

Clerkship Directors Committee	
AGENDA	
May 20, 2016	12:00-12:50, Deans Conference Room
Dr. Tad Mabry, Chair	Recorder: Ms. Michelle Krupp
Lunch will be served.	
Agenda Items	Responsible Individual
1. Approval of the April 15, 2016 Minutes	Mabry
2. Grading rubric presentations	Mabry & Clerkship Directors
3. Comments	Committee
4. Next Meeting: June 17, 2016	

Action Items			
Status	Action to be taken	Responsible	Due Date
Pending	Course Scheduled Time – 50/10 mins maximum	Garcia	Immediate?

Clerkship Directors Committee:

Dr. Tad Mabry, Chair
 Veeratrishul Allareddy
 Nidhi Handoo
 Terry J. Lindquist
 Michael Murrell
 William J. Synan
 Erica C. Teixeira
 Fabricio Teixeira
 Sherry R. Timmons*
 Paula Weistroffer
 Patti Duffe
 Joan T. Welsh-Grabin
 Joni Yoder
 John Lorenz – D3
 Aaron Jones – D3
 Collin Barker – D4

Ex Officio:

Sherry R. Timmons, *Chair, CAPP
 DC Holmes, Chair, Curriculum Committee
 Ronald Elvers, Director of Clinics
 Lily T. Garcia, Associate Dean for Education
 Mike Kanellis, Associate Dean for Patient Care
 Michelle Krupp, Director, Education Development
 Galen Schneider, Executive Associate Dean
 Cathy Solow, Associate Dean for Student Affairs

Clerkship Directors Committee Minutes – May 20, 2016

Members Present: Dr. Tad Mabry (Chair), Drs. Trishul Allareddy, Nidhi Handoo, Terry Lindquist, Michael Murrell, William Synan, Erica Teixeira, Fabricio Teixeira, Sherry Timmons, Paula Weistroffer, DC Holmes, Ronald Elvers, Mike Kanellis, Ms. Michelle Krupp, John Lorenz – D3, Aaron Jones – D4

Members absent: Drs. Lily Garcia, Galen Schneider, Ms. Cathy Solow, Ms. Becky Todd, Ms. Joan Welsh-Grabin, Ms. Jonie Yoder, Collin Barker – D4

Guest: Dr. Kecia Leary

Meeting started 12:08

- I. Approval of April 15, 2016 minutes.
Motion to approve the minutes, seconded, and approved.
- II. Grading rubric presentations – Dr. Tad Mabry & Committee
Each director presented their clerkship grading rubrics. Discussion was limited in order to get through the presentations. Drs. Timmons & Lindquist will present their rubrics at the next meeting. All rubrics can be reviewed on the **Jdrive: share/PRESENTATIONS/5-20**. Discussion will ensue at the next meeting regarding the various grading scales and potential for standardized clerkship evaluation form.

Next Meeting: June 17, 2016.

Minutes recorded: Ms. Michelle M. Krupp

CLINICAL EVALUATION (83:160)

Grades for the endodontic clerkship are based on: 1) the clinical evaluation of cases completed; on 2) the laboratory exercises, and on 3) daily assessment evaluations. Cases which are started, but not completed (referred to resident, extracted, etc.) due to complications or procedural errors (examples: degree of difficulty, separated instrument, perforation) will be included in grading. **These must also be proctored.** The portion of the case that has been completed will be evaluated and graded. These cases will NOT be credited toward case completion requirements. Cases with partial treatment will receive one point toward the overall point requirements.

Quality Grade

Each completed root canal must be proctored within one week of completion. At that time the proctor will review the case and score the final three elements of evaluation: Obturation, Case Completion Prognosis and Case Management. The total of points for each step of the procedure evaluation will determine the quality grade for that case.

Quality Grade:	No deductions	= A (4 pts)
	1 pt deducted	= B (3 pts)
	2 pts deducted	= C (2 pts)
	> 3 pts deducted	= F (0pts)

At the completion of the clerkship, the quality grade for each completed case to meet the minimum requirements will be totaled, then divided by the number of cases needed to reach that minimum. This average quality grade percentage will then determine the course grade in the clinical practice course.

Students are required and encouraged to continue treating patients and performing root canal procedures above and beyond the minimum requirements. As an incentive, additional completed cases will be considered and computed in the final average quality grade percentage only if they maintain or increase the percentage computed at the completion of the minimum requirements. Another words, there is no penalty for doing additional cases above the minimum that may have normal treatment points deducted during treatment. With normal student standards of endodontic care, you can only raise your grade, not lower it, by doing additional cases. However, if there are glaring procedure errors (example: perforations, separated instruments) that should not occur with prudent treatment protocols, those cases will count and be computed in the final average, and may lower the overall course grade.

Cases completed within the normal clerkship period, and those completed within three weeks following the end of the clerkship will receive full quality points. The additional time may be necessary to complete cases started in the clerkship, or cases necessary to meet minimum requirements. Any cases completed beyond three weeks that are needed for minimum requirements, will only receive half of the quality points and may negatively affect the overall course grade. Students are encouraged to complete all minimum requirements during the normal clerkship period or within three weeks of the end of the

clerkship period. Delay results in reduced quality grade points and therefore affect the overall course grade.

The final grade will be assigned according to the following percentages:

The final grade will be assigned according to the following point averages:

A = ≥ 3.7
A- = ≥ 3.4 and < 3.7
B+ = ≥ 3.2 and < 3.4
B = ≥ 3.0 and < 3.2
B- = ≥ 2.8 and < 3.0
C+ = ≥ 2.3 and < 2.8
C = ≥ 2.0 and < 2.3
C- = ≥ 1.8 and < 2.0
D and F = by report

Clinic

Competency (approval for advancement in endodontics to the fourth year) will be demonstrated by a minimum of

- a) 42 points total,
- b) Minimum of 20 points of completed NSRCT,
- c) 22 points from recalls, assist, emergencies, restorations,
- d) An overall grade of 81% or better and satisfactory completion of
 - laboratory exercises

You must demonstrate independent decision making and self-evaluation in diagnosis, treatment planning, treatment procedures, and outcome assessment.

CLINIC POINT SYSTEM

A. Forty-two points must be accumulated in order to satisfy the requirement for clerkship. The point system is based on the number of cases treated (completed cases) plus points for additional procedures and activities. A molar must be included among the cases. A minimum of 20 points must be earned by completing non-surgical root canal treatment (NSRCT) through obturation.

1. Objectives: reward students for quality treatment.
2. Identify students needing more experience for minimal competency.

B. Procedure for completed non-surgical root canal treatment (NSRCT) cases:

1. The gray sheet is filled out with points awarded for individual steps.
2. Points awarded for completed cases are based on the type of tooth treated. Anterior: 2 pt; Premolar 3 pts.; Mandibular Molar 4 pts.; Maxillary molar 5 points.
3. The following point system is based on the gray grade sheet point totals. These points will be added (or subtracted) to the number of points assigned for each tooth group.

Cases with no deductions on grade sheet will receive two points.

Cases with an acceptable prognosis but which have point deductions of one point on the gray sheet will receive one point.

Cases with an acceptable prognosis but having two points deducted will not receive any additional points.

Cases with an acceptable prognosis but having three points deducted on the gray sheet will have one point deducted.

Cases having an acceptable prognosis but having four points deducted on the gray sheet will have two points deducted.

Cases having five points or more deducted, or cases where there is a significant error or errors requiring extraction, referral to an endodontic resident or resulting in an unfavorable prognosis, regardless of number of points deducted, will receive zero points for that case, and result in a failing grade for that case.

C. Additional Points:

At least one emergency patient must be managed (2 assists for emergency patients equals the management of one case). Additional points (one each) will be earned as follows:

- 1 Assisting per assist
- 1 Managing an emergency in which NSRCT is not completed
- 1 Treatment started (at least through access) but not completed because of patient non-compliance, referral, desire for extraction, etc.
- 1 Placement of a definitive restoration of amalgam or composite (any case)
- 1 Apexogenesis or initiation of apexification
- 1 Bleaching completed
- 1 Diagnosis/ No treatment

D. Quality Grade

Each completed root canal must be proctored within one week of completion. At that time the proctor will review the case and score the final three elements of evaluation: Obturation, Case Completion Prognosis and Case Management. The total of points for each step of the procedure evaluation will determine the quality grade for that case.

Quality Grade:	No deductions	= A (4 pts)
	1 pt deducted	= B (3 pts)
	2 pts deducted	= C (2 pts)
	> 3 pts deducted	= F (0pts)

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Cases completed within the normal clerkship period, and those completed within three weeks following the end of the clerkship will receive full quality points. The additional time may be necessary to complete cases started in the clerkship, or cases necessary to meet minimum requirements. Any cases completed beyond three weeks that are needed for minimum requirements, will only receive half of the quality points and may negatively affect the overall course grade. Students are encouraged to complete all minimum requirements during the normal clerkship period or within three weeks of the end of the clerkship period. Delay results in reduced quality grade points and therefore affect the overall course grade.

E. Faculty Assistance

Do not be reluctant to seek faculty help when necessary. We **do not** expect you to be able to work without assistance or guidance, but build on the knowledge obtained in the preclinical laboratory. Point reductions may be made for the lack of preparation prior to appointment, the lack of understanding of basic endodontic principles and other indicators the student is performing below the level expected in the junior clerkship

during patient care. It is not our intention to stifle your learning process by discouraging questions. The best interest of the patient comes first and foremost.

Criteria for Daily Feedback for Professional Development

	S (Surpassed Expectations)	M (Met Expectations)	F (Failed to Meet Expectations)
Treatment Planning/ Sequencing/ Execution	• Outstanding information gathering; outstanding development and documentation of planned treatment sequence for complex case; outstanding treatment plan presentation and communication. • Completely prepared not only for planned procedures, but for contingencies as well. • Treatment plan reviewed at each visit and revised when indicated. • Demonstrated outstanding conceptual understanding of planned procedures; all necessary instruments and materials ready.	• Acceptable information gathering; logical development and proper documentation of planned treatment sequence; acceptable treatment plan presentation and communication. • Treatment plan reviewed at each visit and revised when indicated. • Demonstrated conceptual understanding of planned procedures; all necessary instruments and materials ready.	• Information gathering below expectations in at least one aspect; OR treatment sequence inadequate or inappropriate in at least one aspect; OR unacceptable treatment plan presentation or inadequate conceptual understanding and communication, OR failure to review treatment plan at each visit or to revise treatment plan when indicated. • Lacked some conceptual understanding of planned procedures and/or some necessary instruments or materials not ready.
Integration of Evidence-Based Dentistry	• Demonstrated outstanding conceptual understanding and particularly insightful application of relevant scientific evidence.	• Treatment of patient demonstrated conceptual understanding and application of relevant scientific evidence.	• Failed to demonstrate conceptual understanding and application of relevant scientific evidence.
Technical Skills	• Outstanding technical skills demonstrated at most steps of procedures; exceeded expectations for this stage of education.	• Acceptable technical skills demonstrated at each step of procedures; met expectations for this stage of education.	• Failed to demonstrate acceptable technical skills at some step(s) of procedures; failed to meet expectations for this stage of education.
Patient & Appointment Management	• Record management; time utilization, asepsis, pain control, etc., acceptable in all aspects and outstanding in at least one aspect.	• Acceptable record management; time utilization, asepsis, pain control, etc.	• Record management; time utilization, asepsis, pain control, etc., below expectations in at least one aspect.
Self-evaluation/ Independence	• Outstanding self-evaluation; student performed procedures properly with little or no assistance from faculty.	• Acceptable self-evaluation; student performed procedures with appropriate assistance from faculty; sought opinion of faculty when appropriate.	• Student unnecessarily dependent on faculty assistance and/or failed to seek opinion of faculty when appropriate; without faculty input and/or correction, a disease state remains or is established or future failure is imminent.
Professionalism/ Ethical Behavior	• Student demonstrated particularly outstanding ethical behavior and/or professionalism; student's behavior could be a model for colleagues.	• Student demonstrated appropriate professionalism and ethical behavior throughout clinic session.	• Student demonstrated unethical or unprofessional behavior at some point in clinic session; treatment was inconsistent with the patient's welfare.

GRADING CRITERIA IN ORAL & MAXILLOFACIAL SURGERY

Due to the very nature of Oral & Maxillofacial Surgery, it is not possible to adequately train a third year dental student in all aspects of the specialty. The emphasis during this rotation will be on learning **basic** clinical skills. The management of patients with complicating medical diseases is an integral part of this course, therefore **great** emphasis will be placed on this aspect of your training.

The process of grading in our block rotation has undergone an evolution over the past several years. At present your grade will be determined by the following:

1. Didactic knowledge and patient (medical) management skills (10%)
2. Technical ability to perform routine Oral & Maxillofacial Surgery (30%)
3. Mini-presentation (15%)
4. Volume of work performed during the block (15%), ability to work with others, and effort
5. Practical Exam (10%)

You will be responsible for obtaining the medical history, obtaining informed consent, administering local anesthetic/IV sedation, and the surgical procedure. You will also be responsible for aseptic technique, reviewing postoperative instructions with patient/escort, and the chart documentation.

It is your responsibility to make sure that the instructor who is grading you is present in the room during your review of the informed consent, during the administration of local anesthetic, and during the review of post operative instructions. The instructor will try to be present for as much of the surgical procedure as possible.

6. Final examination (20%)

The final examination in Oral & Maxillofacial Surgery will encompass all the technical and didactic aspects of the specialty. It will be given in the last week of the block. Further details of the examination will be given the members of the block during the rotation.

Students having a grade of D+ or less may have inadequate knowledge and clinical competency to treat surgical patients in the oral surgery clinic. Additional instruction will be required of students with a grade of D+ or less. They will also need to retake a comprehensive examination and attain a grade of C or higher prior to returning the oral surgery clinic during their senior year.

1. Comprehensive Diagnosis: Information Gathering & understanding of:

Chief Complaint/Patient Goals
Medical/Dental/Psychosocial History
Clinical Examination
Radiographic Examination
Diagnostic Aids
Caries Risk Assessment:
• Evaluation of Findings and Patient Risk
• Patient Behavioral Management
• Clinical Management of Oral Environment
• Monitoring and Outcomes of Interventions
Consultation/Referral
Evaluation of Findings
Diagnosis/Problems
Modifiers and Goals
Disease Control/Prevention
Rehabilitation Phase
Maintenance/Monitoring
Sequencing of Treatment

2. TX plan Execution, Patient Presentation and Integration of EBD

Selected Treatment Plan with Evidence
Prognosis
Behavior Guidelines
Appointment Plan
Evaluation of Results/Maintenance
Cost Analysis
Treatment Objectives
Treatment Plan(s)
• Systematic Phase
• Acute/Emergency Phase
Informed Decision (Consent/Refusal)
Asking Answerable Questions
Searching For Best Evidence
Critically Appraising Evidence
Applying Evidence/Making a Decision
Evaluating The Outcome/Your Performance

3. Independence/ Self-evaluation

Identify What Was Done Well
Identify Improvement
Oriented to Outcomes
Concise
Knowledge/Technical/Critical Thinking
Compare with Faculty Assessment

4. Professional and Ethical Behavior

Patient Autonomy (Self-Governance)
Non-maleficence (Do No Harm)
Beneficence (Do Good)
Justice (Fairness)
Veracity (Truthfulness)

5. Clinical Management

Start On Time
Clinic Dress/Personal Hygiene
Infection Control
Organization of Unit
Finish On Time
(Unexpected Events)
Record Management/HIPAA

6. Clinical Performance/ Skills

CLINICAL PROCEDURES
Anesthesia
Isolation
TOOTH PREPARATION
Outline Form/Access
Caries Removal
Internal Form
Finish/Retention Bevel
TOOTH RESTORATION
Cavity Liner
Margin and Surface Finish
Anatomy, Contour and Shade
Occlusion
Proximal Contacts and Embrasures
Adjacent Tooth Tissue and Restoration

Operative Domain Assessment	S = Surpasses Expectations	M = Met Expectations	N = Needs Improvement
1. Comprehensive Diagnosis	*Outstanding and complete diagnostic information gathering related to chief complaint, medical history and implications, clinical and radiographic examination, diagnostic aids; caries risk assessment and significant factors. *Outstanding integration of collected diagnostic data related to risk assessment and prognosis.	*Acceptable diagnostic information gathering related to chief complaint, medical history and implications, clinical and radiographic examination, diagnostic aids; caries risk assessment and significant factors. No critical information missing but some instructor guidance was necessary. *Acceptable integration of collected diagnostic data related to risk assessment and prognosis.	*Information gathering below expectations in at least one critical aspect. *Lack of understanding and integration of collected diagnostic data related to risk assessment and prognosis.
2. Patient Presentation TX Plan Execution, and Integration of EBD	*Outstanding review of comprehensive planned tx sequence; outstanding tx plan presentation and communication. *Completely prepared not only for planned procedures, but for contingencies as well. *Demonstrated outstanding conceptual understanding of planned procedures; all necessary instruments and materials ready. *Demonstrated outstanding conceptual understanding and particularly insightful application of relevant scientific evidence.	* Logical review of comprehensive planned tx sequence; acceptable tx plan presentation and communication. *Demonstrated conceptual understanding of planned procedures; all necessary instruments and materials ready. *Demonstrated conceptual understanding and application of relevant scientific evidence.	* Inadequate or inappropriate understanding of comprehensive planned tx sequence in at least one aspect, OR failure to communicate and/or review treatment plan. *Lacked some conceptual understanding of planned procedures and/or some necessary instruments or materials not ready. *Failed to demonstrate conceptual understanding and application of relevant scientific evidence.
3. Independence/ Self-evaluation	*Outstanding self-evaluation; student performed procedures properly with little or no assistance from faculty. *In communication with faculty demonstrated clear and independent understanding of aspects of care.	*Acceptable self-evaluation; student performed procedures with appropriate assistance from faculty; sought opinion of faculty when appropriate.	*Student unnecessarily dependent on faculty assistance and/or failed to seek opinion of faculty when appropriate; without faculty input and/or correction, a disease state remains or is established or future failure is imminent.
4. Professional and Ethical Behavior	*Student demonstrated particularly outstanding professionalism and ethical behavior. *Student's behavior could be a model for colleagues.	*Student demonstrated appropriate professionalism and ethical behavior.	*Student demonstrated unprofessional or unethical behavior at some point in clinic session; treatment was inconsistent with the patient's welfare.
5. Clinical Management	* Outstanding in all aspects of record management; time utilization, asepsis, pain control, etc.	*Acceptable in all aspects of record management; time utilization, asepsis, pain control, etc.	*Record management; time utilization, asepsis, pain control, etc., below expectations in at least one aspect.
6. Clinical Performance/ Skills	*Outstanding technical skills demonstrated at most steps of procedures; exceeded expectations for this stage of education. *No instructor guidance or intervention was necessary during anesthesia, isolation, tooth preparation, caries removal and tooth restoration. The outcome was the best possible and could not be improved upon.	*Acceptable technical skills demonstrated at each step of procedures; met expectations for this stage of education. * Some instruction guidance or intervention. Acceptable clinical outcome during anesthesia, isolation, tooth preparation, caries removal and/or tooth restoration. Some room for improvement could still be made in efficacy and/or independence.	*Failed to demonstrate acceptable technical skills at some step(s) of procedures; failed to meet expectations for this stage of education. * Instructor guidance, intervention was needed for the patient welfare or repeated coaching was required. Procedure may require alteration due to student error which was avoidable. Independence and/or efficacy clearly deficient and requires definite improvement to be deemed competent.

For the Clinical Oral Pathology course (OPRM:8365) the grade breakdown is as follows:

9 Seminars- 8 case based + 1 therapeutics lecture

- 20 % Pretest exam (case based using cases from the D2 course exams; D2 course questions are multiple choice, the same cases given for the D3 pretest are short answer)
- 10 % Quizzes (7-10 short answer quizzes with the questions based on the reading assignment in the textbook for that given seminar)
- 20% Class participation (some seminars consist of cases given to small groups of 2-3 students depending on the number of students in the rotation- the students are responsible for case work up and bringing their diagnosis/management/education back to the group and includes entire group discussion)
- -50% Final exam (10 clinical pathology cases- students responsible for providing diagnosis/differential, management plan, patient education)

ORAL DIAGNOSIS GRADING

The final grade for Clinical Oral Diagnosis OPRM:8360, is determined as follows:

60% - Oral Diagnosis Clinic Performance-Daily AxiUm Evaluations/Projects

20% - Competency Examination

10% - Professionalism*

10% - Pain Clinic/Oral Medicine Clinic Evaluation

- Professionalism includes such things as respect for self and others, including interaction with faculty, staff, and peers outside of the clinic; a genuine desire to help others, including patients and classmates.
- Professionalism is an attitude that includes self-motivation towards learning and being prepared for every appointment independently.

AxiUm Grading Forms

DIAG - Oral Diagnosis

Question	Possible Answers	Required
Daily Learning Guide/Evaluation		
Student Entry:		
Student Self-Evaluation	SMN - Surpassed/Met/Needs Improvement	Yes
Faculty Entry:		
Clinical Skills	SMN - Surpassed/Met/Needs Improvement	Yes
Patient/Case Presentation	SMN - Surpassed/Met/Needs Improvement	Yes
Treatment Planning/Sequencing/Execution	SMN - Surpassed/Met/Needs Improvement	Yes
Self-Evaluation/Independence	SMN - Surpassed/Met/Needs Improvement	Yes
Professional/Ethical Behavior	SMN - Surpassed/Met/Needs Improvement	Yes
Clinic Management	SMN - Surpassed/Met/Needs Improvement	Yes
Integration of Evidence-Based Dentistry	SMN - Surpassed/Met/Needs Improvement	Yes
Complexity	ERDV - Easy/Routine/Difficult/Very Difficult	Yes
OVERALL GRADE	SMN - Surpassed/Met/Needs Improvement	No
Clinical Skills		
Health History Review	SMN - Surpassed/Met/Needs Improvement	No
Dental History Reviewed	SMN - Surpassed/Met/Needs Improvement	No
Medications/Complications/Implications	SMN - Surpassed/Met/Needs Improvement	No
Vital Signs	SMN - Surpassed/Met/Needs Improvement	No
Need for Medical Consultation	SMN - Surpassed/Met/Needs Improvement	No
Extraoral Exam Performed	SMN - Surpassed/Met/Needs Improvement	No
Intraoral Soft Tissue Exam	SMN - Surpassed/Met/Needs Improvement	No
Variation of normal	SMN - Surpassed/Met/Needs Improvement	No
Missing/Malposed/Anomalies	SMN - Surpassed/Met/Needs Improvement	No
Clinical caries identified	SMN - Surpassed/Met/Needs Improvement	No
Restorations/prostheses evaluated	SMN - Surpassed/Met/Needs Improvement	No
Periodontal Evaluation	SMN - Surpassed/Met/Needs Improvement	No
Radiograph order and rationale justified	SMN - Surpassed/Met/Needs Improvement	No
Radiographic Interpretation	SMN - Surpassed/Met/Needs Improvement	No
Professional Consultations	SMN - Surpassed/Met/Needs Improvement	No
Patient/Case Presentation		
Communicate with patient at Level	SMN - Surpassed/Met/Needs Improvement	No
Assist patient with Clinic appointments	SMN - Surpassed/Met/Needs Improvement	No
Informed Decision (Consent/Refusal)	SMN - Surpassed/Met/Needs Improvement	No
Treatment Planning/Sequencing Execution		
Diagnosis/Problems	SMN - Surpassed/Met/Needs Improvement	No
Modifiers and Goals	SMN - Surpassed/Met/Needs Improvement	No
Treatment Objectives	SMN - Surpassed/Met/Needs Improvement	No
Chief complaint	SMN - Surpassed/Met/Needs Improvement	No
Treatment Plan(s)	SMN - Surpassed/Met/Needs Improvement	No
Alternative treatment options	SMN - Surpassed/Met/Needs Improvement	No
Prognosis/qualifiers clarified	SMN - Surpassed/Met/Needs Improvement	No
CRT Entry	SMN - Surpassed/Met/Needs Improvement	No
Self-Evaluation/Independence		
Identify what was done well	SMN - Surpassed/Met/Needs Improvement	No
Identify improvement	SMN - Surpassed/Met/Needs Improvement	No
Concise	SMN - Surpassed/Met/Needs Improvement	No
Compare with faculty assessment	SMN - Surpassed/Met/Needs Improvement	No
Professional/Ethical Behavior		
Patient Autonomy (self-governance)	SMN - Surpassed/Met/Needs Improvement	No
Nonmalficence (do no harm)	SMN - Surpassed/Met/Needs Improvement	No

AxiUm Grading Forms

Beneficence (do good)	SMN - Surpassed/Met/Needs Improvement	No
Justice (fairness)	SMN - Surpassed/Met/Needs Improvement	No
Veracity (truthfulness)	SMN - Surpassed/Met/Needs Improvement	No
Clinic Management		
Appointment Time Managed Appropriately	SMN - Surpassed/Met/Needs Improvement	No
Clinic dress/personal Hygiene	SMN - Surpassed/Met/Needs Improvement	No
Infection Control	SMN - Surpassed/Met/Needs Improvement	No
Organization of unit	SMN - Surpassed/Met/Needs Improvement	No
(Unexpected events)	SMN - Surpassed/Met/Needs Improvement	No
Integration of Evidence-Based Dentistry		
Asking Answerable Questions	SMN - Surpassed/Met/Needs Improvement	No
Searching for best evidence	SMN - Surpassed/Met/Needs Improvement	No
Critically appraising evidence	SMN - Surpassed/Met/Needs Improvement	No
Applying evidence/Making a decision	SMN - Surpassed/Met/Needs Improvement	No
Evaluating the outcome/your performance	SMN - Surpassed/Met/Needs Improvement	No
Treatment Specific Questions		

Patient Care Presentation Evaluation

Student Presenter: _____

Date: _____

Evaluator: _____

Topic: _____

Category	Grade 1 to 5	Comments
Organization and Delivery		
Quality of Powerpoint and Media		
Evidence Based Dentistry Support		
Depth of Knowledge		

5 – excellent above and beyond expected level
 4 – above average
 3 – average basics met and presentation acceptable
 2 – below average
 1 – unacceptable e.g. multiple instances of missing/incorrect information, no supporting research

Length of Presentation		Final Point Total
	Below 10 minutes is a 2 point grade deduction. If time exceeds 15 minutes, it is a 1 point deduction. No deduction if time is 10-15 minutes.	

CLINICAL SEMINARS IN PEDIATRIC DENTISTRY**BLOCK 3A & 3B*****Choose NA if you did not work with the student****++ 100%****+ 90%****0 80%****- 70%****-- 60%**

Student Name:	Grade					
Joshua Barclay	++	+	0	-	--	NA
Collin Barker	++	+	0	-	--	NA
Kaitlin Bowman	++	+	0	-	--	NA
Maxmillian Chambers	++	+	0	-	--	NA
Lauren Fangman	++	+	0	-	--	NA
Jesse Froehner	++	+	0	-	--	NA
Cory Hatch	++	+	0	-	--	NA
Kate Hermiston	++	+	0	-	--	NA
Mari Heslinga	++	+	0	-	--	NA
Bryan Horak	++	+	0	-	--	NA
Benjamin James	++	+	0	-	--	NA
Erin K. Johnson	++	+	0	-	--	NA
Matthew Lam	++	+	0	-	--	NA
Michael McCormick	++	+	0	-	--	NA
Michael McCunniff	++	+	0	-	--	NA
Joshua Orgill	++	+	0	-	--	NA
Eddie Pantzlaff	++	+	0	-	--	NA
Marcela Paulino DaCosta	++	+	0	-	--	NA
Russell Pesavento	++	+	0	-	--	NA
Heather Schake	++	+	0	-	--	NA

[illegible]

[illegible]

[illegible]

TABLE 2

Faculty Subjective Grading - Competencies and Encounters
Date

[illegible]

TABLE 3

Faculty Encounter Score (75%)

Competencies & Encounters Score (25%)

Student (LAST, First)

(From Table 1)

(From Table 2)

[illegible]

[illegible]

TABLE 4

[illegible]

TABLE 5

Dental Assistant Subjective evals (to Table 7)

Turning Graded Participant Results

Session Name: New Session Mo/Year
2015-2016 Section 1A & #B

Student Name		100.00	90.00	80.00	70.00	60.00	SCORE
		++					
1)		0.00	0.00	0.00	0.00	0.00	0.0
2)		0.00	0.00	0.00	0.00	0.00	0.0
3)		0.00	0.00	0.00	0.00	0.00	0.0
4)		0.00	0.00	0.00	0.00	0.00	0.0
5)		0.00	0.00	0.00	0.00	0.00	0.0
6)		0.00	0.00	0.00	0.00	0.00	0.0
7)		0.00	0.00	0.00	0.00	0.00	0.0
8)		0.00	0.00	0.00	0.00	0.00	0.0
9)		0.00	0.00	0.00	0.00	0.00	0.0
10)		0.00	0.00	0.00	0.00	0.00	0.0
11)		0.00	0.00	0.00	0.00	0.00	0.0
12)		0.00	0.00	0.00	0.00	0.00	0.0
13)		0.00	0.00	0.00	0.00	0.00	0.0
14)		0.00	0.00	0.00	0.00	0.00	0.0
15)		0.00	0.00	0.00	0.00	0.00	0.0
16)		0.00	0.00	0.00	0.00	0.00	0.0
17)		0.00	0.00	0.00	0.00	0.00	0.0
18)		0.00	0.00	0.00	0.00	0.00	0.0
19)		0.00	0.00	0.00	0.00	0.00	0.0
20)		0.00	0.00	0.00	0.00	0.00	0.0
		0.00	0.00	0.00	0.00	0.00	0.0

++

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)
- 13)
- 14)
- 15)
- 16)
- 17)
- 18)
- 19)
- 20)

TABLE 7

090:160

Clinical Pediatric Dentistry - 2015-16 Block 1A 1B

Student Name (LAST, First)	cal Ave age	ty Subj ectiv	OSC E (From	Ort ho (fro	DA Subj (from Table 5)	5%	Pr e v	5%	Final Score (%)	Grade			
axium	####	cb	###	cb	###		0.0		#	4	#VALUE!		
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	3.8	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	3.8	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
	cb	####	cb	###	cb	###	cb	###	0	0.0	#	4	#VALUE!
		0		0		0		0		0.0	0	0	0.0
		0		##		0		###		0			#REF!

Grading Components

2015-2016

Seminar Grading Components

Seminar Pre-test: Testing Service (15%) : _____

Attendance: Mabry (15%) : _____

Seminar Written Exam: Testing Service (45%) : _____

Patient Care Presentation: Mabry (10%) : _____

Radiographic/ Tx Planning Competency: Mabry (15%) : _____

Clinical Grading Components

Daily Evaluations: Axium (25%) : _____

Prevention: Axium (5%) Cindy and Cathy : _____

Subjective by Faculty: Mabry (25%) : _____

Subjective by Assistants: Mary (5%) : _____

OSCE: Multiple Faculty (30%) : _____

Ortho Consult Grade (10%) : _____

Elements to Consider for Subjective Grade by Faculty

Patient Encounters/Case Studies/ Observe,assists: Cindy: _____

Teaching Module Competency: Testing Service : _____

Course Evaluation Completion: Hilda Bowers : _____

Revised 11/10/2015

Periodontics D3 Case Presentation Evaluation

Student _____ Evaluator _____ Date _____

		Points (0-10)
1	Patient History Were medical, dental and social histories as well as habits accurately addressed? Did the student understand the dental implications of the medical history and medications? Were tobacco or dietary assessments completed and addressed?	
2	Clinical and Radiographic Findings Was periodontal documentation of the patient complete and accurate? Were pertinent interdisciplinary findings addressed (caries, endodontic, pathology)? Were radiographic findings accurately presented and interpreted?	
3	Diagnosis Was the primary diagnosis accurate and complete? Was terminology from the current AAP classification system appropriately used? Were secondary diagnoses required or listed?	
4	Etiology Based on the diagnosis, was the primary etiology accurately recognized? Were any other etiologies required or listed for other diagnoses?	
5	Risk Assessment & Prognosis Were risk factors and modifiers appropriately identified and discussed? Was a risk level given and rationalized? Were the overall and individual tooth, as well as short term and long term prognoses appropriate? Was the student able to discuss the rationale for the prognoses?	
6	Treatment Plan Were appropriate medical and interdisciplinary consultations obtained, if needed? Was a treatment plan developed that addressed the diagnoses, etiologies and risk factors? Was treatment appropriately sequenced? Were advantages and disadvantages of various treatment options considered?	
7	Therapy Did the student understand the goals and rationale for the selected therapy? Did the student understand the basic techniques of the procedure performed? Did the student understand potential complications and limitations of the procedure performed? Did the student understand postoperative management?	
8	Incorporation of Evidence Based Dentistry Did the student formulate a valid PICO question to evaluate relevant evidence for the selected therapy? Did their source include the highest possible level /quality of evidence available and could they identify that level and quality? Were they able to discuss the relevance of the evidence to their patient?	
9	Evaluation of Outcomes Did the student understand how the outcomes of therapy are assessed, including parameters and timing of assessment?	
10	Presentation Factors Was the presentation well organized? Was the use of audiovisual materials effective? Did the student present the case in the allotted time? Did the student respond to questions in a professional manner? Was the student thoroughly prepared?	
	Total Points (maximum 100)	

Comments: _____

3. Evaluation Methods Overview

- **Grading scale:**

The grades A, B, C, including plus and minus as needed, and F will be given for the course:

90-100 = A

80-89 = B

70-79 = C

Below 70 = F

Successful completion of this course is a requirement to progress to Family Dentistry. Students who fail the course will be required to repeat the course.

- **Evaluation components:**

40% = Clinical competency examinations

Six 100-point clinical examinations requiring a 75% score to pass. In order to successfully complete the course, students must successfully complete the competency examinations.

25% = Daily Assessment

Done for every patient on an S/M/N scale (S = Surpassed expectations; M = Met expectations; N = Needs improvement) in seven categories:

1. Diagnosis/treatment planning;
2. Patient management and case presentation
3. Self-evaluation and independence
4. Professionalism and ethical behavior
5. Clinical management
6. Integration of evidence-based dentistry
7. Clinical skills

The score for daily assessment will be based on the amount and distribution of S, M, N scores.

25% = Nominal Group Process

10% = Case Presentation

Minimum Educational Experiences

The following minimum educational experiences are required to complete and pass the clinical course:

- Six Initial Comprehensive Periodontal Examinations, including passing two Initial Exam, Diagnosis and Treatment Planning Competency Examinations
- Six Quadrants of Periodontal Scaling and Root Planing including passing two acceptable Board Competency Examinations
- Pass two acceptable Re-evaluation Competency Examinations, one of which may be an OSCE, if a second patient experience is not available.
- Six Recall Examinations on periodontal maintenance patients
- Two surgical assists
- One PowerPoint case documentation presentation
- One patient/peer/self dietary assessment

Grades for students with failed competencies

Competency calculation without and with fails

Student	Comp 1	Comp 2	SRP 1	SRP 2	RV 1	RV 2	Fail 1	Total/6	Total/7
Student 1	96	98	95	96	95	92	65	95.33	91.00
Student 2	91	90	88	93	91	94	69	91.17	88.00
Student 3	92	89	85	95	87	94	70	90.33	87.43
Student 4	92	97	90	95	98	99	72	95.17	91.86
Student 5	95	97	95	97	96	93	70	95.50	91.86

All checked against what ICON calculated without fails first to verify my math and

Final Calculated Grade with fails

40%	10%	25%	25%	
Comp	Case Pres	Daily	NGP	Calculated
91	93	74.28	40	74.27
88	92.25	75.23	80	83.23
87.43	96	74.13	60	78.10
91.86	84.75	76.32	60	79.30
91.86	94.75	73.09	60	79.49

course grad formula

examinations.

- **Ability to function in a collegial/professional setting** by treating fellow dental students and faculty in a professional manner.
- **Ethical and professional values** by showing respect to fellow classmates, staff and faculty members and being honest and ethical during lectures and in examinations.
- An understanding of the importance of **applying the concepts of evidence based dentistry to diagnosis, treatment planning and therapy.**

Course Objectives

At the end of the course the student should be able to:

- **Understand** the components of a comprehensive periodontal examination and, when provided this information, be able to develop an accurate periodontal diagnosis and prognosis.
- **Understand** the etiologic and risk factors associated with periodontal and peri-implant diseases.
- **Develop** an individualized, comprehensive, interdisciplinary, properly sequenced treatment plan for simulated patients with gingivitis and chronic periodontitis using diagnostic and prognostic information.
- **Understand** the relationship among periodontal, restorative/prosthetic and endodontic factors in the context of diagnosis and treatment planning.
- **Develop** individualized patient education in order to address etiologic and risk factors for periodontal patients.
- **Understand** the rationale for nonsurgical and surgical periodontal therapy.
- **Understand** how to assess outcomes of periodontal therapy, including expected outcomes and indications for additional therapy.
- **Understand** the indications and contraindications for various types of surgical therapy, including regenerative, resective, mucogingival, periodontal plastic and dental implant surgery.
- **Understand** the indications for periodontal referral, including patients with moderate to severe chronic periodontitis, aggressive forms of periodontitis, mucogingival conditions, periodontal disease associated with systemic disease or periodontitis that is refractory to treatment.
- **Demonstrate** the knowledge to properly identify and treat/manage periodontal emergencies.
- **Develop** an individualized periodontal maintenance program based on a simulated patient's disease status and risk factors.

3. Evaluation Methods Overview

- **Grading scale:**

The grades A, B, C, D, F, including plus and minus, will be given for the course:

90-100 = A

80-89 = B

70-79 = C

60-69 = D

below 60 = F

Successful completion of this course is a requirement to progress to Family Dentistry. Students receiving a D grade will require remediation. Students who fail the course will be required to repeat the course.

- **Evaluation components:**

- 1) Mid-term examination (50%) will cover subjects 1-9 and reading assignments presented prior to the examination date.
- 2) Final examination (50%) will cover subjects 11-18, and reading assignments presented after the mid-term examination.

The format for these examinations could include multiple choice, true-false, fill in the blank, matching, and short essay statements.

This course includes a series of selected readings from appropriate texts and current literature. Each seminar/lecture will cover the material assigned for that date. The students are expected to have read the assigned course material prior to the seminar, attending and participating in all course seminars. The seminars will often be a discussion format designed to involve the students in active consideration of the course material, to test their understanding of the reading material, to provide immediate feedback to the students without penalty and to provide the faculty member with information about student understanding of the material.

- **Evaluation methods used:**

- **Formative Assessments:** given during seminars
- **Summative Assessments:** provided by written examination

4. **Collegiate Competencies addressed in this course**

1. Critical thinking
3. Foundations in Biomedical Sciences
 - d. Application of biomedical science knowledge in the delivery of patient care
 - e. Application of pharmacology in the prevention, diagnosis and management of oral disease and the promotion and maintenance of oral health
4. Foundations in Behavioral Sciences
 - a. Application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health
5. Foundations in Dental Sciences
 - d. Preclinical Periodontics
8. Ethical practice of dentistry
10. Comprehensive General Dentistry
 - a. Patient assessment, diagnosis, treatment planning, prognosis and informed consent.
 - c. Recognition of the complexity of treatment and identifying when referral is indicated
 - d. Health promotion and disease prevention
 - i. Periodontal therapy
 - m. Dental emergencies
 - o. Evaluation of outcomes, recall strategies and prognosis
 - p. Risk assessment for caries and periodontal disease

Nominal Group Process

Students		Avila	Clark	Elangovan	Humbert	Johnson	Slach	Weistroffer	Abhyankar
1 A W E D	Student 1	4	2				4		
	Student 2	3	3				3		
	Student 3	3	3				4		
	Student 4	2	3				5		
	Student 5	3	5				5		
	Student 6	3	5				3		
	Student 7	3	4				4		
	Student 8	4	4				5		
	Student 9	2	3				3		
1 B F R I	Student 1					4		4	5
	Student 2					4		4	3
	Student 3					3		4	3
	Student 4					3		3	3
	Student 5					3		4	4
	Student 6					1		2	4
	Student 7					3		3	5
	Student 8					3		4	4
	Student 9					3		3	4
	Student 10					3		4	3
	Student 11					3		3	3
1 C T H U	Student 1			5	5		5		
	Student 2			5	4		5		
	Student 3			5	4		4		
	Student 4			3	4		2		
	Student 5			4	4		4		
	Student 6			4	3		3		
	Student 7			5	5		4		
	Student 8			3	3		2		
	Student 9			5	5		4		
	Student 10			4	4		2		
1 D	Student 1		3		4		5	4	
	Student 2		3		5		4	3	
	Student 3		3		3		3	3	
	Student 4		4		4		5	3	
	Student 5		3		4		2	2	

M O N	Student 6		4		4		3	3	
	Student 7		4		4		4	3	
	Student 8		3		5		2	3	
	Student 9		3		4		2	3	
	Student 10		4		4		4	3	

Rinehart	CALCULATED	ADJUSTED	POINTS
	3.33	3	15
	3.00	3	15
	3.33	3	15
	3.33	3	15
	4.33	4	20
	3.67	4	20
	3.67	4	20
	4.33	4	20
	2.67	3	15
3	4.00	4	20
3	3.50	4	20
4	3.50	4	20
3	3.00	3	15
4	3.75	4	20
2	2.25	2	10
4	3.75	4	20
3	3.50	4	20
4	3.50	4	20
3	3.25	3	15
2	2.75	3	15
	5.00	5	25
	4.67	5	25
	4.33	4	20
	3.00	3	15
	4.00	4	20
	3.33	3	15
	4.67	5	25
	2.67	3	15
	4.67	5	25
	3.33	3	15
	4.00	4	20
	3.75	4	20
	3.00	3	15
	4.00	4	20
	2.75	3	15

	3.50	4	20
	3.75	4	20
	3.25	3	15
	3.00	3	15
	3.75	4	20

Scale

1 = 5 points
2 = 10 points
3 = 15 points
4 = 20 points
5 = 25 points

Prosthodontic Clinic (Pros:8360)

Laboratory Competency 10 % (A timed, stationed laboratory ID exam)

Clinical Competencies 10 % (Each competency is worth 5%)

1. Dentate Diagnostic Impression (maxillary and mandibular arches)
2. Diagnostic Casts, Mounting, Facebow, Jaw Relation, Occlusal Analysis

Progress Assessments to Independence

1. Crown Preparation (must be done with Crown Provisional)
 - a. Experience 1 1%
 - b. Experience 2 2%
 - c. Experience 3 3%
2. Crown Provisional (must be done with Crown Preparation)
 - a. Experience 1 1%
 - b. Experience 2 2%
 - c. Experience 3 3%
3. Final Impression (fixed) – PVS
 - a. Experience 1 1%
 - b. Experience 2 2%
 - c. Experience 3 2%
4. Crown Delivery
 - a. Experience 1 1%
 - b. Experience 2 2%
 - c. Experience 3 2%

Daily Evaluations 12 %

Productivity (RVU's) 04 %

Fixed Evaluation 14 %

Removable Evaluation 14%

Final Instructor 14%

Total 100%

Prosthodontic Seminar (Pros:8365)

Pretest (short answer)	15%
Mid Term Exam (multiple guess)	25%
Final Exam (multiple guess)	25%
RPD Design (Case application)	25%
Quizzes and Homework	5%
Diagnostic Scan	2%
CPC Block Project	1%
Cast Scan Project	2%
Total:	100%