Gail,

Please find the proposal for extending the DEN7762L- Clinical Radiology: Radiographic technique and interpretation course below. Let me know if you want me to add/change something.

This course will span over semesters 6 through 11. The students will get credit for the course in semester 11. The competency will be done in semester 8. There will not be any Radiology rotation in semesters 10 and 11. The students will need to get the radiographs approved in Radiology if they are taken in the Radiology clinic and will receive a grade for the technique. If the students do Radiographic interpretation in Radiology with the Radiology faculty, they will receive a grade for that as well.

If any student receives a failing final grade, he/she will need to do one additional week rotation in Radiology and must receive passing grades for all the procedures done during that period.

Thanks,
Rujuta
Dear Dr. Rey,

Dr. Söderholm is retiring on May 1, 2014 and I have been asked to take over his teaching load as there is no available manpower to fill in. To make it work, I am asking for permission to make some adjustments. The tables on the next page show the distribution of teaching between Dr. Söderholm and me for the current academic year (2013-2014) and proposed change for the next academic year (2014-2015).

Here are the highlights for 2014-2015:

1. There is no major change in the number of lectures in DEN5405, DEN6213, DEN6412, DEN6415, DEN6460 and DEN7413. Dr. Dasilva (Course director of DEN6213) is adding a lab session on the manipulation of Alginate and Gypsum.

2. The online didactic component of DEN8719 will be beginning in the Summer semester (May of 2014). The goal of this online didactic is to prepare Senior for the National Board II. Since the date for the National Board has been moved up to August 1 and September 30, it does not make sense to have it during the Fall semester. We can have it ready by mid-May.

3. The seminar segment of DEN8719 will remain the same. We conduct three half-day seminar sessions per week for 12 weeks during the Fall semester and six half-day sessions during January of the Spring semester during 2013-2014 academic year. It will be the same for the 2014-2015 academic year.

4. For DEN7717, we have at present seven subjects (Irreversible hydrocolloids, Gypsum Products, Mechanical Properties, Amalgams, Composites, Cements and Elastomeric Impression Materials) of discussion and each subject is 30 minutes long. I propose to re-organize them into four subjects. First, we can eliminate Amalgam from the list. For the past few years, we found that the student often had not done any amalgam restoration in the clinic when they came to the discussion. Without practical experience, the discussion is often limited to the reading materials. Second, we can combine Irreversible Hydrocolloids, Gypsum products and Elastomeric Impression material into a one-hour session and be scheduled during the Spring semester. During 2013-2014, we did three subjects of the seven and had three half-day sessions for DEN7717 every week. For the 2014-2015 year, I propose to cover only Mechanical Properties during the Fall semester, and have it done in two two-hour session per week. Taking preparation time for DEN6412, DEN7717 and DEN8719 into consideration, it will leave me with two to three half-day for research and professional development.

5. During the Spring Semester, it will take four to five half-days per week for DEN7717. Along with DEN5407, DEN6415, DEN6460 and DEN8719, it will leave me with a little more than two half-day per week for research and professional development.

I will be happy to explain the changes in the next Curriculum Committee meeting. Thank you.

Respectfully yours,

Chiayi Shen
## Academic year 2013-2014

<table>
<thead>
<tr>
<th>Semester</th>
<th>Class 2017</th>
<th>Class 2016</th>
<th>Class 2015</th>
<th>Class 2014</th>
</tr>
</thead>
</table>
| **Summer 2013** | Shen: DEN6213: 2 lectures (in May), 1 exam (in May).  
| **Fall 2013**   | Shen: DEN6412: Nine hour lectures (4 hours in Sep, 4 hours in Oct and 1 hour in Nov) and Exam (in Dec). | Shen & Söderholm: DEN7717: Meets 3 half days/week (Mon AM; Mon PM; Wed PM). | Shen & Söderholm: DEN8719: Meets 3 half days /week for 12 weeks on Tue AM, Tue PM & Thu AM.  
Söderholm: DEN8719: Online didactic. | |
| **Spring 2014** | Söderholm: DEN5405: 8 lectures (3 in Jan, 3 in Feb, 2 in Apr), 3 exams and reviews (in Feb, March & Apr)  
Shen: DEN6415: 4 lectures, 1 lab session (in Feb), 1 class discussion (in Feb). DEN6460: 1 lecture (in Apr). | Shen & Söderholm: DEN7717: Meets 4 half days/week (Mon AM, Mon PM, Tue AM & Wed AM). | Shen & Söderholm: DEN8719: Meets 2 half days per week for 3 weeks in January. | |

## Academic year 2014-2015

<table>
<thead>
<tr>
<th>Semester</th>
<th>Class 2018</th>
<th>Class 2017</th>
<th>Class 2016</th>
<th>Class 2015</th>
</tr>
</thead>
</table>
| **Summer 2014** | DEN6213: 2 lectures, 1 exam, 1 lab session (in May)  
DEN6407: 4 lectures, exam & review (in July) | DEN7413: Participate in 3 lectures (in late Jun & Jul). | DEN8719: 1. Online Didactic (Begin in June)  
2. Collect papers for seminars. | |
| **Fall 2014**   | DEN6412: Nine hour lectures and Exam. | DEN7717: Meets maximum of two 2-hour sessions per week. | DEN8719: Meets 3 half days /week for 12 weeks. | |
| **Spring 2015** | DEN5405: 8 lectures, 3 exams. Scheduling of the lectures needs adjustment.  
DEN6415: 4 lectures, 1 lab session, 1 discussion in Feb. DEN6460: 1 lecture in Apr. | DEN7717: Meets 4 or 5 half days/week. | DEN8719: Meets two half days/week for three weeks in January. | |
Dr. Rey, thank you so much for your service to the college as the Curriculum Committee Chair. I want you to know that we all support you in your need to take care of yourself and maintain your health. So, thank you for your good work as chair and we accept your need to step down from that position. I, for one, am hopeful you will be able to continue on as a member of the Curriculum Committee.

Do you plan to do that, or do you see a need to resign from the Curriculum Committee as a whole?

Please know you are in our thoughts and our prayers.

Nini Sposetti

Good evening,

Due to my recent health circumstances, unfortunately, I need to resign from the Chair of Curriculum Committee Position. I would really like to make sure that I am in a position that will not cause me to be in a situation where I cannot fulfill my responsibilities at University of Florida College of Dentistry.

Thank you for taking the time to work with me on this and allow me to maintain a commitment to the College of Dentistry and balance that with my health needs.

Sincerely,

Rosalia Rey D.D.S.
National Survey of Teaching Excellence and Promotion in US Dental Schools

In January 2013 there were 24 AAU associated dental schools. All were contacted for this informal survey (see survey tool below). Of the 24 schools, 13 responded (54% response rate) to the survey (see Table). In addition, four non-AAU dental schools were contacted and included in the survey. The total sample represented 45% (27 out of 60) of all dental schools in the US.

The dental schools are listed below with their response to three major questions (see Table). One of the schools responding to the survey had evaluation programs in place but did not share them. Other comments provided by the respondents are summarized below under the headings of Scope of Teaching, Difficulties in Assessing Teaching Excellence, and Teaching Excellence Considerations/Measures.

<table>
<thead>
<tr>
<th>AAU Schools</th>
<th>Do you have a method in place and/or tools to evaluate excellence in didactic teaching?</th>
<th>Do you have a method in place and/or tools to evaluate excellence in clinical teaching?</th>
<th>Are both tenure and non-tenure tracks in place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Iowa</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Ohio state</td>
<td>Yes-under revision</td>
<td>Yes-under revision</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Pittsburgh</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Indiana</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Maryland</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Columbia</td>
<td>Yes-under revision</td>
<td>Yes-under revision</td>
<td>Yes</td>
</tr>
<tr>
<td>7. North Carolina</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Toronto</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Case Western Reserve</td>
<td>Yes-under revision</td>
<td>Yes-under revision</td>
<td>Yes</td>
</tr>
<tr>
<td>10. U of Michigan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Harvard</td>
<td>Did not provide data</td>
<td>Did not provide data</td>
<td>Did not provide data</td>
</tr>
<tr>
<td>12. U of Washington</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>13. U of Florida</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Virginia Commonwealth University*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15. School of Dentistry, Medical College of Georgia*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Louisiana*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Oklahoma*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
*Non-AAU

*Non-AAU
All schools had tools in place to evaluate didactic and clinical teaching excellence. One school was revising its guidelines. Most of the schools reported that they measured teaching excellence for didactic courses differently than for clinical or laboratory courses. The following is a compilation and summaries of the responses.

**Scope of Teaching**

- In order for an activity to be considered teaching, there must be a direct link between that activity and a related faculty/student interaction. The assessment of teaching effectiveness involves a school-wide evaluation of objective performance factors.

- Teaching includes all of the following: advising and mentoring students, disseminating information in classrooms, clinics, dental laboratories, outreach programs, and research venues.

- Teaching includes group and individual instruction using various modalities with students at all levels of the educational spectrum. Participation at all levels suggests breadth and depth of knowledge.

**Difficulties in Assessing Teaching Excellence**

- It is easier to “count” papers, grants and invited lectures but difficult to quantify teaching. This diminishes the emphasis of teaching in evaluations for promotion and tenure.

- Lack of appropriate evaluation programs to document and evaluate teaching.

- Evaluation of clinical faculty often utilizes criteria used for tenure track faculty.

An additional barrier was motivating students to complete evaluations. Methods to motivate student included:

- giving extra credits to students who completed their course evaluations;
- having the evaluation done as part of a class either before (in most cases) or after the final exam;
- having students submit a response at the end of a course that they did not want to complete the evaluation.

All schools expressed concerns that student responses were not as robust as they should be and often students who were unhappy with a course were more likely to respond compared to those who were satisfied.

Most agreed that evaluation of teaching effectiveness does not lend itself solely to quantitative measures and may largely be subjective. Student input should be supplemented with feedback from peers, department chairs, and other sources. It may be of value to include peers from schools outside the dental school. Some schools had faculty submit teaching portfolios and self-evaluation of teaching.
**Teaching Excellence Considerations/Measures**

A variety of considerations and measures of teaching excellence were reported, and included the following:

- Evidence of continued contribution to dental education is expected. This may be through traditional teaching situations (lectures, clinical instruction of students and residents, mentorship pairing, or scholarly work with trainees) or through the preparation of educational materials, including educational brochures and learning aids, textbook chapters, reviews, videotapes, web-based learning, and other instructional interfaces.

- Evaluation of curricular development and improvement including introduction/development of innovative teaching methods. Teaching philosophy should be reflective, innovative in practice and show progressive development and change over time. Teaching innovations are especially valuable in assessing excellence if they enhance teaching effectiveness through the development or redevelopment or redesign of lectures, rich media, or handouts. Course content should be dynamic and reflective of current concepts in a discipline. Consideration is given for all educational efforts, including efforts to upgrade the curriculum and provide unique educational opportunities.

- Administration and organization of teaching programs are also valued activities, and creativity in their execution can be documented by letters from knowledgeable faculty, students, and peers.

- Evidence of excellence in clinical service or teaching may include departmental evaluations, formal awards for performance, or invitations to speak at professional meetings or other institutions.

- Evidence of improving personal teaching skills and responding to critiques of one’s teaching by peers and students.

- There should be evidence and substantiation for achievement of excellence in major education activities, including outcomes of learning, such as student knowledge and performance, peer review, student evaluation, funding, and dissemination.

**Documents on Promotion and Tenure**

Promotion and Tenure documents were obtained from the following eight dental schools: Indiana University, Louisiana State University, Medical Dental College of Georgia, Ohio State University, University of Oklahoma, University of Florida, and the University of Iowa. In addition, Case Western Reserve submitted an abbreviated version. It should be noted that a number of schools’ promotion and tenure information is available on their web sites.
Suggested Readings


Survey tool

Short Survey: Teaching Excellence and Promotion

The School of Dental Medicine at the State University of New York is developing a program for assessment of teaching excellence to develop tools for documenting teaching excellence, which could be used for purposes of promotion, tenure and awards, particularly for faculty whose main educational pathway is a clinical one. Your answers and supply of information per the following would be appreciated.

1. Do you have a method in place and/or tools to evaluate excellence in didactic teaching?
   Yes___No____

2. Do you have a method in place and/or tools to evaluate excellence in clinical teaching?
   Yes___No____

3. If you answered yes to either or both of the above, please supply a copy of your evaluation methodology.

4. We would also appreciate receiving a copy of your guidelines for promotion and tenure.

Please send this information to Dr. Sebastian Ciancio, Chair, Teaching Excellence Committee, School of Dental Medicine, SUNY at Buffalo, 250 Squire Hall, Buffalo, New York 14214 if sent by mail, or to ciancio@buffalo.edu if sent by e-mail. Your cooperation would be most appreciated and a summary of our findings will be sent to you. Once we complete our report, we will be happy to send you a copy in appreciation for your participation. Please include your name and contact information in your reply and thank you for your anticipated participation.

Purpose: Dr. Willis requested student feedback from the Class of 2015 in preparation for revising presentations to the Class of 2016 in May.

Patient Management
- Emphasize patient care and management within the UFCD clinics (e.g. sexual harassment, how patients are referred and received in SOS, and staff management and how to work effectively together.)
- How to self-recruit patients and let go of non-responsive patients.
- Define the patient coordinator’s role, especially in scheduling patients needed to fill students’ clinical expectations.

Financial Management
- Financially, students felt it would be helpful to cover the do’s and don’ts with patients specifically with trust issues, medicare vs. medicade coverage, familiarize students with the business office.

Treatment Planning
- Let students know they need to do an endodontic treatment planning on every patient, and remind them it is part of their comprehensive oral examination
- Remind students to go over the patient’s health history before a patient consultation.
- Emphasize the process for case completion and PTA report.
- Familiarize the students with Jerri Weiner’s role in the college.
- For patient best practices:
  o Walk the patient to the clinic the patient needs next and schedule the appointment with that clinic while the patient is there.
  o Do not present a treatment plan to a patient at the end of the day
  o Use only two sentences to explain a treatment plan to a patient

Reference Material
- Dr. Spencer was recommended to put reference material in binders next to the COE binders for students’ easy access.