The following changes are proposed in light of the poor attendance in the DEN8303 course in previous years and significant schedule conflicts associated with external rotations.

2013 - 2014: We propose to take this course fully on-line. Lectures can be reviewed online via Mediasite. Weekly quizzes will continue to be posted in Sakai as before. Nothing else will change. All students will be required to complete the comprehensive radiology reports on assigned cases, both individually and as a team. They will be encouraged to use decision support software and do literature searches. The final exam will be comprehensive as before, at the end of Semester 10. An interactive web-based discussion interphase will be opened up in Sakai.

At least 85% of students failed to attend the majority of lectures offered in the course last year and instead, reviewed the presentations online. They performed well in the weekly quizzes and the final examination. This pattern was observed in previous years as well.

2014 – 20xx: Starting next year, it is proposed that the course be offered in Semesters 6 and 7, once the Oral Pathology course concludes. Thus, students will be able to learn advanced interpretation earlier in the curriculum and apply their knowledge in the clinics. In addition, they will be doing one-on-one interpretations in the Radiology Clinic with our faculty. It is expected that this would significantly augment their interpretive skills.
Possible Facilitators:
Culp, Holiday, Weinstein, Childs, Frank, Peter, Marcelle, Uma, Spencer, Caudle, Chan, Katz, Shaddox, Denis, Ashley (resident in path).

Course Revision:
The course contents is to be modified to incorporate near the end of the course a small-group case-based learning module that focuses on tooth development and Osteogenesis Imperfecta, developed by Dr's Holiday and Weinstein. The case would require 4 h of student contact time (two 90 sessions and one 60 min session). In review of the course contents, it is suggested to decrease emphasis in the areas of GI tract, heart, lung and limb development by only focusing on major developmental defects of the heart in newborns and using limb development as a model for cartilaginous bone formation. Also, brain and neuro development would be combined into a "development of the nervous system" lecture. The review session would be eliminated and "cells in development" given less emphasis while maintaining the role of hox genes in development. These changes are expected to free up 4 h of student contact time. In the further, once people see how this plays out, I anticipate that lecture time devoted to tooth development and dental anomalies may be reduced. John also seemed interested in development of a case for his section.

I see John's lectures as something similar to:

1. Gametogenesis, fertilization & weeks 1 & 2.
2. Development of the nervous system.
3. Embryonic folding and major organ development, part I (heart).
4. Major organ development, part II (vasculature, limbs).
5. Major organ development, part III (lungs and integument).
6. Head and neck

You may want to run this by John so we're all on the same page.

Dave

David and Abi,
I have used the comment feature in excel to add some suggestions on this Semester 1 weekly schedule. Basically, I have tried to front load the lectures to make room for the case sessions so that they are one week apart in November. You can see the later Nov/Dec schedule is quite compressed with neuroanatomy.
I will also cc Censeri as there are probably things that I have missed.

For Dr. Riley’s portion of the current Fall schedule I only see one 2 hr session and one 3 hour session. I thought he needed four 3 hour sessions when we had 83 students. We compressed that to three 3 hr sessions last year because of
his personal schedule. We should clarify how many he needs for 93 students. My suggestion would be three 3hr sessions with 31 students @. I have tried to suggest some additional presentation times in this version.

Censeri needs to finalize this schedule in the next two weeks so we will have to move quickly.

David, I see how this case could be piloted with team-based learning but there has been limited faculty development in TBL. What list of faculty do we have to pilot this as a PBL? Beyond yourself, myself, Geraldine, Shannon? Could you develop the faculty facilitators list so we can have them hold the case dates when agreed upon? We also need a short description of the revision for Monday’s Curriculum Committee meeting.

Gail

Gail Schneider Childs
University of Florida College of Dentistry
Director of Curriculum and Instruction
1395 Center Drive, Room D3-11
Gainesville, FL 32605
352-273-5952

gchilds@dental.ufl.edu
From: Robinson, Boyd E
Sent: Thursday, June 20, 2013 11:04 AM
To: Bhattacharyya, Indraneel
Cc: Rey, Rosalia; Childs, Gail Schneider; Cohen, Donald M
Subject: CURRICULUM COMMITTEE

Neel,

As I assume the additional responsibilities of Interim Dean, I would like to appoint Ms. Richelle Janiec, Director for Clinical Operations, to serve in my place as ex-officio member of the college’s Curriculum Committee. I give Ms. Janiec as Director for Clinical Operations my proxy to exercise voting rights in Curriculum Committee matters.

Please let me know if I need to do anything further to make this happen.

Boyd

Dr. Boyd E. Robinson, D.D.S., MEd
Associate Dean for Clinical Affairs
Interim Chair Restorative Dentistry Department
University of Florida College of Dentistry
PO Box 100412
Gainesville, FL 32610-0412
Office: 352-273-6826
FAX: 352-392-5606

You see things; and you say 'Why?' But I dream things that never were; and I say 'Why not?'

George Bernard Shaw
NOTE: This communication may contain information that is legally protected from unauthorized disclosure. If you are not the intended recipient, please note that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, you should notify the sender immediately by telephone or by return email and delete this message from your computer.
Present: P. Martin, L. Cabrera, S. McAninley, J. Porto, J. Dorociak, K. Losin, J. Scott, M. Novak, G. Childs, Dr. A. Progulske-Fox, Dr. R. Burne, Dr. V. Sposetti

Course Evaluation: Respondents: 40, Mean course evaluation questions scores ranged from 4.2-4.6, and rated the course overall 4.2.

Purpose of debriefing: New Course Director

Course Content: Well organized.

Microbiology:
Students felt the slides were presented coherently and were well-organized, and the history was memorable and relatable.
Students expressed the microbiology section on cell membranes was redundant and could be removed or incorporated into a lecture as opposed to being a separate lecture topic.
Students felt the bioterrorism information could be condensed.
Students appreciated the identification of importance system (e.g. Dr. Walker’s 3-star system.)

Periodontology:
Students appreciated the periodontal clinical correlations.

Cariology:
No suggestions were provided.

Virology/Fungi:
There was a suggestion to organize the antibiotic lecture by the antibiotic rather than the organism.

Teaching Methods:
Students asked for more active learning methods in class, such as asking questions.
Students did appreciate lecture materials being flexible enough to allow for their personal learning styles (e.g. antibiotics lecture) and clinical correlations.

Text:
There is no required textbook in this course. Students felt course material were appropriate.

Evaluation:
Students felt the tests were fair and reflective of what was taught.

Course Sequencing
Students felt the course is appropriately sequenced in semester 2. (UFCD does have prerequisites in microbiology and biochemistry.

General Comments
Students complemented Dr. Progulske-Fox on being present in each class and introducing supporting faculty. This provided course continuity. It was noted that some of the course topics were taught out of sequence yet this was due to faculty availability changes to the schedule.
Summary of Recommendations:

1. Identify priority and relevancy of topics (e.g. 3-star system).
2. Have a documents, tables, case studies and or images on ECO to assist with learning and reinforcing the information.
3. Have the instructor ask questions in class (or using Turning Point) to keep students engaged, check comprehension, or give students a take home message.
4. Add more real life, clinical situations as examples in lectures and exams to increase active learning.
5. Call-back information from the beginning of the lecture series with the later lectures for additional reinforcement. Dr. Brady did this, as well as focused on key concepts and differentiated supplemental materials.

Purpose: To evaluate student performance on Clinical Exam I and follow up actions.

Student performance summary: (N=83)

Written Exam (Operative, Periodontology, Prosthodontics, Endodontics, Treatment Planning): Range of Scores (98.53-72.06) Passed=83

Prosthodontics
Fixed Psychomotor: Passed=62, Failed=21, Retake Exam Pass=18, Failed=3
Removable Psychomotor: Passed=75, Failed=8, Retake Exam Pass=8

Operative
Operative Psychomotor: Passed=73, Failed=10, Retake Exam Pass=10

First Exam Failure Summary
25 Failed Clinical Prosthodontics (4 Failed Fixed and Removable)
10 Failed Clinical Operative
11 Below Expectation on Oral Examination
0 Failed Written Examination
9 Failed 2 sections
2 Failed ALL SECTIONS

Retake Exam(s) Failure Summary
3 Failed fixed prosthodontics after two attempts.

Action Plan:
All students have received written and clinical notification of their scores. Each student will receive a letter with the results of the oral exam later this week. These letters report that students exceed, meet or are below expectations with additional feedback on professional demeanor, confidence, content adequacy and thinking processes. Letters sent to the eleven students that that were Below Expectation on the oral Examination indicate

“This student does not possess the expected level of knowledge and is unable to demonstrate integration of essential concepts necessary for the student entering the clinical courses. A reassessment of this student is necessary before the end of
this semester. Please begin to plan for a second Oral Examination portion of Clinical Examination 1 which will cover the same learning objectives listed in your syllabus. You will be notified of the date for your re-examination.

We are committed to assist you achieving your goal of becoming a competent new dentist. The Faculty Panel makes these recommendations based on your knowledge, communication skills and professionalism displayed during the examination. Please prepare a written Action Plan based on your self-assessment to help you prepare for your re-examination. Meet with your TEAM leader to present your Action Plan. These comments should help you develop an effective action plan before you begin clinical patient care:"

The Office of Education will schedule a second oral exam for these students in August.

**Next Steps: (should timelines be added?)**

- Review student self-assessments
- Revise exam questions to interdisciplinary case formats.
- Identify curriculum gaps.
- Conduct a half day retreat to plan and revise implementation for Class of 2016 in 2014. Consider conducting in Spring Semester 5.
Description of Rotation:
- When does rotation occur in curriculum? During Semester 6
- Length of Rotation: 2 half days
- How many times does an individual repeat the rotation? once
- Describe any other required DMD rotations in your discipline. None
- What are the rotation’s educational goals and objectives?
  To accustom the students to the endodontic clinic prior to seeing their first patient in the next semester.

Methods of Evaluation
- How are students’ achievement of the educational goals and objectives evaluated? The students are required to show up for the rotation. They are not evaluated for these sessions
- This rotation certifies which of the UFCD 20 Competencies? The rotation does not certify any competencies
- This rotation teaches towards which of the UFCD 20 Competencies? Rotation teaches towards Competencies 3, 7, 9, and 10
- Could this rotation be shortened? What would be lost? What would be gained? The rotation can be shortened to one half day provided the students. The students may lose the opportunity to see different types of cases and their management. Repetition is helpful and it makes them more confident when they do their first case in the Endo clinic in the fall semester. The gain would be the time freed up
- Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways? No, it does not.

Summary: Rotation Strengths

The students are more familiar with the clinic and are more prepared to do their first case in Semester 7 after going through the rotation.
<table>
<thead>
<tr>
<th>Summary: Rotation Weaknesses</th>
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<tbody>
<tr>
<td>The students cannot be tracked for optimum use of the time and quite a few times they may not get to assist in the predoctoral clinic due to lack of patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students should be encouraged to assist in the clinics whenever they have free time to familiarize them to the clinic and procedures.</td>
</tr>
<tr>
<td>Could consider having the students rotate during semester 5</td>
</tr>
</tbody>
</table>
Curriculum Committee DMD Rotation Form
Rotation Director and CC Member please each complete this form.
Rotation Title: Rotation to Graduate Periodontology
Course number _Component of DEN 7836L, DEN 8837L, DEN 8838L
Rotation Director completing form: Harrison ________________________________

Description of Rotation:

- When does rotation occur in curriculum?
  Students are scheduled to attend once during semesters 8-10.

- Length of Rotation
  8 half-days over 1 week period.

- How many times does an individual repeat the rotation?
  The rotation occurs only once

- Describe any other required DMD rotations in your discipline.
  N/A___________________________________________________________________

- What are the rotation’s educational goals and objectives?

  Goals – Individual student
  - Meet periodontal surgical exposure requirements
  - Examination/treatment planning case
  - Post-operative follow-up case
  - Periodontal reevaluation case
  - Surgical participation (Selected cases where appropriate to case, well-prepared students)
  - Gain insight into requirements/expectations of a graduate level residency program.

  Objectives (Student learning outcomes)
  During the scheduled rotation students will:
  - Observe and assist in a minimum of 4 different types of periodontal surgeries (cumulative).
  - Observe and assist in the examination and diagnosis of assigned patients.
  - Provide post-operative care to assigned patients.
  - Provide periodontal maintenance to assigned patients.
  - Participate in literature review sessions to increase evidence-based decision making skills.
  - Improve understanding of the role of a periodontist and hygienist as part of their dental team.
Methods of Evaluation

- **How are students’ achievement of the educational goals and objectives evaluated?**

- **Student participation in clinical procedures is tracked by clinic staff faculty during the week and recorded by each student on an assigned form. There is no formal assessment process during this rotation – student learning is promoted via a teaching and mentoring process with faculty/residents. Students’ participation is judged satisfactory/unsatisfactory based on attendance, participation and professionalism. RVUs are assigned for satisfactory participation. The rotation does not have an assigned grade or course number – the director would be interested in this option in future but as a new rotation, this has not yet been established.**

- **This rotation certifies which of the UFCD 20 Competencies?**
  This rotation is a component of clinical courses which certify multiple competencies; however, there is no specific assessment of independent skills during the rotation week. The rotation replaces the previous requirement of students observing and assisting in advanced periodontal surgical procedures each semester, as they would not otherwise have the opportunity to gain exposure to such procedures.

- **This rotation teaches towards which of the UFCD 20 Competencies?**

  **Domain I:** Professionalism
  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
  3. Communication and Interpersonal Skills Communicate effectively using behavioral principles and strategies with patients from diverse populations, applying cultural sensitivity.
  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.

  **Domain III:** Health Assessment
  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.

**Domain IV: Health Rehabilitation**

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.

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.

- Could this rotation be shortened? What would be lost? What would be gained?

No. The rotation was shortened from 2 cycles to 1 rotation cycle in 2013 based on evaluation of student team scheduling and to increase the outcome ratio with regard to time spent on rotation. Student numbers were reduced to deliver more opportunity for students to participate actively during their rotation.

- Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways?

No. There is a continuum of care which means that some cases may be of procedure types to which students gain exposure in DMD clinics, however, cases in the graduate clinic involve more advanced treatment needs and surgical procedures, which students do not gain exposure otherwise. The rotation educates about the role of the periodontist in the dental team and also helps students to identify case types in practice that may require referral for specialist care.
### Summary: Rotation Strengths

Students gain exposure to advanced treatment planning, surgery and surgical follow-up cases.

Peer-mentoring environment with graduate students – potential to improve general dentist – specialist interactions.

Students participate in procedure-related discussions and planning relating to advanced care procedures.

Students participate in critical thinking/EBD via literature seminars with residents.

### Summary: Rotation Weaknesses

Specialty referral clinic – student experience affected by patient assignment, like many other rotations. Director has taken steps to reduce student assignment to deliver better student experience.

### Recommendations

Overall: Maintain rotation in current format.

Consider assignment of separate grade and course number if felt appropriate by committee (This would require some additional paperwork and assessment tools to be provided by the department).

Case presentation by students was a component of rotation last year. Students are no longer required to attend the case seminar/present cases they have worked on to their peers. This component may have sufficient value to be re-installed, although this would require an additional time commitment.

Aim for more “hands-on” experience for the students. Department now offers weekly session where DMD students who have completed the rotation can perform surgery on a suitable Team Clinic case.

Potentially assess a specific component as a skills assessment/competency during the rotation, e.g. “post-surgical management”. This would provide more formal evaluation of a course objective.

Communicate with Team Leaders/restorative faculty regarding referral opportunities to Grad Perio clinic, so that potential student surgery cases can be identified at treatment planning. This may help students be prepared to have cases planned for treatment during their own rotation.
Curriculum Committee DMD Rotation Form

Rotation Title: Oral Oncology
Course number: 8767L Rotation Director completing form: Dr. Sandow

Description of Rotation:

- When does rotation occur in curriculum?
  May to May (Senior Year)

- Length of Rotation
  Three half days

- How many times does an individual repeat the rotation?
  ½ in the Oral Medicine Clinic specifically with Dr. Sandow.
  2 ½ days at Shands Head and Neck Tumor Conference

- Describe any other required DMD rotations in your discipline. None

- What are the rotation’s educational goals and objectives?
  To enhance the student’s ability to prevent and/or diagnose and manage oral complications from cancer therapy. Students will gain experience in obtaining comprehensive medical and dental histories from patients with life-threatening diseases. Intraoral and extraoral examinations, interpretation of hospital records, and diagnostic tests will be performed to assess the impact of cancer on the delivery of dental care. Students will educate patients in effective oral hygiene methods and preventive strategies to reduce the risk of caries, mucosal infections, and other complications of head and neck radiation and chemotherapy.

  Attendance at two Shands Head and Neck Tumor Conferences will provide students with additional experience in recognizing neoplastic disease processes. The Conference will enhance the student’s understanding of appropriate use of surgery, radiation therapy, and chemotherapy in the treatment of H&N cancer.

  By utilizing the medical model for education, Oral Oncology clinical experiences will contribute to the following competencies:

1. Read in detail and synthesize the content in the "Oral Health and Cancer Therapy" manual (in the Document Section) as foundation knowledge for the rotation and to pass the final examination.
2. Thoroughly and accurately evaluate complex medical/dental histories.
3. Provide differential diagnoses of oral hard and soft tissue abnormalities associated with cancer and cancer therapy.
4. Assist in the prevention of oral disease processes and complications from cancer therapy through patient education.
Assist in the treatment of conditions associated with cancer therapy including: caries, candidiasis, bacterial infections, oral manifestations of chronic graft vs. host disease, osteoradionecrosis, etc.

Methods of Evaluation

- How are students’ achievement of the educational goals and objectives evaluated?
  
  **One written examination on course material and no evaluation on the rotation.**

- This rotation certifies which of the UFCD 20 Competencies?
  
  o 20.: Manage oral mucosal and osseous diseases or disorders, including oral cancer.

Is this the only place that the students will observe oral cancer patients?

- This rotation teaches towards which of the UFCD 20 Competencies?

  **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.

  o 5. **Assessment of Treatment Outcomes:** Analyze the outcomes of patient care and previous treatment to improve oral health through application of best practices.

  **Domain III:** Health Assessment – Evaluate the patient’s medical and oral condition and plan treatment needs.

  o 9. **Examination of the Patient:** Perform a comprehensive patient evaluation that collects patient history including medication, chief compliant, biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions.

  o 10. **Diagnosis:** Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the history and the patient interview, the clinical and radiographic examination, and other diagnostic tests and develop a problem list.

  o 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.

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

  **Domain IV:** Health Rehabilitation – Perform procedures that manage oral diseases and restore the patient to optimal oral health.

  o 13.: Prescribe and/or apply pharmacotherapeutic agents and monitor their effect on the patient's oral health.

  o 20.: Manage oral mucosal and osseous diseases or disorders, including oral cancer.
Summary: Rotation Strengths
Students enjoy the patient interactions and time in the clinic. They have an opportunity to observe a faculty treating patients; and learning how to deal with difficult situations.

Summary: Rotation Weaknesses
Sometimes, the conferences have no oral cancers to observe. The experience varies from week to week. Students may not appreciate the multidisciplinary interaction at this point in their education but will, when they are practicing dentists.

Recommendations
Could eliminate one of the cancer conferences.

One issue to mention is that toward the end of the senior year, students have to be doubled up to make sure they have a clinical experience. Additional students in the curriculum will increase this problem; there is no other way to have this experience.

Could this rotation be shortened? What would be lost? What would be gained?
One tumor board conference could be eliminated. The reason there are two scheduled is to increase the opportunity to observe a head and neck cancer patient. Due to the nature of the disease, some cancers cannot be visualized.
On the other hand, the time spent on the clinic rotation is critical due to the activities that are presented at each session. The students deliver fluoride trays, see the results of compliance or lack of compliance of oral hygiene in cancer patients. Additionally, the student experience first-hand in how to communicate with patients with cancer.

Does the rotation content overlap with other courses in the curriculum such that time could be used in other ways?
No
## UFCD Intramural Rotations

<table>
<thead>
<tr>
<th>Course</th>
<th>Department</th>
<th>Credits</th>
<th>Course Director</th>
<th>Reviewers</th>
</tr>
</thead>
<tbody>
<tr>
<td>7762L</td>
<td>Radiology</td>
<td>1</td>
<td>Dr. Katkar</td>
<td>Dr. Sposetti</td>
</tr>
<tr>
<td>8765L</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7805L</td>
<td>Oral Surgery</td>
<td>2</td>
<td>Dr. Dennis</td>
<td>Dr. Harrison</td>
</tr>
<tr>
<td>8809L</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7825L</td>
<td>Pediatric Dentistry</td>
<td>1</td>
<td>Dr. Perez</td>
<td>Dr. Rey</td>
</tr>
<tr>
<td>7826L</td>
<td></td>
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<td></td>
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<td>8828L</td>
<td></td>
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<td>7819L</td>
<td>Orthodontics</td>
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<td>Dr. Donatelli</td>
<td>Dr. Guelmann</td>
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<td>Dr. Torres</td>
<td>Dr. Spencer</td>
</tr>
<tr>
<td>8767L</td>
<td>Oral Oncology</td>
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<td>Dr. Sadow</td>
<td>Dr. Clark</td>
</tr>
<tr>
<td>8837L</td>
<td>Periodontology</td>
<td>(part of 3)</td>
<td>Dr. Harrison</td>
<td>Dr. El-Kerdani</td>
</tr>
<tr>
<td>7735L</td>
<td>Endodontics</td>
<td>2 half days</td>
<td>Dr. Nair</td>
<td>Dr. Clark</td>
</tr>
</tbody>
</table>
1) Indicate type of committee: □ Steering  □ Standing  □ Workgroup/Ad hoc/Sub-Committee

2) Committee name: Curriculum Committee

3) Charge and/or responsibilities of the committee or workgroup:
Each standing faculty committee is charged with reviewing relevant outcome measures from the college’s new strategic plan. The measures which should be reviewed by the Curriculum Committee in 2012-2013 include:

For the Class of 2012-

- D.M.D. students’ first time pass rate on NBDE Parts I and II. Part 1 – 100%, Part II – 99%
- D.M.D. students’ percent pass rate on Florida licensure exam. 100%
- DMD student confidence in 20 clinical competencies upon graduation (senior survey) and compared to confidence after three years in practice (Alumni Survey).

Students reported moderate-extremely confident in the UFCD 20 Competencies. (Practice Management, Manage functional disorders involving the masticatory system and Manage limited developmental or acquired occlusal discrepancies rated the lowest at 3.2 on a 5 point scale.) Students suggested increasing the curriculum (> 25%) in the following areas; Legal Standards, Practice Management and Manage limited developmental or acquired occlusal discrepancies. Students rated experience with Intramural Rotations 4.4 and Instrument Leasing 4.3.
- First time competency pass rate.
- Student satisfaction (Senior Exit Interviews).
  Department Chairs were sent the interview summaries to establish action plans.
- Number of DMD students accepted/applied to advanced education programs. Applied – 40; Accepted - 35
- Alumni periodic survey (2012-13) Prepared in Qualtrics. To be distributed in July 2013
- Trends in number of students graduating with research honors 2 graduated with research honors
- Proportion of classroom clock hours in evidence-based practice and critical thinking/active learning.

Ongoing Actions

1. Implement the UFCD Curriculum Management Process and identify methods to further enhance the curriculum. Dr. Echeto revised the RPD Course to Team-Based Learning, an oral examination component was added to DEN7961, Oral Examination I, DEN 8263 is a blended course with an online component and then small group discussions. DEN 8303 will be online in Fall 2013.
2. Assist the program coordinator in implementing a DMD/PhD track in the DMD curriculum. One student is enrolled and two students in the summer research program are interested.
3. Produce an annual report of committee activities and accomplishments. (This document)
4. Monitor proposed centralization of educational technology and support with the HSC IT services and UF AT services. The Mediasite Catalog was migrated from the UFCD server to the AT Server.
5. Recommend potential programs for consideration by the Faculty Development Committee.
  One workshop on Active Learning (30 attendees) and another on Test Construction (23 attendees) have been conducted. Two cultural competency workshops for faculty are scheduled in August and October 2013.
6. Refer all committee action items to the FAB on an ongoing basis for FAB review, discussion and subsequent action, as needed.

Referrals:
The Curriculum Committee requested faculty nominations to the Curriculum Committee have a minimum of two year experience at UFCD.

Podcasting.
Additional charge from the Dean for 2012-2013:

1. Select an electronic platform to support the Department of Community Dentistry and Behavioral Sciences initial implementation of student assessment in professionalism and cultural competency across the curriculum.  
   (Timeline: August 2012) Developed on SharePoint with assistance from Andrew Keller and Brandon Telg. The class of 2016 has been enrolled. DEN 5221 has requested on cultural reflection paper to be posted.

2. Complete the curriculum revision design resulting in a curriculum that more closely simulates general clinical practice, promotes active learning, is patient-centered, supports interdisciplinary professional education and provides for earlier clinical experiences. Phase I completed.  
   Curriculum revision link: https://intranet.ahc.ufl.edu/wwa/Colleges/dentistry/Education/CurriculumRevision/Shared%20Documents/AllItems.aspx?RootFolder=%2fwwa%2fColleges%2fdentistry%2fEducation%2fCurriculumRevision%2fShared%20Documents%2fFinal%20Committee%20Report%20and%20Spreadsheet&FolderCTID=0x012000E3A7D49A5C79AC43ACDB91FA0805E307

3. Review revisions in the CODA Standards and update the UFCD Competencies Document while assisting the Restorative Dental Sciences Department in designing and executing a “completed cases” requirement model. The CODA Standards and UFCD Competencies were reviewed last year. (Is there a group working on “completed cases” clinical curriculum model? Does this need to be carried into next year?)

4. Collaborate with the Office of Clinical Affairs in Evaluation of the APGD Clinic model and transfer innovations as appropriate to the DMD TEAM clinics.  
   (See attachment-needing Curriculum Committee approval.)

5. Collaborate with the Student Performance Evaluation Committee and the TEAM Program Director in reviewing processes and metrics which evaluate student’s professionalism, cognitive, critical thinking and clinical skills.  
   **(Nini could you summarize this charge?)**


7. Assist the Office of Education, the Office of Clinical Administration and the TEAM Program Director in the development of a Gainesville-based two year DMD program for international dentists.  
   This charge was tabled. UFCD proposed and the University approved an increase of 10 students beginning in the Class of 2017.

**Individual Faculty Member Responsibilities:**  
See website: http://dental.ufl.edu/about/administration/shared-governance/committees/curriculum-committee/

4) Dates of all meeting during the past year: See website: http://dental.ufl.edu/about/administration/shared-governance/committees/curriculum-committee/

Agenda for the past year: See website: http://dental.ufl.edu/about/administration/shared-governance/committees/curriculum-committee/

5) **Major Achievements (e.g., goals met):** In addition to the charge and standing items, the committee

- A Best Practices for Increasing Response Rates on Faculty and Course Evaluations was developed and shared with faculty and students.
- A workgroup reviewed the intramural and extramural rotations. No recommendations have been discussed.
- The 4DN Graduate Periodontal Rotation was eliminated.
- Dr. Roulet and Dr. Soderholm were asked to 1) evaluate the evidence-base of the current products used in our DMD clinics and 2) increase the clinical relevance of our dental biomaterials curriculum. No proposal has been submitted thus far.
- A Spanish Elective was approved.
- A Digital Denture Elective was approved.
- Changed DEN 7016, 7017 and 8018 from S/U to graded courses.
- The committee moved to SharePoint.
- Clinical Examination I added an oral examination component.
- The Clinical Radiology courses were integrated (DEN 7762L, 8756L)
- The committee was asked to add a third week to existing two week extramural rotations.
- Dr. Gibbs has proposed a Special Needs rotation. Further discussion and planning will occur.

7) Obstacles to following an agenda and/or meeting the prescribed achievement goals during the past year:

8) Has there been any redundancy or conflicts with other committees or workgroups?
   No
   X Yes (Please describe the situation.) The clinical schedule change has created some conflicts with meeting dates and availability.

9) Has this committee or workgroup submitted an annual report in the last 12 months?
   No (If no, why?)
   X Yes (To whom?) Office of Faculty Affairs

10) Were any other reports submitted during the last 12 months?
    X No
    No (If so what was the subject and to whom was it submitted?)

11) Did this committee or workgroup submit any recommendations to the UFCD FAB and subsequently the UFCD Faculty Assembly?
    X Yes (If yes, what was/were the issue(s) and was action taken?)
    Podcasting was discussed and approved.

12) Were any recommendation put forward to the FAB?
    X Yes (Were actions taken to follow up on your recommendations?)
    The Curriculum Committee requested faculty nominations to the Curriculum Committee have a minimum of two year experience at UFCD.

13) Did the committee or workgroup receive timely feedback as to the disposition of the recommendations?
    X No (Please explain.)
    X Yes

14) Possible issues that the committee suggests be considered by the next version of this committee in the coming year:
    Develop detailed curriculum revision plan and timeline.
    Participate in the Accreditation Self-Study
    Appoint a “Student Assessment Workgroup”

15) Any other comments you would like to share:

16) List the members, their title/role, type of memberships and how many meetings each attended:
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Type of membership</th>
<th>Number of meetings attended</th>
<th>Number of excused absences</th>
<th>Number of unexcused absences</th>
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Revised May 31, 2013

CWalker
Curriculum Committee Tentative Morning Meeting Dates: July 2013-June 2014

2013:

July 8, 22
Aug. 12, 26 (1DN orientation week – 19-23)
Sept. 9, 23
Oct. 14, 28 (Fall Break – 21-25)
Nov. 4, 25 (Veteran’s Day – 11th)
Dec. 9, 16 (classes end 20th)

2014:

Jan. 13, 27 (MLK – 20th)
Feb. 10, 24
Mar. 10, 24 (Spring Break – 3-7)
Apr. 14, 28 (Semester ends 25th)
May 12, 19 (Memorial Day - 26th)
June 9, 23 (Summer Break 2-13)