# CLINICAL COURSE INFORMATION

I. **Introduction** ................................................................. 2

II. **Competencies for the New Dental Graduate** .......................... 3

III. **Overview of Clinical Expectations by Discipline** ................... 9

IV. **Clinical Courses Syllabi-Junior Year** *(web link)*

V. **Clinical Courses Syllabi-Senior Year** *(web link)*

VI. **Professionalism in Patient Care and Practice Management** .... 11  
   
   DEN 7016L, DEN 7017L, DEN 8018L

VII. **TEAM Program -Clinical Courses** .................................. 12

   Oral Diagnosis/Medicine and Treatment Planning (DEN 7761L, 7766L, 8768L)
   Operative Dentistry and Cariology *(DEN 7744L, 7745L, 7746L, 8747L, 8748L, 8749L)*
   Periodontology *(DEN 7834L, 7835L, 7836L, 8837L, 8838L, 8839L)*
   Prosthodontics *(DEN 7845L, 7846L, 8857L, 8858L, 8859L)*
   Endodontics (by referral) *(DEN 7735L, 7736L, 8737L, 8738L, 8739L)*

VIII. **Clinical Rotation Courses** ........................................... 24

   Community Based Programs *(DEN 8708L, 8709L, 8710L)*
   Hospital Dentistry *(DEN 7443L)*
   Oral and Maxillofacial Surgery and Diagnostic Sciences *(DEN 7805L, 8809L)*
   Oral Oncology *(DEN 8767L)*
   Orthodontics *(DEN 7819L)*
   Pediatric Dentistry *(DEN 7825L, 7826L, 8827L, 8828L)*
   Radiology *(DEN 7762L, DEN 8765)*
   Special Needs-Dr. Gibbs

IX. **Clinical TEAM Grading with AxiUm** .................................. 21

X. **Student Assessment: Program for Independent Performance and Evaluation** 25

   Clinical Examination I, DEN 7961L (Semester 6)
   Clinical Examination II, DEN 8960L (Semester 10 & 11)
   Completed Case Presentation, DEN 8768L (Semester 10 & 11)
I. Introduction

This reference document and guide is to assist you in the successful completion of the clinical courses and in developing competency as a general dentist. It contains the departmental information and criteria that you will use to guide you in your comprehensive care of patients within a course timeline.

The clinical courses reflected in this overview document are a projection through completion of your senior academic year and subject to change from year to year, not only in content but also in the educational and evaluation methods utilized. However, students will be notified in writing by course directors and with appropriate notice of any changes to the clinical courses. AxiUm, a clinical management software will be used to populate the patient electronic health record (EHR) patient financial information, student procedures, student grades and competency completion.

The College of Dentistry’s Electronic Curriculum Organizer (ECO) contains the complete syllabus and manual for each clinical course. These syllabi include specific clinical grading criteria and final course grading. The Clinic Procedure Manual (CPM) contains information on clinical operations, patient treatment planning, fees, forms and related clinical administrative procedures. The College of Dentistry’s Student Handbook contains information about the dental curriculum, academic/clinical performance, academic honesty, student evaluation and other college programs and services.

Direct all questions concerning clinical grading or competency evaluation to the specific course director indicated in this syllabus. The appeal of a clinical evaluation or clinical course grade must be within 5 working days from the posting or receipt of the grade (excluding holidays and school breaks.)
The Competencies for the New Dental Graduate was developed by the College of Dentistry’s Curriculum Committee with input from the faculty, students, and staff and approved in October 1999. This document was revised in June 2004, April 2007 and March 2010.

Preamble

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

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

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

The purposes of this document are to:

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

Competency Statements

Independent Skills

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

Domain I: Professionalism – Apply standards of care in an ethical and medicolegal context to assure appropriate informed consent, risk management, quality assurance and record keeping and delivered within the scope of the dentist’s competence in a patient-centered environment that interfaces with diverse patient populations.

1: Ethical Standards: Apply ethical standards to professional practice.
2: Legal Standards: Apply legal standards (state and federal regulations) to professional practice.

Domain II: Health Promotion and Maintenance - Educate patients and the community, based upon critical thinking and outcomes assessments, about the etiology of oral disease, promote preventive interventions and effectively work with patients to achieve and maintain a state of optimal oral health through evidence-based care.

3: Communication and Interpersonal Skills: Communicate effectively using behavioral principles and strategies with patients from diverse populations, applying cultural sensivity.
4: Critical Thinking: Apply scientific principles and clinical expertise to critically evaluate literature when making decisions in the diagnosis and treatment of patients.
5: Assessment of Treatment Outcomes: Analyze the outcomes of patient care and previous treatment to improve oral health through application of best practices.
6: Practice Management: Apply business principles, human resource skills, and the human and technologic resources necessary for developing, managing, evaluating and protecting a general dental practice.
7: Patient Management: Apply behavioral and communicative management skills during the provision of patient care.
8: Community Involvement: Participate in the protection, promotion and restoration of oral health of the community and to those beyond traditional practice settings.
Domain III: Health Assessment – Recognize systemic diseases, substance and patient abuse and evaluate the patient’s medical and oral condition and plan treatment needs.

9: Examination of the Patient: Perform a comprehensive patient evaluation that collects patient history including medications, chief complaint(s), biological, behavioral, cultural and socioeconomic information needed to assess the patient’s medical, oral and extraoral conditions accordingly.

10: Diagnosis: Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.

11: Treatment Planning: Develop properly sequenced alternative treatment plans as appropriate to achieve patient satisfaction and that considers the patient’s medical history and all the diagnostic data; to discuss the diagnosis and treatment options to obtain informed consent; and to modify the accepted plan based upon regular evaluation, unexpected situations, or special patient needs.

12: Emergency Treatment: Prevent, recognize and manage dental and medical emergencies in the office.

Domain IV: Health Rehabilitation – Using universal infection control guidelines perform procedures that manage oral diseases and restore the patient to optimal oral health or refer appropriately.

13: Prescribe and/or apply clinical and/or home therapies for the management of dental caries and monitor their effect on the patient’s oral health.

14: Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prostheses.

15: Prevent, diagnose and manage periodontal diseases.

16: Manage conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient’s anxiety and pain.

17: Diagnosis and manage temporomandibular disorders.

18: Diagnosis and manage limited developmental or acquired occlusal abnormalities.

19: Prevent, diagnose, and manage pulpal and periradicular diseases.

20: Manage oral mucosal and osseous diseases or disorders, including oral cancer.

Non-independent Skills

Students will be exposed to the following concepts and skills, but are not expected to be able to perform these skills independently. Most of these non-independent skills are taught in the elective curriculum.

1. Perform periodontal surgical procedures
2. Observe placement of endosseous implants
3. Order and interpret advanced laboratory and radiological evaluations
4. Administer conscious sedation
5. Provide limited orthodontic treatment
6. Treatment for complex orofacial trauma and advanced intraoral infections
7. Complex restorative and pulpal therapies for primary teeth
Appendix A - Educational Mission, Philosophy and Curriculum for the Predoctoral Program at the University of Florida College of Dentistry

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

Philosophy
The College of Dentistry's highest commitment is to academic excellence. The development of the competent graduate 1 in the art, science and practice of dentistry is the foundation of our educational philosophy.2 It is paramount that the educational environment be humanistic3 and reflects the values of integrity, honesty, respect, fairness, and cooperation. It is equally important that faculty and staff develop, integrate, and facilitate effective4 and active learning.5 These efforts must result in graduates who possess and demonstrate knowledge and skills in the cognitive, psychomotor, and affective6 domains.

Predoctoral Education Program

http://www.dental.ufl.edu/offices/Education/DMD/

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

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

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

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

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

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

Basic and behavioral science knowledge and professionalism are the foundation upon which sound clinical judgments are made. Patient care is a dynamic and interactive process that begins with an assessment of the patient and leads to the restoration of a state of oral health and function, and ultimately to the promotion and maintenance of oral health. We recognize, however, that the patient care process can deviate from this "model." For example, based on an appropriate assessment, the dentist may decide that no restorative care is needed and the patient will receive preventive and health maintenance care. Our competency-based curriculum provides learning opportunities that support foundation knowledge, reinforce professional and ethical practice behaviors, and guide the development of sound clinical judgment and treatment skills. Competencies are interdisciplinary, yet each department or division within a department is responsible for coursework with specific behavioral objectives or clinical activities. Clinical departments or divisions assess most competencies, although some competencies are assessed within interdepartmental activities.


Appendix C - Glossary of Terms in Competency-Based Education and Evaluation

**Active learning:** Learning which focuses on student’s individual responsibility to engage in continued learning, self-assessment in achieving and maintaining competency, and the pursuit of higher skill levels.

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

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

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

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

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

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

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

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

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

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

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

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

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

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7 This glossary of terms is adapted from definitions provided by the American Dental Association and the Journal of Evidenced-based Dental Practice (March 2007) as well as from the 1997 Chambers and Glassman article. Some additional terms were defined by the UFCD Curriculum Committee. For a more complete glossary of terms, please see: Chambers DW, Glassman P. A primer on competency-based evaluation. J Dent Educ 61(8): 651-66, 1997.
### Class of 2016 Overview of Clinical Expectations by Discipline

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#### Course/Department Comprehensive Patient Care

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#### Specific Clinical Requirements

- **Comprehensive Patient Care**
  - **Clinical Administration/Professionalism**
    - Rotations: BLS, CI, CI, CI
    - Events/seminars: ICI, AxiUm-DEN6302, TEAM, Spring Syn
    - Web case-based: TEAM, Spring Syn
    - Certifications: BLS, HIPAA, BBP

- **Oral Diagnosis/Medicine & Treatment Planning**
  - 4 TP, 4 TP, 2 TP
  - C-Completed Case Pres

- **Periodontology**
  - 2 COE, 3 Ph1, 3 Ph1, 2 Ph1, 1 Ph1
  - C-SRP 1, C-SRP 2, C-Phase I
  - C-STP, C-Cl Ex 2, C-Case Based

- **Clinical Rotations**
  - 3DN & 4DN Grad Clinic

- **Operative Dentistry-Skills Assess**
  - min of 3, 3 (6 total)
  - Aesthetic: 1 Cerec or 2 assist + 1 Veneer or Diastema Closure or 2 assist
    - 1 Cerec and 1 Veneer or Diastema Closure
  - min of 2, min of 2, 2 (6 total)

- **Prosthodontics**
  - Overall Prosthodontics Competency Examination - Presentation - Oral Examination
  - Tx Planning: 1 unit, 5 units, 10 units, 20 units
  - 500 RVUs, 1,750 RVUs, 3,950 RVUs, 8,000 RVUs, 13,250 RVUs

- **Radiology**
  - R: 15 FMX technique, 5 FMX/PAN interpretations
  - C-1 Technique & Interpretation
  - 4 Dx/Tx plans 1 Ant/Pre RCT 300 RVU's
  - 3 Dx/Tx plans 1 Ant/Pre/Molar RCT 300 RVU's
  - 2 Dx/Tx plans 1 Ant/Pre/Molar RCT 300 RVU's
  - 1 Dx/Tx plans 1 Ant/Pre/Molar RCT 300 RVU's
  - 2 Recall Eval/ Cumulative 300 RVU's

- **Endodontics - required**
  - Caries Control/Emergency Therapy/Non-Vital Bleaching/Partial Case
  - C- #8 access, C-Dx/Tx Plan, C-Ant RCT/ C-Molar Access, C-Ant/Pre/Molar Dx/RCT
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R = Rotation
RP = Reflective Paper
CI = Clinical Integration
SE = Surgical Experiences
SL = Service Learning
SUCCESS = ADA practice management
X = Care based on pt need
Professionalism In Patient Care and Practice Management
DEN 7016, 7017 and 8018L

The stream of professionalism courses introduces student dentists to basic concepts of clinical patient care. This includes didactic material, clinical rotations, and integration into the UFCD Philosophy of Patient Care and the mechanics of patient management. Successful completion is required before advancement to the patient care portion of the program. The goal of the course is to assist in the transition from the didactic and preclinical portion of the curriculum with the ultimate goal of developing competent dentists. Competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

The ultimate goal of DEN 7016, 7017 and 8018L across semester 6-11 is to develop an ethically competent general dentist. Ethically competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning. Included in this series are the many required certification courses, and issues regarding infection control, quality assurance and patient safety/emergency preparedness.
TEAM Program
(Together Everyone Achieves More)

1) The goals of the TEAM program are to:
   • Integrate the clinical curriculum and philosophy into the clinical care of the patients through effective patient management;
   • Ensure and expedite the comprehensive treatment of patients and thus make clinics more patient friendly and;
   • Assist and motivate students through the clinical program.

2) DMD Student Objectives

Through the TEAM program students will:
   • Provide ethical and culturally sensitive comprehensive patient care with all assigned patients;
   • Participate in a variety of learning opportunities such as conducting clinically oriented outcomes research, teaching in pre-clinics, or exploring advanced clinical education in one of the dental specialties.

3) Patient Screening and Student Assignment

A. Screening
Patients are assigned to a TEAM Clinic to be screened by a TEAM Leader. One student is assigned each half-day to assist the TL with screening new patients. Two to four screening patients are scheduled. After being examined by the TEAM Leader, students take the patients to radiology. Students on Radiology rotation take the prescribed radiographs. Patient acceptance into the program is not guaranteed and is based on the educational needs of our students. Patients must meet certain criteria to be accepted.

B. Patient Assignment
The TEAM Leader who does the initial screening of a patient will also review the radiographs before accepting the patient for comprehensive care. The TEAM leader then assigns the patient to a student based on individual student needs. The student coordinator will make the initial appointment for a complete oral examination (COE). The treatment coordinators will make all patient appointments for the students. The goal is to:
   • Improve the continuity, timeliness and sequencing of patient care;
   • Provide a home clinic;
   • Reduce the patient assignment time and the time intervals between appointments;
   • Streamline the appointment scheduling process;
   • Reduce changes in the patient’s treatment plan;
   • Maintain high patient satisfaction by providing timely and appropriate care;
   • Fully utilize our current clinical management system for scheduling and quality assurance and patient care monitoring purposes;
   • Increases interdisciplinary teaching and communication, increases collegiality and collaboration, expands learning opportunities, broadens clinical expertise, and provides an opportunity for faculty to participate in patient treatment outcomes research.

4) Clinic Hours
   • 7:30 to 8am Instrument check out
   • 8 to 8:25am Morning huddle
   • 8:30 to 11:30am Patient treatment
   • 11:30am Patients dismissed
11:30-2:00  Lunch/Class
11:30 to 11:45am  Charts complete and computer check out
1:30 to 4:30pm  Patient treatment
4:30pm  Patients dismissed

Wednesday PM Clinics are closed.

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<td>Attendance: Verified/Excused/Unexcused</td>
</tr>
<tr>
<td>Review chair assignments and planned procedures</td>
</tr>
<tr>
<td>Identify competencies</td>
</tr>
<tr>
<td>Note cancellations and student reassignments</td>
</tr>
<tr>
<td>Assign emergencies for care</td>
</tr>
<tr>
<td>All students will have specific assignments or duties</td>
</tr>
<tr>
<td>Address any questions or concerns of students, faculty, or staff</td>
</tr>
<tr>
<td><strong>8:15 to 8:25am</strong></td>
</tr>
<tr>
<td>Discuss both positive and negative experiences from previous day or optional journal review</td>
</tr>
<tr>
<td><strong>8:30am</strong></td>
</tr>
<tr>
<td>Seat patients</td>
</tr>
</tbody>
</table>

5) TEAM Staff

**Treatment Coordinator (TC)**
Each TEAM has one Treatment Coordinator that is responsible for:
- Scheduling patients for that TEAM;
- Monitors the patient’s records for Quality Assurance and providing general chart maintenance;
- Assists in chart reviews for each student with the TEAM Leader;
- Reviews patient’s records and acts as intermediary with UFCD Business Office;
- Tracks patient accounts to maintain current status;
- Serves as the initial contact for patient questions and complaints;
- Assists the TEAM Leader and assist with administrative duties related to efficient clinic operations including schedule changes, scheduling urgent care needs, and emergency patients;
- Attends morning huddles and TEAM meetings as needed.

**Senior Clerk**
- Maintains optimal working order of clinic equipment by effectively interacting with Dental Maintenance to ensure clinic is functioning efficiently;
- Enforces infection control standards by examples, giving directions as needed by the students for proper adherence to infection control standards and utilize infection control variances;
• Organizes chair side assistance program for dental students, dental assisting students from Santa Fe CC;
• Assist TC and TL with morning huddle and the management of daily schedules;
• Provide chair side assisting as needed
• Assist with clinic inventory and ordering of supplies;
• Conduct surveys as needed;
• Assist the Office of Clinical Administration with Mock Board Examinations;
• Participate in Quality Assurance Program at UFCD;
• Other duties as assigned by TL.

Dental Assistants
• Maintain optimal working order of clinic equipment by effectively working with Dental Maintenance to ensure an efficient clinic operation;
• Provide reinforcement of infection control procedures and UFCD IC Policies;
• Assist Senior Clerk with chair side assisting;
• Assist TC/TL with morning huddle and TEAM meetings;
• Provide general dental chair side assisting to dental students;
• Assist Senior Clerk with clinic inventory and maintain adequate supplies,
• Conduct surveys;
• Assist the Office of Clinical Affairs with Mock Board Examinations;
• Other assigned duties as directed by TL.

6) Team Meetings-

• TEAMs will meet monthly on Friday morning from 12:00-2:00 PM with room assignments from the Office of Education. This is done to allow students assigned to off-site rotations to return to Gainesville for these meetings as attendance is mandatory. This time is used for educational presentations including; guest speakers, case presentations, risk management, dental materials and technique updates, etc.

7) Student Assessment

Students are assessed in each of the clinical and professionalism courses and should reference the associated course syllabi and manuals for specific information on evaluation criteria, grade weights and course grade scales.
<table>
<thead>
<tr>
<th>Course Number</th>
<th>DEN 7761L</th>
<th>DEN 7766L</th>
<th>DEN 8768L</th>
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<tbody>
<tr>
<td>Credit Hours</td>
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<td>1</td>
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<tr>
<td>Semester</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Minimum Clinical Experiences</td>
<td>4</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Competency</td>
<td>TPC1</td>
<td>S/U</td>
<td>TPC2</td>
</tr>
<tr>
<td>Treatment Plan Case Presentations</td>
<td>Selection of completed case(s)</td>
<td>S/U</td>
<td>S/U</td>
</tr>
<tr>
<td>Daily Grades</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>RVU's</td>
<td>70%</td>
<td>70%</td>
<td>20%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
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</table>
## CLINICAL PERIODONTOLOGY OVERVIEW

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number</th>
<th>Minimum Cumulative Perio Cases (Phase I Eval)</th>
<th>Surgical Experiences</th>
<th>Competency Requirement</th>
<th>Clinic Experience</th>
<th>Minimum Experience to Attempt Competency</th>
<th>Maintenance Cases</th>
<th>Daily and Prof. Scores</th>
<th>Competency</th>
<th>Cumulative RVU’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Summer</td>
<td>7834L</td>
<td>2 COEs Comprehensive Oral Exams (00150)</td>
<td></td>
<td>1 Maintenance Case (1110/4910)</td>
<td>Maintain All</td>
<td>40</td>
<td>0</td>
<td>60</td>
<td>A = 1050</td>
<td>Total 1695</td>
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<tr>
<td>6</td>
<td></td>
<td>Simple – 4380 Complex - 4380A</td>
<td></td>
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<tr>
<td>Junior Fall</td>
<td>7835L</td>
<td>3* SRP Part I (Simple Case) 4341/4342</td>
<td></td>
<td>3 Quadrants SRP</td>
<td>Maintain All</td>
<td>40</td>
<td>30</td>
<td>30</td>
<td>A = 2745</td>
<td>Total 1695</td>
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<tr>
<td>Junior Spring</td>
<td>7836L</td>
<td>6* Rotation to Graduate Perio 1**</td>
<td></td>
<td>SRP Part II (Complex Case) 4341/4342</td>
<td>5 SRP Patient Cases</td>
<td>Maintain All</td>
<td>40</td>
<td>30</td>
<td>A = 1895</td>
<td>Total 1205</td>
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<td>8</td>
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<tr>
<td>Senior Summer</td>
<td>8837L</td>
<td>8* Rotation to Graduate Perio 1**</td>
<td>Phase I 4380/4380a</td>
<td>5 Phase I Evaluations with at least 1 Complex</td>
<td>Maintain All</td>
<td>40</td>
<td>30</td>
<td>30</td>
<td>A = 2745</td>
<td>Total 1405</td>
</tr>
<tr>
<td>9</td>
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<tr>
<td>Senior Fall</td>
<td>8838L</td>
<td>9 Total*: 4 Complex/5 Simple</td>
<td>Rotation to Graduate Perio 1**</td>
<td>SPT 4910</td>
<td>3 SPT Patient Cases</td>
<td>Maintain All</td>
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<td>30</td>
<td>A = 2745</td>
<td>Total 1405</td>
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<tr>
<td>10</td>
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</tr>
<tr>
<td>Senior Spring</td>
<td>8839L</td>
<td>All remediation must be completed</td>
<td>Minimum 10 Maintenance Apprs cumulative (4910)</td>
<td>Maintain All</td>
<td>40</td>
<td>30</td>
<td>30</td>
<td>A = 2745</td>
<td>Total 1405</td>
<td></td>
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<tr>
<td>11</td>
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</table>

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number</th>
<th>Minimum Cumulative Perio Cases (Phase I Eval)</th>
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<th>Competency Requirement</th>
<th>Clinic Experience</th>
<th>Minimum Experience to Attempt Competency</th>
<th>Maintenance Cases</th>
<th>Daily and Prof. Scores</th>
<th>Competency</th>
<th>Cumulative RVU’s</th>
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</thead>
<tbody>
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</tbody>
</table>
HOW MANY PERIODONTITIS CASES DO I NEED TO TREAT BY GRADUATION?

Students must complete:

- A minimum of 10 SRP appointments (D4341/4342)
- A minimum of 9 total Phase-I Evaluations. At least 4 of these should be “Complex cases”.
- A minimum of 10 total SPT appointments (Periodontal maintenance, 4910; students are expected to perform at least the first 2 maintenance visits for any patient for whom they have performed the Phase I re-evaluation).

It is recommended that you aim to complete these requirements by the end of Senior Fall semester, so that Spring semester is available for students to complete any remaining assigned treatment and to arrange ongoing care for their patients. In a situation where students need to remediate, we want to be sure they have adequate time to do so, without delaying their graduation.

WHAT IS A COMPLEX CASE?

The requirements for a complex case are:

- Adult dentition
- Minimum 10 teeth
- Probing depth ≥4mm on at least 5 teeth
- Radiographic evidence of at least 20% bone loss
- Minimum of one molar tooth with furcation involvement
- Clinically detectable subgingival calculus

WHAT IS A SIMPLE CASE?

- All periodontitis cases that do not meet the aforementioned classification criteria (Complex).

WE HAVE 2 COMPETENCY TESTS IN SRP. HOW DO THEY DIFFER?

SRP Competency Part I: should be completed (Junior Fall) on an adult who meets the above classification criteria for a Simple Case.

SRP Competency Part II: must be completed (Junior Spring) on a patient meeting the criteria for Complex Cases (as listed above).

WHAT DO I NEED TO KNOW ABOUT PHASE I EVALUATIONS (A.K.A. PERIODONTAL POST-INITIAL THERAPY EVALUATIONS)?

- Phase I Evaluations are best completed on cases the individual student has personally rendered the planned initial SRP Phase I Periodontal therapy (i.e. that student has provided therapy in at least 2 of the quadrants).
- *Phase Is recommended for completion by this date. Students who are two or more cases behind the recommended number of completions at any deadline date will receive a Notification of Progress letter from the department regarding their lack of clinical progress.

Students receiving a Notification of Progress letter will be eligible to obtain a maximum C grade for that semester.

WHAT ELSE DO I HAVE TO DO PRIOR TO GRADUATION?

Successfully pass all Clinical Competency examinations.

Note: Competencies must be completed in the sequence outlined in this overview and in the semester assigned.

Students must also successfully complete the Clinical Exam II Competency (Mock Board) within the Senior year and complete the rotation to Graduate Periodontology.

WHAT’S THE DEAL WITH SEMESTER 6 (JUNIOR SUMMER)?

As this is your first semester on clinics, there is no competency test. We encourage you to start with examination and treatment of patients as soon as possible in the semester. To encourage this, for semester 6 only, COEs (0150 codes) will be counted toward semester RVUs, to a maximum of four (4) such procedures.
### Clinical Operative Syllabus Overview

<table>
<thead>
<tr>
<th>Semester</th>
<th>Summer/6</th>
<th>Fall/7</th>
<th>Spring/8</th>
<th>Summer/9</th>
<th>Fall/10</th>
<th>Spring/11</th>
<th>Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #</td>
<td>7744L</td>
<td>7745L</td>
<td>7746L</td>
<td>8747L</td>
<td>8748L</td>
<td>8749L</td>
<td>8749L</td>
</tr>
<tr>
<td>Credit hours</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Quality Evaluation

The Following 3 Criteria are Evaluated During Each Clinic Session:
1. Patient and Appointment Management
2. Problem Solving, Clinical Reasoning and Integration of Relevant Scientific Evidence
3. Clinical Skill

Evaluation is based on whether a student:
- Exceeded the Expected Outcome
- Achieved the Expected Outcome
- Achieved an Acceptable Outcome with Modification/Intervention
- Did Not Meet the Expected Outcome

(Refer to the Daily Clinical Assessment Rubric p. 10)

#### Level I Skills Assessments

- Minimum of 3 Successful Completion of all 6

#### Level II Skills Assessments

- Minimum of 2 Minimum of 4 Successful Completion of all 6

#### Aesthetic Requirement

- 1 Cerec (or 2 assists) and 1 Veneer or Diastema Closure (or 2 assists)
- 1 Cerec and 1 Veneer or Diastema Closure

**Students must complete a minimum of one case in the same clinical classification prior to challenging the skills assessment.**

**Students must select the case and patient and declare the skills assessment at the morning huddle.**

A grade of "2.5" is the minimum passing grade for skills assessments.

A grade of "1" in any category or an "F" under "Professionalism and Patient Management" will result in a failing grade for the skills assessment.

#### Quantity Evaluation

<table>
<thead>
<tr>
<th>Breadth of Experience/RVUs</th>
<th>4 &gt;600</th>
<th>≥2200</th>
<th>≥4100</th>
<th>≥7000</th>
<th>≥9500</th>
<th>≥12000</th>
<th>10,000</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>400-599</td>
<td>1500-2199</td>
<td>3500-4099</td>
<td>5500-6999</td>
<td>8000-9499</td>
<td>10500-11999</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>300-399</td>
<td>1300-1499</td>
<td>3000-3499</td>
<td>5000-5499</td>
<td>7500-7999</td>
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</tr>
<tr>
<td>1</td>
<td>&lt;300</td>
<td>&lt;1300</td>
<td>&lt;3000</td>
<td>&lt;5000</td>
<td>&lt;7500</td>
<td>&lt;10,000</td>
<td></td>
</tr>
</tbody>
</table>

A minimum of 1000 RVUs must be accumulated in semesters 7 through 11 in order to achieve the above grades.

#### Semester Grade

- Quality: 70%
- Quantity (RVUs): 30%

**In addition, all skills assessments and aesthetic requirements must be completed by semester 8 and 11 or an “E” grade will be issued.**

---

**NOTE:** The Rotation to Graduate Periodontology runs throughout semesters 8–10, with 2-3 DMD students attending the clinic each week. Grading for the rotation cycle is done at the end of semester 10, irrespective of when a given student attended the rotation.
Clinical Prosthodontics Syllabus Overview

<table>
<thead>
<tr>
<th>DN Status</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
<th>Graduation</th>
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</thead>
<tbody>
<tr>
<td>Semester</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>10</td>
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<tr>
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<td>7846L</td>
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<td>Credit hours</td>
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<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Fixed Psychomotor Entry Exam**

Single Crown Preparation & Provisional restoration completed on a Dentof orm within clinical working hours
FIRST CROWN PREPARATION on a Patient MUST BE STARTED WITHIN 30 CALENDAR DAYS after successfully completed this exam

**6 Skills Assessments**

Student must complete one (1) case prior to challenging the Assessment.
Multi-step assessment is to be completed on the same patient. TEAM Leader approval REQUIRED for exceptions
Student must select the patient to challenge the assessment and declare at the beginning of the session.

**Prosthodontics Competency**

Can be completed any semester

Overall Prosthodontics Competency Examination*See criteria*
The students must successfully select, complete, document and present (2) two cases to a panel of faculty in order to graduate
Restoring lost posterior occlusion using removable prosthetics
Anterior esthetic fixed restorations
Restoring posterior occlusion on one side at the existing OVD and in MI position using a fixed restoration
Immediate Denture case

**Daily Grade (40%)**

Average of daily procedures

*See criteria*
Preparedness, Time Management and Patient Management
Ability to Provide an Appropriate Evidence-Based Rationale for treatment
Clinical Skill
Infection Control
Professionalism

**Quantity (30%) RVUs**

<table>
<thead>
<tr>
<th>Units</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:</td>
<td>&lt; 499</td>
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<td>500 - 749</td>
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<td>14,000 - 14,749</td>
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<tr>
<td>4:</td>
<td>14,750 - 15,500</td>
</tr>
</tbody>
</table>

Up to 1,000 RVUs from offsite rotations

**Overall Eval (30%)**

The Prosthodontics faculty will grade each student independently based on their clinical encounters 2 times in the semester.
The final grade will be the average grade of the 2 evaluations.

**Grading Scale**

3.50 – 4.00: A
3.25 – 3.49: B +
3.00 – 3.24: B
2.75 – 2.99: B
2.50 – 2.74: C +
2.25 – 2.49: C
2.00 – 2.25: C
< 2.00: E

**Semester Grade:**

Daily Quality Grade | 40%
Quantity (RVUs): | 30%
Overall Clinical Evaluation: | 30%
Highest passing grade = “C” if minimum units are not completed within the semester

**Grading Scale (Continued)**

ALL 6 SKILLS ASSESSMENTS, THE COMPETENCY EXAMINATION, 20 UNITS and >13,250 RVUs MUST BE COMPLETED IN ORDER TO GRADUATE
<table>
<thead>
<tr>
<th>Competency Name and Completion Date</th>
<th>Course Expectations: Required Activity</th>
<th>Course Expectations: Supplemental Activity towards accumulating RVUs</th>
<th>Minimum patient-based completed RCT by semester</th>
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</thead>
<tbody>
<tr>
<td>Synthetic Tooth #8 RCT Access (Sim Lab Session)</td>
<td>Anterior/Premolar RCT (at least 1 case) Complete a minimum of 4 Diag/Tx Plans in AxiUm 300 RVUs</td>
<td>Endo Assist (Predoc/Grad) Caries Control Emergency Therapy Non-Vital Bleaching</td>
<td>1</td>
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<tr>
<td>Diag/Tx Planning Competency (Case-based exam)</td>
<td>Anterior/Premolar/ Molar RCT (at least 1 case) Complete a minimum of 3 Diag/Tx Plans in AxiUm 300 RVUs</td>
<td>Endo Assist (Predoc/Grad) Caries Control Emergency Therapy Non-Vital Bleaching</td>
<td>1</td>
</tr>
<tr>
<td>Synthetic Tooth #8 RCT Competency</td>
<td>Anterior/Premolar/ Molar RCT (at least 2 case points) Complete Recall Evaluations (suggested) 300 RVUs</td>
<td>Endo Assist (Predoc/Grad) Caries Control Emergency Therapy Non-Vital Bleaching</td>
<td>1</td>
</tr>
<tr>
<td>Synthetic Tooth #14 Access Competency (Case-based exam)</td>
<td>Anterior/Premolar/ Molar RCT (at least 1 case point) Complete Recall Evaluations (suggested) (A total of 5 case points must be accumulated by the end of this semester) 300 RVUs</td>
<td>Endo Assist (Predoc/Grad) Caries Control Emergency Therapy Non-Vital Bleaching</td>
<td>2</td>
</tr>
<tr>
<td>Anterior/Premolar/ Molar Diagnosis and RCT Competency (Patient-based)</td>
<td>Complete 2 Recall Evaluations (2 Recalls must be completed by end of this semester) 300 RVUs</td>
<td>Endo Assist (Predoc/Grad) Caries Control Emergency Therapy Non-Vital Bleaching</td>
<td>1</td>
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**Department of Endodontics Clinical Overview**

<table>
<thead>
<tr>
<th>DN Status</th>
<th>Semester</th>
<th>Course #</th>
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<th>Number of Clinical Competencies/Sem</th>
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<tr>
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<td>7</td>
<td>DEN 7736L</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>DEN 8737L</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>DEN 8738L</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>DEN 8739L</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical TEAM Grading with AxiUm

1) **Common grading scale 1-4**

The 4 point grading scale will be used for clinical activities grading (Quality, Professionalism and Quantity grade (RVUs)) with the following definitions:

- 4-Exceeded Expected Outcome
- 3-Achieved Expected Outcome (deemed to be of satisfactory quality)
- 2-Modification/Intervention Necessary (outcome was satisfactory after unanticipated or unwarranted modification and/or intervention)
- 1-Did Not Meet Expected Outcome (deemed to be below a marginally acceptable quality and may require repair/replacement)

*Critical errors will be determined by each individual department’s competency
*The minimum passing grade is 2 points

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>4 point Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3.50-4.00</td>
</tr>
<tr>
<td>A-</td>
<td>3.25-3.49</td>
</tr>
<tr>
<td>B+</td>
<td>3.00-3.24</td>
</tr>
<tr>
<td>B</td>
<td>2.75-2.99</td>
</tr>
<tr>
<td>B-</td>
<td>2.50-2.74</td>
</tr>
<tr>
<td>C+</td>
<td>2.25-2.49</td>
</tr>
<tr>
<td>C</td>
<td>2.00-2.24</td>
</tr>
<tr>
<td>E</td>
<td>&lt; 2.00</td>
</tr>
</tbody>
</table>

2) **Professionalism criteria**

1. Preparation for procedure(s)
2. Evidence-based judgment
3. Interpersonal skills
4. Compliance with infection control standards
5. Time management

See “Professionalism and patient management criteria chart” (Page 4)

3) **Grading Forms in AxiUm**

The clinical grading form consist of a series of questions/errors (set by each department) related to an ADA code written in the treatment plan. The questions are written so they delineate the possible errors that the students could do on a specific procedure/step.

The faculty will need to assign a professionalism and quality grade based on the student performance every day. If any error/s have found, the proper question/category/error must be marked and final quality and professionalism grade are granted. **If the procedure is done properly, there is no need to mark/click in any error/category/questions and a quality and professionalism grades are granted.** These quality and professionalism grades are then dump into a report that averages them for the final grade calculations.
Once the procedure/step is marked as completed, the correspondant RVU value is accumulated *(Quantity Grade)*. If the case is “in progress”, the quality and professionalism grades are granted, but RVUs are not accumulated.

4) **Competencies**

AxiUm contains competency assessment forms from each discipline. The criteria for each assessment can be found in the clinical course syllabus in ECO. Competencies are graded on a 1-4 scale. A grade of “1” is not passing therefore the competency will have to be challenged again.

**Competency assessment is usually different from daily grading in these areas:**

- **Students must practice these expectations on a certain number of patients before they can challenge a competency assessment.**
  Each department should delineate the pre-requisites for each competency. We will use the Info Manager Report to see if the student has completed the pre-requisites. The Info Manager will be set up to generate custom reports for each department.

- **Student chooses (self selects) the patient to challenges the competency**
  The students must notify the patient care coordinator, senior clerk and faculty if they will be performing a competency that session so a “Patient alert” could be issue prior to the clinical session. This alert will prompt the faculties about this “examination” so the student work independently and the faculty evaluates accordingly.

- **Competency assessment is global (cognitive, psychomotor and affective) not skill focused only.**
  The patient selection, performance and professional behavior will determine the final competency grade.

- **It is pass/fail grading with critical errors clearly defined.**
  The competencies will be graded on the scale of 1-4. By definition if “1” is granted the competency has been failed. “2” is the minimum passing score for competencies. Critical errors will be determined by each individual department’s competency.

- **Students must conduct a self-assessment before faculty assessment.**
  The department “competency form” that includes the student self evaluation must be used. This form is different from the “department specific grading form”.

- **Ideally there are two graders.**
  Before granting a “1” (failing grade) a second opinion must be requested. This second faculty, from the same department, should evaluate the case and have a conversation with the responsible faculty. After this discussion the final competency grade is granted. A comment should be written in the “comment box” if the competency has been failed.

- **Students who do not pass re-challenges at another appointment. They may or may not be downgraded for multiple attempts.**
  Every department will evaluate the possibility of downgrading for multiple attempts.

5) **Final Semester Grade Calculations**

Each department will decide how the final semester grade calculations will be done and how the RVUs are incorporated in the equation. See “Overview of DMD Clinical Curriculum chart”.

22
# Daily Clinical Assessment Rubric

<table>
<thead>
<tr>
<th>Patient and Appointment Management (Including Infection Control)</th>
<th>Exceeded Expected Outcome (4) (all of the following are true)</th>
<th>Achieved Expected Outcome (3) (all of the following are true)</th>
<th>Modification/Intervention Necessary (2) (any or all of the following are true)</th>
<th>Did Not Meet Expected Outcome (1) (any or all of the following are true)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outstanding preparation, record management, time utilization, pain control and infection control.</td>
<td>• Acceptable preparation, record management, time utilization, pain control and infection control.</td>
<td>• Minimally prepared, help needed with record management, time management, pain control and/or infection control.</td>
<td>• Unprepared, unaware of the steps and procedure to satisfactorily meet the needs of the patient.</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates a high level of compassion and respect for patient, staff and faculty.</td>
<td>• Demonstrates compassion and respect for patient, staff and faculty.</td>
<td>• Does not fully recognize or understand the interpersonal needs of the patient, staff and faculty.</td>
<td>• Inappropriate record management, time utilization, pain control and/or infection control.</td>
<td></td>
</tr>
<tr>
<td>• Clearly recognizes patients' needs in the context of their lives and their oral care.</td>
<td>• Recognizes patients' needs in the context of their lives and their oral care.</td>
<td>• Challenged communication</td>
<td>• Unaware or uninterested in patient's needs.</td>
<td></td>
</tr>
<tr>
<td>• Skilled and purposeful communication which demonstrates sensitivity to cultural diversity</td>
<td>• Acceptable communication</td>
<td>• Does not seek feedback</td>
<td>• Displays closed-mindedness by resisting faculty or patient feedback.</td>
<td></td>
</tr>
<tr>
<td>• Displays fair-mindedness and actively seeks feedback</td>
<td>• Seeks feedback</td>
<td></td>
<td>Acceptable standard was not met</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acceptable standard was met</td>
<td></td>
<td>Time was improperly managed, not finished on time and/or the patient must return to complete procedure. The paperwork and grading may have to be done after clinical hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student is prepared to perform the procedure. Student needs some assistance. Student finishes on time (treatment and paperwork)</td>
<td></td>
<td>Acceptable standard was met with assistance/modification. Student finishes on time with the patient however the paperwork and grading have to be done after clinical hours.</td>
<td></td>
</tr>
<tr>
<td>Problem Solving, Clinical Reasoning and Integration of Relevant Scientific Evidence</td>
<td>Demonstrates outstanding conceptual understanding and insightful application of relevant scientific evidence</td>
<td>Demonstrates conceptual understanding and insightful application of relevant scientific evidence</td>
<td>Demonstrates some gaps in understanding, clinical reasoning &amp; problem solving.</td>
<td>Failed to demonstrate conceptual understanding, clinical reasoning, problem solving and application of relevant scientific evidence</td>
</tr>
<tr>
<td>• Information is communicated completely, accurately and concisely</td>
<td>• Information is communicated effectively</td>
<td>• Foundation knowledge is incomplete and inaccurate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Seeks more information and asks insightful questions</td>
<td>• Seeks more information and asks insightful questions</td>
<td>• Minimal scientific evidence is incorporated into patient treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When guidance is requested, the student appropriately and accurately informs the faculty and proposes excellent treatment options based on relevant scientific evidence</td>
<td>When guidance is requested, the student appropriately and accurately informs the faculty and proposes treatment options based on relevant scientific evidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Skill</td>
<td>Technical skill was appropriate for level of education</td>
<td>Faculty intervention was necessary to complete treatment or to get patient to an acceptable point for dismissal</td>
<td>Failed to demonstrate acceptable technical skills</td>
</tr>
<tr>
<td>• Outstanding technical skill demonstrated</td>
<td>• Clinical procedures are accomplished somewhat independently and competently</td>
<td>• Clinical procedures are accomplished with minimal instruction</td>
<td>• Need for minor deviation due to the student error (Treatment errors require minor additional treatment or a minor variation in planned treatment)</td>
<td>Failed to meet expectations for this level of education</td>
</tr>
<tr>
<td>• Follows faculty directions precisely</td>
<td></td>
<td>• Follows faculty directions</td>
<td></td>
<td>Does not follow faculty directions or proceeds with treatment beyond the ideal (or the expected norm) without informing faculty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Treatment errors require additional treatment or a change in treatment</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Rotation Courses

In addition to the intramural clinical courses and comprehensive patient care provided in the TEAM program, students are assigned to a series of intramural and extramural rotations. These experiences provide the student with depth in a specific discipline and access to treat specific populations, as well as, provide access to care for underserved populations.

**Intramural Rotations:**
Please see the rotation schedule to note your assigned dates. Refer to the specific syllabi for learning objectives, assessment of student competency and course grading.

- Hospital Dentistry (DEN 7443L)
- Oral and Maxillofacial Surgery and Diagnostic Sciences (DEN 7805L, 8809L)
- Oral Oncology (DEN 7819L)
- Orthodontics (DEN 7819L)
- Pediatric Dentistry (DEN 7825L, DEN 7826L, 7826L, 8828L)
- Radiology (DEN 7762L)

**Extramural Rotations:**
Students participate in three selected rotations of (9 days each).

- Community Based Programs (DEN 8708L, 8709L, 8710L)

The intent of the extramural assignments is to facilitate your growth and maturation in the profession of dentistry and assist your transition from the status of dental student to that of practitioner. Data indicates that students returning from well-conducted experiential educational assignments demonstrate improved communication, organizational, and decision-making skills. Additionally, not only has clinical competence progressed, but also, self-evaluation and accountability have been enhanced. The key elements of a successful extramural experience include:

1. The facilities (the design of the dental clinic, the equipment, the instruments, the supplies; plus the housing)
2. The staff (the supervising dentists and the auxiliaries).
3. The diversity of patients treated, as well as the diversity of services provided.
4. The overall management of the dental practice.
5. The planning of the experience itself by the student.
### Assessment Across the UFCD Clinical Curriculum

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Written Tests</th>
<th>Lab Simulators</th>
<th>Feedback &amp; Reflection</th>
<th>Inquiry</th>
<th>Work Samples</th>
<th>Clinical Observation-based assessment</th>
<th>Global Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCQ</td>
<td>CL Exam I-written (DEN 7961L)</td>
<td>CL Exam I-practical (DEN 7961L)</td>
<td>CL Exam I-Oral Exam, (DEN 7961L)</td>
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<td></td>
<td>Department Formative Skill and Competency Assessments</td>
<td>CL Exam I-All Components, (DEN 7961L) TEAM assessment (DEN 7016) (DEN 7017)</td>
</tr>
<tr>
<td>Year 4</td>
<td>CL Exam II Laws/Rules (DEN8960L)</td>
<td>CL Exam II practical (DEN8960L)</td>
<td>Reflection Essays-Community Service (DEN 8019L) Clinical Ethical Dilemma (DEN 8018)</td>
<td>Dental Biomaterial Presentation (DEN 8719L)</td>
<td>Completed Case Presentation (DEN 8768L)</td>
<td>CL Exam II CL patients (DEN8960L)</td>
<td>TEAM assessment (DEN 8018)</td>
</tr>
</tbody>
</table>

**Student Assessment**

Students will challenge clinical competency assessments in the TEAM program and on intramural rotations. The mechanisms to do this and the assessment criteria for each discipline are outlined in each clinical course syllabus. Additionally, students are assessed globally on their abilities to use critical thinking, evidence-based decision making, application of biomedical knowledge, ethical decision-making and professional responsibility in patient care through the global assessments.

Evaluation provides an opportunity for introspection by students and faculty. Only by recognizing weaknesses can these issues be addressed. By the same token, insight into strengths can provide assessment of interests and direction toward specific areas for which students have an aptitude.