

	Final Grade
95-100%	A+
85-95%	A
80-85%	A-
75-80%	B+
70-75%	B
65-70%	B-
60-65%	C+
55-60%	C
50-55%	C-
Less than 50%	F

4. If a student receives a failing grade in the course they will be required to write a paper judged to be satisfactory by the course directors on a topic chosen by Dr. Parker.
5. There is a make-up exam scheduled after each of the examination times as posted in the course schedule. Those students unable to sit for either exam time should contact Dr. Parker at least two days before the scheduled make up exam.
6. University of Iowa e-mail directed to the course director will be responded to within two days of receipt.
7. If you are a student with a disability and require academic accommodations, please contact the Associate Dean for Student Affairs, College of Dentistry, Office N311.
8. The schedules of the lectures will be posted outside the dispensary in the clinic hallway and online in the FAMD Documents Sharepoint site.
(<https://sharepoint.uiowa.edu/sites/dentistry,family/>)

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College of Dentistry

Academic Misconduct Statement

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The course director will report cases of alleged academic misconduct to the Associate Dean for Student Affairs who may refer the matter to the collegiate Academic and Professional Performance Committee (CAPP Committee) or to the Graduate College depending on the student's enrollment status. Students are encouraged to seek discussion with the Course Director if they have any doubt about approaches and procedures that might result in charges of academic misconduct against them.

11/13/2016

Department: Family Dentistry

Course: FAMD 8495 Treatment Planning and Sequencing

Course Director: Cheryl Straub-Morarend, DDS

The Treatment Planning and Sequencing Course at the University of Iowa is twelve months in duration and involves didactic and clinical components. The purpose of this course is to provide the student with the ability to develop and the knowledge to implement comprehensive treatment plans involving a multi-disciplinary approach in the management of patients with complex needs. Through interactive lectures, assignments, problem-based learning sessions, case presentation sessions, and clinical experience emphasis is placed on critical thinking and the advancement of knowledge acquired in the previous years of the pre-doctoral program at the University of Iowa's College of Dentistry.

<p>I. Summarize Student Evaluations (past 2-3 years)</p>	
<p>Lectures:</p> <p>Overwhelming positive feedback for interactive case-based lecture time.</p> <p>PBL & Case Presentation Sessions:</p> <p>Students continue to report value studying complex cases in depth with input from diverse faculty and peers on the treatment planning process, as well as, the opportunity to learn from peer cases.</p> <p>Timing concerns of these sessions were noted.</p> <p>Rigidity of the case presentation requirements was reported.</p> <p>Final Examination:</p> <p>Students reported concerns with advanced understanding of the format and detail of the examination.</p>	<p>Additional lecture cases were added with individual and group assignments to facilitate self-directed and peer-to-peer learning with interactive lecture sessions. Guest presentations were incorporated to present alternative viewpoints to ensure students have a well-rounded experience.</p> <p>These sessions are configured with maximum full time and adjunct faculty participation in each session.</p> <p>The timing of PBL and Cases Presentation Sessions are modified each year based on student preference and projection of maximum educational value.</p> <p>The case presentation template establishes a comprehensive view of treatment planned, diagnostic protocol followed and the rationale supporting decisions involved the treatment planning process. The template created provides integration of the curricula in all four years of the predoctoral program and is revised each academic year to facilitate a sound, pragmatic educational process based on student and faculty feedback.</p> <p>Cases covered in lecture follow the same format and detail as the final examination with time preserved to discuss final course test evaluation criteria.</p>

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
<p>The treatment planning course curriculum evolves with collaboration of D1-D3 faculty to achieve continuity and vertical integration of the treatment planning curriculum.</p> <p>This course builds on previous courses through:</p> <ul style="list-style-type: none"> ➤ Reinforcing the principles taught in the procurement and documentation of data for the systematic assessment of patients ➤ Refining critical thinking skills in the analysis and interpretation of data obtained for diagnosis and preparation of pragmatic treatment plans ➤ Utilizing and integrating knowledge previously acquired in the development of complex treatment plans ➤ Reinforcing and refining the skills acquired in the D1- D3 years to develop an evidence-based practice (Recognize gaps in clinical knowledge, effectively conduct search strategies to obtain scientific information, critically assess validity and reliability of scientific information, and integrate current evidence in the clinical treatment of patients) ➤ Promotion of reflection and self-directed learning <p>This course spans the D 4 year without subsequent courses.</p>	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
<p>Timing of course components are modified annually based on student and faculty feedback.</p> <p>Content of lectures, assignments, and the case presentation template are modified annually based on vertical integration of treatment planning curricula, student feedback, and faculty collaboration.</p> <p>No barriers have been identified which would alter pending changes.</p>	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
<p>This course contains planned redundancies which involve global review of foundational treatment planning principles and the skill set acquired in the evidence-based dentistry curriculum of D1-D3 courses. Course content is compared on an ongoing basis across the curriculum to incorporate purposeful redundancy and missing content.</p> <p>This course reinforces foundational principles of diagnosis and treatment planning acquired through the Oral Diagnosis curriculum. The students enter the fourth year with diverse treatment planning experiences and timing of their Oral Diagnosis rotation.</p>	

This course reviews the fundamental knowledge and skills acquired through courses in the Department of Prosthodontics in order to develop and sequence more complex prosthodontic cases.

This course matures strategies in evidence-based dentistry to incorporate evidence-based decision making in the comprehensive treatment planning process.

V. Are there hours allocated to this course that can be reduced?

There are no hours which can be reduced to accomplish the educational objectives set.

VI. Which of the *Iowa Collegiate Competencies & Domains* does this course address?

Collegiate Competencies Addressed:

Critical Thinking (1.1, 1.2, 1.3), Professionalism (2.2), Communication & Interpersonal Skills (3.1), Health Promotion (4.1, 4.2), Practice Management & Informatics (5.5), Patient Care (6.3, 6.6, 6.20)

Course Syllabus 2016-2017
TREATMENT PLANNING & SEQUENCING
FAMD: 8495
Credit Hours: 2

Course Director:

Cheryl Straub-Morarend, DDS, FICD, AEGD
Office: S 405 Office Phone: (319) 335-7337
Email Address: cheryl-morarend@uiowa.edu

Office Hours

Course director is available to students on an as needed basis. An appointment may be scheduled in person, by email, or by telephone.

Course Faculty:

Lecture Course Faculty: Dr. Ana Diaz-Arnold, Dr. Chris Barwacz, Dr. Marcela Hernandez, Dr. Brian Howe, Dr. Brent Ludens, Dr. Cheryl Straub-Morarend, Dr. Marcos Vargas, and Dr. Rick Williamson.

Problem-Based Learning Treatment Planning Seminar Facilitators: Dr. Marcela Hernandez, Dr. David Holmes, Dr. Brian Howe, Dr. Michael Murrell, Dr. Reed Parker, Dr. Cheryl Straub-Morarend, Dr. John Syrbu, as well as adjunct faculty in the Department of Family Dentistry.

Student Case Presentation Seminar Facilitators: Dr. Marcela Hernandez, Dr. David Holmes, Dr. Brian Howe, Dr. Michael Murrell, Dr. Cheryl Straub-Morarend, Dr. John Syrbu, as well as adjunct faculty in the Department of Family Dentistry.

Course Description:

The Treatment Planning and Sequencing Course at the University of Iowa is twelve months in duration and involves didactic and clinical components. The purpose of this course is to provide the student with the ability to develop and the knowledge to implement comprehensive treatment plans involving a multi-disciplinary approach in the management of patients with complex needs. Through interactive lectures, assignments, problem-based learning sessions, case presentation sessions, and clinical experience emphasis is placed on critical thinking and the advancement of knowledge acquired in the previous years of the pre-doctoral program at the University of Iowa's College of Dentistry.

Course Goals, Objectives, and Outcomes:

- Reinforce the principles taught in the procurement and documentation of data for the systematic assessment of patients
- Refine critical thinking skills in the analysis and interpretation of data obtained for diagnosis and preparation of pragmatic treatment plans
- Utilize and integrate knowledge previously acquired in the development of complex treatment plans
- Expose the student to varied approaches in the formulation of comprehensive treatment plans which integrate multiple disciplines of dentistry
- Expose the student to diverse patient cases requiring treatment planning needs of a complex nature, while reinforcing awareness of alternative treatment plans
- Reinforce, refine, and integrate evidence-based practice skills acquired in the D1- D3 years in the treatment planning process to develop an evidence-based practice (Recognize

- gaps in clinical knowledge, effectively conduct search strategies to obtain scientific information, critically assess the validity and reliability of scientific information, and integrate current evidence in the clinical treatment of patients)
- Provide the student opportunities to participate in interactive group sessions with faculty; emphasis placed on diagnostic protocols and evidence-based decision making in the treatment planning process
 - Enable the student to develop and properly sequence an integrated treatment plan
 - Prepare the student with the knowledge and ability to modify and execute treatment plans accordingly
 - Emphasize the importance of providing periodic examinations and maintenance therapy for all patients
 - Aid the student in the recognition and management of appropriate referral cases
 - Empower the student to develop and to defend the rationale for recommended treatment
 - Reinforce awareness of oral health literacy and the impact of effective communication in the treatment planning process
 - Improve the student's proficiency in the presentation of treatment plans and case presentations
 - Provide the student with opportunities to present patient cases to their peers
 - Prepare the student to recognize medical legal issues in treatment planning
 - Promote reflection and self-directed learning

Course Learning Resources:

Recommended Textbooks:

Morris, Robert B.: *Strategies in Dental Diagnosis and Treatment Planning*; 2nd edition, 1999. Martin Dunitz Ltd, London. Thieme New York, New York, NY.

Course materials and assignments are available on ICON: **FAMD: 8495:0800 Spr 17 Treatment Planning and Sequencing.**

Course Components:

1. Lecture series on treatment planning and treatment sequencing
2. Problem-based learning treatment planning seminars (*Students present informal patient cases*)
3. Student case presentations (*Students present formal case presentations*)
4. Evaluation of students' performance in the treatment planning and sequencing of their patients in the Family Dentistry clinic by clinical faculty

1. Lecture Series

Thirteen lectures are given covering topics specifically related to patient assessment, treatment planning, and case presentation. These lectures provide a basic overview of the elements related to comprehensive patient care.

1. General Principles of Comprehensive Treatment Planning
2. The Key Tooth Concept
3. Digital Photography & Case Presentation
4. Treatment Planning the Edentulous Patient by Establishing a Prognosis
5. Sequencing of Treatment I

6. Sequencing of Treatment II
7. Seminar Review of a Take Home Assignment
8. Management of Disease Control in Comprehensive Patient Care
9. Combination Cases: Treatment Planning & Sequencing
10. Creating & Delivering Effective Presentations
11. CBCT use in Diagnosis & Treatment Planning
12. Treatment Planning & Implant Considerations
13. Optimal Esthetics for the Maxillary Anterior Implant

A **lecture assignment** and a **take home assignment** will be given as part of the lecture component of this course. These assignments are exercises in treatment planning, treatment sequencing, and appointment planning. These Pass/Fail assignments are formative assessments of progress toward competency and the earned points will account toward the final course grade. ***Late assignments will result in zero points.*** Late assignments are required to be completed and submitted to the course director by December 8, 2016 to receive credit in this course.

2. Problem-Based Learning Treatment Planning Seminars (*Students present patient cases*)

These discussion sessions are designed for students to obtain guidance from faculty and input from colleagues on the planning and sequencing of one of their assigned patient cases with more complex needs. This is an opportunity for students to gain exposure to additional patient cases with treatment needs of a more complex nature. The problem-based treatment planning seminars are held in a small seminar format – one half of a group in each session. Students are to bring one or more cases and be prepared to make an informal oral presentation. *Students are required to present the patient's chief complaint, problem list, modifiers, treatment objectives and case prognosis.*

Appropriate information to present includes:

- A review of the patient's histories
- Dental radiographs & radiographic findings
- Extra-oral/intra-oral findings
- Periodontal findings & diagnosis
- Caries Risk Assessment
- Evaluation of the findings; problem list, diagnosis list, modifiers, treatment objectives, & case prognosis
- Articulated diagnostic casts
- Other data necessary to assist in the formulation of the treatment plan (i.e. key tooth analysis)

These sessions are held in a less formal atmosphere than the Case Presentation seminars, to provide a venue for discussing and receiving assistance in the formulation of treatment plans for patients with more complex needs (access to AxiUm will be provided). The Department faculty (full-time and adjunct) lead discussions on treatment plan scenarios. Schedules for time-frames and room assignments are posted on the student bulletin board in the Department of Family Dentistry. Students are required to attend the Problem-Based Learning Treatment Planning Seminars and present a minimum of one case in order to receive course credit.

3. Student Case Presentations (*Students present formal case presentations*)

Each student will be required to compose a formal case presentation centered on the *treatment planning process* for one of their Family Dentistry patients. The case presentations will be presented in a small seminar format – one half of a group in each session. The case selected should have treatment needs of moderate complexity which involve a learning component. The patient case selected should encompass comprehensive care management rather than an isolated emergency visit. Students should consult with their Group Leader regarding the suitability of a patient case for presentation. Students' respective Group Leaders must approve all cases for student presentations. Group Leaders will assign the dates of students' case presentations. Attendance of student case presentation sessions is mandatory. In the event a student is excused from the Department of Family Dentistry on both student case presentation dates, the student will be required to coordinate a make-up date with their respective Group Leader to present their case presentation.

The oral presentation should last approximately 30 minutes; an additional 10 minutes will be afforded for group discussion. The style of reporting the presentation should be similar to that used by the faculty during other treatment planning exercises. Student presentations will utilize Powerpoint with digital images of the oral cavity and digitized radiographs. A Powerpoint Template will be available on ICON to aid the student in developing the presentation. The Department's camera will be available at the Dispensary for clinical photographs.

All Powerpoint presentations must be submitted on ICON (Iowa Courses Online) by 1:00 PM the Friday preceding the scheduled presentation in order to receive full credit.

Submission on ICON affords the attending faculty members the opportunity to preview presentations in advance thereby, enhancing the dialogue and teaching opportunities throughout the sessions. Successful completion and submission of a case presentation is a requirement for successful completion of this course and will account for 15 points toward the final course grade. **Presentations received late will result in a 10 point deduction from this component of the course.** Remediation will be required in order to receive credit in this course for presentations deemed inadequate by attending faculty. Remediation will involve the presentation of a new case to multiple faculty members. Cases involving remediation will result in zero points for this component of the course.

On the day of presentation, you may access your Powerpoint presentation in the seminar room from ICON or OneDrive.

The criteria required for case presentations and utilized by peers and faculty to evaluate case presentations are enumerated in the Powerpoint template and the Case Presentation Evaluation Forms included with the Course Syllabus. Faculty evaluations of case presentations are summative assessments of progress toward competency. Peer evaluations completed as a companion activity during case presentations are structured, formative peer assessments to further student growth.

Students can make arrangements with their group leader to present an additional case presentation highlighting treatment accomplished. Students presenting an additional post-treatment presentation may earn up to 25 RVUs at the discretion of their group leader.

Students may also have an opportunity to earn additional RVUs by documenting an approved combination prosthodontics case. Students who are able to document a combination case involving fixed and removable prosthodontics with appropriate clinical and radiographic images from the initial examination to completion of therapy may be eligible to receive RVUs for their work at the discretion of the course director. It is not required that the documented case coincide as the student's case presentation.

Please note: Students utilizing Apple Mac Computer programs for Case Presentations may experience compatibility issues. Please see the course director in advance.

4. Clinical Evaluation

Students' clinical performance in treatment planning and sequencing will be assessed. Performance in information gathering, development, documentation, presentation, sequencing, and execution of treatment plans for students' clinical patients will be evaluated by attending faculty. Faculty will complete a daily formative evaluation for each clinical experience. The grade for this section will be based on the student's final *overall* clinical performance and will account for 25% of the course grade.

Students are encouraged to review the FAMD daily feedback forms which clarify expectations, prior to their clinical experience. As the year progresses, students are expected to advance in their skills. Every effort is made to standardize instructor evaluations. It is advisable, however, to seek evaluations from a range of instructors. By doing so, a fair overall evaluation is ensured. Daily feedback forms are maintained by Ms. Cheryl Jennings in the Family Dentistry office throughout the year. Students are encouraged to review the daily evaluation sheets routinely to enhance their professional development.

Course Evaluation Methods:

A letter grade will be assigned for successful completion of all components of the course by May 19, 2017.

The final grade for the Treatment Planning & Sequencing Course will be determined as follows:

Final Course Test	45 Points
Clinical Evaluation	25 Points
Case Presentation	15 Points
Lecture Assignment	5 Points
Take Home Assignment	10 Points

Final Course Test

The Treatment Planning & Sequencing Final Course Test utilizes a case based format in an attempt to simulate clinical experiences. The final course test is a summative evaluation which will account for 45% of the course grade. No textbooks, notes, electronic/digital devices or other materials will be allowed in the examination. The final course test is mandatory. In the event a student is absent from the Department of Family Dentistry on the date of the final course test, the student will be required to coordinate a make-up date with the course director.

Course letter grades will be assigned as follows:

A+	96.67 Points and above
A	93.34-96.66
A-	90.00-93.33
B+	86.67-89.99
B	83.34-86.66
B-	80.00-83.33
C+	76.67-79.99
C	73.34-76.66
C-	70.00-73.33
D+	66.67-69.99
D	63.34-66.66
D-	60.00-63.33
F	below 60.00

Students receiving a grade of D will be required to receive additional instruction on the didactic or clinical portion of the course in order to demonstrate competence.

The course director reserves the right to modify the final course grade to the benefit of the student if indicated by final analysis of class grades.

Collegiate Competencies

Collegiate Competencies Addressed:

Critical Thinking (1.1, 1.2, 1.3), Professionalism (2.2), Communication & Interpersonal Skills (3.1), Health Promotion (4.1, 4.2), Patient Care (6.3, 6.6, 6.12, 6.20)

Description of Formative & Summative Competency Assessments:

Case-Based Exercises (Lecture Assignment, Take Home Assignment), Daily Clinical Evaluation, Final Examination, Student Case Presentations, Verbal Questioning

Please refer to the University of Iowa, College of Dentistry Collegiate Competencies Document located on Intradent for additional information.

Dr. Vincent and Verla Williams Excellence in Treatment Planning Award

This award, established and endowed by Dr. Vincent and Verla Williams, is presented to the leading senior Family Dentistry student who has consistently demonstrated principles of rational treatment planning in the treatment of their patients in the Department of Family Dentistry.

Course Policies and Procedures

Attendance Policy

Attendance and participation in all components of the Treatment Planning & Sequencing Course is expected to receive a grade in the course. Attendance will be taken at all lectures, seminars, and group discussions. If it is necessary to miss a class session due to illness or due to death in the immediate family, the student should contact the course director. Students will be excused from class to attend professional obligations by previous arrangement. If the student has more than one unexcused absence, the student's grade in this course will be lowered.

Day-by-Day Schedule of Instructional Sessions

Session topics, dates, times, locations, and assignments will be posted on the bulletin board in the Department of Family Dentistry. In the event a change in the course schedule is necessary, students will be notified by a posting on the bulletin board. Students should check the bulletin board daily for the most up-to-date schedule.

Electronic Communications

Students will receive occasional reminders of course components by email. It is recommended students check their email at least once daily.

Missed and Makeup Exam Policy

Students are expected to take the final course test at the scheduled time. If it is necessary to miss an examination due to illness or due to death in the immediate family, the student should contact the course director. Make-up examinations must be arranged as soon as possible. Make-up examinations must be scheduled with the course director and may consist of an oral examination. It is the students' responsibility to contact the course director and arrange a make-up examination.

Resources for Additional Help

It is the student's responsibility to ask for help and seek additional resources if needed to perform successfully in a course. Students should first contact the course director and then consult the Offices for Student Affairs.

Remediation

Remediation plans will be developed based on individualized student performance as needed in consultation with the course director and the Office for Student Affairs.

Course/Faculty Evaluation

The College of Dentistry utilizes an online course and faculty evaluation system at the end of each course. Constructive student feedback is imperative and valued for continual curricular improvements and faculty development. Student feedback is completely anonymous through the online system.

UI Office of Affirmative Action: Nondiscrimination Statement

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University

facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.

COD Student Handbook Reference: Section VIII, Student Services, The University of Iowa

COD Academic Misconduct Statement

Compliance should reflect expectations outline in collegiate and University policies. Students are expected to maintain standards of professionalism in regard to their academic performance and are expected to protect the integrity of their work at all times during the course, whether in the classroom, laboratory or clinic. For further information and examples, students should refer to the College of Dentistry Student Handbook found on the IntraDent after login, under Students, Manuals section <https://intradent.dentistry.uiowa.edu/>, University of Iowa Code of Student Life: <http://dos.uiowa.edu/conduct/>; or the Graduate College Manual of Rules and Regulations: <http://www.grad.uiowa.edu/graduate-college-manual>

COD Student Handbook Reference: Section VI Student Services, Professional & Academic Code of Conduct, Students in the Academic Environment

Additional Appropriate Accommodations

Faculty in the College of Dentistry are required to comply with the University policies and procedures regarding the provisions of academic accommodations to students with disabilities if the accommodations requested are deemed reasonable. Students seeking accommodations should contact the Associate Dean for Student Affairs.

COD Student Handbook Reference: Section VI, Student Services, Student Academic Accommodations Policy

Policy on the Use of "Old Exams" *(applicable to all exams, not just multiple-choice exams)

1. Faculty will NOT be mandated to release old exams.
2. Neither faculty nor students will consider it cheating if students use old exams, and there will be no action taken by the College against students who use old exams.

*In this context, an "old exam" means any printed or electronic copy of a verified original version of an exam (or portion of an exam) from a prior academic year.

While College of Dentistry students take courses offered by other colleges in the University, this policy only applies to those courses originating in the College of Dentistry. Contact the Office of Student Affairs if you have questions about whether a course is covered by the policy.

PRINCIPLES OF COMPREHENSIVE TREATMENT PLANNING
Lecture Schedule 2016-2017

General Principles of Comprehensive Treatment Planning	Dr. Cheryl Straub-Morarend & Dr. Brian Howe
The Key Tooth Concept	Dr. Ana Diaz-Arnold
Digital Photography & Case Presentation	Dr. Marcos Vargas
Treatment Planning the Edentulous Patient by Establishing a Prognosis	Dr. Rick Williamson
Sequencing of Treatment I	Dr. Cheryl Straub-Morarend
Sequencing of Treatment II	Dr. Cheryl Straub-Morarend
Seminar Review of a Take Home Assignment	Dr. Cheryl Straub-Morarend
Management of Disease Control in Comprehensive Patient Care	Dr. Marcela Hernandez
Combination Cases: Treatment Planning & Sequencing	Dr. Rick Williamson
Creating & Delivering Effective Presentations	Dr. Cindy Marek
CBCT Use in Diagnosis & Treatment Planning	Dr. Rick Williamson
Treatment Planning & Implant Considerations	Dr. Chris Barwacz
Optimal Esthetics for the Maxillary Anterior Implant	Dr. Brent Ludens

DAILY FEEDBACK FOR PROFESSIONAL DEVELOPMENT

Date: _____ Unit #: _____

Student: _____

Instructor: _____

AM CLINIC SESSIONFinished Late ☐*(This form is for morning session; afternoon session of this date is on the reverse side of this page.)*

S	M	N	Diagnosis, Treatment planning, Sequencing, Execution
S	M	N	Communication & Interpersonal Skills (Patient management, Team player, Diversity sensitivity)
S	M	N	Health Promotion (Risk assessment, Prevention strategies, Patient centered)
S	M	N	Practice Management (Informed consent, Documentation, HIPAA compliance)
S	M	N	Technical skills, OSHA compliance, Focused on comprehensive care outcomes
S	M	N	Professionalism (Professional characteristics, Ethics, Self-assessment, Appropriate referrals & consultations)
S	M	N	Critical Thinking (Problem solving, Integration of EBD)

PROCEDURE: Exam Perio Endo Oper F.Procs R.Procs**COMPLEXITY:** Easy Routine Difficult Very Difficult**LEVEL OF AUTONOMY:** High Medium Low**AM CLINIC SESSION****FEEDBACK ON PERFORMANCE:**

Criteria for Daily Feedback for Professional Development

	S (Surpassed Expectations)	M (Met Expectations)	N (Needs improvement, Below expectations)
Patient care (Diagnosis, Treatment planning, Sequencing, Execution)	<ul style="list-style-type: none"> • Student is exceptionally skilled with information gathering, treatment planning, presentation, sequencing, and execution, even of complex cases. • Impeccably prepared for planned procedures and contingencies as well. • Consistently reviews treatment plan at each visit and makes necessary changes. • Demonstrates outstanding conceptual understanding of all procedures enabling exemplary oral health care. 	<ul style="list-style-type: none"> • Student consistently demonstrates the ability to gather diagnostic information, treatment plan, present, sequence and implement care in an appropriate manner. • Each dental visit is planned enabling timely completion of the treatment sequence. • Reviews treatment plan at each visit and modifies as needed. • Demonstrates conceptual understanding of planned procedures enabling treatment outcomes within the standard of care. 	<ul style="list-style-type: none"> • Student does not meet expectations in one or more of the following: information gathering, treatment planning, presentation, sequencing, implementation. • Inappropriate sequencing of treatment benefits the student but not the patient. • Lack of planning for any given appointment results in an adverse or delayed outcome. • Lack of conceptual understanding or ability affects student's ability to manage the oral health care of the patient.
Communication & Interpersonal skills (Patient management, Team player, Diversity sensitivity)	<ul style="list-style-type: none"> • Student exhibits highly effective communication & interpersonal skills. • Demonstrates conflict resolution, reflective listening, behavior modification, fear, anxiety, and pain management including to those with special needs. • Effective member of the health care team and is viewed as a leader. 	<ul style="list-style-type: none"> • Student demonstrates acceptable communication & interpersonal skills. • Applies psychosocial and behavioral principles to deliver patient-centered oral health care most of the time. • Communicates well with individuals from diverse populations. • Collaborative attitude with other health care providers. 	<ul style="list-style-type: none"> • Student shows ineffective and/or destructive communication & interpersonal skills. • Shows impatience or disinterest with patient concerns/issues/problems. • Impersonal. Lack of empathy/sensitivity. • Must be prompted to collaborate and can hinder patient care by not being a team player.
Health Promotion (Risk assessment, Prevention strategies, Patient centered)	<ul style="list-style-type: none"> • Student consistently applies prevention, intervention, and patient education strategies. • Consistently applies risk assessment findings to enhance treatment outcomes. • Empowers the patient to maximize wellness in all regards. Addresses all concerns in a holistic manner. 	<ul style="list-style-type: none"> • Student adequately applies prevention, intervention, and educational strategies to promote health and maximize outcomes. • Routinely evaluates risk assessment and makes recommendations based on such. • Promotes oral health as an integral part of overall health. 	<ul style="list-style-type: none"> • Student does not articulate or demonstrate the importance of health promotion. • Student does not recommend/complete disease control before prosthodontic treatment. • Minimal or no risk assessment is seen or, if completed, student does not recommend/apply strategies to mitigate the risk.
Practice management (Informed consent, Documentation, HIPAA compliance)	<ul style="list-style-type: none"> • Student exhibits consistently thorough risk management including informed consent, record keeping, and HIPAA compliance. • Computer savvy, functionally skilled with Axium and readily adapts to new technologies. • Displays skill sets predictive of success in varied practice settings. 	<ul style="list-style-type: none"> • Student exhibits acceptable risk management including informed consent, appropriate record keeping, and HIPAA compliance. • Acceptable use of Axium and ancillary dental technologies. • Appropriate attention to compliance issues contributes to a healthy work environment. 	<ul style="list-style-type: none"> • Student shows unacceptable risk management including: <ul style="list-style-type: none"> -lack of informed consent -inadequate/untimely documentation -breach of HIPAA policies -operates outside the standard of care • Disregard for compliance issues promotes discord/distrust within the dental team.

Criteria for Daily Feedback for Professional Development

	S (Surpassed Expectations)	M (Met Expectations)	N (Needs improvement, Below expectations)
Patient care (Technical skills, OSHA compliance, Focused on comprehensive care outcomes)	<ul style="list-style-type: none"> • Student displays exceptional technical skills with resulting superb treatment outcomes. • Procedures in all disciplines show textbook precision and consistency. • OSHA compliance/universal precautions serve as an example to others. • Consistently evaluates outcomes in the quest for continuous quality improvement. 	<ul style="list-style-type: none"> • Student displays acceptable technical skills for this stage of education. • Technically sound in all disciplines. • OSHA compliance/universal precautions meet expectations. • Acceptable comprehensive care outcome evaluation is seen. 	<ul style="list-style-type: none"> • Student displays technical skills below the standard of care resulting in near or actual harm to the patient. • Overly reliant on the instructor or required instructor intervention. • Inconsistent OSHA compliance or infection control. • No attempt to evaluate outcomes is seen.
Professionalism (Professional characteristics, Ethics, Appropriate referrals & consultations)	<ul style="list-style-type: none"> • Student demonstrates exemplary ethical behavior and professionalism and serves as a role model to other students. • Demonstrates accurate self-awareness of competence/limitations with timely consultation with & referral to specialists. • Understands and consistently applies ethical and legal standards. 	<ul style="list-style-type: none"> • Student demonstrates appropriate professionalism and ethical behavior throughout the clinic session. • Is increasingly aware of abilities & limitations resulting in appropriate consultation with and referral to specialists. • Shows awareness of ethical & legal standards. 	<ul style="list-style-type: none"> • Student demonstrates unethical or unprofessional behavior at some point in the clinic session: • Does not understand and/or is not aware of ethical and legal standards. • Treatment is inconsistent with the patient's welfare or best interest. • Inaccurately self-assesses level of competence and limitations.
Critical thinking (Problem solving, Self assessment, Integration of EBD)	<ul style="list-style-type: none"> • Student displays advanced integration of critical thinking skills: • Consistently problem solves on-the-fly, applies EBD principles, accurately self-assesses and demonstrates sound judgment. • Evaluates and integrates best practices to achieve optimal treatment outcomes. • Highly independent but asks for input to maximize treatment and educational outcomes. 	<ul style="list-style-type: none"> • Student demonstrates critical thinking skills and their application most of the time through: <ul style="list-style-type: none"> -problem solving, introspection, self-assessment, good judgment and integration of EBD concepts. • Moving towards independence by asking for input when appropriate to maximize treatment or educational outcomes. 	<ul style="list-style-type: none"> • Student lacks and/or demonstrates only basic critical thinking skills. • Has difficulty applying didactic knowledge to the clinical situation. • No or little evidence of acquiring or integrating EBD concepts, problem solving, or constructive self-assessment to the delivery of dental care. • Overly reliant on faculty input for this stage of dental education.

Family Dentistry D 4 Case Presentation Evaluation

Student _____ Group _____ Evaluator _____ Date _____

Evaluations: A = Acceptable I = Improvement Needed

1	Patient Information Complete introduction of the patient, the patient's chief complaint, and the history of the chief complaint. Social, medical, and dental histories accurately addressed. Student understood the dental implications of the medical history and medications. Patient goals were reported.	
2	Clinical Images Appropriate requested images presented (Anterior views, Maxillary occlusal, Mandibular occlusal, Right lateral, Left lateral).	
3	Radiographic Examination Radiographic documentation of the patient was complete and accurate. Radiographic findings were accurately interpreted and presented.	
4	Clinical Examination Pertinent findings presented and addressed (EO/IO/TMJ/Tooth Vitality/OH/CRA). Periodontal documentation of the patient complete with accurate periodontal diagnosis.	
5	Occlusal Analysis/Diagnostic Casts Images of articulated casts presented. Occlusion evaluated and findings of the occlusal analysis presented and discussed.	
6	Consultations Appropriate medical and dental specialty consultations obtained, if needed.	
7	Evaluation of the Findings Positive Findings/Problem List identified. Diagnoses accurate and complete. Based on diagnoses, etiologies were accurately recognized. Treatment objectives/Modifiers appropriately identified and discussed.	
8	Treatment Plan Formulation/Presentation of Selected Treatment Plan Alternative treatment plans developed that addressed diagnoses, etiologies, and risk factors. Treatment plans presented with appropriate phasing and sequencing. Advantages/Disadvantages/Prognoses of alternative treatment plans discussed with sound rationale for prognoses.	
9	Incorporation of Evidence Based Dentistry Formulation of a valid PICO question to evaluate a relevant clinical topic. Sources acquired included the highest possible level /quality of evidence available and the student could identify the level and quality of evidence. Relevance of the evidence to the patient discussed.	
10	Treatment Plan Sequence Logical treatment plan sequence presented including the cumulative time of therapy.	
11	Evaluation of Results The student discussed treatment accomplished and evaluated results as appropriate.	
12	Cost Analysis Cost analysis and impact if any on treatment selected/accomplished reviewed.	
13	Presentation Factors The presentation was well organized and the student was thoroughly prepared. The student appeared knowledgeable of case. The student responded to questions in a professional manner. The student reflected on case selection and learning aspects.	
	Overall Evaluation	

Comments: _____

Family Dentistry D 4 Case Presentation Evaluation

Student Presenter _____ Student Evaluator _____ Date _____

Evaluations: A = Acceptable I = Improvement Needed

1	Patient Information Complete introduction of the patient, the patient's chief complaint, and the history of the chief complaint. Social, medical, and dental histories accurately addressed. Student understood the dental implications of the medical history and medications. Patient goals were reported.	
2	Clinical Images Appropriate requested images presented (Anterior views, Maxillary occlusal, Mandibular occlusal, Right lateral, Left lateral).	
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13	Presentation Factors The presentation was well organized and the student was thoroughly prepared. The student appeared knowledgeable of case. The student responded to questions in a professional manner. The student reflected on case selection and learning aspects.	
	Overall Evaluation	

Identify a minimum of two positive features of the presentation:

Provide two suggestions for improvement of the presentation or presentation delivery:

Comments:

TREATMENT PLANNING FOR COMPREHENSIVE CARE

PRINCIPLES

Manage Systemic Disease

Tooth inventory

“Key Tooth” Concept

Establish anterior guidance

Establish occlusal plane

Establish acceptable occlusion

Phase the treatment:

- Disease control

- Maintenance and monitoring

- Restorative or rehabilitation

Phase by:

- Quadrant

- Level of oral health

- Success or Failure of previous treatment

- Third-party relationships

Plan for failure of treatment

CRITERIA FOR SEQUENCING TREATMENT PLANS

Urgency of treatment

Technical interrelationship of the plan

Convenience of the plan

Efficiency of the plan

Curriculum committee Work Group for Family Dent review – 2016-17

Chair: Dr. Maged Abdelaal & members: Dr. Marsha Cunningham & Ms. Stacey Howes (D3 student)

Process: The work group met on Nov 29 & Dec 6, after reviewing the documents submitted by the DEO Dr. David Holmes. The work group sent the following questions to Dr. Holmes to clarify on & he responded on Jan 23. The work group met on Jan 24 to discuss Dr Holmes responses/clarification, prepare the final report & to plan for presentation to Curriculum committee on Feb 1, 2017.

Questions from the work group:

1. How are patients assigned to students?

Dr. Holmes Responds:

As D4 students enter the Family Dentistry program, each is assigned a pool of patients by the Patient Managers and Clinic Clerks. Using available individual patient characteristics (known treatment needs, age, time since last dental visit, etc.) the Patient Managers and Clinic Clerks attempt to balance the patient pool assignments among D4 students. D4 students are told that they are expected to provide (or arrange for provision of) timely, appropriate comprehensive care for each of their assigned patients. As the D4 year progresses, students work with their Group Leaders and the Patient Managers to arrange assignment of additional patients, with consideration given to procedural experiences that the student has already had, potential procedural experiences in the student's assigned patient pool, and learning needs identified mutually by the student and Group Leader. The Patient Coordinator selects patients for a particular student based upon that student's Needs List of MEEs posted on the Intradent.

2. Are individual RVUs "weighted" for amount of time to complete each procedure? (The work group did not receive a list of RVUs in our materials & that would be helpful to clarify)

Dr. Holmes Responds:

The amount of time to complete the procedure is one of the factors considered in the weighting of RVUs. RVUs are a construct similar to production that roughly measures the volume of clinical accomplishment.

The current version of the Family Dentistry Predoc Fee Schedule is attached as an appendix to this document. The Fee Schedule lists the standard RVU award for each procedure code. Students can check their current cumulative RVU total in real time on a report in the "Personal Planner" tab in axiUm.

3. How are MEEs different from RVUs?

Dr. Holmes Responds:

Every procedure code posted on a patient's axiUm record has a standard number of Relative Value Units (RVUs) assigned to it (as listed in the Family Dentistry Predoc Fee Schedule). Faculty members and students are advised that, as a rule of thumb, a reasonably organized and efficient dental student should earn roughly six RVUs per hour of patient treatment.

The Minimum Essential Experiences (MEEs) are listed in the FAMD:8487 Course Syllabus. In summary, for the 2016-2017 schoolyear, the MEEs are these:

- 3 single crowns (one of which must be a canine or incisor)
- 3 endodontic experiences including one Molar root canal treatment
- 1 cast framework removable partial denture
- 2 periodontal surgery assists (or 1 surgery and 1 assist)
- 2 "board-quality" scales
- Complete prosthetic treatment for one implant patient (Posterior single tooth implant OR Mandibular Overdenture)
- 5 Major Care Patients
- 5 Disease Control (Minor Care) Patients

4. How are "major cases" & "minor cases" defined?

Dr. Holmes Responds:

Major and Minor cases are defined by RVU totals enumerated in the course syllabus and recorded on the axiUm "RVU by Patient" tab.

Major Care Patients will be patients with major restorative needs. To be included as a major care patient, a total of 150 RVUs is required. An Exit Examination (procedure code I9800) must be appropriately performed and recorded for a patient to be included. Patients should have no calculus deposits at the Exit Examination visit, and should have an exit prophylaxis, if indicated, when treatment is complete. The patient should have no further needs (other than treatment that the patient has declined) and patient must be placed on appropriate recall.

Five additional patients ("Disease Control" or "Minor Care" Patients) will be required to be treated to completion of the disease control phase of their treatment plan. A minimum of 75 RVUs are required for a patient to be included. An Exit Examination (procedure code I9800) must be appropriately performed and recorded for a patient to be included. Patients should have no calculus deposits at the Exit Examination visit, and should have an exit prophylaxis, if indicated, when treatment is complete. The patient should have no further needs (other than treatment that the patient has declined) and patient must be placed on appropriate recall.

5. Is there any vertical integration (or reinforcement of concepts, e.g. caries risk assessment) with the D1 & D2 clinical courses?

Dr. Holmes Responds:

Certainly, just as there is vertical integration of D1, D2, and D3 courses with prior and subsequent courses in the curriculum, there is vertical integration of the Family Dentistry Department courses with prior and subsequent courses (not just with the D3 courses). As noted in our original response to Question VI in the summary document, we view the specialty departments in our college as the experts in their respective disciplines, and the Family Dentistry Clinic as the venue where those skills and knowledge are reinforced, refined, and integrated.

In answer to your specific question concerning caries risk assessment, caries risk assessment is a required component of all initial and recall examinations in our clinics, and will also be performed at other appointments, as appropriate.

Patient visits in the Family Dentistry Clinic begin with starting checks which include health history review, caries assessment, blood pressure measurement and chief complaint identification which are skills first encountered in the D1 and D2 year. The performance of these skills is assessed as the starting check.

6. Do you think that the D1 & D2 clinical experiences contribute in any way to the student's preparation to be a D3/D4?

Dr. Holmes Responds:

Certainly; this is a fundamental tenet of the vertical integration of our collegiate predoctoral curriculum.

7. Page 9 – VIII. “We still need to do better, as a college...” Any suggestions on how that could be accomplished?

Dr. Holmes Responds:

The complete quote from our Departmental Curriculum Review is “We still need to do better, as a college, in bringing together the missions of patient care and education by coordinating the pre-doc clinical curriculum with the care of patients in the pre-doc clinics.” This is extremely challenging at our dental school, for the reasons noted

8. students don’t progress through the clerkships in the same sequence;
9. clerkship content is constrained by 5-week blocks;
10. two separate, discreet patient pools – one for D-3 clerkships, one for D-4 Family Dentistry;
11. students manage an individual patient case for a maximum period of 30 weeks, typically less;
12. accountability for comprehensive case management and timely,
13. appropriate treatment sequencing is sometimes unclear in the clerkships.

We can’t think of a simple solution to these challenges. Recognizing that a major reorganization of our collegiate clinical curriculum structure is extremely unlikely, the best we can do is to acknowledge these challenges and continue to work together to find ways, given the constraints of our clinical curriculum structure, to coordinate the pre-doc clinical curriculum with the care of patients in the pre-doc clinics.

8. Appendix I - page 13 – FAMD:8487, in the “assessment methods column” RVUs & MEEs are cut & pasted for all competencies, but would you please clarify how the following competencies are “assessed” by RVUs & MEEs?
- a. 2.1 - Apply ethical & legal standards in the provision of dental care.
 - b. 3.1 – Apply appropriate interpersonal and communication skills.
 - c. 3.3 – Communicate effectively with individuals from diverse populations.
 - d. 4.2 – Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.
 - e. 5.6 – Comply with local, state and federal regulations including OSHA and HIPAA.
 - f. 6.5 – Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
 - g. 6.18 – Recognize and manage patient abuse and/or neglect.
 - h. 6.19 - Recognize and manage substance abuse.

Dr. Holmes Responds:

This is a point well taken by the work group. In reflecting on this observation by the work group, we are inclined to agree that it’s hard to make a compelling argument that these competencies are “assessed” by RVUs and MEEs. In this first round of designating assessment methods for entry into the AEFIS database, we were guilty of “over mapping” when we listed RVUs and MEEs as assessment methods addressing these competencies. In the future, we will not list RVUs and MEEs as assessment methods for these competencies in FAMD:8487.

9. FAMD: 8484 doc –

- #1- there are no data presented on student/course evaluations (e.g., % response rate, % strongly agree, or whatever scale is used). It is just stated that the “students evaluate the course at end of 2 week rotation”. What are the summarized results of those course evaluations for the past 2-3 years?

Dr. Holmes Responds:

We have access to compiled reports of quarterly evaluations of faculty by students, but the annual review of courses by students has always been administered and stored in the past by someone from Dental Administration. I am told that these course evaluations might not have been accomplished in the past few years. This is certainly a point of concern. If these evaluations are no longer being administered and stored by our Dental Administration, then we should start accomplishing them by other means.

- Page 3 of 11 - #3 – Evaluation methods – need to add % weight for each component (that is University requirement in syllabi)

Dr. Holmes Responds:

While this information is alluded to in the course syllabus for FAMD:8484, it is not specifically presented in that syllabus. The final grade scale weighting is presented in the introductory Practice Management lecture in July, and again to each group of D4 students at their DAU Orientation. The formula for grade computation for the FAMD:8488 course is this:

Assistant evaluation	10%
Course director evaluation	20%
Schedule/ production	50%
Job description	10%
Exam	10%

We are in agreement that this information should be included in the course syllabus. The formula for final grade computation will be included in the FAMD:8488 course syllabus beginning next year.

10. FAMD: 8488 doc –

-Page 3 – Section III – “No major changes/updates in this course are planned at this time”. But in this same section there seems to be 2 “concerns” expressed:

- a. Protocol for implants – “per mandate from our collegiate administration...1:10 ratio is insufficient...problematic at times...additional faculty resources should be allocated...”. Is this a request for a change, even though “no changes are planned”?
- b. Digital impressions & CAD/CAM milled restorations - “...1:10 ratio is insufficient.....” additional faculty resources should be allocated...”
Is this a request for a change, even though “no changes are planned”?

Dr. Holmes Responds:

These concerns have been brought to the attention of our College of Dentistry Administration, and additional faculty resources have been requested. Given the current budgetary exigencies at the College of Dentistry, we recognize that it may be difficult for our College of Dentistry Administration to allocate the additional faculty resources to our department. So, as intimated by the Review Work Group, these are suggestions for change, even though no changes are planned.

Summary of Family Dentistry Strengths:

- **Communication:** Communication between faculty and student is open and honest. Faculty allow the difference in opinion between themselves and the student providing an environment that fosters individual growth and clinical independence.
- **Evaluation:** Students receive regular written and verbal evaluations that guide them throughout the year towards becoming a self-sufficient practitioner. These evaluations examine the both the technical component and patient management ability.
- **Faculty Calibration:** The calibration between the family dentistry adjunct and full-time faculty has allowed a consistent evaluation system while still allowing individual differences within providers. This has given students a strong background in the principles that the dental practice is founded upon while enhancing the different tools and methods to achieve these.
- **Student Environment:** Students are practicing in an environment that is conducive to their individual implementations of evidence-based practices. The environment is very positive and supportive of student independence and autonomy. Disagreements between students and faculty are encouraged when they result in discussion of differing treatment plans and patient management.

RECOMMENDATIONS:

1. Dr. Holmes noted that “we still need to do a better, as a College, in bringing together the missions of patient care & education by coordinating the predoc clinical curriculum with the care of patients in the predoc clinics.”

This is extremely challenging due to reasons cited the Fam Dent document: 2 separate, discreet patient pools; students do not progress through the clerkships in the same sequence; some clerkship content is constrained by 5 week blocks; students manage an individual patient case for a maximum of 30 weeks, but not until 4th year & “appropriate treatment sequencing is sometimes unclear in the clerkships”, according to Dr. Holmes. “Recognizing that a major reorganization of our collegiate clinic curriculum is extremely unlikely, the best we can do is to acknowledge these challenges & continue to work together to find ways... to coordinate the predoc clinical curriculum with the care of patients in all 4 years of the predoc clinics”.

2. In the FAMD:8487 course assessment methods (for the Collegiate Competencies), the work group identified 8 Collegiate competencies which are listed in the “assessment methods column” of the document as being “assessed” by RVUs and MEEs:
 - a. 2.1 - Apply ethical & legal standards in the provision of dental care.
 - b. 3.1 – Apply appropriate interpersonal and communication skills.
 - c. 3.3 – Communicate effectively with individuals from diverse populations.
 - d. 4.2 – Participate with dental team members and other healthcare professionals in the management and health promotion for all patients.
 - e. 5.6 – Comply with local, state and federal regulations including OSHA and HIPAA.
 - f. 6.5 – Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
 - g. 6.18 – Recognize and manage patient abuse and/or neglect.
 - h. 6.19 - Recognize and manage substance abuse.

It was unclear to the work group how the above competencies could be assessed by RVUs and MEEs. Dr. Holmes agreed & he plans to modify the curriculum mapping document (i.e., delete those competencies?) & the course syllabus for FAMD:8487 or identify other assessment methods for those competencies.

3. The work group identified that the FAMD: 8484 syllabus is missing specific % weights for each component of the evaluations. Dr. Holmes agreed to correct that omission.
4. The work group identified that in FAMD:8488 (Section III) document “no major changes/updates are planned in this course at this time”. However, the document expresses “concerns” about 2 areas:
 - a. Protocol for implants – “per mandate from our collegiate administration...1:10 ratio is insufficient...problematic at times...additional faculty resources should be allocated” for faculty to cover predoc implant educational program.

- b. Digital impressions & CAD/CAM milled restorations - ..." 1:10 ratio is insufficient...additional faculty resources should be allocated..." for faculty to cover digital impression & CAD/CAM milled restorations.

Both of these concerns will limit the expansion of our current predoctoral clinical education program, but both are constrained by significant budget cuts in the current academic year & in the foreseeable future.