



Department Curriculum Review for Oral & Maxillofacial Surgery

- I. Department Report
- II. Questions and Responses

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Curriculum Review presented to Curriculum Committee, December 2017.

Date:

Department:

I. Department Mission Statement: <i>development a statement if none exists; also.</i>
<p>The mission of the Department of Oral and Maxillofacial Surgery is teaching, research and service in the field of oral and maxillofacial surgery. The mission rests upon a tripartite foundation which represents every aspect of collegiate activity:</p> <ul style="list-style-type: none"> A. Education of students to participate in all aspects of oral and maxillofacial surgery care. B. Research into oral surgery and oral disease, and delivery of care. C. Service to the community, the state and the profession.

II. Describe how the department curriculum addresses the <i>Collegiate Characteristics of a College of Dentistry Graduate</i>
<p>Technical Competence: The D1, D2, D3 didactic oral and maxillofacial surgery courses provide a knowledge and understanding core for an oral surgery assessment, diagnosis, risk assessment, prognosis, treatment planning and therapy. The D3 Clinical Oral and Maxillofacial Surgery Course applies these concepts to the delivery of oral surgery integrated with comprehensive care.</p> <p>Critical Thinking/Judgment: Written assessment for examinations during D2 year addresses critical thinking/judgment in oral surgery diagnoses and treatment planning. Clinical experiences in the D3 and D4 years during patient care provide application of critical thinking skills and clinical judgment in diagnosis, treatment planning, and delivery of therapy along with evaluation of outcomes.</p> <p>Ethical and Professional Values: Ethical and professional behavior is a foundation in the D1-D3 courses in both the classroom and clinical settings. The D3 and D4 patient care experiences provide the opportunity to apply ethical and professional values during patient care.</p> <p>Social Responsibility: The D3 and D4 clinical experiences provide students opportunities to provide care to patients from diverse cultural and socioeconomic backgrounds.</p> <p>Function in a Disciplined/Collegial Professional Setting: Students are expected to demonstrate respect to peers, patients, staff and faculty members throughout the D1-D4 years. Students assist each other during the D3 and D4 clinical sessions with certain aspects of patient care and collaborate in patient management. An interdisciplinary approach is used in treatment planning and delivery of care.</p> <p>Patient /Practice Management: The D3 clerkship requires the student manage their patients through effective communication with faculty, peers, staff, and patients. Students gain experience in proper use of procedure codes and are exposed to aspects of practice management that relate to working with staff who assist patients with appointments, conflict resolution, and financial plans and insurance.</p> <p>Self-Assessment: During the D3 year, self-evaluation is included in daily clinical evaluations and PASS evaluations in order to encourage lifelong learning and improvement.</p>

III. Include department organizational structure and how it fulfills the department's mission. Attach appendix, if necessary.
<p>The Departmental Executive Officer, Dr. Kirk Fridrich, serves as a coordinator of the vision, planning, and support for implementation of the predoctoral education program. Dr. William Synan serves as the Predoctoral and Clerkship Director, and is responsible for the overall structure of the didactic and clinical agendas.</p> <p>Dr. Synan is the Course Director for the D1 Anesthesia and Pain Control I Course, D2 Basic Oral and Maxillofacial Surgery Course, and D3 Clinical Oral and Maxillofacial Surgery Course. Dr. Fletcher is the Course Director of the D2 Anesthesia and Pain Control II Course, and Dr. Stein is the Course Director of the D3 Advanced Oral and Maxillofacial Surgery Course.</p> <p>Departmental faculty members lecture in the D1-D4 lectures and graduate program lectures. Departmental full-time faculty and part-time faculty, and adjunct faculty teach in the D3-D4 clinics. This provides a solid foundation for vertical integration of concepts within the discipline. Input for curricular planning and change is through departmental meetings and interdepartmental topic-focused meetings. Curricular planning is based on ongoing review of D1-D4 content that takes into consideration the following objectives:</p> <ol style="list-style-type: none"> 1. Develop a foundation of professional knowledge coupled with sound surgical skills, to enable the student to diagnose and properly manage surgical problems related to the practice of general dentistry. 2. Reinforce high ethical standards and develop good surgical concepts clearly indicating the moral responsibility assumed for the surgical problems undertaken. 3. Develop critical thinking and problem solving skills which facilitate the management of medical and dental emergencies and complications associated with the practice of general dentistry. 4. Teach the student when and how to refer patients to the oral and maxillofacial surgery specialist. 5. Maintain a nationally recognized advanced training program in oral and maxillofacial surgery. 6. Encourage the desire to advance research, continue professional study and self-improvement. 7. Serve as a resource to the University, State, and the profession.

IV. Provide profiles for each course: additional rows can be added as needed.				
Year	Course No.	Course Director/Co-Director	Format: lecture, seminar, PBL, CBL, simulation lab, clinical, etc.	Faculty:Student Ratio
D1	OMFS:8115	William J. Synan	lecture, small group, instructional video	80:1
D2	OMFS:8230	William J. Synan	lecture , instructional video	80:1
D2	OMFS:8245	Steven L. Fletcher	lecture, small group	80:1
D3	OMFS:8355	Kyle M. Stein	lecture	80:1
D3	OMFS:8360	William J. Synan	Clinical patient care, small group	10:1

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.

The department's curriculum begins in the D1 year when the students are enrolled in the Anesthesia and Pain Control I Course. The didactic course is designed to teach the dental students basic concepts of local anesthesia. Emphasis is placed upon the integration of basic sciences into the techniques of administration of local anesthesia. The students learn basic principles of medical history review, head and neck examination, neuroanatomical aspects of pain and the pharmacological actions of local anesthetics and vasoconstrictors. I believe the horizontal integration which occurs here is with courses pertaining to gross anatomy and neuroanatomy, oral diagnosis, and pharmacotherapeutics.

In D2 year the students have Basic Oral and Maxillofacial Surgery and Anesthesia and Pain Control II. The Basic Oral and Maxillofacial Surgery Course provides primarily didactic instruction pertaining to the following topics which provides horizontal integration in the curriculum. These topics include systemic disorders, principles of differential diagnosis/biopsy, management of the patient undergoing radiation therapy, chemotherapy, and bisphosphonate therapy, preprosthetic surgery, evaluation of and treatment of oral and maxillofacial surgery trauma, and temporomandibular joint disorders. These topics provide horizontal integration with curriculum provided in oral diagnosis, prosthodontics, pediatric dentistry, and endodontics.

The D2 Anesthesia and Pain Control II Course is rather unique. It expands the student's knowledge base into more advanced anesthesia and patient management methods. Perhaps the area of horizontal integration would be with pharmacotherapeutics.

In D3 year the students partake in the D3 Clerkship – Clinical Oral and Maxillofacial Surgery. This course gives the students adequate experience so that they may competently manage the common surgical problems associated with the practice of general dentistry. Horizontal integration occurs via daily interdisciplinary clinical consults from endodontics, family dentistry, special care dentistry, prosthodontics, operative dentistry, oral pathology, and orthodontics. Also during the D3 year students receive didactic instruction in the Advanced Oral and Maxillofacial Surgery Course. This course provides an overview of the more complex procedures oral surgery can provide to patients. The course focuses on teaching the dental student when and how to refer patients to the oral and maxillofacial surgery specialist. Topics include, but are not limited to maxillofacial trauma, implant dentistry, orthognathic surgery, and temporomandibular joint disorders. This provides horizontal integration with curricula provided by prosthodontics, orthodontics, and oral diagnosis/pathology. Perhaps one area which can be improved upon regarding horizontal integration would be prescription writing and familiarity with the topic of opioid abuse. Perhaps the curriculum committee will need to review this in the future.

VI. Describe how vertical 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.

D1-D3 Vertical Integration: The directors of the D1-D3 courses will discuss the necessary changes and/or improvements to curriculum based on student evaluations and current trends or changes within the scope of oral surgery.

D3-D4 Vertical Integration: The oral surgery faculty and part-time faculty provide supervision for both D3 and D4 students. Dr. Synan is directly responsible for the student and faculty orientations. The D3 students must successfully complete a PASS exam during the final quarter of their clerkship and must receive a grade of C or better for the clerkship as evidence of progression toward competency. D4 students are assigned a 1 week rotation to the Oral and Maxillofacial Surgery Department. D3-D4 students refer patients to oral and maxillofacial surgery residents who need advanced/complex oral surgery procedures. They also will observe residents performing dental implant surgery at the College of Dentistry and other complex procedures performed at the hospital operating room at University of Iowa Hospitals and Clinics. A recent achievement in vertical integration was the establishment of an official 5-day rotation for D4 students to the oral surgery clinic. This was in addition to the already availability of D4 access to oral surgery supervision when treating either emergency care

patients or their own comprehensive care patients' surgical needs. Plans for improvement in vertical integration would be to incorporate more video examples in lectures and seminars to better demonstrate therapies.

VII. Describe efforts in faculty development to calibrate teaching styles, techniques, outcomes assessment methods and a unified grade scale.

We have quarterly faculty and ancillary staff meetings which evaluate patient care issues, curriculum assessment, and any potential needs for educational enhancement.

In August calibrations are conducted on the following topics:

- Daily grading
- PASS exam grading
- Insurance matters related to DWP

These is consideration toward transitioning to an S, M, N evaluation scale for daily clinical procedures and screening exams in the D3 clerkship.

VIII. What major issues face the department that may require change(s) to the predoctoral curriculum?

- Need for better integration of diagnoses and treatment planning throughout the D3 year
- Need for earlier instruction in electronic record keeping (axiUm) prior to D3 year
- Due to the increasing demand for oral surgery services it would be beneficial if D2 students had time to shadow in oral surgery and oral diagnosis.

IX. Describe curriculum changes that are a result from student feedback.

- There is a more concerted effort to appropriate a 10 minute break in the middle of the 2 hour Basic Oral Surgery lecture schedule.
- Due to the favorable responses regarding the oral surgery clerkship the D4s have been given an official 5 day rotation to the oral surgery clinic.
- Since the dental students deserve more exposure to dental implants we have reorganized their hospital rotation so that they can observe implant surgeries performed in the oral surgery clinic on Friday.
- Due to the comments pertaining to the number of policies and procedural protocols we have extended the one day orientation for the D3 clinic clerkship to a day and a half.

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.

The goal of the curriculum is to develop a foundation of surgical knowledge coupled with basic and sound surgical skills for the graduating dentist. It is also our objective that the student be able to diagnose and properly manage surgical problems which would include the recognition of certain indications that would necessitate referral to a specialist. I believe the scope of our particular discipline related procedures is being adequately taught to the students.

- They are actively engaged in numerous screening examinations where they learn why certain cases are assigned to predoctoral students, graduate students, or faculty.
- In the oral surgery clinic at the College of Dentistry, they have the opportunity to observe more complex cases being performed by graduate residents or faculty.
- On their hospital rotation they observe cases in the operating room and learn why some procedures are performed in the operating room setting as opposed to an outpatient facility.
- Perhaps an area which needs additional discussion is the issue of ridge preservation for future implant therapy. At what point would it be better to extract a tooth vs reattempts at endodontic therapy or prolonged periodontal therapy?

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.

XII. What resources directly related to curriculum management would facilitate your ability to fulfill the teaching mission? (*Time, space, faculty development, course support, etc.*)

The increasing number of patients, particularly the number of daily emergencies, continues to grow and affects Admissions, Family Dentistry, Endodontics, and ultimately Oral Surgery. Many outside dental care facilities, whether they are private practices or community care centers, are referring these emergencies to the College of Dentistry. A number of these are not true emergencies. It appears that many of these patients are referred to the dental school either due to complexity of procedure, significant medical disorders, including psychiatric issues, and either lack of finances or less than desirable dental insurance. It places a strain upon the faculty, students, and support staff. Time and the number of well-trained faculty tends to be the most critical issue.

9/21/2017

Department: Oral & Maxillofacial Surgery

Course: OMFS 8245 Anesthesia and Pain Control II

Course Director Dr. Steven L. Fletcher, DDS, FACS

I. Summarize Student Evaluation trends (past 2-3 years)(quantitative & qualitative)
The students have done well in this class with good feedback on evaluation methods. Both the written test and the clinic evaluation appear to accurately reflect the student understanding and knowledge.

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.
This course builds on the concepts learned in Anesthesia and Pain control I and expands the students' knowledge base into more advanced anesthesia and patient management methods. This is a key course for their next oral surgery experience, which is their clinical rotation where they are required to start IVs and administer sedation.

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 planning on updating and improving the demonstration videos on how to administer nitrous oxide and IV placement.

IV. Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
This course is somewhat unique and is the only place they will receive instruction in these techniques during dental school.

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

We have consolidated practicals and coursework to be as efficient as possible.

VI. Which Collegiate Competencies does this course address?

1.1-1.3

2.1, 2.2

3.1-3.3

4.1, 4.2

5.1, 5.3, 5.5, 5.6

6.1, 6.3, 6.5, 6.6, 6.7, 6.8, 6.16, 6.17, 6.19, 6.20

9/21/2017

Department: Oral & Maxillofacial Surgery

Course: OMFS 8115 Anesthesia & Pain Control I

Course Director Dr. William J. Synan, DDS

I. Summarize Student Evaluation trends (past 2-3 years)(quantitative & qualitative)
Student evaluation trends have been positive throughout my involvement in the course. Students appreciate the teaching methods used and information presented. Students would like to be told what information is relevant and what is not.

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.
This course is designed to teach the dental student basic concepts of local anesthesia. Emphasis is placed upon the integration of basic sciences into the techniques of administration of local anesthetics, specifically anatomy, neuroanatomy, pharmacology, and physiology

III. What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
These are no significant planned changes for this course. We may make modifications in lectures to reflect any changes in technology or standards of care.

IV. Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
I do not believe there are any redundancies except for a review of the pertinent neuroanatomy and head and neck anatomy associated with the proper administration of local anesthetic techniques.

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

I do not believe there any hours that could be reduced for this course.

VI. Which Collegiate Competencies does this course address?

1.02, 2.01, 5.01, 5.03, 5.06, 6.01, 6.03, 6.05, 6.07, 6.08

9/21/2017

Department: Oral & Maxillofacial Surgery

Course: OMFS 8230 Basic Oral and Maxillofacial Surgery

Course Director Dr. William J. Synan, DDS

I. Summarize Student Evaluation trends (past 2-3 years)(quantitative & qualitative)
Student evaluation trends have been positive throughout my involvement in the course. Overall, the students appreciate the teaching methods used and information presented. Some students feel the volume of material is significant and a two hour lecture may be burdensome for some.

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.
The purpose of this course is to provide the students with foundation knowledge in basic oral and maxillofacial surgery in preparation for their entry into the clinical environment. The student is introduced to common systemic disorders which may afflict patients. They learn about basic wound repair and aseptic technique. They also are taught the principles of routine and complicated exodontia and are introduced to the essential armamentarium of oral surgery. Other topics covered are impactions, informed consent, surgical complications, preprosthetic surgery, infections, medical emergencies, maxillary sinus conditions, salivary gland disorders, TMJ, and management of patients undergoing radiation therapy, chemotherapy, and patients on bisphosphonates.

III. What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
The only planned changes are to continue modifying lectures to reflect changes in technology and standards of care. If I could envision one change it would be to return the course to a 1:00 pm time slot. Ever since the course was moved to a 3:30 – 5:30 time slot the students have expressed more dissatisfaction with a two hour course than when it was scheduled at 1:00 pm. Most students also tend to arrive five minutes late due to the distance they have to walk from their previous lecture.

IV. Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
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We try to keep redundancies to a minimum, however there is some planned overlap with advanced oral and maxillofacial surgery. The content of other courses has been reviewed.

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

No. We try to encompass the essential knowledge required before the student enters the clinical setting.

VI. Which Collegiate Competencies does this course address?

1.01, 1.02, 2.01, 2.02, 3.02, 5.01, 5.03, 5.06, 6.01, 6.02, 6.03, 6.04, 6.05, 6.06, 6.07, 6.08, 6.09, 6.16, 6.17, 6.21

9/21/2017

Department: Oral & Maxillofacial Surgery

Course: OMFS 8360 Clinical Oral and Maxillofacial Surgery

Course Director Dr. William J. Synan, DDS

I. Summarize Student Evaluation trends (past 2-3 years)(quantitative & qualitative)
Student evaluation trends have been positive throughout my involvement in the course. Students appreciate the straightforward approach to teaching and low stress atmosphere on behalf of the instructors. They are appreciative of the volume of clinical experiences obtained during the clinic rotation. They wish there was a little more feedback regarding their performance after each procedure.

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.
The scope of this course is to give the student adequate experience so that they manage competently the common surgical problems associated with the practice of general dentistry. This course should enable the student to apply the foundation knowledge acquired in courses such as Anesthesia and Pain Control I, Basic Oral and Maxillofacial Surgery, and Anesthesia and Pain Control II to the practical application in treatment of an oral surgery related problem.

III. What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
At this time there are no significant planned changes. We try to address any need for change as soon as an issue may arise. One potential conflict is the effort of trying to balance the time devoted to direct student tutelage versus the growing demand for patient access to oral surgery care at the dental college. Access outside the College appears to be growing more difficult for patients.

IV. Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
There appear to be very few redundancies if any.

V. Are there hours allocated to this course that can be reduced?
Absolutely NOT.

VI. Which Collegiate Competencies does this course address?
1.01, 1.02, 2.02, 3.01, 3.03, 4.01, 4.02, 4.03, 5.03, 5.06, 6.01, 6.02, 6.03, 6.04, 6.05, 6.06, 6.07, 6.08, 6.09, 6.10, 6.11, 6.13, 6.14, 6.15, 6.16, 6.17, 6.21

3/20/2017

Department: Oral & Maxillofacial Surgery

Course: OMFS 8355 Advanced Oral and Maxillofacial Surgery

Course Director: Kyle M. Stein, DDS, FACS

I. Summarize Student Evaluation trends (past 2-3 years)(quantitative & qualitative)
Student evaluation trends have been positive throughout my involvement in the course. Students appreciate the straightforward and practical teaching methods used and information presented. In addition, examinations have been viewed as very fair and student outcomes have been very good.

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.
This course is the didactic capstone of the oral and maxillofacial surgery curriculum and builds on all prior didactic courses. While not all encompassing, it provides a very succinct and important overview of what oral and maxillofacial surgeons provide their patients in terms of advanced procedures and management techniques. Most importantly, this course focuses on teaching the dental student when and how to refer patients to the oral and maxillofacial surgery specialist.

III. What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
At this time, the only planned changes are to continue modifying lectures to reflect changes in technology and standards of care. In addition, continued updating of example cases will be made as appropriate.

IV. Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
Redundancies are kept to a minimum, but there is some planned, necessary overlap with preceding courses. The content of other courses have been reviewed.

V. Are there hours allocated to this course that can be reduced?
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No, this is a one credit hour course that fills a specific need in the dental curriculum by addressing advanced topics in the specialty of oral and maxillofacial surgery.

VI. Which Collegiate Competencies does this course address?

1.01, 1.02, 2.01, 2.02, 3.02, 4.02, 5.01, 5.02, 5.03, 6.01, 6.02, 6.03, 6.04, 6.05, 6.06, 6.08, 6.09, 6.16, 6.17, 6.21.

2017 Curriculum Review-Oral & Maxillofacial Surgery-DEO Kirk L. Fridrich

Process:

The Curriculum Management workgroup received the Departmental Curriculum Review documents from the Department of Oral & Maxillofacial Surgery. Each member of the group (Dr. Restrepo-Kennedy, Andrew Richter and Dr. Marchini) reviewed the documents and the workgroup met on 11/1/2017 to discuss each member's comments and questions.

The documents were composed by the Curriculum Review and a review for each of the DOMS five predoctoral courses. The workgroup assessment of the document was overwhelmingly positive, and the DOMS seems to be fulfilling its stated mission, by presenting their courses in a sequential and coordinated fashion, and by being well integrated to the UICOD curriculum. Some questions and some suggestions are presented below in an attempt to clarify some aspects of the Curriculum Review document and improve the students overall experience, respectively.

Questions and Answers by specific page and section:

Page 3 Section VI

1. There is a good description about how D1 to D3 and D3 to D4 vertical integration occurs. Is there any initiative to have a common thread along the full curriculum (D1-D4) on what concerns to Oral and Maxillofacial Surgery?

DOMFS: Not addressed.

2. As a suggestion, the topic of "prescription writing" may be one of the threads to connect basic sciences and the DOMS courses throughout the curriculum?

DOMFS: The students do have a prescription writing seminar in small groups during their clerkship rotation in oral surgery of D3 year.

Follow-up comment: Would you think D1 and D2 students may benefit from having a faculty from OMFS participating on similar seminars on the same topic, but adjusted to their knowledge level, in courses like physiology and pharmacology? This initiative may help them understanding how the content they are studying would be applied in clinics.

DOMFS: I don't think it would be worthwhile having an oral surgery faculty member talk in physiology or pharmacology.

3. Another suggestion is to provide a hands on lecture about surgical instruments right before clinics start, with smaller groups (5 per group, each group with the instruments), so each student may have the opportunity to visualize and handle all surgical instruments before their first clinic. That is because students feel that, in the current lecture format for this topic, the students sitting on the front of the class are the only ones that can recognize the instruments, while the other students cannot.

DOMFS: The students do receive a hands on lecture pertaining to surgical instruments during orientation just before each group of 10 students begin their clerkship in the clinic in oral surgery

D3 year. As an aside, in D2 year the surgical instruments are displayed not only live but also via a power point and handouts to a group of 80 students.

Follow-up comment: Yes, it was pointed out by the students. They however noticed that if the D3 groups are reduced from 10 to 5 it might help all of them having the opportunity to handle the instruments. The suggestions was only to reduce the students group size for the D3 lecture.

DOMFS: The D3 groups will not be reduced from 10-5.

I suspect the student comments regarding “only those sitting in front of the class can recognize the instruments” is from the D2 class which is in Galagan B and a class of 80. As I mentioned earlier, during that class, in addition to holding up the instruments, they are displayed via a power point and the students are given a handout with the pictures of the instruments.

I would hope they would take the handouts since many of the students do not purchase the textbook. Unfortunately probably half the class does not bother taking the handout.

The D3 setting for the seminar and orientation is in the oral surgery seminar room. The instructor and 10 students sit around a 12 foot by 4 foot table and review the instruments.

This occurs 1-2 days before they see patients in the clinic. It is a very intimate setting. The tray is even left out if they would like to touch them.

Pages 4-5 Section X

4. When describing the discipline –specific treatment procedures, we felt a lack of information about the minimum requirements for tooth extractions. Is there a minimum number required for TEs? Does it include surgical extractions? Please, comment.

DOMFS: The requirement is 25 extractions and one IV sedation venipuncture. I’m pretty sure I have supplied this information to the curriculum committee.

Follow-up comment: Fantastic! Thank you for providing this info. Does the requirement include any surgical extraction?

DOMFS: Not addressed.

Page 5 Section XI

5. This section was left blank. One suggestion for prospective analysis would be on the topics of implant placement and TMD treatment. Please, comment.

DOMFS: I’m a bit unsure as to what you are looking for in Section XI (point 5)regarding prospective analysis.

The predoc students do not surgically place implants and it is rare for them to see a TMD patient. They may observe implant surgery on their clerkship. If you have any other suggestions pertaining to this section I’d like to hear from you.

If you would like us to run a report in the future regarding # of routine extractions performed vs surgical extractions we could plan that as a prospective analysis.

Follow-up comment: In a more hypothetical/exploratory thought, would you think it is worthy pursuing a more aggressive implant curriculum in which each student may place at least one implant?

DOMFS: I do not think it is worth pursuing an implant curriculum where each student places an implant.