Curriculum Committee Workgroups:

1. Evaluation of TEAM Program
   In coordination with RDS leadership, and representation from the Division of General Dentistry and class representatives, conduct an evaluation of the TEAM program and make recommendations as needed. This evaluation should be grounded in student learning outcomes.

2. Earlier Clinical Experiences
   Evaluate and restructure the curriculum to include earlier clinical experiences, including beginning patient treatment in each discipline when the preclinical instruction is complete. This evaluation should be grounded in student learning outcomes.

3. Evaluation of Contemporary Content Delivery and Assessment
   Restructure courses as part of the curriculum revision to deliver content using contemporary approaches including active learning strategies, in and out of the classroom. Ensure alignment with the new competency document and assessments. Make recommendations to the Faculty Development Committee for potential programs to be considered to enhance and improve the working knowledge of faculty and to ensure advancement and innovation in our curriculum. This evaluation should be grounded in student learning outcomes.

4. Global DMD Program Assessment
   Develop a global DMD program assessment plan with milestones linked to the revised UFCD competency document and alignment with formative and summative assessments integrated across the curriculum.

   Review of systems and development of student learning outcomes, aligned with the revised competency assessments.

5. Evaluation of Digital Dentistry Technology in Clinical and Pre-Clinical Curriculum
   Evaluate the success of the implementation of digital dentistry technology in the pre-clinical and clinical curriculum (with the Office of Clinical Administration). This evaluation should be grounded in student learning outcomes.


Curriculum Management Workgroups
(Ideally, these would only take one workgroup meeting if all members are present.)

7. Syllabi Administrative Practices review
   Annual review of the administrative Practices section of all UFCD syllabi for updates.

8. Class of 2016 Student Assessment of Competency Review
   Annual review of the Student Assessment of Competency data to identify any actions needed by the Curriculum Committee.
Feedback from 2016 Senior Exit Interviews

DMD Clinics

There were a number of concerns regarding some of the student’s interaction with faculty in the student clinics.

1. Lack of calibration among faculty (grading, changing treatment plans, open disagreements between faculty).
2. Lack of consistent teaching style (no feedback or inappropriate way of providing feedback, respect for students).
3. Lack of motivation of some faculty to engage clinically with students.
4. Faculty do not rotate through clinics so students do not benefit from the viewpoint/teaching styles of a broader set of faculty members.
5. Team Clinic issues brought forward focused on inconsistencies in policies and practices between Teams, including how huddle time is utilized, differences in support and quality of Patient Coordinators, uneven patient assignment practices across Teams, number of faculty and chairs available to students.
6. There were several requests for additional experiences for seniors who are advanced clinically.
7. Students suggested creating a family of GPs, Operative, Pros that rotate through Team clinics who would know students and their abilities well.

Action Taken:

1. These things have been addressed with the faculty. Calibration sessions are ongoing in RDS.
2. Providing valuable and constructive feedback with respect will be addressed at the next RDS department meeting.
3. Faculty engagement with students is critical to student learning. This will also be addressed in the next RDS department meeting.
4. Faculty rotation through clinics is an interesting topic that has been addressed in several ways over the years. It was thought that if we could keep the same faculty in the same clinics for a semester, we could become more familiar with the student’s strengths and weaknesses which would provide for better instruction. In addition, having the same faculty member involved in the treatment planning phase and actual treatment would also provide a better learning experience for the student. It is also thought that this might decrease the amount of changed treatment plans.
5. Dr. Howard was recently hired as the division director for the Division of General Dentistry. In this role he is actively working to develop policies and protocols that will be consistent among the four clinics. In addition, the division is meeting monthly with patient coordinators to address challenges and increase consistency. In addition, Richelle Janiec, Drs Guellman, Dilbone, Howard, Delgado and Echeto are developing a proposal for a new screening clinic which will be organized by one faculty member and will utilize axiUm for patient assignment. Student associate groups will be assigned an ideal patient pool and then they will request needs through axiUm. As patients are screened, they will be distributed to the students based on their requests. AxiUm tracks what was requested and when the request was
received so that distribution can be conducted in an orderly fashion. Faculty and chair availability needs to be assessed.

6 & 7. The 2016/2017 charge to the Curriculum Committee includes a request to evaluate the TEAM program. Recommendations will be made upon the completion of this evaluation.

Clinical Administration

1. Instruments are not well maintained.
2. Students expressed a preference for fewer classes about AxiUm and more information/hands on/about AxiUm close to the time when they are entering clinics.
3. Students wanted more support and orientation as they enter TEAM clinics.

Action Taken:

1. Beginning in October 2015, instrument cassettes are refurbished annually, we have also added more kits and handpieces to the inventory. We have added two OPS positions to the staffing to help with the increased work load and coverage for staff shortages. The instrument leasing manager took over the management central sterilization in March of 2016.
2. The training received in semester six is designed to prepare the students for the pre-clinical exercises they will perform on one another in semester six, the training the students receive in semester seven is designed to prepare them for the pre-clinical exercises they will perform on one another in semester seven. The trainer now attends the treatment planning sessions on Wednesdays so that she can make sure the training she produces in semester seven and eight supports the exercises completed in the treatment planning courses. Prior to entry into clinics, a review of the training is provided but it is often scheduled as a rotation around high stakes exams. The students typically are focused on the high stakes exams and not on the training. If we could complete the training following the clinical entry exams it may be more beneficial to the students.
3. Students have been placed into small associate groups with 2DN, 3DN & 4DN students to improve clinic orientation, patient distribution and to increase access and experience with axiUm.

Restorative Dental Sciences

Case presentations. Students wanted case presentations from experienced dentists. Also suggested requiring sophomores to sit in on senior case presentations.

Action Taken:

Case presentations have been added to small TEAM meetings. Each 3DN & 4DN student associate group meets with their TEAM leader approximately every 4 weeks for these meetings.

Operative Dentistry

1. Biomaterials instruction and integration with materials used in the clinics needs to improve.
2. Preparation for the Florida Licensure exam and UFCD caries detection/removal philosophy and differences between the Operative Department and the Board of Dentistry were brought forward as separate, but related issues that need resolution.
3. The Practice Management course was a concern voiced by some seniors. They felt it missed the point with too much busy work, and not enough focus on topics the students thought they needed to know.
Action Taken:

1. Drs. Geraldeli and Shen have worked together over the last several months to create new lectures which integrate clinical relevance into our dental materials education.

2. The curriculum in operative dentistry is evidence based. We educate the students to understand the difference between what is supported by research and is the best for our patients versus what the Florida Board of Dentistry requires from them in the licensure exam. We strive to teach them the difference in clinic when the opportunities arise.

3. The entire course has been revised to make it more relevant. The new course director focused on CODA competencies and has now included more content that is interesting and relevant to the new graduate.

Prosthodontics

1. Test construction in Prosthodontics is a problem particularly in preclinical courses where English language issues create confusion in the meaning of questions.

2. Students also asked for more advanced level instruction in Occlusion.

Action Taken:

1. Lectures and examinations are edited by English speaking faculty to ensure the grammar is correct.

2. The fundamentals of occlusion course was modified this year to help clarify the basic concepts. Course directors are working to reinforce them in all of the other preclinical courses (fixed and removable) in the curriculum. Additionally, we will add an advanced occlusion lecture in the Advanced Topic in Prosthodontics course.

Oral Surgery

Students wanted more practice with emergency simulations.

Action Taken:

Dr. Christopher Spencer initiated a project with Dr. Hardeman to run through scenarios for medical dental emergencies in the TEAMs clinics. Dr. Hardeman is interested in continuing the program.

Pediatric Dentistry

1. Students were frustrated by the materials and techniques used in the clinic, as they contrasted with philosophies, materials and methods used in Operative Dentistry.

2. Students disliked Pediatric Dentistry’s policy of requiring students to perform psychomotor exams on dentoforms during the last semester of their senior year. This was seen as inappropriate to their level of skill and experience.

3. Students were dissatisfied with treating mostly teenage patients in Pediatric Dentistry and wanted more opportunities to provide care younger children with primary or mixed dentition.

Action Taken:
The faculty of the Department of Pediatric Dentistry reviewed the findings of the 2016 Senior Exit Interview and the following actions were taken:

1. Dr. Edna Perez will be meeting with Dr. Marc Ottenga to streamline the materials utilized at the Teams Clinic and at the Pediatric Dental Clinic;

2. The faculty disagreed with the idea of removing the simulation exercise from DEN 8828 rotation. However, the local anesthesia competency was transferred from DEN 8828 into DEN 8827 (raising seniors). This change will take effect Summer semester of 2017.

3. Since October 1, 2016, healthy adolescent patients, 14 years old and older, asking for a new patient appointment will be seen at the Teams Clinic. This action will cap the treatment age to <14 at our pediatric DMD clinic.

**Radiology**

Students consistently described the radiology rotation as being okay for a semester or two, but felt that the current rotation is too long leading some students to feel that the department used dental students to run their clinic.

**Action Taken:**

There will be no changes made to the radiology rotation. The amount of time they spend in radiology seems adequate for them to learn the techniques necessary for the beginning dentist. Dr. Kashtwari recommends the Curriculum Committee evaluate the overall consistency in the scheduling of rotations.
ADEA Council of Deans Administrative Board Meeting
Report of the ADEA Board Director for Deans

Dr. Monty MacNeil
Update on the National Board Dental Examinations (Part I and Part II)

ADEA Annual Session
Denver, Colorado
March 13, 2016
Joint Commission Examinations

• The JCNDE oversees the following examinations:
  – National Board Dental Examination Part I (NBDE Part I)
  – National Board Dental Examination Part II (NBDE Part II)
  – National Board Dental Hygiene Examination (NBDHE)
  **** – Integrated National Board Dental Examination (INBDE)
    o Designed to replace NBDE Parts I and II
    o Currently under development
INBDE Update – Implementation Plan

- To address concerns from stakeholders and communities of interest regarding the timing of INBDE implementation, the JCNDE indicated it would provide four years’ notice before the INBDE is implemented and the NBDE discontinued.
- In response to these concerns and to provide reasonable notice, the Joint Commission has approved an INBDE Implementation Plan for immediate distribution to stakeholders and communities of interest.
- The INBDE Implementation Plan provides information concerning how INBDE implementation will occur, the information that will be made available to help facilitate the transition, and recommended actions for stakeholders and communities of interest.

****
- The plan includes timeframes under a “best case scenario.”
Integrated National Board Dental Examination (INBDE) Implementation Plan: “Best Case Scenario”

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<td>Notice of INBDE Implementation and National Board Dental Examination (NBDE) Discontinuation</td>
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**Note:** This implementation plan communicates the best case scenario. Dates presented should be interpreted as “no sooner than.” Actual dates will be contingent upon field testing results. INBDE Practice Test Questions are anticipated for release in 2019.
8/1/2018
Planned notification of implementation of INBDE and NBDE discontinuation

7/31/2020
Discontinuation of NBDE Part I

8/1/2020
1st administration of integrated exam

7/31/2022
Discontinuation of NBDE Part II

Class of 2020 (Entering 2016): Take traditional Part I and Part II NBDE

Class of 2021 (Entering 2017): School Option: Traditional or INDBE
Class of 2022 (Entering 2018): School Option: Traditional* or INDBE

Class of 2023 (Entering 2019): Take INBDE (late Year 3 or during Year 4)

* Must complete by 7/31 in 2020 and 2022
### American Dental Education Association

**First Official INBDE Administration - August 1, 2020**

**INBDE Implementation Plan Announcement - March 13, 2016**

**Notice of Implementation -and- National Board Dental Examination (NBDE) Discontinuation - August 1, 2018**

**NBDE pt. 1 Discontinued - July 31, 2020**

**INBDE retake**

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- **NBDE I** pt 1 retake
- **NBDE II** pt 2 retake
- **INBDE** retake

**2022 INBDE Discontinued - July 31, 2022**
Website

NBDE Part I and Part II General Information

- Apply to Take the NBDE
- Schedule a Time to Take the Examination
- Exam Preparation Material and Helpful Information
- Examination Item Development Guide
- NBDE Results Information and Audit Request
ADA Advanced Dental Admission Test (ADAT)
ADAT: Advanced Dental Admission Test

- Introduced 2016
- 200 MCQ administered in ½ day
- Scored 200-800, with target mean 500
- $250 Pilot Year, then $350
- Does not replace CSBE (Comp. Basic Science Exam)

Topics: Biomedical Sciences, Data, Research Interpretation and Evidence-Based Dentistry, Clinical Sciences, Principles of Ethics and Patient Management
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*45 programs required it*
ADAT: Advanced Dental Admission Test

- ADA reported 460 candidates took the exam in 2016
- ADEA reports 407 enrollees in ADEA PASS reporting ADAT scores
- Currently, if ADAT scores are reported in PASS, all programs to which the candidate applies receives ADAT scores, independent of whether the program Requires, Accepts or Does Not Accept the ADAT.
- Candidates informed of ADAT Score Sharing by both ADEA and ADA:
  - ADA ADAT Overview: *Scores will be reported to the programs selected by the candidate at the time of application. Additionally, if a candidate requests their results be sent to any advanced dental education program, their results will also be made available to ADEA PASS and distributed to all programs that participate in ADEA PASS.*
  - No change anticipated at this time
ADA Report at 2016 ADEA Fall Meetings:

- ADAT performing adequately

- Section on Principle of Ethics underperforming:
  - Recommendation to eliminate ethics as a single scale score, increase the number of items for Clinical Sciences, Data, Research Interpretation and Evidence-Based Dentistry by 10 items, providing an overall evaluation of critical thinking.