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I. MISSION, VISION AND QUALITY STATEMENT

MISSION STATEMENT

The University of Colorado School of Dental Medicine (CUSDM), a collaborative partner on the Anschutz Medical Campus, is a diverse teaching, clinical care and research community that innovates, creates and engages for the health of local and global communities.

STATEMENT OF VISION

By 2020, CUSDM will be recognized for the quality health workforce it prepares, the discoveries it makes and the patient care and community engagement performed that enhances the health and wellness of Colorado and the world.

QUALITY STATEMENT

In accordance to the American Dental Association with regards to the Quality Health Care, the oral health care is an integral component of health care. The Association promotes the public’s oral health through commitment of member dentists to provide quality dental care. The quality oral health care is characterized by the effective integration of multiple components of care consisting of prevention, acceptable treatment modalities, access, availability, utilization, patient management, patient autonomy, practice management, dental ethics and professionalism. Quality oral health care is only possible when treatment decisions and planning are determined by the dentist and the patient, based on the patient’s oral health needs and status.
II. INTRODUCTION

The delivery of patient care by students is an important component of the educational program at the University of Colorado School of Dental Medicine (CUSDM). Just as there are guidelines, requirements and expectations for didactic courses in the curriculum, there are those for clinical courses.

Presently, clinical courses are comprised of two main types - those directed by the comprehensive care faculty and those directed by the clinical divisions such as endodontics, periodontics, orthodontics, pediatric dentistry, oral surgery, operative dentistry, fixed prosthodontics, and removable prosthodontics.

In the pages that immediately follow, descriptions of clinical course evaluation procedures, clinical divisional expectations and competency examination details are provided. While there is variability in the ways that clinical evaluation is performed in all clinical courses, there are some principles common to all.

It is expected that students attend all scheduled clinic sessions and provide ethical, high-quality, patient-centered care in all circumstances. Students should follow established clinical procedures and protocols when providing patient care. Violations of these procedures can result in loss of student clinic privileges, a failure to be promoted, or dismissal from the School of Dental Medicine, depending upon the nature of the violation.
III. STANDARDS OF CARE

The following standards of care are designed to guide faculty, staff, residents and students in the delivery of patient care at the University Of Colorado School Of Dental Medicine. Patient care should be evidence-based and continuously integrate the best research evidence, in consideration of the patient needs and values. The application of the knowledge and experience of the dental professional along with the professional judgment of faculty are to be used to determine what is feasible, achievable and in the best interest of patients in any particular situation. These standards have been developed with the knowledge that patients have the right to decide what treatment they wish to accept, and the faculty has the right to decide if the School is able to provide reasonable care within conditions set by the patient.

1. We ensure that patients are good candidates for care in our educational Comprehensive Care Program setting by providing a screening exam to determine if the patient’s dental care needs are within the scope of the student clinics.

2. We recognize the diversity of our patients and their individual needs.

3. We provide our patients with an Informed Consent to Treat document and allow time for questions to be asked and answered.

4. We maintain a complete electronic health record for each patient that includes a health history that is updated once per year.

5. We maintain and store patients’ Protected Health Information (PHI) securely in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

6. We will ensure that our patients are fully informed of the costs of their treatment by providing an individualized treatment plan to every comprehensive care patient.

7. Emergency dental services are available at the CU School of Dental Medicine five days a week during clinic hours with call coverage available after hours.

8. We provide patients with access to care that occurs in a timely fashion based on their specific treatment needs.

9. We prepare faculty, staff, and students to provide care in the event a patient has a medical emergency in the clinics.

10. We follow up-to-date instrument and patient care safety standards.

11. We will ensure that patients are evaluated on a yearly basis to assess for any new oral disease or conditions including cavities.
12. We will ensure that patients receive preventative care.
13. We will ensure that patients receive appropriate follow-up care.
14. We will ensure that patients receive lasting care.
15. We are committed to patient satisfaction. We take each patient concern seriously and will work with our patients to find solutions.

GENERAL TREATMENT GUIDELINES FOR PATIENT CARE

ACCESS TO TREATMENT AND PATIENT PROGRESS

1. Notification of School Policies and Patient Responsibilities – Patients shall be notified of applicable School policies, procedures, and patient responsibilities prior to the initiation of treatment (i.e. CUSDM Patient's Rights and Responsibilities brochure noted in the Dental Clinic Policy and Procedure Manual Section 3.2). In compliance with “Title IV – Limited English Proficient (LEP) Compliance,” the CUSDM has a free Interpreter Services available upon request for patients during the course of the treatment at the School of Dental Medicine. This includes interpreter services when patients do not speak or understand the language as well as for hearing impaired.

2. Patient Acceptance – Patients shall be accepted based on consideration of the patient’s dental needs; the ability of the School’s educational programs to meet patient needs; the needs of the educational program to provide clinical experience to students, residents and faculty; and the ability of the patient to meet their responsibilities.

3. Assignment – Patients shall be assigned to student(s) based on consideration of the patients’ dental needs of the educational program to provide clinical experience to students. Assignments to student shall take place as soon as possible, but no later than three weeks. Emergency care is available for all unassigned patients on a fee for service basis.

4. Patient Progress – Patients’ timing of treatment shall be based on each individual treatment plan. Patients will be classified based on (a) the patient’s desired level of dental treatment and (b) patient’s desired timing of treatment. Patients who are available should be seen 2-4 times per months until treatment is completed.
5. Periodic Examinations – All active comprehensive care patients shall have periodic examinations at appropriate intervals during treatment phase on an annual basis.

6. Case Completions – Upon completion of planned treatment in the dental program, each patient shall have a case completion examination including:
   a) Assessment of the technical acceptability of the care provided in the School.
   b) Patient comfort and satisfaction with the care provided.
   c) Assessment of current dental health status.
   d) Appropriate time for next periodic exam and of preventive treatment.
   e) Determination of continued treatment in the School or referral.

7. Preventive Maintenance program – The School shall maintain ongoing preventative maintenance for active comprehensive care patients. Determination of continuation in (School of Dental Medicine) SDM preventive maintenance program or referral to outside dental program shall be based on the patient’s dental needs; the ability of the School’s educational programs to meet patient needs; the needs of the educational program to provide clinical experience to students, residents and faculty; and the ability of the patient to meet their responsibilities.

8. Referrals – Patients may be referred from the School’s programs at any time when it is determined that the School is unable to meet the patient’s dental needs and/or when the patient is unable or unwilling to meet their responsibilities. When it is determined that an active patient needs to be referred outside of the School’s programs, the patient shall be notified in writing, the patient’s dental condition shall be stabilized if appropriate, and emergency care shall be provided for a reasonable period of time. (See CUSDM Clinical Policy and Procedural Manual, Section 3.14, Emergency Dental Care Policy).


As a recourse for the community to access emergency/urgent dental care, the CUSDM not only provides emergency care to patients of record through their
respective dental home within the School, but also makes available emergency/urgent care for those individuals who would otherwise not have access to dental care.

**DOCUMENTATION OF PATIENT TREATMENT**

1. Patient Record Availability – Patient records of all active patients are computerized and maintained in the School’s dental software system, axiUm, and shall be available for use when requested as described in the CUSDM Clinic Policy and Procedure Manual (Section 3.13, Documentation of Treatment Policy). Patient records of all inactive patients are either in the computer system, or if prior to 8/2006, stored at an offsite location which fulfills both the requirements of the statute of limitations and confidentiality laws of the State of Colorado. The patient record shall be present whenever care is provided.

2. The patient record shall be a record of all diagnostic and treatment services rendered by SDM, and be completed and maintained as outlined in the SDM Clinic Policy and Procedure Manual (Section 3.13, Documentation of Treatment Policy).
   a) Radiographs of all active patients are digital and are computerized for accessibility.
   b) Forms – Dental Forms shall be completed, signed, and approved by faculty, within axiUm.
   c) Informed Consent – All informed consents shall be signed by the patient in axiUm.
   d) Treatment Notes – All notes are entered into axiUm and approved by faculty. All treatment progress notes shall be written in compliance with the SDM Clinic Policy and Procedure Manual (Section 3.13, Documentation of Treatment Policy).

3. Confidentiality of the patient record shall be maintained at all times in accordance to HIPAA.

The School of Dental Medicine follows the University of Colorado Office of Regulatory Compliance (ORC) Policies on Health Insurance Portability and Accountability Act (HIPAA).

All HIPAA policies, forms, and other information can be found the ORC website: [http://www.ucdenver.edu/academics/research/AboutUs/regcomp/](http://www.ucdenver.edu/academics/research/AboutUs/regcomp/)
The purpose of ORC's General Rule regarding HIPAA is to outline the general circumstances under which a University of Colorado Denver faculty member, employee, student, trainee or volunteer with access to protected health information (PHI) may use or disclose PHI under the Privacy Rule of HIPAA.

4. Records Requests – Duplicates of SDM dental records shall be available upon receipt of a written and signed Authorization to Release Dental Information request of the patient. Reasonable notice shall be required and reasonable fees may be charged. Original records shall not be released without maintaining a duplicate.

INFECTION, PREVENTION & EXPOSURE CONTROL PLAN
Faculty, students, residents, staff and patients shall follow all policies and procedures in the SDM Infection Prevention and Exposure Control Plan Section 9.6 of the Clinic Policy & Procedure Manual.

MEDICAL EMERGENCY
Faculty, students, residents and staff shall follow all policies and procedures as described in the SDM Clinic Policy and Procedure Manual Section 9.2 Medical Emergency Response Policy and Procedures.

HEALTH AND SAFETY
The School of Dental Medicine has adopted policies concerning the health and safety of our school as stated in the Clinic Policy and Procedure Manual Section II, Health and Safety. Complete copies of the University of Colorado Environmental Health and Safety policies are available on the EHS website at http://www.ucdenver.edu/hazmat

1. Radiation as described in the SDM Clinic Policy and Procedure Manual (Section 2.3, Radiation Use Policy).
   a) All dental radiographic equipment within the School shall be tested annually for timer accuracy and reproducibility, exposure reproducibility and mAs linearity, kVp accuracy, half-value layer, and beam restriction system by personnel registered with the Colorado Department of Public Health and Environment, Division of Laboratory and Radiation Services.
b) Occupationally exposed faculty and staff shall wear a personal radiation monitoring device (i.e. dosimeter) during work hours.

c) Appropriate shielding shall be used on all patients receiving radiographs.

d) All operators of x-ray units shall be thoroughly familiar with radiation safety standards and practices including federal, state and local regulations.

2. Nitrous Oxide

As outlined in the School of Dental Medicine Dental Clinic Policy and Procedure Manual Section 9.4, Administration of Nitrous Oxide.

a) All nitrous oxide/oxygen delivery equipment shall be inspected annually for proper function and shall be maintained in proper working order.

b) Evaluation Testing Procedures

Zone Valve Box Assemblies: Verify proper location / condition, verify proper labeling, and verify that there is no leakage in assembly.

Area Alarm Panels: Verify proper location / condition, verify “Power On” indication, verify functional performance of visual and audible signals, verify proper labeling, verify current pressure / vacuum indications for each gas monitored, verify current high / low set points for each gas monitored, and verify current pressure / vacuum indications for each gas with calibrated gauges.

Master Alarm Panels: Verify proper location / condition, verify “Power On” indication, verify functional performance of visual and audible signals, verify proper labeling, verify proper operation of all required alarm signals, and verify all set points for each gas monitored.

Outlet / Inlet Stations: Verify proper operation and condition, verify proper labeling, verify proper operation of valves and that there is no leakage, verify proper operation and condition of latching mechanism, verify proper operational pressures, verify proper static pressures, and perform flow rate and transient flow rate tests.
3. *Mercury Hygiene*

The SDM has a Hazardous Material Management Plan outlined in the SDM Clinic Policy and Procedure Manual, Section 2.2.

a) School of Dental Medicine in accordance with Metro Wastewater Reclamation District and the American Dental Association (ADA) best management practices adhere to the following guidelines:

b) School of Dental Medicine has installed model MRU10-30 Amalgam Separator which meets ISO 11143 specifications. Separator tanks are changed out once a year by qualified SDM staff and sent back to vendor for recycling.

c) Each clinical chair is equipped with a chair side trap. These traps are inspected and replaced weekly or as needed by School of Dental Medicine staff in accordance with manufactures instructions. The complete trap is handled as regulated waste and disposed in a proper amalgam waste container.

d) Pre-clinical amalgam is collected in SAA collection sites and containers are inspected weekly utilizing the SAA log. The containers are inspected for leakage and proper labeling.

e) School of Dental Medicine is using vacuum collection in all clinical areas.

f) School of Dental Medicine uses pre-capsulated, single use amalgam.

g) Operation and maintenance on the amalgam holding tank is done on an annual basis by University of Colorado Facilities Department in accordance with set guidelines. A maintenance log will be maintained by the Facilities Department documenting all required maintenance.

h) School of Dental Medicine conducts weekly inspections on the amalgam tanks to ensure proper function and that there are no leaks. All inspections will be documented in a weekly inspection log. In addition, the School of Dental Medicine will maintain a log of when the canisters were changed out including the invoices of the recycled amalgam.
i) Training: All appropriate clinical support personnel are trained on the proper handling and disposal of amalgam waste.

4. Flammables/Chemicals
   a) Flammable liquids must be properly stored inside fire rated storage cabinets in order to comply with fire codes and to protect the School of Dental Medicine from potential fires. At the Anschutz Medical Campus (AMC) including the School of Dental Medicine, clinical and laboratory areas may store a maximum of 2 gallons of flammable liquids outside of a rated flammable liquid storage cabinet. As a reminder, the 2-gallon limit includes waste and non-waste flammable liquids. Flammable liquids may not be stored inside walk-in coolers, refrigerators or freezers. Up to one pint of alcohol may be stored inside a refrigerator if the container is stored inside a sealed plastic secondary container. Containers that have chemicals present will be stored with compatible materials as per the School of Dental Medicine Hazardous Material Policy and marked with hazardous chemical warning labels. Hazardous chemical containers are sometimes marked with warnings such as "Corrosive," "Reactive," or "Toxic" or they may be labeled with a variety of U.S. Department of Transportation warning labels.

   b) Personnel must successfully complete the School of Dental Medicine’s Chemical Waste Management training online within 30 days of the date of hire. In addition, the Supervisor or PI must provide and document on-the-job training for those employees that directly handle hazardous material and waste. (Complete EHS’s Employee’s Hazardous Waste OJT Training Checklist). New employees must be under the direct supervision of a trained employee whenever handling chemical waste until all of the required training has been successfully completed. In addition, all employees are required to complete the Chemical Waste Management refresher training every year who use hazardous materials shall be trained in knowledge of hazards, avoidance of problems and emergency procedures in event of injuries exposures.

   c) Eyewash stations shall be accessible in or near all clinical and laboratory areas where hazardous materials are or may be used.
5. **Fire**
   a) Fire extinguishers will be inspected monthly by the School of Dental Medicine and annually by campus facilities for operability. They shall be conspicuously located and accessible throughout the School of Dental Medicine.
   b) The School of Dental Medicine building is equipped with fire/smoke detection and an automatic fire sprinkler suppression system. These systems are checked for operability by campus facilities on a monthly basis. These systems are active at all times unless pre-approved by the campus fire and life safety officer.

**PATIENT CARE AND MANAGEMENT**

The School of Dental Medicine Dental Clinic Policy and Procedure Manual, Section III outlines Patient Care and Management of all patients of the SDM.

1. The patient shall receive considerate, respectful and confidential treatment at all times and under all circumstances.

2. The patient shall have access to complete and current information about their condition. The patient shall have reasonable, informed participation in decisions concerning their dental health. Patients shall be informed of treatment alternatives, benefits, risks, cost and prognosis in terms they can understand. No patient shall have a procedure performed, even in an emergency, if the patient or their representative objects to it.

3. The patient shall receive treatment that meets the standard of care as outlined in this document.

4. The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive care.

5. Faculty, students and professional staff may opt not to treat that patient if patient’s request treatment is inappropriate relative to the standards of care.

**DIAGNOSIS**

1. A thorough diagnosis of the patient's dental condition shall consist of a documentation of the patient's current health status including specifics
about any current medications, previous medical conditions, and surgical procedures performed.

2. The patient shall be referred for medical consultation if a medical condition is thought to influence dental care. Copies of all medical consultations/referrals, made with the patients’ permission, shall be maintained electronically in the patient chart.

3. Diagnostic aides shall be ordered and used as needed including, but not limited to photographs, radiographs, study casts, periodontal probing, pulp tests, percussion and palpation tests, trans illumination, laboratory screening tests, and soft tissue biopsy.

4. Radiographs
   a) An attending faculty dentist order is required for the prescription of radiographs following a visual examination of the patient and review of relevant portions of the medical and dental history.
   b) All radiographs must be reviewed by qualified faculty. Interpretation of radiographs will become a permanent part of the dental record.
   c) The selection criteria used for prescribing radiographs are based upon current clinical guidelines for the selection of patients for dental radiographic examinations. The selection criteria include:
      i. Establishment of whether patient is new or maintenance patient.
      ii. Determination of patient chronological age or developmental status.
      iii. Risk assessment for caries and periodontal disease.
   d) Radiographs are individually prescribed based upon the presenting characteristics of the individual patient.
      i. For adult dentate patients intraoral radiographs consisting of periapical and bitewing exposures will be taken as baseline information.
      ii. For most adult patients with multiple missing teeth, a panoramic radiograph and selected periapical radiographs will be taken.
      iii. For edentulous patients, a panoramic radiograph will be taken.
      iv. For children with primary dentition only, radiographs will be taken if it is difficult to see between the proximal surfaces of teeth, or if there are special problems. For children with a
transitional dentition, individualized radiographic examination may include periapical/occlusal views and posterior bitewings, or a panoramic film and posterior bitewings.

v. For adolescents with an adult dentition, an individualized survey will be ordered based upon dental history and clinical findings.

e) Exceptions to the requirements for baseline radiographic survey will be made if a recent series of diagnostic quality radiographs are available from previous dental care providers.

f) Recall radiographs shall be taken at an appropriate individualized maintenance interval based upon a risk assessment for caries and periodontal disease.

g) Radiographs shall have the proper density, contrast, and detail. Bitewing radiographs shall demonstrate open contacts. The series of bitewings shall include the distal aspect of the canine teeth.

h) Periapical radiographs shall demonstrate the length of the entire tooth, and demonstrate at least two millimeters of bone beyond the root apex.

i) Panoramic radiographs shall be of adequate technical quality to include demonstration of the condylar heads, the mandibular symphysis, and the teeth or ridges demonstrated with a minimum of distortion.

j) Lateral cephalometric radiographs shall be taken with relaxed lips and with the Frankfort horizontal plane parallel to the floor. Sufficient anterior filtering shall be used to allow visualization of soft tissue profile.

k) Cone Beam (CBCT) Imaging shall be taken during the implant treatment planning process to assure adequate availability of bone for optimal implant placement and to determine the need for supplemental bone grafting procedures prior to implant placement. CBCT’s will also be taken at the discretion of the covering faculty when needed for the diagnosis and management of intraoral and head and neck pathology.

l) Patient permission is required before radiographs will be released to other care providers.

m) Patient rejection of radiographs recommended by the supervising dentist shall be documented, and may be cause for the termination of further treatment at the School of Dental Medicine.
TREATMENT PLANNING
1. A treatment plan shall include a phased description of the intended services to be provided for the patient. Treatment decisions are based upon history, examination, interpretation of diagnostic tests, and discussion of the chief complaint of the patient.

2. The treatment plan shall be written in the following sequence:
   a) Emergency Care
   b) Phase I treatment-removal of all disease in the periodontium, teeth, soft and bony tissues.
   c) Phase II treatment-restoration of form and function.
   d) Recall/Maintenance Phase III

3. Treatment planning shall be based upon a diagnostic summary and shall reflect attention to the patient’s present medical conditions.

4. There shall be a treatment planning discussion with the patient to include informed consent including but not limited to the patient’s understanding of alternative treatment approaches.

5. The following shall be part of the discussion with the patient regarding treatment planning.
   a) Diagnostic findings
   b) Chief complaint
   c) Proposed treatment and alternatives
   d) Prognosis
   e) Description of the services to be provided
   f) Rationale for the sequence of care
   g) Patient responsibilities
   h) Possible sequelae if treatment is not performed
   i) Possible risk of treatment
   j) Cost of the treatment planned
   k) Time involved in completing treatment

6. Informed consent shall be obtained from the patient prior to initiating any treatment on the treatment plan. This consent shall be after a complete discussion with the patient including the documented with the patient signature on the treatment plan.
7. Patient consent on the treatment plan does not imply patient financial obligation, until specific treatments are initiated. The patient must verbally agree to previously planned and consented treatment when it is initiated.

8. Faculty shall not allow a student to proceed with any component of the treatment plan that will not benefit the patient.

**CU DENTAL TEAMS MODEL**

**Goal of the CU Dental Teams Model**
The goal of the CU Dental TEAMS model is to provide a more consistent relationship between the faculty, coordinators, and students and the patients they treat within the clinic. The establishment of more consistent interactions between faculty, coordinators, and students is to facilitate the assessment of the student’s development towards competency on the way to a general dentist.

**CU Dental Teams Model**
There are four Teams (C, U, D, and T); each Team is subdivided into two Groups; and each group contains three dental Practices. Each practice is led by a faculty member (Practice Leader) and each student is assigned to a practice.

The coordination of patient care and the student’s clinical education is managed by a Coordinator. The Coordinator manages the three Practices within their Group.

Each Team is also comprised of Graduate Periodontics students, and individual faculty from Endodontics, Periodontics and Prosthodontics.

**CU Dental Team Make-up**

- 6 Practice Leaders
- Other supportive full- and part-time faculty (Associates)
- 2 Coordinators
- 2 Grad Perio Residents
- 1 Endodontist
- 1 Prosthodontist
- 1 Periodontist
- 60 Dental/ISP students per clinic year
Goals of Teams Organization

- Provide a more consistent relationship between the faculty, coordinators, students and their patients.
- Provide a pathway of communication between the faculty, coordinators and students.
- Provide a framework for cooperative patient care.

Expectations of Teams

- The primary evaluators of the students’ attainment of clinical competency to be a general dentist.
- The group that gives the student their comprehensive care grade.
- The group that manages adverse treatment outcomes.
- The group that manages clinical remediation.
- Team of general dentists and dental specialists responsible for the co-management of patients in need of complex dental care.

CU Dental Group

Each Group will consist of:
- 3 Practice Leaders
- Practice Associates
- 1 Group Coordinator
- 1 Grad Perio Student
- 30 Dental/ISP students per clinic year

Goals/Expectations of Group

- Primary unit of coordination of patient care.
- Primary unit of coordination of students’ clinical education.
- Primary unit of resolution of patient treatment concerns.

Goals/Expectations of Coordinators

- Coordinator of individual patient care.
- Coordination of individual dental students’ clinical education.
- Manage a patient pool of active and recall/maintenance patients.

CU Dental Practice

- One faculty member will serve as the Practice Leader.
- Each practice will be comprised of 10 dental or ISP students
Goals/Expectations of Practices

- Primary unit of general dental mentorship.
- Primary unit of formative clinical evaluations.
- Consistent point of patient care.
- In depth understanding of individual student’s progression towards competency

Goals/Expectations of Practice Leaders

- Student advocate
- Principle general dental mentor
- Primary case manager
- Primary competency evaluation

Goals/Expectations of Students

1) Goals
   a) Work towards acquiring the knowledge base and skills needed to become a general dentist.
   b) Efficient and effective management of patient pools.

2) Expectations
   a) Be a responsible, active, and productive citizen of the CU School of Dental Medicine.
   b) Demonstrate professionalism and ethical behavior in patient treatment.
   c) Participate and be prepared. Attend all clinic sessions, rotations, classes, team meetings, practice meetings, and advocate meetings with your Practice Leaders.
## SCOPE OF GENERAL DENTISTRY

<table>
<thead>
<tr>
<th>Scope of General Dentistry Across Stages of Life</th>
<th>Curative Care/Health Promotion/Health Maintenance/Preventive Medicine/Screening/Risk Assessment</th>
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<tr>
<td><strong>Patient Assessment</strong></td>
<td>Medical and Dental History; Chief Complaint; Extra Oral and Intra Oral Examinations; Radiographs; Medical/Dental Consultations; Diagnosis; Comprehensive Treatment Plan; Prognosis; and Informed Consent</td>
</tr>
<tr>
<td><strong>Screening and Risk Assessment for Head and Neck Cancer</strong></td>
<td>Assessment of oral-facial structures; Distinguishing normal from abnormal hard and soft tissue; Communication with patient regarding risk level</td>
</tr>
<tr>
<td><strong>Referrals</strong></td>
<td>Recognizing the complexity of patient treatment and identifying when referral is indicated</td>
</tr>
<tr>
<td><strong>Health Promotion and Disease Prevention</strong></td>
<td>Working with dental team members and health care professionals in health promotion; development of comprehensive customized oral health prevention programs for individual patients including prophylaxis, topical and supplemental fluorides, sealants and other preventive treatments as appropriate for their caries risk</td>
</tr>
<tr>
<td><strong>Local Anesthesia, Pain and Anxiety Control</strong></td>
<td>Local anesthesia for intraoral tissues; behavior management techniques and nitrous oxide analgesia, and post-operative pain management</td>
</tr>
<tr>
<td><strong>Restoration of Teeth</strong></td>
<td>Caries removal; Preparation, provisionalization, and restoration of vital and endodontically treated teeth with permanent direct restorative materials including amalgam, composite, and glass ionomer, and/or indirect restorations including all metal, all ceramic, and porcelain-fused-to-metal</td>
</tr>
<tr>
<td><strong>Communicating and Managing Dental Laboratory Procedures</strong></td>
<td>Preparation of the laboratory prescription and communication with the laboratory technicians.</td>
</tr>
<tr>
<td><strong>Replacement of Teeth</strong> (including fixed, removable, and dental implant prosthodontic therapies)</td>
<td>Replacement of teeth utilizing complete and partial removable prosthesis. Implant retained removable prosthesis. Replacement of teeth utilizing tooth borne fixed dental prosthesis. Replacement of teeth utilizing implant support. Recognition that complexity in any of these modalities may indicate need for referral to specialist.</td>
</tr>
<tr>
<td><strong>Periodontal Therapy</strong></td>
<td>Understanding local and environmental factors contributing to periodontal disease; performing nonsurgical periodontal therapy for slight to moderate periodontal disease; reevaluation after nonsurgical therapy to determine the appropriate maintenance regimen or need for additional periodontal therapy.</td>
</tr>
<tr>
<td><strong>Pulpal Therapy</strong></td>
<td>Diagnosis of diseases of the pulp and periradicular tissues; performing endodontic treatment (non-surgical) on non-complicated single and multi-canal permanent teeth; recognition and management of endodontic emergencies.</td>
</tr>
<tr>
<td><strong>Oral Mucosal and Osseous Disorders</strong></td>
<td>Recognize and manage oral mucosal and osseous disorders including oral manifestations of systemic disease</td>
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<tr>
<td><strong>Hard and Soft Tissue Surgery</strong></td>
<td>Performing simple extractions; management of complicated extractions; care and closure of surgical wounds and minor oral surgical complications</td>
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<td><strong>Dental Emergencies</strong></td>
<td>Recognizing the signs and symptoms of urgent medical/dental problems; providing appropriate palliative treatment</td>
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<tr>
<td><strong>Malocclusion and Space Management</strong></td>
<td>Recognizing malocclusion in the deciduous, mixed and permanent dentitions; space management with fixed appliance; referral to specialist; coordination of orthodontic care with comprehensive oral health care</td>
</tr>
<tr>
<td><strong>Evaluation of Outcomes of Treatment, Recall Strategies, and Prognosis</strong></td>
<td>Conducting record audits and review; establishment of recall intervals for patients with periodontal disease, dental caries, and other oral diseases; determination of prognosis</td>
</tr>
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**COMPREHENSIVE PATIENT CARE PHILOSOPHY**

The overall goal of the Comprehensive Care Program at the University of Colorado School of Dental Medicine is to emphasize CUSDM’s commitment to providing a clinical learning environment that is patient-centered, rather than procedure-oriented, yet still provides students a sufficient number and breadth of clinical experiences to attain and demonstrate competence to be a general dentist. The most important responsibility of dental students in the Comprehensive Care Program is that they deliver quality comprehensive dental treatment appropriate to each patient, in a timely manner. Every patient’s oral health needs, personal preferences, and social, ethnic, economic, and emotional circumstances must be sensitively considered.

**PREVENTION OF DISEASE**

1. Disease prevention is an important aspect of patient care in each clinical discipline.

2. The treatment plan for each patient shall be directed toward maintenance of function and prevention of disease. Disease risk will be assessed and services appropriate to the risk status will be included in the treatment plan.
3. A critical factor in disease prevention for dentate individuals is control of plaque. This is achieved through: instruction and motivation of patients for optimal oral hygiene practices; professional mechanical plaque removal performed at intervals appropriate to patient; dental treatment which restores function, provides optimal potential for maintenance by the patient, and minimizes the likelihood of future plaque formation.

4. Caries Risk Assessment is performed on very patient. Caries management by risk assessment is individualized and is mediated not only by plaque control and restorative, but also by appropriate use of fluorides, sealants, dietary counseling, pharmacotherapy, and reassessment of disease status by a dental professional.

5. Prevention of periodontal disease is mediated by plaque control and soft tissue management appropriate to disease status, as well as appropriate restorative, prosthodontic or orthodontic treatment; dietary counseling; pharmacotherapy; and regular assessment of disease status by a dental professional.

6. Prevention of soft tissue disease in edentulous individuals is mediated by appropriate use of prostheses, good nutritional habits, proper hygiene of edentulous ridges, and overall systemic health.

7. Oral and systemic health shall also be promoted through the appropriate use of medical history taking, recording of vital signs, and thorough examination of head, neck, and mouth. Health and wellness shall be promoted through all of the efforts already describe and through encouragement of good dietary habits, education in the risks of tobacco use and the benefits of cessation, and support for injury prevention.

**OPERATIVE DENTISTRY**

1. Patient treatment in the discipline of Operative Dentistry is directed toward the restoration of single teeth to form, function, health, and appropriate esthetics. Recognizing that each patient has individual treatment needs, treatment will be planned to meet those needs. This treatment will be planned to coincide with the overall treatment goals for the patient including restorability and value of the tooth in a particular oral condition, choice of materials, techniques and sequencing of treatment. All planning will be done with an appreciation for the patient’s desired dental outcomes.
2. Specific treatment areas include prevention both through treatment and education, non-surgical and surgical management of carious lesions, appropriate pulp management, appropriate selection of materials, establishment of proper function, appropriate referral for additional or complex treatment when necessary, and meeting the patient’s desires and needs. When surgical intervention is needed. Tooth preparation design and materials employed will be based on extent of the lesion.

3. Protection and preservation of tooth structure underlies all operative dental procedures. Minimally invasive operative dentistry techniques will be used and only the amount of tooth structure required to solve the patient’s problem will be performed. When discovered, areas of gross or extensive dental caries, after appropriate endodontic evaluation, should have final or interim restorations placed until re-evaluation is performed for definite treatment. Deep caries management protocol will be performed if vital pulp, normal apical tissue and reversible pulpitis. During operative procedure, quality of remaining dentin 2mm along margin/DEJ of sound, solid, hard dentin is established and DEJ free of stain. Affected dentin (softer, discolored) is left on pulpal floor/axial wall to prevent pulp exposure and to help preserve pulp vitality. Glass ionomer or resin-modified glass ionomer will generally be placed if interim restoration. Thermal insulation will be provided by appropriate choice of liner/base, and restorative material. Indirect pulp capping procedures will be utilized when indicated. Individual restorations will have adequate pulpal protection with an appropriate material.

4. Posterior intracoronal restorations will be restored with amalgam, cast gold, composite resin, or in selected indications, lab fabricated ceramic. In situations where cuspal involvement occurs, cast gold is usually the material of choice. Amalgam or composite resin is the material of choice as a foundation material for all subsequent extra-coronal restorations. Composite resin “core” materials may be used in selected clinical situations. Foundation restorations will use supplemental retention features as needed such as pins, adhesives, retention grooves, etc. to provide proper retention form. All posterior restorations will establish form and function for stable occlusion, oral function, patient comfort and periodontal health.

5. Anterior restorations for minimal to moderate tooth loss will normally be restored with composite resins materials. Glass Ionomer restorative material
may be indicated in cervical lesions or small interproximal lesions. In greater tooth structure loss situations requiring strength and maximum esthetics, laboratory fabricated indirect restorations will provide more proper form and function for the patient as well as satisfy esthetic demands.

6. Unique treatment situations will be handled in the most appropriate manner to meet the presenting disease condition. Such situations may include the following: extensive breakdown of a tooth requiring a provisional crown, deciduous teeth with no successor, medical condition, pregnancy, time availability, etc. Referrals to other specialists or specialties will be made when appropriate.

7. Oral isolation will be achieved with rubber dam at all times except when not appropriate. Other oral isolation techniques will be employed when rubber dam application is not possible. Air/water cooling with the high speed handpiece during preparation procedures is mandatory. Protection of the patient through physical means (such as protective eyewear) and infection control procedures will always be used.

8. All procedures and techniques will conform to accepted dental practice guidelines. New materials and techniques will be implemented when available and supported by evidence-based dental standards.

**FIXED PROSTHODONTICS**

1. Before beginning any fixed prosthodontic procedures on a patient, there is to be a complete diagnosis, evaluation and treatment plan, approved by faculty and the patient in axiUm. This must include a complete health history, dental history, head and neck examination, intraoral examination, probing depths, tooth charting, appropriate radiographs, periodontal assessment (including mobility and mucogingival condition), pulp vitality and plaque control assessment. In addition to the above, it is expected that all cases that require fixed prosthesis of any type be subjected to occlusal analysis on accurately mounted casts. When indicated either by symptoms or analysis, there should be a trial equilibration and/or trial wax-up on duplicate study casts. Consideration must be given to the possible need for an occlusal splint for bruxism or other symptoms. Treatment and control of symptomatic TMD must be accomplished before any irreversible fixed prosthodontic procedures are begun.
2. When restoring one or two missing posterior teeth, treatment options should include dental implants or a fixed dental prosthesis. Diagnosis should evaluate specific contraindications in general or periodontal health as well as the patient's desires, willingness, and acceptance of such treatment. This treatment of choice may be modified for any number of reasons including the need for a removable partial denture on the contralateral side of the same arch. Each case must be individually assessed for treatment on the basis of the factors discovered in the diagnostic workup.

3. When incisors are missing and acceptable abutments are present, dental implants or a fixed dental prosthesis is the restoration of first consideration even if a distal partial removable dental prosthesis is needed in the same arch to replace posterior teeth.

4. Retainers for conventional fixed dental prosthesis may include full veneer gold crowns, porcelain-fused- to-metal crowns, and in appropriate situations partial veneer crowns or all-ceramic retainers.

5. Cantilever fixed dental prosthesis replacement of lateral incisors is acceptable when the canine is suitable as an abutment, the adjacent central incisor is intact, and the occlusal scheme is favorable. First premolars can be replaced by using cantilever fixed dental prosthesis when conditions suggest such treatment in order to spare the preparation of an intact canine.

6. Foundation restorations may be either amalgam or composite resin, but not glass ionomer.

7. Posts, when necessary for retention of the restoration, are to be a separate unit from the crown or retainer casting.

8. It is not necessary to replace all missing teeth. The decision to replace a tooth or teeth is based on dental findings, occlusal considerations, the ability of the patient to maintain the prosthesis, the probability of drift or supereruption, tooth position and patient preference. Esthetics plays a major factor in whether or not to replace the missing teeth.

9. Malposed or maligned teeth, when used as abutments should be considered for orthodontic therapy. When feasible, this is usually preferable to over-contoured prostheses since such restorations may pose a liability to periodontal health as well as esthetics.
10. Resin-bonded fixed dental prostheses are acceptable for tooth replacement under certain circumstances, but are mainly indicated for the replacement of one or two mandibular incisors. Conservative preparation, yet with resistance and retention preparation features is usually indicated for such restorations. Indications for posterior resin bonded fixed prosthetic restorations replacing missing teeth are extremely unusual.

11. Porcelain veneers which require enamel and/or dentin preparation must be evaluated carefully relative to occlusion and prognosis.

12. Margins, contours and interproximal contacts are taught in the preclinical courses and the same criteria apply to clinical restorations.

13. Materials for fixed prosthodontic restoration are either high noble or noble alloys (with the exception of resin bonded fixed dental prosthesis) either with or without porcelain veneering. Permanent restorative materials used for prostheses MUST be recorded in the Electronic Dental record.

14. Periodontal splinting may be accomplished with one of several techniques and is done in cooperation with the periodontics faculty.

15. It is the responsibility of the student and the covering faculty to assure that the patient is thoroughly instructed in oral hygiene and other preventive measures concerning their fixed prosthodontic devices.

16. Patients must be informed when dental implants are a desirable option for the replacement of missing teeth, after careful evaluation by a restorative and surgical faculty.

17. Radiographs may be requested by the supervising faculty to judge integrity of margins.

18. Dental Implants
   a) The patient should be informed when dental implants are an appropriate treatment alternative.
   b) A diagnostic work-up, including a diagnostic wax-up, appropriate radiographs, radiology template or guide and advanced imaging (cone beam CT), when indicated, must be accomplished prior to finalizing the implant treatment plan.
c) Diagnostic casts must be mounted in CR for evaluation. Also procedures through the wax trial denture may be required in the diagnostic phase.

REMOVABLE PROSTHODONTICS

1. Partial Removable Dental Prostheses
   a) At the initial examination appointments, all remaining teeth must be evaluated as to periodontal and endodontic status. This includes evaluation of current radiographs, probing depths, mobility, attached tissue measurements, pulpal vitality tests and assessment of plaque control. The remaining tissues will be assessed at the clinical exam.
   b) Diagnostic casts are made from preliminary alginate impressions. The casts are mounted with face-bow for diagnostic purposes.
   c) A duplicate of the diagnostic cast for the partially edentulous arch will be surveyed and designed for the proposed treatment plan. This must be accomplished prior to any mouth preparation, i.e. survey crowns, guiding planes and rest seats. Additionally, documentation in the treatment record write-up must describe that the survey and design case was used for mouth preparation for the partial removable dental prosthesis.
   d) Partial removable dental prostheses are the treatment of choice when a fixed dental prosthesis and/or dental implants are not indicated, recommended, or desired by the patient.
   e) Abutment teeth requiring restoration should be restored with a survey crown or onlay, if areas supporting rests would be entirely restored. This also applies to previously restored teeth. If this is not accomplished due to patient finances and/or desires it must be communicated to the patient during the treatment planning that this a compromised treatment plan.
   f) In a tooth-borne partial removable dental prostheses, the tissue bearing areas should be extended maximally within physiologic and esthetic limits.
   g) Patients will receive thorough homecare instruction and special oral hygiene procedures.
   h) Patients may be placed on a monitored continuing hygiene maintenance program consistent with the School's General Standards in this document.
2. Complete Removable Dental Prostheses
   a) At the initial examination appointments, an intraoral soft tissue examination will be completed. A panoramic radiograph will be made before proceeding with procedures for prosthesis fabrication.
   b) Diagnostic casts are made from preliminary impressions. Final impressions are made using accurate vestibule border molding methods and an elastomeric impression material. The master casts are mounted using a record base and wax occlusion rims, with a face-bow and CR records at an approximate vertical dimension in a semi-adjustable articulator for diagnostic purposes.
   c) Overdentures may be considered for the partially edentulous patient. Particular attention must be given to vertical space for restorative materials if an overdenture is considered.
   d) Implant retention should be considered and discussed for all denture patients, particularly those with complete mandibular dentures.
   e) The denture base should maximally cover the supporting anatomic areas within physiologic limits.
   f) Dentures shall be esthetic and restore appropriate form and function.
   g) Patients shall receive thorough instruction for home care and special oral hygiene procedures related to the prosthesis.
   h) Patients should be re-evaluated on an annual basis.

3. Dental Implants
   a) The patient should be informed when dental implants are an appropriate treatment alternative.
   b) A diagnostic work-up, including mounted diagnostic casts, a diagnostic wax-up, appropriate radiographs, template or guide and advanced imaging (cone beam CT), when indicated, must be accomplished prior to finalizing the implant treatment plan.
   c) Diagnostic casts must be mounted in CR for evaluation. Also procedures through the wax trial denture may be required in the diagnostic phase.

ENDODONTICS

These statements are not meant to be an exhaustive description of endodontic procedures that occur in the 2nd floor clinics. Rather they provide basic guidelines for endodontic care, student evaluation and grading.
1. Endodontics is usually the treatment of choice for restorable and functional teeth with irreversible pulpitis or pulpal necrosis. Extraction is another treatment option. Endodontic therapy should be initiated only after a pulpal and periapical diagnosis has been determined. An endodontic diagnosis requires an adequate medical and dental history and examination tests including thermal, electric pulp testing, percussion, palpation, and periodontal probing. The restorability of the involved tooth should be determined and the patient consented prior to any treatment.

2. Indirect pulp capping should be the treatment of choice when the endodontic diagnosis is reversible pulpitis. Every effort should be made to not expose the pulp.

3. Direct pulp capping is usually indicated for aseptic, small, mechanical or iatrogenic pulpal exposures in vital teeth with no signs of irreversible pulpitis. MTA (mineral trioxide aggregate) has been shown to provide the most favorable prognosis.

4. Pulpotomies are only indicated as an emergency treatment for permanent teeth, except when apexogenesis is the desired outcome. Pulpotomies or pulpectomies are indicated when appropriate for the primary dentition.

5. As a general rule, endodontic therapy is always carried out with rubber dam isolation.

6. Endodontic therapy on permanent teeth should be carried out as follows:
   a) Access should remove the entire roof of the pulp chamber and be of sufficient size to allow identification and instrumentation of all root canals.
   b) A working length of 1.0 mm from the radiographic apex or apical foramen is considered ideal and should be confirmed with an electronic apex locator (EAL) and a radiograph.
   c) Irrigation should be accomplished with a sodium hypochlorite solution.
   d) Instrumentation should allow root canal contents and associated dentin to be removed. The preparation should have apical resistance form and be smooth and well flared. The original shape of the canal should not be transported.
e) Obturation should incorporate a root canal sealer and laterally or vertically condensed gutta-percha. The obturation should be placed apically to the point of instrumentation and should be packed densely in three dimensions.

f) The tooth should be sealed with a temporary or permanent restorative material that will protect the underlying root canal material. A good coronal seal is of paramount importance.

g) A post obturation radiograph should be taken to confirm the quality of the completed endodontics.

7. Radiographs - a diagnostic, working length, master apical file, cone fit, partial obturation and completed obturation radiograph are necessary for each endodontic case. Student retakes of radiographs should be prescribed and performed under direct supervision of endodontic faculty. It is important to limit the number of radiographs taken.

8. Patients may be scheduled for periodic clinical evaluations. This is generally scheduled for 6 months post-obturation and is more important if a preexisting periapical radiolucency is present.

9. Root canal instruments occasionally fail and fracture within the root canal space. Such instruments should be removed when possible, or sealed within the obturation material. Such occurrences should be recorded in the patient record and the patient informed. These patients require recall examination.

10. Treatment records should include sufficient information to document the diagnosis and treatment performed, as well as any special treatment considerations or occurrences. This is especially true for any treatment situations that were unplanned. Notes should be completed in the axiUm record contemporaneously with treatment or within 48 hours. The division of Endodontics has provided a template for progress note format.

11. Patients who require emergency care because of an endodontic problem will require a careful history, clinical exam, diagnosis and plan of treatment. This will usually involve endodontic treatment or extraction of the tooth involved, surgical drainage if indicated, and prescription of appropriate antibiotics and analgesics. Patients who present with swelling of tissue spaces should be followed closely until healing is evident.
12. Bleaching of teeth should be undertaken only after a careful diagnosis and explanation of risks versus benefits. Prognosis and duration of esthetic changes should be discussed.

PERIODONTICS

1. All patients must receive an initial and episodic complete assessment of their periodontal health or disease status. This can be accomplished by doing a Periodontal Screening and Recording (PSR) evaluation or a comprehensive periodontal examination. A comprehensive periodontal examination is required if a PSR score of 3 or 4 on 2 or more sextants is charted, if a PSR scores with asterisk is charted or if the patient has a history of periodontitis. Please remember that the PSR examination requires that all surfaces of all teeth are probed and the sextant PSR scores are recorded. The comprehensive periodontal examination includes the following: (probe all surfaces of all teeth, record clinical attachment levels, check for bleeding upon deep probing, examine furcations, keratinized tissue, recession and mobility).

2. All patients have their oral hygiene efforts evaluated (modified O'Leary Plaque Index) and that they receive appropriate oral hygiene instructions at each appointment in Periodontics.

3. All patients receive a thorough debridement that is appropriate for their periodontal status. This may include the use of systemic, locally delivered and/or topical chemotherapeutic agents.

4. All patients with an initial diagnosis of Periodontitis receive a periodontal re-evaluation (new examination) after Phase I therapy is complete.

5. Surgical therapy is offered to patients when necessary.

6. All patients need to be placed on an appropriate maintenance program.

ORAL AND MAXILLOFACIAL SURGERY (Dentoalveolar Surgery)

1. Informed Consent
   Informed consent is obtained after the patient has been informed of the indications for the procedure(s), the goals of treatment, the known benefits
and risks of the procedure(s), the factors which may affect the known risks and complications, the treatment options, and the favorable outcomes.

2. Indications for surgical care of the dental alveolar-structures include, but are not limited to:

a) Odontogenic infections (e.g.: symptomatic with pain, swelling, and trismus).

b) Extraction of erupted teeth (e.g.: symptomatic with pain and/or ectopic position or patient refusal of appropriate endodontic therapy).

c) Extraction of unerupted or partially erupted teeth (e.g.: impacted, malposed, non-restorable or nonfunctioning tooth).

d) Surgical correction of dentoalveolar deformities or defects.

e) Noted presence of pathologic conditions that would require a biopsy and histologic diagnosis.

ORTHODONTICS

1. Every new comprehensive care patient must be evaluated for the presence of malocclusion and/or space management needs.

2. If the new comprehensive care patient is interested in treatment in the student clinic, a decision must be made regarding the appropriateness of performing a diagnostic work-up in the student clinic and the patient must be informed of this decision.

PEDIATRIC DENTISTRY

1. Develop a prioritized and sequenced comprehensive treatment plan based on developmental, behavioral, preventive and therapeutic needs.

2. Obtain/interpret a medical history, social history, review of systems and dental history.

3. Communicate effectively with parents/caretakers to discuss proposed care and provide informed consent for all planned care.
4. Effectively manage a diverse patient population that is multicultural and be morally responsible to treat children with disparities.

5. Provide education about oral disease prevention for the patient and family and promote optimal oral health.

6. Ability to determine caries risk status and develop a preventive oral health plan based on patient status.

7. Guide and manage anxiety, pain, and appropriate delivery of local anesthesia for therapeutic and behavioral needs.

8. Recognize normal growth and development for pediatric patients.

9. Recognize abnormal growth and development and pathologic conditions of the oral and craniofacial systems.

10. Recognize and understand the influence of systemic disease upon oral health and treatment.

11. Perform a comprehensive evaluation and record extraoral and intraoral findings for diagnosis and treatment planning purposes.

12. Determine and obtain appropriate radiographic images for diagnosis and treatment planning purposes.

13. Provide comprehensive care for infants, children through adolescence including those with special health care needs and make appropriate referrals when indicated.

14. Demonstrate application of ethical decision-making and professional responsibility in following policies and procedures and maintaining standards of behavior.

15. Understand management of dental emergencies and traumatic injuries of the primary, young permanent and permanent dentition of pediatric dental patients.
16. Recognize malocclusion and the need for space management in the primary, mixed and permanent dentition phases.

17. Recognize the complexity of patient treatment and needs and identify when referral is indicated to a pediatric dentist and/or other healthcare providers.

18. Manage or refer traumatic injuries as appropriate and understand prevention strategies.

19. Provide an appropriate written consultation or referral.

20. Knowledge and ability to follow all clinical protocols for delivery of safe patient care.

21. Maintain accurate records, patient confidentiality and demonstrate a professional demeanor in all interactions with patients and families.

22. Successfully interact as part of an oral health team to provide high quality and efficient care for pediatric dental patients.

23. Ability to provide self-assessment of clinical care experiences
V. COMPETENCIES FOR THE GENERAL DENTIST

Definition of a 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 health care 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 or 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.”

(ADEA Competencies for the New General Dentist, Journal of Dental Education ■ Volume 75, Number 7)

The following are the competency statements of the University Of Colorado School of Dental Medicine:

CRITICAL THINKING
- Evaluate and integrate emerging trends in health care
- Utilize critical thinking to evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.

PROFESSIONALISM
- Make professional decisions that satisfy legal, societal and ethical principles.
- Use self-evaluative skills to assess individual knowledge and abilities, to practice within the scope of one’s competence and make appropriate professional referrals, and to identify areas of deficiency to correct through lifelong learning.
- Collaborate effectively with other health professionals to facilitate the provision of overall health care.
COMMUNICATION AND INTERPERSONAL SKILLS
- Apply appropriate interpersonal and communication skills to create a humanistic environment.

- Communicate effectively with diverse patients and other health care providers to ensure appropriate, patient-centered patient treatment.

HEALTH PROMOTION
- Provide prevention, intervention and educational strategies.

- Participate with dental team members and other health care professionals in the management and health promotion for all patients.

- Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.

PRACTICE MANAGEMENT AND INFORMATICS
- Evaluate and apply regulatory agency requirements for dental practices such as infection control, HIPAA and environmental and office safety programs.

- Apply principles of risk management including informed consent.

- Demonstrate effective business practices, financial management and human resource skills.

PATIENT CARE

Assessment, Diagnosis and Treatment Planning
- Perform an examination that collects biological, psychological, clinical, radiographic and other diagnostic/consultative information required to evaluate the health, oral conditions, needs, and expectations of patients of all ages.

- Recognize, diagnose and interpret normal and abnormal conditions of the orofacial complex (to include oral cancer), occlusal and temporomandibular disease, craniofacial growth and development that require monitoring, treatment or management.
• Develop, present and discuss individual sequenced treatment plans for patients of all ages consistent with patient’s condition, interest, goals and capabilities.

**Establishment and Maintenance of a Healthy Oral Environment**

**Management of Emergency Situations**

• Anticipate, diagnose, and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment.

• Recognize and manage dental emergencies to include acute pain, hemorrhage, trauma, and infection of the orofacial complex.

**Control of Pain and Anxiety**

• Employ pharmacological agents and techniques to manage orofacial discomfort and psychological distress.

**Periodontal Therapy**

• Diagnose, treatment plan, comprehensively treat, and maintain patients with periodontal disease in the primary, mixed, and permanent dentitions.

**Endodontic Therapy**

• Diagnose and treat diseases of pulpal and periradicular origin in the primary, mixed, and permanent dentitions.

**Surgical and Non-Surgical Therapies**

• Diagnose and treat conditions requiring reparative surgical procedures and non-surgical therapies on the hard and oral soft tissues

**Restorative/Prosthodontic Therapy**

• Provide single or multiple tooth restorations, with appropriate fixed or removable techniques, to restore anatomic form, function, and esthetics to patients of all ages.

• Continually analyze the outcomes of patient treatment to improve patient care
VI. CLINICAL DENTAL EDUCATION CURRICULUM, EVALUATION, AND FEEDBACK

DENTAL STUDENT

Goal

The goal of your clinical dental education is to give you the practical patient care experiences that are required for you to attain and demonstrate competence to be a General Dentist.

Fall DS 2 Semester – Entry into Clinic

Your entry into the clinical part of your dental education begins in the fall of your second year. During this semester you will have four classes that are designed and sequenced to help your entry into clinical patient care, these courses are:

1. Managing Your Student Practice (DSAD 6622 (1))
2. Infection Control (DSDD 5500) (Spring of 1st year)
3. Periodontics 2 lab (DSPE 6605 (1))
4. Transition Clinic 1 (DSRE 6600)

Managing your Student Practice (DSAD 6622(1)) is a didactic and preclinical course designed to give the student beginning skills in the management of the EHR, an understanding of clinical policies and procedures and management of your student practice of patients.

Infection control (DSDD 5500) this course covers the essentials of blood borne pathogens, and the SODM’s infection control prevention and exposure control plan.

Periodontics 2 lab (DSPE 6605 (1)) this course introduces the students to the principals and practice of nonsurgical periodontal therapy including the periodontal examination and periodontal instrumentation.

Transition Clinic 1 (DSRE 6600) this course introduces the student to the clinic and clinical patient care.
Spring DS 2

1. Managing Your Student Practice (DSAD 6622 (2))
2. Periodontics 2 Clinic (DSPE 6605 (2))
3. Transition Clinic (DSRE 6601)
4. Treatment Planning (DSRE 6609)
5. Oral Radiology Laboratory (DSOD 6603)
6. Pain Control 1 (Local Anesthesia) (DSSD 6604)

Managing Your Student Practice (DSAD 6622 (2)) this is a continuation of Managing Your Student Practice (DSAD 6622 (1)).

Periodontics 2 Clinic (DSPE 6605 (2)) this course is a continuation of the Periodontics 2 lab were the student continues to reinforce the skill acquisition and intellectual processes essential to performing a periodontal examination, delivery of nonsurgical periodontal therapy and the evaluation of the clinical outcomes of nonsurgical periodontal therapy

Transition Clinic (DSRE 6601) this course is a continuation of Transition Clinic 1 (DSRE 6600) where the student is completing their first patient screening, Comprehensive Oral Examination and Treatment plan and the initiation of simple restorative care.

Treatment Planning (DSRE 6609) this course is a didactic and preclinical course covering the essentials of data acquisition and treatment planning.

Oral Radiology Laboratory (DSOD 6603) this lab provides the students with the oral radiologic experiences necessary to begin the collection of radiographic images necessary for the diagnosis of craniofacial and intraoral disease.

Pain Control 1 (Local Anesthesia) (DSSD 6604) this course covers the pharmacology, regional anatomy and technique essential for the appropriate administration of local anesthetics.
Summer DS 2

1. Comprehensive patient Care Clinic “A” (DSRE 6615)
2. OMS Clinic and Emergency Clinic (observe/assist) (DSOS 7710 (1))
3. Clinical Oral Diagnosis (DSOD 6655)
4. Clinical Operative Dentistry (DSOP 6655)
5. Clinical Periodontics (DSPE 6655)
6. Clinical Fixed Prosthodontics (DSFD 6655)
7. Clinical Removable Prosthodontics (DSRP 6655)
8. Clinical Oral Radiology (DSOD 6657)
9. Pain Control 2 (Nitrous Oxide Analgesia) (DSSD 6610)

Comprehensive Patient Care Clinic “A” (DSRE 6615) Comprehensive Care Clinics – are staffed by the general dentists who are the student practice leaders, and also has specialty faculty coverage in the areas of endodontic, periodontics (dental hygiene), and prosthodontics. These clinics are designed to support the teaching, learning, and patient care experiences necessary to become a competent general dentist.

OMS Clinic and Emergency Clinic (observe/assist) (DSOS 7710 (1)) these clinic sessions are designed to familiarize the student with the emergency and OMS clinical experience prior to their entry into these clinics in the fall semester.

During the summer semester the student will have a limited clinical experience as they begin to build their individual patient pools. Students will work in pairs with one student as the operator and one student as the assistant. Most of the student’s clinical activity during the summer semester will be in the clinical disciplines of Oral Diagnosis, Operative Dentistry, and Periodontics. Individual students may have a limited clinical experience in either Fixed and/or Removable Prosthetics. Please refer to the individual descriptions of clinical course expectations for the specialty courses; Oral Diagnosis, Operative Dentistry, Periodontics. Fixed and/or Removable Prosthetics, Emergency and OMS.

The student will also enter the CU Dental Teams at the start of the summer of their 2nd year.
COMPREHENSIVE PATIENT CARE CLINIC COURSES "A" – "F"

COURSE DESCRIPTION:

This intent of this series of courses: Comprehensive Patient Care Clinic Courses "A" – "F" (DSAD 6615/7717/7719/7721/8817 & DISP 7205/7301/8101/8201/8302) is to guide and evaluate your progression toward clinical competence to begin the practice of general dentistry.

“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 health care 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 or 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.” (ADEA Competencies for the New General Dentist, Journal of Dental Education ■ Volume 75, Number 7)

Through your clinical patient care experience you will receive input as to your progress towards attaining competence in the following domains of competency: Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics, and Patient Care. Your ability to develop and demonstrate competency in these domains will be assessed through your management of a patient pool. Particular emphasis is given to development and appropriate management of a “family” of patients. Treatment planning skills, ethics and professionalism, and steady progress towards demonstration of clinical competence are developed during this continuum of clinical courses.

MAJOR COURSE GOALS:

- This course not only assesses knowledge and clinical skills, it includes the assessment of competence in clinical practice. Outcomes will contribute in the final declarative statement of competence in the following School of Dental Medicine competencies. If you do not demonstrate clinical competence in these following competency examinations by the end of
your ISP 2 (fall 2015) or DS 4 (spring 2016) year you will fail your final compressive care course.

- Patient Assessment and Treatment Planning Competency Exam
- Head and Neck Cancer Screening and Risk Assessment Competency Exam
- Health Promotion and Disease Prevention Competency Exam
- Outcomes of Treatment Competency Exam

- To develop and demonstrate competency in the attributes and skills necessary to begin the independent practice of general dentistry.

- These attributes and skills are organized as the following domains: Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics, and Patient Care skills.

  - Critical Thinking: This domain reflects the student’s performance towards the application of critical thinking skills in the context of patient care. The complex element of critical thinking during patient care involves the ability of the practitioner to 1. evaluate and integrate emerging trends in health care as appropriate, 2. utilize critical thinking and problem-solving skills and apply them to patient care, and 3. evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.

  - Professionalism: This domain reflects the student’s performance towards the application of professional and ethical values and attitudes in the context of patient care, to include 1. the application of ethical and legal standards in the provision of dental care and 2. to practice within one’s scope of competence, and consult with or refer to professional colleagues when indicated.

  - Communication and Interpersonal Skills: This domain reflects the student’s performance towards the application of communication and interpersonal skills in the provision of patient care, specifically, to 1. apply appropriate interpersonal and communication skills, 2. use psychosocial and behavioral principles in patient-centered health care, and 3. communicate effectively with individuals from diverse populations.

  - Health Promotion: This domain reflects the student’s performance towards the application of health promotion strategies in patient care,
including 1. providing prevention, intervention, and educational strategies for patients while 2. participating with dental team members and other health care professionals in the management and health promotion for all patients, and 3. recognizing and appreciating the need to contribute to the improvement of oral health beyond those served in traditional practice settings.

- Practice Management and Informatics: This domain reflects the student’s ability to manage a general dental practice. The elements of this domain include 1. the ability to evaluate and apply contemporary and emerging information management technologies into clinical practice, 2. manage different models of health care delivery with the application of appropriate risk management principals, and 3. demonstration of effective business, financial management, and human resource skills while applying quality assurance, assessment, and improvement concepts that are in compliance with local, state, and federal regulations including OSHA and HIPAA.

- Patient Care: This domain assesses the students' performance towards the development of their abilities to: 1. assess, diagnosis, treatment plan, and manage the oral health care of the adolescent, and adult, as well as the unique needs of women, geriatric, and special needs patients in the full scope of general dentistry and 2. establish and maintain oral health through the life of the individual through the full scope of general dentistry.

- Development of a patient pool that provides an adequate breadth of clinical experiences to facilitate the acquisition and demonstration of competency in the School of Dental Medicine’s Core Competencies (see next section).

- Demonstration of Clinical Competency in patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent. (see attached Clinical Competency Examination)

- Demonstration of Clinical Competency in screening and risk assessment for head and neck cancer. (see attached Clinical Competency Examination)

- Demonstration of Clinical Competency in the recognizing the complexity of patient treatment and identifying when referral is indicated. (see attached Clinical Competency Examination)
• Demonstration of Clinical Competency in evaluation of the outcomes of treatment, recall strategies, and prognosis. (see attached Clinical Competency Examination)

• Completion of one “Patient Quality Assessment Exercise” and one “Completion of Phase 1 of Care Evaluation”

• Steady progression through all clinical competencies in a timely fashion. Effective and timely management of patient treatment in your patient “family”.

• Preparation and participation in pre-advocate and advocate meetings and team seminars.

• Provide formative assessment of your individual progression toward the attainment of competency to become a general dentist.

• Provide a summative assessment (a grade) of your level of progression toward attaining competence to become a general dentist.

Comprehensive Patient Care Clinic Courses "A" – "F" and the CU Dental Teams

The organization of the management system for the student’s clinical education and patient care is through the relationship between these Comprehensive Patient Care Clinic Courses and the CU Dental Teams. Each student is assigned to a Dental Team and within that Team a Dental Practice where they and their patients are provided close monitoring and supervision by a Practice Leader and Clinical Coordinator
CU Dental Teams Model

There are four CU Dental Teams (C, U, D, and T); each Team is subdivided into two Groups; and each group contains three dental Practices. Each practice is led by a faculty member (Practice Leader who is also the student’s advocate) and each student is assigned to a practice.

The coordination of patient care and the student’s clinical education is managed by a Coordinator. The Coordinator manages the four Practices within their Group. Each Team is also comprised of Graduate Periodontics students, and individual faculty from Endodontics, Periodontics and Prosthodontics.

Goal of the CU Dental Teams Model

The goal of this organization is to provide a more consistent relationship between the faculty, coordinators, and students and the patients they treat while working within the clinic. The establishment of more consistent interactions between faculty, coordinators, and students is to facilitate the assessment of the student’s development towards competency to become a general dentist.

Meetings

The Practice Leader is still the individual student’s advocate as the student moves through the curriculum. There will still be advocate meetings where the student and their Practice Leader meet one-on-one. Additionally, there will be
meetings of the Teams and Groups. These Team and Group meetings will be more general and involve discussions/presentations of topics such as AxiUm use and training, general patient care issues, treatment planning, etc.

**Fall DS 3**
As the students enter the fall semester of their 3rd year their clinical opportunities will increase. As the semester progresses the student will continue to develop their patient pools that will provide them with the clinical experience necessary to both develop and evaluate the attainment of competency to be a general dentist. The initial clinical experiences during this semester will be focused again on the clinical disciplines of Oral Diagnosis, Operative Dentistry, and Periodontics. As the semester progresses the students will begin to acquire their initial clinical experiences in Fixed and Removable Prosthodontics. The students will also begin to assume a primary role as an operator in the Emergency and Oral Surgery clinics. The student will also begin their rotation in Clinical Pediatric Dentistry that will continue through the spring semester. The students will also participate in a series of seminars “Critical Thinking and Patient Care Seminars”. These learning objectives for these seminars are:

- The development of the skills necessary to apply the principles of Evidence Based Dentistry to patient care,
- Evaluate, analyze and apply critical thinking skills to problems encountered in patient care.
- Apply question asking strategies and critical appraisal skills to problems encountered in patient care and
- Apply, synthesize and evaluate contemporary scientific thought into the context of making appropriate treatment decisions for the individual patient.

1. Comprehensive Patient Care Clinic “B” (DSRE 7717)
   a. Critical Thinking and Patient Care Seminars
2. Emergency Clinic*
3. Dental Pain and Emergencies (DSSD 7712)
4. OMS Clinic*
5. Clinical Endodontics (DSEN 7755)
6. Clinical Fixed Prosthodontics (DSFD 7755)
7. Clinical Oral Diagnosis (DSOD 7755)
8. Clinical Operative Dentistry (DSOP 7755)
9. Clinical Pediatric Dentistry “Healthy Smiles Clinic” (DSPD 7755)
10. Clinical Periodontics (including Perio assist) (DSPE 7755)
11. Clinical Removable Prosthodontics (DSRP 7755)

* Grade is given in Fall DS 4 year, Clinical Emergencies (DSSD 8855)
+ Grade is given in Fall DS 4 year, OMS Clinic (DSOS 8855)

Spring DS 3

1. Comprehensive Patient Care Clinic “C” (DSRE 7719)
2. Emergency Clinic*
3. OMS Clinic+
4. Clinical Endodontics (DSEN 7757)
5. Clinical Fixed Prosthodontics (DSFD 7757)
6. Clinical Oral Diagnosis (DSOD 7757)
7. Clinical Operative Dentistry (DSOP 7757)
8. Clinical Pediatric Dentistry “Healthy Smiles Clinic” (DSPD 7757)
9. Clinical Periodontics (including Perio assist) (DSPE 7757)
10. Clinical Removable Prosthodontics (DSRP 7757)
11. Clinical Orthodontics (DSOT 7757)
12. Special Patient Care$

* Grade is given in Fall DS 4 year, Clinical Emergencies (DSSD 8855)
+ Grade is given in Fall DS 4 year, OMS Clinic (DSOS 8855)
$ Non-graded clinical experience

Summer DS 3

At the beginning of the summer semester of the 3rd year the students will begin their extramural rotations in the Advanced Clinical Training Program (ACT’s). These rotations occur in 2 week blocks where the student is rotating being on an ACT’s rotation for 2 weeks, followed by 2 weeks at the school. This cycle of participation at an ACT’s site and then back at the school will continue through the entire 4th year of school.

1. Comprehensive Patient Care Clinic “D” (DSRE 7721)
2. Emergency Clinic*
3. OMS Clinic+
4. Clinical Endodontics (DSEN 7759)
5. Clinical Fixed Prosthodontics (DSFD 7759)
6. Clinical Oral Diagnosis (DSOD 7759)
7. Clinical Operative Dentistry (DSOP 7759)
8. Clinical Periodontics (including Perio assist) (DSPE 7759)
9. Clinical Removable Prosthodontics (DSRP 7759)
10. Special Patient Care$

* Grade is given in Fall DS 4 year, Clinical Emergencies (DSSD 8855)
+ Grade is given in Fall DS 4 year, OMS Clinic (DSOS 8855)
$ Non-graded clinical experience

Fall DS 4

1. Comprehensive Patient Care Clinic “E” (DSRE 8817)
2. Emergency Clinic (DSSD 8855)
3. OMS Clinic (DSOS 8855)
4. Clinical Endodontics (DSEN 8855)
5. Clinical Fixed Prosthodontics (DSFD 8855)
6. Clinical Oral Diagnosis (DSOD 8855)
7. Clinical Operative Dentistry (DSOP 8855)
8. Clinical Periodontics (including Perio assist) (DSPE8855)
9. Clinical Removable Prosthodontics (DSRP 8855)
10. Special Patient care$

$ Non-graded clinical experience

Spring DS 4

1. Comprehensive Patient Care Clinic “F” (DSRE 8827)
2. Emergency Clinic
3. OMS Clinic
4. Clinical Endodontics (DSEN 8757)
5. Clinical Fixed Prosthodontics (DSFD 8757)
6. Clinical Oral Diagnosis (DSOD 8757)
7. Clinical Operative Dentistry (DSOP 8757)
8. Clinical Periodontics (DSPE 8757)
9. Clinical Removable Prosthodontics (DSRP 8757)
Evaluation and Feedback

Clinical grading: the intent of the daily clinical assessment (DCA and/or DCEVAL) (clinical grading) is to provide an ongoing relative formative evaluation of the students progression towards clinical competency. This input is used by several groups to both assist and assess the students in their progression towards and demonstration of competency. As there are varied uses of the information derived from daily clinical assessment it needs to assess the students through the full breadth of the domains of competency (Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics, and Patient Care) to be a general dentist. However the realities of the patient care will often not provide an element of all the domains of competence to evaluate at each and every patient visit.

Practice Leader (Advocate Meeting) Feedback

This is a formative evaluation that is primarily intended to assist the student’s progression towards and continued demonstration of clinical competence. As the practice leader is the student’s primary general dental mentor this feedback will address all of the domains of competency (Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics and Patient Care).

Coordinator Feedback

This is feedback given by your practice coordinator to your practice leader relative to the areas of Professionalism, Communication and Interpersonal Skills, and Practice Management and Informatics.

Clinical Progression and Competencies Feedback

The Practice Leader and the Coordinator meet regularly with the students to ensure adequate Progression towards Clinical Competency. This form, Clinical Progression and Competencies (see next page) assist both the Practice Leader and Coordinators monitor that the student is making appropriate clinical progress and has a patient pool that is adequate for the student’s level of experience.
<table>
<thead>
<tr>
<th>Student</th>
<th>Clinical Progression and Competencies (DS2016 and ISP2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD/Tx PI</td>
<td>total</td>
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<td></td>
<td>complex</td>
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<tr>
<td>Perio Competencies</td>
<td>DS 2 Spring / ISP I Summer: Data acquisition (Axium form)</td>
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<tr>
<td></td>
<td>DS 2 Spring / ISP I Summer: Instrument sharpening (Axium form)</td>
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<tr>
<td></td>
<td>DS 3 / ISP I: Comprehensive Perio Eval 4 exams completed - paper form 9-A</td>
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<td></td>
<td>DS 4 / ISP II: SRP (8 Quads)</td>
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<tr>
<td></td>
<td>DS 3 / ISP II: Re-eval (2 perio Re eval - paper form)</td>
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<td></td>
<td>DS 4 / ISP II: Mock Board (1 on 1)</td>
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<tr>
<td>Perio Maintenance Competencies please see portfolio</td>
<td></td>
</tr>
<tr>
<td>Operative Competencies</td>
<td>Class II amalgam (Required. Special condition none)</td>
</tr>
<tr>
<td></td>
<td>Class II composite (Required. Must be a virgin lesion)</td>
</tr>
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<td></td>
<td>Class III composite (Required. Special condition none)</td>
</tr>
<tr>
<td></td>
<td>2 Spring DS3 / 1 Summer DS3 / 2 Fall DS4</td>
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<tr>
<td></td>
<td>Class I, II, III, IV, V composite or amalgam</td>
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<tr>
<td></td>
<td>Class I, II, III, IV, V composite or amalgam</td>
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<tr>
<td></td>
<td>ISP: Must complete 5 restorations to challenge.</td>
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<tr>
<td></td>
<td>CI (I,II,IV, V) or buildups qualify for this threshold:</td>
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<td></td>
<td>(no sedative or protective restorations)</td>
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<td></td>
<td>One restoration must replace existing composite:</td>
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<td>CI II, III, IV.</td>
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<tr>
<td>Fixed</td>
<td>Single Units (Crowns)</td>
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<td></td>
<td>Multi Units (Opposing/Adjacent FPD)</td>
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<td></td>
<td>Implant units</td>
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<td>Removable Full Dentures (RFD)</td>
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<td>Removable Partial (RPD)</td>
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<td>Endo:</td>
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<td>premolar</td>
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<td></td>
<td>molar</td>
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<tr>
<td>Oral Surgery:</td>
<td>IV Sedation</td>
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<td>Simple Ext: (2) D7140</td>
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<td>Surg. Ext: (1) D7210</td>
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<tr>
<td>Radiology</td>
<td>(FMX) 11th=competency</td>
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<td>Panoramic</td>
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<td>N2O as operator (1)</td>
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<td></td>
<td>N2O as operator (2)</td>
</tr>
</tbody>
</table>
Comprehensive Patient Care Clinic Course Evaluation (semester grade)

This is a summative evaluation that is intended to provide the student, TEAMs faculty, and Competency Review Board a relative assessment of the student's progression towards clinical competency to be a general dentist. This evaluation encompasses the full scope of clinical competency and weighs the various domains of competency equally in the summative evaluation. The grade is derived from a variety of inputs: daily clinical assessments, clinical accomplishments during the semester, management of patient pool, timely completion of clinical competencies, input from practice leader relative to: organization, patient care, response to formative evaluation and feedback and clinic attendance.

Division Evaluations (grades)

The intent of the divisional evaluations is to primarily evaluate the application of the domains of competency in the context of a specific area of patient care. This evaluation while considering the full scope of competency to be a general dentist will not weigh all the domains of competency equally. For example, periodontics might weigh health promotion and critical thinking to a greater degree than practice management and informatics. The grade is derived from a variety of inputs: daily clinical assessments, competency examinations, clinical accomplishments during the semester, management of your patient pool, timely completion of clinical competencies but in the context of a specific area of dentistry (Perio, Endo, OS, Operative, Fixed, Removable and Implant Prosthetics) (for example the performance on the Operative competencies will be a more significant portion of the Operative grade than of the Comprehensive Patient Care Clinic grade)

Competency Review Board

The intent of the Competency Review Board is to determine whether or not the student is making appropriate progress towards the attainment of competency, demonstrates continuous competency, and, in the end, that the student can perform independently in a continuous competent manner through all of the domains of competency that are required of the general dentist.
INTERNATIONAL STUDENT

Goal
The goal of your clinical dental education is to give you the practical patient care experiences that are required for you to attain and demonstrate competence to be a General Dentist.

Spring ISP 1 Semester - Entry into clinic

Your entry into the clinical part of your dental education begins in the Spring of your first year. During this semester you will have six classes that are designed and sequenced to help your entry into clinical patient care, these courses are:

1. Managing Your Student Practice (DISP7160)
2. Infection Control (DSISP 7129)
3. Periodontics 2 lab (DISP 7123)
4. Transition Clinic 1 (DISP7163)
5. Oral Radiology Laboratory (DISP 7131)
6. Pain Control 1 (Local Anesthesia) (DISP 7125)

Managing your Student Practice (DISP7160) is a didactic and preclinical course designed to give the student beginning skills in the management of the EHR, an understanding of clinical policies and procedures and management of your student practice of patients.

Infection control (DSISP 7129) this course covers the essentials of blood borne pathogens, and the SODM’s infection control prevention and exposure control plan.

Periodontics 2 lab (DISP 7123) this course introduces the students to the principals and practice of nonsurgical periodontal therapy including the periodontal examination and periodontal instrumentation.

Transition Clinic 1 (DISP7163) this course introduces the student to the clinic and clinical patient care.

Oral Radiology Laboratory (DISP 7131) this lab provides the students with the oral radiologic experiences necessary to begin the collection of radiographic images necessary for the diagnosis of craniofacial and intraoral disease.

Pain Control 1 (Local Anesthesia) (DISP 7125) this course covers the pharmacology, regional anatomy and technique essential for the appropriate administration of local anesthetics.
Summer ISP 1 –

1. Comprehensive patient Care Clinic “A” (DISP 7205)
2. OMS Clinic and Emergency Clinic (observe/assist) (DISP 7320 (1))
3. Pain Control 2 (Nitrous Oxide Analgesia) (DISP 7220)
4. Clinical Oral Diagnosis (DISP 7232)
5. Clinical Restorative Dentistry (DISP 7206)
6. Clinical Periodontics (DISP 7221)

Comprehensive patient Care Clinic “A” (DISP 7205)
Comprehensive Care Clinics – are staffed by the general dentists who are the student practice leaders, and also has specialty faculty coverage in the areas of endodontic, periodontics (dental hygiene), and prosthodontics. These clinics are designed to support the teaching, learning, and patient care experiences necessary to become a competent general dentist.

OMS Clinic and Emergency Clinic (observe/assist) (DISP 7320 (1)) these clinic sessions are designed to familiarize the student with the emergency and OMS clinical experience prior to their entry in these clinics in the fall semester.

Pain Control 2 (Nitrous Oxide Analgesia) (DISP 7220) this course covers the pharmacology, physiology and technique essential for the appropriate administration of Nitrous Oxide Analgesia

Clinical Oral Diagnosis (DISP 7232)

Clinical Restorative Dentistry (DISP 7206)

Clinical Periodontics (DISP 7221)

During the summer semester the student will have a limited clinical experience as they begin to build their individual patient pools. Students will work in pairs with one student as the operator and one student as the assistant. Most of the student’s clinical activity during the summer semester will be in the clinical disciplines of Oral Diagnosis, Operative Dentistry, and Periodontics. Individual students may have a limited clinical experience in either Fixed and/or Removable Prosthetics. Please refer to the individual descriptions of clinical course expectations for the specialty courses; Oral Diagnosis, Operative Dentistry, Periodontics. Restorative Dentistry, Emergency and OMS.
The student will also enter the CU Dental Teams at the start of the summer of their 1st year.

COMPREHENSIVE PATIENT CARE CLINIC COURSES "A" – "F"

COURSE DESCRIPTION:
This intent of this series of courses: Comprehensive Patient Care Clinic Courses "A" – "F" (DSAD 6615/7717/7719/7721/8817 & DISP 7205/7301/8101/8201/8302) is to guide and evaluate your progression toward clinical competence to begin the practice of general dentistry.

“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 health care 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 or 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.” (ADEA Competencies for the New General Dentist, Journal of Dental Education ■ Volume 75, Number 7)

Through your clinical patient care experience you will receive input as to your progress towards attaining competence in the following domains of competency: Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics, and Patient Care. Your ability to develop and demonstrate competency in these domains will be assessed through your management of a patient pool. Particular emphasis is given to development and appropriate management of a “family” of patients. Treatment planning skills, ethics and professionalism, and steady progress towards demonstration of clinical competence are developed during this continuum of clinical courses.

MAJOR COURSE GOALS:

- This course not only assesses knowledge and clinical skills, it includes the assessment of competence in clinical practice. Outcomes will contribute in the final declarative statement of competence in the following School of
Dental Medicine competencies. If you do not demonstrate clinical competence in these following competency examinations by the end of your ISP 2 (fall 2015) or DS 4 (spring 2016) year you will fail your final compressive care course.

- Patient Assessment and Treatment Planning Competency Exam
- Head and Neck Cancer Screening and Risk Assessment Competency Exam
- Health Promotion and Disease Prevention Competency Exam
- Outcomes of Treatment Competency Exam

To develop and demonstrate competency in the attributes and skills necessary to begin the independent practice of general dentistry.

These attributes and skills are organized as the following domains: Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics, and Patient Care skills.

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o Practice Management and Informatics: This domain reflects the student’s ability to manage a general dental practice. The elements of this domain include 1. the ability to evaluate and apply contemporary and emerging information management technologies into clinical practice, 2. manage different models of health care delivery with the application of appropriate risk management principals, and 3. demonstration of effective business, financial management, and human resource skills while applying quality assurance, assessment, and improvement concepts that are in compliance with local, state, and federal regulations including OSHA and HIPAA.

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- Demonstration of Clinical Competency in the recognizing the complexity of
patient treatment and identifying when referral is indicated. (see attached Clinical Competency Examination)

- Demonstration of Clinical Competency in evaluation of the outcomes of treatment, recall strategies, and prognosis. (see attached Clinical Competency Examination)

- Completion of one “Patient Quality Assessment Exercise” and one “Completion of Phase 1 of Care Evaluation”

- Steady progression through all clinical competencies in a timely fashion. Effective and timely management of patient treatment in your patient “family”.

- Preparation and participation in pre-advocate and advocate meetings and team seminars.

- Provide formative assessment of your individual progression toward the attainment of competency to become a general dentist.

- Provide a summative assessment (a grade) of your level of progression toward attaining competence to become a general dentist.

**Comprehensive Patient Care Clinic Courses "A" – "F" and the CU Dental Teams**

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**CU Dental Teams Model**

There are four CU Dental Teams (C, U, D, and T); each Team is subdivided into two Groups; and each group contains three dental Practices. Each practice is led by a faculty member (Practice Leader who is also the student’s advocate) and each student is assigned to a practice.

The coordination of patient care and the student’s clinical education is managed by a Coordinator. The Coordinator manages the four Practices within their Group. Each Team is also comprised of Graduate Periodontics students, and individual faculty from Endodontics, Periodontics and Prosthodontics.

**Goal of the CU Dental Teams Model**

The goal of this organization is to provide a more consistent relationship between the faculty, coordinators, and students and the patients they treat while working within the clinic. The establishment of more consistent interactions between faculty, coordinators, and students is to facilitate the assessment of the student’s development towards competency to become a general dentist.

**Meetings**

The Practice Leader is still the individual student’s advocate as the student moves through the curriculum. There will still be advocate meetings where the student and their Practice Leader meet one-on-one. Additionally, there will be meetings of the Teams and Groups. These Team and Group meetings will be
Fall ISP 1 year
As the students enter the fall semester of their 1st year their clinical opportunities will increase. As the semester progresses the student will continue to develop their patient pools that will provide them with the clinical experience necessary to both develop and evaluate the attainment of competency to be a general dentist. The initial clinical experiences during this semester will be focused again on the clinical disciplines of Oral Diagnosis, Operative Dentistry, and Periodontics. As the semester progresses the students will begin to acquire their initial clinical experiences in Fixed and Removable Prosthodontics. The students will also begin to assume a primary role as an operator in the Emergency and Oral Surgery clinics. The student will also begin their rotation in Clinical Pediatric Dentistry that will continue through the spring semester. The students will also participate in a series of seminars “Critical Thinking and Patient Care Seminars”. These learning objectives for these seminars are: 1. the development of the skills necessary to apply the principles of Evidence Based Dentistry to patient care, 2. Evaluate, analyze and apply critical thinking skills to problems encountered in patient care. 3. Apply question asking strategies and critical appraisal skills to problems encountered in patient care and 4. Apply, synthetize and evaluate contemporary scientific thought into the context of making appropriate treatment decisions for the individual patient.

1. Comprehensive Patient Care Clinic “B” (DISP 7301)
   a. Critical Thinking and Patient Care Seminars
2. Dental Pain and Emergencies (DISP 7323)
3. Emergency Clinic*
4. OMS Clinic+
5. Clinical Endodontics (DISP 7329)
6. Clinical Oral Diagnosis (DISP 7331)
7. Clinical Restorative Dentistry (DISP 7302)
8. Clinical Periodontics (including Perio assist) (DISP 7328)

* Grade is given in Fall ISP 2 year, Clinical Emergencies (DISP 8355)
+ Grade is given in Spring ISP2 year, OMS Clinic (DISP 8125)
Spring ISP 2

1. Comprehensive Patient Care Clinic “C” (DISP 8101)
2. Emergency Clinic*
3. OMS Clinic (DISP 8125)
4. Clinical Endodontics (DISP 8123)
5. Clinical Fixed Prosthodontics (DISP 8135)
6. Clinical Oral Diagnosis (DISP 8133)
7. Clinical Operative Dentistry (DISP 8135)
8. Clinical Periodontics (including Perio assist) (DISP 8124)
9. Clinical Removable Prosthodontics (DISP 8137)
10. Special Patient Care (DISP 8203)
   * Grade is given in Fall ISP 2 year, Clinical Emergencies (DISP 8355)

Summer ISP 2

1. Comprehensive Patient Care Clinic “D” (DISP 8201)
2. Emergency Clinic*
3. OMS Clinic (DISP 8125)
4. Clinical Endodontics (DISP 8220)
5. Clinical Oral Diagnosis (DISP 8231)
6. Clinical Restorative Dentistry (DISP 8202)
7. Clinical Periodontics (including Perio assist) (DISP 8222)
8. Clinical Pediatric Dentistry “Healthy Smiles Clinic” (DISP 8240)
9. Clinical Orthodontics (DISP 8251)
10. Special Patient Care (DISP 8203)
   * Grade is given in Fall ISP 2 year, Clinical Emergencies (DISP 8355)

Fall ISP 2

1. Comprehensive Patient Care Clinic “E” (DISP 8301)
2. Emergency Clinic*
3. Clinical Emergencies (DISP 8355)
4. OMS Clinic (DSOS 8855)
5. Clinical Endodontics (DISP 8321)
6. Clinical Oral Diagnosis (DISP 8330)
7. Clinical Restorative Dentistry (DISP 8302)
8. Clinical Periodontics (including Perio assist) (DISP 8323)
9. Special Patient care (DISP 8203)
   * Grade is given in Fall ISP 2 year, Clinical Emergencies (DISP 8355)
**Evaluation and Feedback**

Clinical grading: the intent of the daily clinical assessment (DCA and/or DCEVAL) (clinical grading) is to provide an ongoing relative formative evaluation of the students progression towards clinical competency. This input is used by several groups to both assist and assess the students in their progression towards and demonstration of competency. As there are varied uses of the information derived from daily clinical assessment it needs to assess the students through the full breadth of the domains of competency (Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics, and Patient Care) to be a general dentist. However the realities of the patient care will often not provide an element of all the domains of competence to evaluate at each and every patient visit.

**Practice Leader (Advocate Meeting) feedback**

This is a formative evaluation that is primarily intended to assist the student’s progression towards and continued demonstration of clinical competence. As the practice leader is the student’s primary general dental mentor this feedback will address all of the domains of competency (Critical Thinking, Professionalism, Communication and Interpersonal Skills, Health Promotion, Practice Management and Informatics and Patient Care).

**Coordinator Feedback**

This is feedback given by your practice coordinator to your practice leader relative to the areas of Professionalism, Communication and Interpersonal Skills, and Practice Management and Informatics.

**Clinical Progression and Competencies Feedback**

The Practice Leader and the Coordinator meet regularly with the students to ensure adequate Progression towards Clinical Competency. This form, Clinical Progression and Competencies (see next page) assist both the Practice Leader and Coordinators monitor that the student is making appropriate clinical progress and has a patient pool that is adequate for the student’s level of experience.
<table>
<thead>
<tr>
<th>Student:</th>
<th>Clinical Progression and Competencies (DS2016 and ISP2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OD/Tx PI</strong></td>
<td>total</td>
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<td>complex</td>
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<tr>
<td><strong>Perio Competencies</strong></td>
<td>DS 2 Spring / ISP I Summer: Data acquisition (Axium form)</td>
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<td>DS 2 Spring / ISP I Summer: Instrument sharpening (Axium form)</td>
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<td>DS3 / ISP I: Comprehensive Perio Eval</td>
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<td>DS3 / ISP II: SRP (8 Quads)</td>
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<td>DS 3 / ISP II : Re-eval (2 perio Re eval - paper form)</td>
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<td>DS 4 / ISP II : Mock Board (1 on 1)</td>
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<td>Perio Maintenance Competencies please see portfolio</td>
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<td><strong>Operative Competencies</strong></td>
<td>Class II amalgam (Required. Special condition none)</td>
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<td>Class II composite (Required. Must be a virgin lesion)</td>
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<td>Class III composite (Required. Special condition none)</td>
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<td>Class I, II, III, IV, V composite or amalgam</td>
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<td>Class I, II, III, IV, V composite or amalgam</td>
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<td>ISP: Must complete 5 restorations to challenge.</td>
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<td>Cl I, II, III, IV, V or buildups qualify for this threshold:</td>
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<td></td>
<td>(no sedative or protective restorations)</td>
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<td>One restoration must replace existing composite:</td>
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<td>Cl II, III, or IV.</td>
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<tr>
<td><strong>Fixed</strong></td>
<td>Fixed Single Units (Crowns)</td>
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<td>Multi Units (Opposing/Adjacent FPD)</td>
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<td>Implant units</td>
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<td>Removable Full Dentures (RFD)</td>
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<td>Removable Partialls (RPD)</td>
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<td>Radiology</td>
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<td>Panoramic</td>
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</tbody>
</table>
Comprehensive Patient Care Clinic Course Evaluation (semester grade)

This is a summative evaluation that is intended to provide the student, TEAMs faculty, and Competency Review Board a relative assessment of the student’s progression towards clinical competency to be a general dentist. This evaluation encompasses the full scope of clinical competency and weighs the various domains of competency equally in the summative evaluation. The grade is derived from a variety of inputs: daily clinical assessments, clinical accomplishments during the semester, management of patient pool, timely completion of clinical competencies, input from practice leader relative to: organization, patient care, response to formative evaluation and feedback and clinic attendance.

Division Evaluations (grades)

The intent of the divisional evaluations is to primarily evaluate the application of the domains of competency in the context of a specific area of patient care. This evaluation while considering the full scope of competency to be a general dentist will not weigh all the domains of competency equally. For example, periodontics might weigh health promotion and critical thinking to a greater degree than practice management and informatics. The grade is derived from a variety of inputs: daily clinical assessments, competency examinations, clinical accomplishments during the semester, management of your patient pool, timely completion of clinical competencies but in the context of a specific area of dentistry (Perio, Endo, OS, Operative, Fixed, Removable and Implant Prosthetics) (for example the performance on the Operative competencies will be a more significant portion of the Operative grade than of the Comprehensive Patient Care Clinic grade)

Competency Review Board

The intent of the Competency Review Board is to determine whether or not the student is making appropriate progress towards the attainment of competency, demonstrates continuous competency, and, in the end, that the student can perform independently in a continuous competent manner through all of the domains of competency that are required of the general dentist.
VII. CLINICAL EDUCATION EXPERIENCE

DIVISION OF ENDODONTICS

Educational Mission

The mission of the CU School of Dental Medicine Division of Endodontics is to be an integral part of the CU School of Dental Medicine’s programs in education, research and clinical patient care.

Educational Goals

The Division’s goal is that the CU School of Dental Medicine graduate attains a level of endodontic competency that would allow him/her to successfully diagnose and manage endodontic diseases of patients generally encountered in the practice of general dentistry. The didactic component of the student’s endodontic education includes concepts from the basic sciences and the clinical practice of endodontics. These courses provide the students with the intellectual tools to biologically and clinically assess contemporary and new therapeutic treatments. The following is a brief description of these courses and their course goals.

Didactic and Preclinical Course Goals

**DSEN 6610 Endodontics 1 and 2 and DISP 7121**

This course takes place during the spring and summer terms of the DS II and ISP 1 years. The course is divided into two sections. The first section covers root canal anatomy and the biologic basis of endodontic therapy. The second section addresses the armamentarium and technical procedures involved in performing root canal therapy. This information correlated with the underlying mechanisms of inflammation and repair, is designed to provide a sound biologic basis for treatment decisions in clinical practice and inform the preclinical simulation course.

*DSEN 6611 Endodontics Lab and DISP 7211*

This course takes place during the spring and summer terms for the DS II students and during the summer term for the ISP I students. This course, given in the simulation clinic, is designed to provide a simulated clinical experience that
will closely carry over to direct patient care. The emphasis is on organization, radiograph interpretation, endodontic technique and self-evaluation.

_DSEN 7712 and DISP 8120_
This course takes place during the spring term of the DS III and ISP II year. The purpose of this course is to consider advanced concepts in the diagnosis and clinical management of endodontic disease. This course provides a continued foundation for the discussion of clinical events occurring in the student’s clinical practice of dentistry and endodontics. An emphasis is placed on current research and evidence as it applies to the clinical practice of endodontics.

_DSEN 8810 and DISP8121_
This course takes place during the DS III and IV years and the ISP II year. The course is primarily oriented to preparing students to take state and regional clinical boards. There is continuing discussion on professional decision making, organized dentistry and the dental - legal considerations in clinical practice.

_DSSD 7712 and DISP 7323_
This course covers the diagnostic and treatment considerations for managing the patient in pain and other emergency problems encountered in general dentistry. This course is currently managed by the Director of the Dental Emergency Clinic with input from the Division of Endodontics. This course examines the dental conditions that cause pain. The skills achieved will enable the student to formulate a differential diagnosis of acute pain situations encountered in dental practice and describe an appropriate plan to treat those conditions. The knowledge base achieved during this course will be directly utilized during the student’s rotation through the Dental Emergency Clinic and throughout their clinical practice.

_DSEN and DISP Clinical Courses_
These courses are clinical times and spaces reserved for endodontic procedures on the 2nd floor clinics. The Division of Endodontics operates the clinic bay adjacent to the Simulation Clinic and the 2nd floor radiographic viewing area. The Division generally teaches 10 sessions / week which translates to an AM and PM session every work day. The clinical care delivered in our clinics is based on sound diagnosis and treatment planning decisions. Appropriate critical thinking surrounding care decisions as well as a demonstration of technical ability are paramount objectives for these clinical experiences. The desired outcome is outstanding patient care and a meaningful and progressive learning experience.
These specific courses are listed below:

DSEN 7755 – DS III Fall Term
DSEN 7757 – DS III Spring Term
DSEN 7759 – DS III Summer Term
DSEN 8855 – DS IV Fall Term
DSEN 8757 – DS IV Spring Term
DISP 7329 - ISP I Fall Term
DISP 8123 - ISP II Spring Term
DISP 8220 - ISP II Summer Term
DISP 8321 - ISP II Fall Term

Clinical Educational Expectations:

Clinical Expectations – Case Selection
There is good evidence in the literature that endodontic outcomes are related to the skill with which the operator is able to complete procedures. We will therefore place emphasis on this part of the clinical experience. Because endodontic disease can affect any tooth type in the human dentition, various experiences treating different anatomic tooth types are necessary. The Division expects that each student will complete a total of 3 clinical cases while in the UCSOD clinics on the Anschutz Medical Campus. Specifically this will include 2 anterior or premolar cases and 1 molar case. Because complexity increases with the complexity of anatomic tooth type the student should complete an anterior / premolar case first before attempting a first molar case. A first molar case must be completed at an “A” or “B” grade level before the student may attempt a second molar case. Any deviation from this sequence should be approved by a full time faculty member of the Division. Additionally, the faculty may decide that the molar experience be carried out on an extracted tooth in the simulation clinic rather than on a patient. This determination will be made according to student progression toward competency and if faculty deem it in the best interest of the student and UCSODM patients.

The Division of Endodontics uses the “Case Difficulty Assessment Form” produced by the American Association of Endodontists as a framework for deciding if the complexity of a case is appropriate for the predoctoral clinics at UCSODM. Our goal is for students to gain competency by treating fairly straightforward, non-complex cases. We consider complex cases, retreatment and surgical cases to be within the realm of the specialist and inappropriate for the predoctoral clinics.

Clinical Expectations – Patient Selection
Each patient should receive a pulpal and periapical diagnosis prior to planning an endodontic procedure. Each patient then is informed of the risk and benefits of treatment or non-treatment and should sign an informed consent. Patients
whose expectations, time constraints, or complexity of medical history make them inappropriate for the 2nd floor clinics should be referred to UCSODM GPR clinics, faculty practice or a community based private endodontist. Specifically, patients who are taking multiple neurotropic or pain medications or have a history of chronic pain disorders may not be suitable for our predoctoral clinics. Endodontic faculty are the appropriate resource to help make this determination. Generally, and because case complexity may vary widely, all endodontic cases should receive an endodontic consult prior to being scheduled in the predoctoral clinics.

**Student Evaluation and Grading: Clinical Care**

Student cases are evaluated at the time of treatment and graded upon review of case documentation and radiographs. In addition to daily evaluations and student will file an electronic portfolio of each case. Daily evaluations and faculty review of student portfolios will form the basis for semester by semester grades. Appropriate patient care, professionalism and treatment outcomes are complex issues. The following issues may be discussed and evaluated during clinical patient care:

- Critical Thinking
- Self-Assessment
- Biomedical Sciences
- Behavioral Sciences
- Practice Management and Health Care Systems
- Ethics and Professionalism
- Critical assessment of professional literature
- Evidenced based care

**Competency Statement for Endodontics: Dental Student (Class of 2015)**

The primary competency statement is informed by CODA Standard 2 – 23, j. which states, “At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy.”

Students are expected to be able to diagnose and manage diseases of pulpal origin in the permanent dentition. In cases that are of normal complexity students should be able to diagnose and treat diseases of pulpal origin. While
meeting Standard 2-23 j is our primary goal the Division’s curriculum also helps support the following clinical 2 – 23 Standards:

a) Patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
b) Recognizing the complexity of patient treatment and identifying when referral is indicated;
c) Local anesthesia, and pain and anxiety control;
d) Dental emergencies;
e) Evaluation of the outcomes of treatment, recall strategies, and prognosis

Outline of the Process and Timeline

The attainment of competency in endodontics is a process. This process may be divided into several steps that together create a pathway to attaining competency in Endodontics.

1) The acquisition of foundation knowledge (i.e. microbiology, immunology, gross and micro anatomy, pathology, pharmacology). This step is accomplished during the undergraduate education, and as a DS1 and DS2.

2) The application of this foundation knowledge towards the development of a clinical understanding of the variations of root canal and periapical anatomy in health and disease, and the pathogenesis of endodontic diseases. This step is accomplished in the spring term of the DS II year.

3) The development of the clinical and critical thinking skills involved with the examination of the patient with endodontic complaints, assigning a diagnosis, assessment of etiological and risk factors for your patient, treatment planning and treatment of the endodontic disease. This step is accomplished as a DS3 and DS4.

4) The repeated application of the knowledge and skills you have acquired to determine the prognosis of teeth affected by endodontic disease, evaluate outcomes of endodontic treatment and make appropriate, timely referrals to the Endodontist when appropriate. This step is accomplished as a DS3, DS4 and while on ACTS rotations.
The Minimal Experiences for the Competency Examination Is:
The evaluation of competency in endodontics will involve a number of steps. Each student must pass all didactic and laboratory courses in endodontics with a grade of a B or better. The assessment of clinical competency will involve the passing of a clinical competency exam performed on the third endodontic patient.

The minimal experiences for endodontics have been outlined above and consist of the completion of 3 clinical cases which includes the clinical competency exam. The planning and treatment of additional cases beyond these 3 must be approved by a member of the full time endodontic faculty. Endodontic faculty will decide on achievement of clinical competence in endodontics at the conclusion of the clinical competency exam. This usually will occur in the fall term of the DS 4 year.

Evaluation of Progression Towards Clinical Competence in Endodontics
The evaluation of your progression towards competency will be done at the end of each academic semester. At the end of each semester a grade of A, B, C or F will be assigned to you indicating the Division of Endodontics Faculty assessment of your progression towards competency. +/- are generally not used in endodontic clinical progress grades. An A grade indicates that you are making exceptional progress, a B grade indicates that you are making progress appropriate for your level of clinic experience, a C grade indicates that you are minimally performing at an acceptable level and a grade of a F indicates that you are not performing at an acceptable level.

Evaluation and Grading: Clinical Competency Examination
A clinical examination is one method of evaluating student competence. In addition to specific evaluation and grading for clinical procedures, this competency examination is an opportunity for the student to demonstrate a more independent grasp of treatment concepts and skills. Detailed instructions for the examination are given during the summer term at the conclusion of the preclinical simulation course. Evaluation criteria are also specified in the Endodontic Preclinical Manual. If the faculty find that competence has not been achieved then remediation will be required. Remediation is outlined further in this document.
1. **Evaluation:**
   In order to demonstrate progress toward development of professional competence, students are required to self-assess their performance on each clinical endodontic case, whether or not the case is completed. They are asked to evaluate their performance based upon ‘criteria met’, ‘clinically acceptable’, or ‘clinically unacceptable’. These evaluation criteria are specifically defined for each of four parts of treatment: access preparation, working length determination, cleaning and shaping of canals, and final obturation. In evaluating each part of treatment, the students are asked to identify areas in which they excelled or struggled during treatment. They are also asked to identify areas in which they believe they have improved since their last case, as well as areas in which improvement is still needed.

This process is enabled through mentoring and questioning by Division faculty in addition to a written self-evaluation. The student completes the self-evaluation which is electronically submitted within 24 hours of patient care. Faculty complete their evaluation of student performance through direct feedback to the student at the time of treatment and by completing the Division’s electronic evaluation located on Canvas. The evaluation is used to establish patterns of behavior and to have written documentation concerning patient care issues that may require additional follow-up. It also facilitates a dialog between the student and faculty member for better understanding of clinical expectations and performance.

2. **Grading:**
   Students are graded on individual procedures after all case documentation has been completed and turned into the Division of Endodontics. Case documentation consists of the PowerPoint template given to each student during the preclinical course. The template is populated with radiographs and written documentation. It is then uploaded into the students Canvas record. Completed cases should be uploaded within 1 week of case completion. Grades are assigned according to the following scale:

   **A. Outstanding:** Endodontic procedure accomplished correctly in a timely manner with little or no instructor changes or assistance.

   **B. Above Average:** Endodontic procedure accomplished correctly with only minor changes necessary or with minor instructor assistance.
C. **Average:** Endodontic procedure accomplished correctly with several changes and with significant instructor assistance.

D. **Unacceptable:** Endodontic procedure accomplished correctly only with significant instructor assistance. Procedure not accomplished correctly. Procedure not accomplished in a timely manner. Student has significant lack of conceptual knowledge of procedure. Student is unprepared to begin treatment.

F. **Unacceptable:** Procedures not accomplished correctly resulting in a treatment compromise. Student demonstrates fundamental lack of understanding or significant technical problems.

**IP. Incomplete Passing:** This grade is used by the Division if no clinical cases have been turned in during a specific term. Because the clinical terms (spring, fall, and summer) are treated as courses by the University they require a periodic grade. Thus, if no clinical work has been completed the grade IP is used as a holding grade. Prior to graduation a single overall grade will be awarded and this grade will replace any IP grade that has been given. Students cannot graduate with an IP grade on their transcripts. This is another reason clinical cases should be turned in within one week of completion.

**Remediation**
In the event a student fails a competency exam a customized remediation plan will be prescribed based on a meeting of division faculty. This may involve an oral, written, preclinical or clinic examination. The plan may be simulation or patient based. Depending on faculty input, a combination of these evaluation tools may be implemented. The remediation plan may touch on any or all aspects of the competency exam. For example remediation may involve ethical decision making, critical thinking, communication, infection control, basic endodontic knowledge or clinical demonstrations of technical knowledge. A failure of the remediation plan may result in referral of the matter to the appropriate Student Performance Committee.
Competency Statement for Endodontics: International Dental Student (2015)
The primary competency statement is informed by CODA Standard 2 – 23 j. which states, “At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy.”

Students are expected to be able to diagnose and manage diseases of pulpal origin in the permanent dentition. In cases that are of normal complexity students should be able to diagnose and treat diseases of pulpal origin. While meeting Standard 2-23 j is our primary goal the Division’s curriculum also helps support the following clinical 2 – 23 Standards

a) patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
b) recognizing the complexity of patient treatment and identifying when referral is indicated;
c) local anesthesia, and pain and anxiety control;
d) dental emergencies;
e) evaluation of the outcomes of treatment, recall strategies, and prognosis.

Outline of the Process and Timeline
The attainment of competency in endodontics is a process. This process may be divided into several steps that together create a pathway to attaining competency in Endodontics.

1) The acquisition of foundation knowledge (i.e. microbiology, immunology, gross and micro anatomy, pathology, pharmacology). This step is accomplished primarily during the ISP 1 year.

2) The application of this foundation knowledge towards the development of a clinical understanding of the variations of root canal and periapical anatomy in health and disease, and the pathogenesis of endodontic diseases. This step is accomplished in the spring and summer term of the ISP 1 year.

3) The third step is the development of the clinical and critical thinking skills involved with the examination of the patient with endodontic complaints,
assigning a diagnosis, assessment of etiological and risk factors for your patient, treatment planning and treatment of the endodontic disease. This step is accomplished in the fall term of the ISP 1 and the entire ISP 2 years.

4) The last step is the repeated application of the knowledge and skills you have acquired to determine the prognosis of teeth affected by endodontic disease, evaluate outcomes of endodontic treatment and make appropriate, timely referrals to the Endodontist when appropriate. This step is accomplished primarily in the ISP 2 year and to a lesser extent on rotations.

The Minimal Experiences for the Competency Examination Is:
The evaluation of competency in endodontics will involve a number of steps. Each student must pass all didactic and laboratory courses in endodontics with a grade of a B or better. The assessment of clinical competency will involve the passing of a clinical competency exam performed on the third endodontic patient. The minimal experiences for endodontics have been outlined above and consist of the completion of 3 clinical cases which includes the clinical competency exam. The planning and treatment of additional cases beyond these 3 must be approved by a member of the full time endodontic faculty. Endodontic faculty will decide on achievement of clinical competency in endodontics at the conclusion of the clinical competency exam. For International Students this usually will occur in the fall term of the ISP 2 year.

Evaluation of Progression Towards Clinical Competence in Endodontics
The evaluation of your progression towards competency will be done at the end of each academic semester. At the end of each semester a grade of A, B, C or F will be assigned to you indicating the Division of Endodontics Faculty assessment of your progression towards competency. +/- are generally not used in endodontic clinical progress grades. An A grade indicates that you are making exceptional progress, a B grade indicates that you are making progress appropriate for your level of clinic experience, a C grade indicates that you are minimally performing at an acceptable level and a grade of a F indicates that you are not performing at an acceptable level.

Evaluation and Grading: Clinical Competency Examination
A clinical examination is one method of evaluating student competence. In addition to specific evaluation and grading for clinical procedures, this
competency examination is an opportunity for the student to demonstrate a more independent grasp of treatment concepts and skills. Detailed instructions for the examination are given during the summer term at the conclusion of the preclinical simulation course. Evaluation criteria are also specified in the Endodontic Preclinical Manual. If the faculty find that competence has not been achieved then remediation will be required. Remediation is outlined further in this document.

1. Evaluation:

   In order to demonstrate progress toward development of professional competence, students are required to self-assess their performance on each clinical endodontic case, whether or not the case is completed. They are asked to evaluate their performance based upon ‘criteria met’, ‘clinically acceptable’, or ‘clinically unacceptable’. These evaluation criteria are specifically defined for each of four parts of treatment: access preparation, working length determination, cleaning and shaping of canals, and final obturation. In evaluating each part of treatment, the students are asked to identify areas in which they excelled or struggled during treatment. They are also asked to identify areas in which they believe they have improved since their last case, as well as areas in which improvement is still needed.

   This process is enabled through mentoring and questioning by Division faculty in addition to a written self-evaluation. The student completes the self-evaluation which is electronically submitted within 24 hours of patient care. Faculty complete their evaluation of student performance through direct feedback to the student at the time of treatment and by completing the Division’s electronic evaluation located on Canvas. The evaluation is used to establish patterns of behavior and to have written documentation concerning patient care issues that may require additional follow-up. It also facilitates a dialog between the student and faculty member for better understanding of clinical expectations and performance.

2. Grading:

   Students are graded on individual procedures after all case documentation has been completed and turned into the Division of Endodontics. Case documentation consists of the PowerPoint template given to each student during the preclinical course. The template is populated with radiographs and
written documentation. It is then uploaded into the students Canvas record. Completed cases should be uploaded within 1 week of case completion.

Grades are assigned according to the following scale:

A. Outstanding: endodontic procedure accomplished correctly in a timely manner with little or no instructor changes or assistance.

B. Above Average: endodontic procedure accomplished correctly with only minor changes necessary or with minor instructor assistance.

C. Average: endodontic procedure accomplished correctly with several changes and with significant instructor assistance.

D. Unacceptable: endodontic procedure accomplished correctly only with significant instructor assistance. Procedure not accomplished correctly. Procedure not accomplished in a timely manner. Student has significant lack of conceptual knowledge of procedure. Student is unprepared to begin treatment.

F. Unacceptable: Procedures not accomplished correctly resulting in a treatment compromise. Student demonstrates fundamental lack of understanding or significant technical problems.

IP. Incomplete Passing: This grade is used by the Division if no clinical cases have been turned in during a specific term. Because the clinical terms (spring, fall, and summer) are treated as courses by the University they require a periodic grade. Thus, if no clinical work has been completed the grade IP is used as a holding grade. Prior to graduation a single overall grade will be awarded and this grade will replace any IP grade that has been given. Students cannot graduate with an IP grade on their transcripts. This is another reason clinical cases should be turned in within one week of completion.

Remediation
In the event a student fails a competency exam a customized remediation plan will be prescribed based on a meeting of division faculty. This may involve an
oral, written, preclinical or clinic examination. The plan may be simulation or patient based. Depending on faculty input, a combination of these evaluation tools may be implemented. The remediation plan may touch on any or all aspects of the competency exam. For example remediation may involve ethical decision making, critical thinking, communication, infection control, basic endodontic knowledge or clinical demonstrations of technical knowledge. A failure of the remediation plan may result in referral of the matter to the appropriate Student Performance Committee.

DIVISION OF ORAL DIAGNOSIS

Educational Mission

The mission of the CU School of Dental Medicine Division of Oral Diagnosis is to be an active member and an integral part of the CU School of Dental Medicine’s programs in education, research and clinical patient care.

Educational Goals

The attainment of diagnostic competency allows the student to successfully diagnose and manage the challenges associated with diagnosing hard and soft tissue lesions of the oral structures for a significant proportion of patients encountered in a typical general dentistry practice. The didactic component of the student’s diagnostic education bridges the gap between the basic sciences and the clinical practice goals that the CU School of Dental Medicine. These courses provide the students with the intellectual tools to biologically and clinically assess contemporary and new diagnostic tests and therapeutic modalities. The didactic courses, preclinical head and neck exam section of the transition clinic course and the clinical courses of the students’ education provides the students the opportunity to synthesize the information gained in the various didactic courses and apply it to the management of the simple and complex dental patient

Didactic and Preclinical Course Goals

Health Data Collection- This didactic course begins the students’ exposure to the electronic health record (record keeping), taking and interpreting medical, dental, social, family and drug histories. This course teaches the student the ability to use the general note and to use the SOAP format for record keeping. This course also introduces the student to HIPAA requirements as relating to protected medical information and the laws pertaining to persons lawfully allowed access to
that information. Additionally, this course teaches student diagnostic terminology as applied to clinical pathologic lesions.

This course will serve as a fundamental basis for future courses in oral diagnosis, oral medicine and diagnosing and treating common oral diseases.

**Diagnosing and Treating Common Oral Lesions 1** – This course emphasizes the correct application of the diagnostic process using the patient history, the physical examination and how to choose the test with the highest utility when confronted with oral pathologic conditions. This course deals with the rationale for diagnosing and treating/managing the diseases of the oral/perioral soft tissues, dentition and jaws. Cases formatted as case-base/problem-based instruction are presented to allow the student to apply the information taught within the course. At the completion of the course the student should have obtained the theoretical knowledge necessary to diagnose—and treat, when appropriate—those pathologic conditions that may be encountered in a typical general dental practice.

**Diagnosing and Treating Common Oral Lesions 2**: - The purpose of this course is to expand upon principles learned in Diagnosing and Treating Common Oral Lesions 1. This course goes into greater depth regarding the surgical and non-surgical and treatment skills necessary to provide appropriate therapy as a general dentist. Students will learn the following skills: reviewing the patient history, performing a physical examination and performing diagnostic tests. Many treatment modalities will be discussed on an evidence-based basis. Students will be able to defend their decisions regarding tests performed, therapy provided and when a referral is indicated to a physician or dental specialist.

**Medical Problems/Physical Assessment**: - This course utilizes several physicians from the University of Colorado School of Dental Medicine to instruct the student on common medical conditions that will likely require co-therapy with the general dentist. Topics covered include dermatology for the dental practice, oral manifestations of sexually transmitted diseases/infections, xerostomia, hypertension, the pregnant or breast-feeding patient, obesity, asthma, chronic obstructive pulmonary disease and the patient living with HIV/AIDS. The overriding purpose of this course is to establish a means by which the general dentists communicates with and co-manages complex patients with that patient’s medical provider.

In order to comply with this philosophy and standard of care it is necessary that:
1) All patients must receive an initial and periodic complete assessment of their systemic health (through updating the medical and drug record) and oral health. This accomplished by asking the patient at each appointment if there has been a change in their medical status with special emphasis on drug therapy.

2) All patients will be placed on periodic recall for oral/perioral evaluation.

Clinical Educational Expectations

The minimal expectations for successful completion of the oral diagnosis component of the student’s dental education are that each student passes every preclinical, clinical and didactic course. The clinical requirements regarding the minimum number of oral diagnosis cases that each student must pass are as follows: each student will successfully diagnose and develop treatment plans for a minimum of 13 (thirteen) simple or moderately complex dental patients. Each student must additionally complete 2 (two) medically and dentally complex patients. Whether a patient is determined to be simple, moderately complex or medically/dentally complex will be determined upon consultation with faculty.

Student Evaluation and Grading:

Final grades in didactic courses will be determined by performance on quizzes, classroom interactive sessions and daily clinical evaluations will be completed by faculty on procedures completed. Semester grades will be based on the daily grades, grade comments, number of procedures completed, and patient management of all assigned patients and the timely completion of competency assessments.

Competency Statement for Oral Diagnosis

The attainment of competency in diagnosing and treating the dental patient is a process. This process may be divided into several steps that together create a pathway to attaining competency in oral diagnosis.

1) The first step is the acquisition of foundation knowledge (i.e. microbiology, immunology, gross and microanatomy, pathology, pharmacology). This step is accomplished during your undergraduate education, and as a DS-1, DS-2, DS3 and DS4. International students are held to the same standards as are the dental students.
2) The second step is the application of this foundation knowledge towards the development of a clinical understanding of the variations of the anatomy of the oral and perioral structures in health and disease, and the pathogenesis of common oral lesions.

3) The third step is the development of the clinical and critical thinking skills involved with the examination of the patient, assigning a diagnosis, assessment of etiological and risk factors for your patients, treatment planning and treatment of the oral diseases. This step is accomplished as a DS-2, DS-3, and DS-4.

4) The last step is the repeated application of the knowledge and skills each student has acquired to determine the treatment plan with the highest utility and the prognosis of for each individual patient when choosing treatment plans. This step is accomplished as a DS-2, DS-3, and DS-4.

Student evaluation of competency in oral diagnosis will also involve a number of steps. First you must pass all didactic and pre-clinical courses in oral diagnosis with a grade of a C or better. Your assessment of clinical competency will involve the passing of two competency exams given at the end of Diagnosing and Treating Common Oral Lesions 1 and 2 and the Medical Problems/Physical Assessment course. Dental students must also pass an oral diagnosis/oral medicine competency examination given during the DS4 year. International students will pass a competency examination given at the end of Diagnosing and Treating Common Oral Lesions 2. Additionally, successfully completing a series of clinical competencies will be determined by how the student diagnoses and treats her/his patient in the clinical environment.

Assessments by the Division of Oral Diagnosis Faculty will consider the following in determination of your final grades for clinical courses:

a) Competencies taken and the timeliness of the competency examination.

b) Daily clinical evaluations.

c) Appropriate and timely management of your patients.

d) Amount of clinic time you spent providing oral healthcare.
Remember that typically the more clinical experiences you have the better a clinician you become.

Your skill assessment and competency examinations must be taken in a timely fashion. If you do not do this it will affect your grade. For the DS4 students, if the skill assessment examinations are not completed by the end of the fall semester before graduation, it will potentially affect your ability to graduate at the end of the spring semester.

**Competency Statement for Oral Diagnosis/Oral Medicine for the International Students**

All assessment processes are exactly the same are these assessment processes are for the dental students. The attainment of competency in oral diagnosis/oral medicine is a process. This process may be divided into several steps that together create a pathway to attaining competency in oral diagnosis/oral medicine.

1) The acquisition of foundation knowledge (i.e. microbiology, immunology, gross and micro anatomy, pathology, pharmacology). This step is accomplished in your undergraduate education, your previous dental education, and as an ISP-1.

2) The application of this foundation knowledge towards the development of a clinical understanding of the variations of the anatomy of the oral/perioral structures in health and disease, and the pathogenesis of the mucosal and bony lesions and diseases. This step is accomplished as an ISP-1 and ISP-2.

3) The development of the clinical and critical thinking skills involved with the examination of the oral/perioral structures, assigning a diagnosis, assessment of etiological and risk factors for your patients, treatment planning and treatment of the discovered pathology or diseases. This step is accomplished as an ISP-1 and ISP-2.

4) The repeated application of the knowledge and skills you have acquired to determine the prognosis associated with the diagnosed disease, evaluate outcomes of treatment and make appropriate, timely referrals to the dental or medical specialists when appropriate. This step is accomplished as an ISP-1 and ISP-2.
Your evaluation of competency in oral diagnosis/oral medicine will also involve a number of steps. First you must pass all didactic and pre-clinical courses with a grade of a C or better. Your assessment of final assessment of competency will involve the passing of the final exam in Diagnosing and Treating Common Oral Lesions 2.

The evaluation of your progression towards competency will be done at the end of each academic semester. At the end of each semester a grade of A, A-, B+, B, B-, C+, C, C- or F will be assigned to you indicating the Division of Oral Diagnosis Faculty assessment of your progression towards competency. +/- is based on completion of your course work and participation in clinic. An A grade indicates that you are making exceptional progress, a B grade indicates that you are making progress appropriate for your level of clinic experience, a C grade indicates that you are minimally performing at an acceptable level and a grade of a F indicates that you are not performing at an acceptable level.

The semester assessments by the Division of Oral Diagnosis Faculty will consider the following in determination of your final grades in clinical courses:
   a) Competencies taken and the timeliness of the competency examination.
   b) Daily clinical evaluations.
   c) Appropriate and timely management of your patients.
   d) Amount of clinic time you spent providing diagnostic procedures.

Remember that typically the more clinical experiences you have the better a clinician you become.

Your examinations must be taken in a timely fashion. If you do not do this it will affect your grade. If the clinical “requirements” (minimum number of clinical experiences) are not completed by the end of fall semester of your 2nd year it will potentially result in the reduction of your final clinical grade by one letter grade.

Successful completion of the competency examination at the end of Diagnosing and Treating Common Oral Lesions 2 only means that you demonstrated that you can perform a set of skills and/or intellectual processes at an adequate level for your experience level. It does not mean that you are judged to be competent in oral diagnosis/oral medicine. For example we will expect more of you in your 2nd year than in your 1st year. Your assessment of competency in oral diagnosis/oral medicine is not complete until the end of the fall semester of your 2nd year.
REMEDIATION AVAILABLE FOR DENTAL STUDENTS AND ISP’S

Should any student fail any of the Oral Diagnosis clinical courses, remediation is available. Standardized, clinically-relevant cases will be provided for each student to work through with Dr. McDowell. Successful completion of two (2) of these cases will be considered as successful remediation of the course that was failed.

DIVISION OF ORAL AND MAXILLOFACIAL RADIOLOGY

Educational Mission

To contribute to the understanding of health and disease through imaging and through imaging technology related clinical and foundational science research.

Educational Goals

Through a series of didactic, pre-clinical, and clinical courses, the Oral and Maxillofacial Radiology Division will provide the necessary educational content for pre-doctoral dental students to become competent in the practice of Oral and Maxillofacial Radiology as it relates to the practice of general dentistry. In addition, it is the goal of the Division to educate other health care professionals, including allied health care students, residents, faculty and staff. In order to provide the highest quality advanced imaging services in a setting dedicated to academic excellence and the provision of outstanding patient care and service, the staff and faculty of the Division are committed to excellence in education and research.

Didactic, Preclinical, and Clinical Course Goals

Oral Radiology (DSOD 6602 and DISP 7130) – Radiographic examination is essential for diagnostic purposes in clinical dentistry. Examination of the oral cavity without the aid of the appropriate radiographic images is restricted to the visible surfaces of the teeth and associated soft tissues. Therefore, Oral and Maxillofacial Radiography offers the only preoperative means of inspecting the root structure and internal anatomy of the teeth, the proximal surfaces of the teeth, and the surrounding alveolar bone. A properly performed radiographic examination is necessary for the diagnosis and treatment of dental caries, periodontal disease, periapical disease and other pathoses of the jaws.
These are introductory courses in Oral and Maxillofacial Radiology for the second year dental student and first year ISP students that includes lectures and laboratory exercises in radiation physics, radiation biology, radiation safety and radiographic techniques. An introduction to digital imaging, radiographic film processing, darkroom maintenance, error recognition, and an introduction to interpretation of normal anatomy, caries, periodontal disease, and periapical disease are also presented. Student evaluation and grading is based on an average of three written examinations where a minimum proficiency of C is required to pass the course.

Oral Radiology Laboratory (DSOD 6603 and DISP 7130) - The goal of these pre-clinical courses is to support and amplify those principles, techniques, and procedures imparted in the didactic Oral Radiology courses DSOD 6602 and DISP 7130. Specifically, these pre-clinical experiences will provide the student with the opportunity to develop proficiency in exposing, electronically processing, and electronically mounting intraoral radiographic images. Emphasis is given to exposing and evaluating periapical and bitewing radiographic images utilizing both bisecting angle and paralleling techniques. Time is also used for demonstrating basic physics principles and patient positioning for extraoral and advanced imaging. In DSOD 6603 weekly laboratory projects are evaluated and one-on-one feedback is provided. Satisfactory completion of all laboratory projects at a level of competency is required. A minimum score of 85% is required to demonstrate proficiency. The final course grade assigned will be either PASS or FAIL. To earn a PASS grade, students must have no unexcused absences, complete each laboratory exercise to a proficiency level, and obtain a score of at least 85% on the final complete mouth radiographic survey acquired on a mannequin.

In DISP 7130, the laboratory portion of the course is included in the final course grade and laboratory projects are evaluated and one-on-one feedback is provided. An ISP student must PASS the Laboratory portion of this course or a failing grade will be assigned for DISP 7130. To earn a PASS grade, students must have no unexcused absences and complete each laboratory exercise to a proficiency level.

Advanced Diagnostic Radiology (DSOD 7724 and DISP 7131) – The goal is to provide the students with a course in radiologic interpretation of selected developmental and pathologic lesions of the oral and maxillofacial structures. When appropriate, the various imaging modalities and normal anatomic appearance is presented. The final course grade will consist of PASS or FAIL. To
earn a PASS grade, students must earn a score of at least 70% on the final examination.

Clinical Oral Radiology (DSOD 7657) – Although this is a summer term course in the DS3 year, the progression towards competence in Oral and Maxillofacial Radiology begins in the spring term of the DS2 year when students begin clinical patient care. As pre-doctoral students transition into clinic, oral diagnosis and treatment planning is one of the first essential experiences, which requires comprehensive evaluation of the patient’s oral health and treatment needs. Through multiple educational experiences spread over several terms a student becomes competent in Oral and Maxillofacial Radiology when they obtain the levels of knowledge, skills and values necessary to independently perform intraoral and extraoral imaging and interpretation without supervision. This clinical course allows for the compilation and evaluation of clinical practice including the exposure, electronic processing, and evaluation of intraoral and extraoral digital images. In addition, the student is assessed on the identification and correction of errors and artifacts. The evaluation and grading of students in attainment of clinical competence is outlined in the following sections.

Competency Statements for Oral and Maxillofacial Radiology for Dental Students

These courses provide foundational knowledge for the following University of Colorado School of Dental Medicine competencies:

Patient Care Assessment, Diagnosis and Treatment Planning –

Competency 14: Perform an examination that collects biological, psychosocial, clinical, radiographic, and other diagnostic/consultative information required to evaluate the health, oral conditions, needs, and expectations of patients of all ages

Competency 15: Recognize, diagnose, and interpret normal and abnormal conditions of the orofacial complex, occlusal and temporomandibular disease and craniofacial growth and development that require monitoring, treatment or management.

Health Promotion

Competency 9: Participate with dental team members and other health care professionals in the management and health promotion for all patients.
Management of Emergency Situations

Competency 17: Anticipate, diagnose, and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment

Competency 18: Recognize and manage dental emergencies to include acute pain, hemorrhage, trauma, and infection of the orofacial complex

Periodontal Therapy

Competency 20: Diagnose, treatment plan, comprehensively treat, and maintain patients with periodontal disease in the primary, mixed, and permanent dentitions

Endodontics Therapy
Competency 21: Diagnose and treat diseases of pulpal and periradicular origin in the primary, mixed, and permanent dentitions

Surgical Therapy
Competency 22: Diagnose and treat conditions requiring reparative surgical procedures and non-surgical therapies on the hard and oral soft tissues

Practice Management and Informatics
Competency 11: Evaluate and apply regulatory agency requirements for dental practices such as infection control, HIPAA and environmental and office safety programs

Clinical Education Experiences Guidelines

Clinical experiences in Oral and Maxillofacial Radiology encompasses a variety of imaging examinations and image assessments ranging from a single intraoral periapical or bitewing image to advanced CBCT imaging. At a minimum, a competent dentist must be able to acquire and interpret a full mouth examination and a panoramic image. Therefore, assessment of competency in Oral and Maxillofacial Radiology at the University of Colorado requires demonstration of the appropriate knowledge, skill, and values for these two examinations. All other examinations are valuable in skill development and patient centered care and contribute to a meaningful comprehensive educational experience.

All intraoral and extraoral images acquired by students must be treatment planned and approved by a licensed faculty member (DDS, DMD, or RDH). The student will be responsible for proposing the appropriate imaging examination based on the Selection of Patients for Dental Radiographic Examinations (ADA, USFDA). Once acquired, all images will be evaluated for clinical acceptability by the ordering
faculty member, by the covering clinical faculty member, or by the Oral and Maxillofacial Radiology faculty or staff. When possible, any retakes of images will be acquired at that point in time.

Minimal Experiences Prior to Competency

In order to apply towards the minimal clinical expectations required prior to challenging the competency for a full mouth intraoral examination (minimum of 12 images of which at least two must be posterior periapicals), all images must be acquired under the supervision of Oral and Maxillofacial Radiology faculty or staff. The images will be assessed for major (requires retakes) and minor errors by the student and then the faculty/staff member. Assessment of the examination is on a 4-point scale:

4.0 - No errors
3.5 - No retakes, minimal minor errors present
3.0 - 1 retake, minor errors present
2.5 - 2 retakes, minor errors present
2.0 - 3 retakes, minor errors present
1.5 - 4 retakes, minor errors present
1.0 - 5 retakes, minor errors present
0.5 - 6 retakes, minor errors present
0 - >6 retakes, minor errors present, errors in patient management, infection control, or failure to follow proper radiation safety protocols.
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<thead>
<tr>
<th><strong>DOMAIN</strong></th>
<th><strong>KNOWLEDGE</strong></th>
<th><strong>SKILLS</strong></th>
<th><strong>VALUES</strong></th>
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<tbody>
<tr>
<td>Radiographic Technique</td>
<td>1. Make &amp; electronically process intraoral, occlusal &amp; panoramic radiographic images.</td>
<td>2. Evaluate the quality of intraoral &amp; panoramic radiographic images &amp; make appropriate corrections when necessary.</td>
<td>• select appropriate images for intraoral radiography.</td>
</tr>
<tr>
<td>2. Evaluate the quality of intraoral &amp; panoramic radiographic images &amp; make appropriate corrections when necessary.</td>
<td>• describe basic machine operation.</td>
<td>• master placement of the PPS and BID alignment in intraoral radiography.</td>
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<td>• define image sizes, types, films.</td>
<td>• position the patient for a panoramic radiograph.</td>
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<tr>
<td></td>
<td>• identify area to be radiographed</td>
<td>• operate intraoral and panoramic x-ray machines.</td>
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<td></td>
<td>• compare paralleling and bisecting angle techniques and infer BID placement.</td>
<td>• apply radiation safety techniques.</td>
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<td></td>
<td>• describe factors that affect image quality.</td>
<td>• apply infection control techniques.</td>
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<td></td>
<td>• describe patient positioning for panoramic radiographs.</td>
<td>• perform electronic processing techniques.</td>
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<td></td>
<td>• identify tomographic artifacts.</td>
<td>• communicate effectively with the patient.</td>
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<td>• predict use of patient management techniques and analyze patient needs.</td>
<td>• manage patient during examination.</td>
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<td></td>
<td>• prescribe infection control techniques.</td>
<td>• demonstrate the recognition of radiographic error, communicate the cause and apply corrective action.</td>
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<td>• compare film and digital imaging.</td>
<td>• apply image, patient, machine and positioning techniques conducive to</td>
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<td></td>
<td>• prescribe equipment maintenance.</td>
<td>• “Do it right the first time.”</td>
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<tr>
<td></td>
<td>• list criteria of a diagnostically acceptable radiographic film.</td>
<td>• value diagnostic image quality.</td>
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<tr>
<td></td>
<td>• describe performance criteria of an</td>
<td>• accept responsibility for others’ safety.</td>
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<td></td>
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<td>• demonstrate concern for personal safety.</td>
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<td>• embrace professional standard of care.</td>
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<td></td>
<td></td>
<td>• value diagnostic quality of radiographic images.</td>
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<tr>
<td></td>
<td></td>
<td>• “Do it right the first time.”</td>
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<tr>
<td>acceptably exposed and processed images (placement, angulation, image factors, density, contrast).</td>
<td>resultant diagnostic radiographs.</td>
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<tr>
<td>• identify normal radiographic anatomy of the head and neck and oral cavity.</td>
<td>• recognize normal anatomy vs. abnormal vs. artifacts.</td>
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<tr>
<td>• evaluate images for errors and prescribe corrective action</td>
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The minimum passing grade for any full mouth examination is a 2.0 and only those examinations with a passing score will count towards minimal clinical expectations. The minimal clinical experiences required for panoramic images will be 5 unassisted acquisitions. While assistance in patient positioning is encouraged during the initial stages of skill development, the student’s ability to demonstrate confidence and skill in independent quality image acquisition is essential. Each panoramic image will be assessed for common patient positioning errors and artifacts.

**Competency Assessment in Oral and Maxillofacial Radiology**

Competency Assessments are intended to be capstone experiences that evaluate a student’s ability to apply a comprehensive set of knowledge, skills, and values to patient care activities. A student must pass all Competency Assessments in order to graduate. The student must pass **all** the Competency Assessments without assistance form faculty or other students.

**Technical competency**

Following the successful completion of 10 full mouth radiographic examinations, a competency exercise will be attempted. The protocol for a competency consists of the following:

1. An FMX (all 20 images) acquired without assistance from anyone.
2. Error recognition on the FMX.

Competency evaluations will follow the grading model listed below, with a minimum passing grade of a 3.0 (80%) for the Technical Evaluation and Error Recognition.
Technical Evaluation & Error Recognition:
The student starts with a grade of 4.0, with 0.5 points deducted for every Major error (retake) and 0.1-0.2 points for every minor error (positioning, exposure, angulation, errors etc.).

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<tr>
<th>Survey/Set GPA</th>
<th>LETTER GRADE</th>
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<tbody>
<tr>
<td>3.5 - 4.0</td>
<td>A (90-100)</td>
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<tr>
<td>3.0 - 3.4</td>
<td>B (80-89)</td>
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<tr>
<td>2.5 - 2.9</td>
<td>C (70-79)</td>
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<tr>
<td>2.4 and below</td>
<td>F (&lt; 60)</td>
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To receive credit for a series of radiographs (FMX), any "retake" images must be acquired by the student making the full mouth series.

Error recognition follows the criteria established in the Oral Radiology Laboratory course, and the grading model is the same as for the technical evaluation.

No credit will be earned by the student for a series if the following basic guidelines are not adhered to:

1. Proper Radiation Protection Guidelines which include patient protection (lead apron, unnecessary exposures, and carelessness in exposure) and operator protection.
2. Proper Infection Control Procedures.
3. Patient Management
   - Courteousness
   - Communication
   - Gentleness
   - Professionalism
   - Poise
   - Positive Attitude
   - Sincerity

4. Personal Management
   - Effective Use of Time
   - Punctuality
   - Personal Appearance/Cleanliness
   - Personal Habits

Remediation
If a student does not pass the technique competency, he or she is allowed to attempt it again on their following patient. This is in acknowledgement of challenging patient presentations (small mouths, gagging, etc). Should the student fail the second attempt, individualized clinical instruction that may include direct supervision and or mannequin practice will be prescribed before the student can attempt another competency evaluation.

Interpretation Competency
In the summer term of the third year each student will be required to schedule an interpretation assessment meeting with the Oral and Maxillofacial Radiologist. This one-on-one session will assess a student’s ability to independently assess a
full mouth intraoral series of images and a panoramic image selected by the faculty member. The intraoral images and panoramic image will be interpreted in every detail with questions on technique, errors, anatomy, and pathoses.

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<tbody>
<tr>
<td>Interpretation</td>
<td>1. Interpret the findings of a radiographic examination and correlate the findings with the clinical examination and the patient's medical/dental history.</td>
<td>• describe normal radiographic anatomy of intraoral and extraoral film series.</td>
<td>• appreciate those aspects of the medical and dental history that have radiographic implications and influence radiographic appearance.</td>
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<td>2. Analyze and interpret the findings of intraoral and extraoral radiographic examinations used in dentistry.</td>
<td>• interpret information based upon the principles of image generation (physics).</td>
<td>• monitor the longitudinal progression of the radiographic appearance of chronic disease processes and consider the influence on patient management decisions.</td>
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<td></td>
<td>3. Effectively communicate the radiographic findings and diagnoses to the patient.</td>
<td>• understand the principles of technique which effect the appearance/interpretation of the final film.</td>
<td>• communicate effectively and knowledgably with patients and faculty in the best interest of the patient.</td>
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<tr>
<td></td>
<td></td>
<td>• interpret films for radiographic patterns of pathoses including developmental, inflammatory, traumatic, metabolic and neoplastic disease.</td>
<td>• accept constructive criticism and feedback and be able to apply new knowledge or approaches to future situations.</td>
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<tr>
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<td>• be cognizant of radiographic findings of systemic disorders which have radiographic implications.</td>
<td>• respond with empathy and sympathy;</td>
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<td>• list words that effectively communicate dental ideas/concepts to patients in lay terms.</td>
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<td>• infer/evaluate the patient's dental IQ.</td>
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treatment experience and value system to allow for effective communication.
• describe plain film advanced imaging techniques and list their indications.
• appreciate the patient’s fears.

In the assessment of the interpretation competency overcalls and undercalls will be considered. An “overcall” is identifying an entity that is not present, and an “undercall” is not identifying an entity when it is present. Major errors count more against a student’s final grade than minor errors.

**Major errors may be considered as: (overcalling or undercalling) (-.5 each)**
- periapical lesions
- proximal carious lesions
- obvious occlusal caries
- obvious overhanging proximal restorations
- obvious furcation involvement
- recurrent carious lesions
- obvious thickened periodontal ligaments
- retained root tips
- bony lesions
- obvious intercrestal bone changes associated with periodontal disease
- gross calculus
- open contacts
- inability to identify major anatomic structures and landmarks

**Minor errors may be considered as: (overcalling or undercalling) (- .1 each)**
- small proximal carious lesions (C-1)
- small open contacts
- incipient intercrestal bony changes
- small overhanging restorations
- small spurs or proximal calculus

<table>
<thead>
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<td>F (&lt; 60)</td>
</tr>
</tbody>
</table>
Competency evaluations have a minimum passing grade of a 3.0 (80%) for the Interpretation.

Remediation
If a student does not pass the interpretation competency, he or she is allowed to attempt it following recommendations for study for the specific interpretative weakness (identification of pathology, normal, anatomy, etc). Should the student fail the second attempt, individualized instruction will be prescribed before the student can attempt another competency evaluation.

DIVISION OF ORAL AND MAXILLOFACIAL SURGERY

Educational Mission

The mission of the CU School of Dental Medicine Division of Oral and Maxillofacial Surgery is to be an integral part of the CU School of Dental Medicine’s programs in education, research and clinical patient care.

Educational Goals

The Division’s goal is that the CU School of Dental Medicine graduate attains a level of surgical competency that would allow him/her to successfully diagnose and manage diseases of patients generally encountered in the practice of dentistry. The didactic component of the student’s oral surgical education includes concepts from the basic sciences, anesthesia, pharmacology, pathology, and the clinical practice of oral surgery. These courses provide the students with the intellectual tools to biologically and clinically assess contemporary and new therapeutic treatments. The preclinical simulation course and the clinical courses of the students’ oral surgery education provide the opportunity to synthesize information gained in the didactic component of the curriculum and apply this knowledge to the management of oral surgical conditions in their patient pool.

Didactic, Preclinical and Clinical Curriculum with Abbreviated Course Goals

Pain Control I DSSD 6604/DISP 7125 – This course provides the student with the basics necessary for the safe administration of local anesthesia for oral and dental procedures. The anatomy and physiology of the peripheral nervous system are stressed. The student also receives training in the armamentarium utilized in the administration of local anesthesia. Clinical training is given with the students being allowed to administer local anesthesia under supervision of their faculty.
Pain Control II DSSD 6610/DISP 7220 – This course provides the student with training into more advanced forms of anesthesia. Respiratory anatomy and physiology are stressed. The student receives in-depth training in the pharmacology of nitrous oxide. The students are introduced to the armamentarium necessary for the administration of nitrous oxide. The course is structured to satisfy the didactic requirements of the State of Colorado for nitrous oxide certification upon graduation.

Oral and Maxillofacial Surgery DSOS 7710/DISP 7320 – This course provides the student with the basics necessary to provide oral surgical procedures in the practice of general dentistry. The students are familiarized with basic surgical armamentarium. They are provided with comprehensive didactic training into the diagnosis and treatment of common surgical problems as well as the management of common surgical complications. A simulation laboratory gives the student hands-on training in the correct sectioning of maxillary and mandibular posterior teeth.

Dental Clinical Pharmacology DSSD 6600/DISP 7124 – This course provides instruction in the clinical aspects of commonly used prescription medications used in the practice of dentistry. A review of the national laws governing the prescription, storage, and accounting of controlled substances is provided. The students are trained in the aspects of proper prescription writing.

Prevention and Management of Medical Emergencies DSSD 6608/DISP 7126 - This course provides and introduction into the management of medical emergencies sometimes encountered in the practice of dentistry. A review of the appropriate human anatomy and physiology as it affects these conditions is provided. A simulation lab is provided to give familiarization and training into the management of medical emergencies is provided.

Orofacial Pain DSSD 7710/ DISP 7322 – This course provides a basis for the management of orofacial pain conditions. Emphasis is placed on patient evaluation and diagnosis. Students are familiarized with medical management of these conditions and with non-surgical management of temporomandibular disorders as well.

Advanced Clinical Medicine DISP 8205 – This course provides a review of common medical management issues and the most common pharmacology topics encountered in a daily general dental practice. Major course goals are:

1) Provide the general dentist with the knowledge to safely manage medical conditions that are commonly encountered within a daily general practice
2) Review pharmacology areas that are part of daily general practice and provide a knowledge base so that the general dentist can competently apply the appropriate drug and regimen in patient care.
Educational Expectations

The following clinical requirements have been formulated based on the tabulation of procedures performed by previous classes. The number of patients, however, does vary and certain procedures may not always be available.

Simple tooth removal     50  
Surgical tooth removal       5  
Biopsy       2  
N\textsubscript{2}O administration (perform)     4  
Intravenous sedation administration (observe)  2  
Alveoloplasty (> four teeth, isolated supraerupted teeth, or tuberosity reduction) 5

Evaluation and Grading: Clinical Care

Student cases are evaluated at the time of treatment and graded (0-3) upon review of case documentation and radiographs. Appropriate patient care, professionalism and treatment outcomes are complex issues. The following issues may be discussed and evaluated during clinical patient care:

- appropriateness of care
- standard of care
- technical competence
- critical thinking
- clinical judgment
- ethical decision making
- professionalism
- the need for additional experiences
- student strengths and weaknesses
- limitation of abilities and the need to network with specialists if appropriate
- review of post-operative radiographs

Competency Statement for Oral Surgery: Dental Students

Students are expected to be able to diagnose and manage diseases of odontogenic origin in the permanent dentition. In cases that are of normal complexity students should be able to diagnose and treat diseases of odontogenic origin requiring basic surgical procedures.

The attainment of competency in oral surgery is a process. This process may be divided into several steps that together create a pathway to attaining competency in Oral Surgery.
1) The acquisition of foundational knowledge (i.e. human anatomy and physiology, pathology, pharmacology). This step is accomplished during your undergraduate education, and as a DS-1 and DS-2.

2) The application of this foundational knowledge towards the development of a clinical understanding of the variations of disease conditions, pain and anxiety control, the application of pharmacology into patient care, the identification and management of orofacial pain disorders, and the management of common medical emergencies encountered in dental practice. This step is accomplished in the Spring term of the DS II year and Summer DS III term.

3) The development of the clinical and critical thinking skills involved with the examination of the patient with surgical complaints, assigning a diagnosis, assessment of etiological and risk factors for your patient, treatment planning and treatment of the disease process, and management of common surgical complications. This step is accomplished as a DS-3 and DS-4.

4) The last step is the repeated application of the knowledge and skills you have acquired to diagnose and treat surgical disease, evaluate outcomes of surgical treatment and make appropriate, timely referrals to an Oral and Maxillofacial Surgeon when appropriate. This step is accomplished as a DS-3, DS-4 and while on ACTS rotations.

Your evaluation of competency in oral surgery will also involve a number of steps. First you must pass all didactic and laboratory courses list previously. Your assessment of clinical competency will involve the passing of the clinical oral surgery rotations during the DS-3 and DS-4 years. The minimal experiences for oral surgery has been outlined above. Additional clinical experiences are available on a voluntary basis during school break periods.

**Remediation of Dental Students**

Failure to meet the standards outlined in section I E above will result in remediation of the student. Remediation will be in the form of written exam, oral exam, additional clinical sessions or a combination of the three depending on the area of failure. For example: students who fail to demonstrate appropriate dosing of local anesthetics, ability to recognize potentially dangerous drug interactions, systemic conditions that may complicate surgery and or healing, difficult surgical procedures, resultant complications of surgery, will be required to remediate in the area of weakness. A student who is able to demonstrate didactic knowledge but fails clinically would be required to perform additional sessions in the oral surgery clinic. The student must demonstrate to the oral surgery faculty member competence in the area of failure to receive a passing grade.
Competency Statement for Oral Surgery: ISP Students

Students are expected to be able to diagnose and manage diseases of odontogenic origin in the permanent dentition. In cases that are of normal complexity students should be able to diagnose and treat diseases of odontogenic origin requiring basic surgical procedures.

The attainment of competency in oral surgery is a process. This process may be divided into several steps that together create a pathway to attaining competency in Oral Surgery.

1) The first step is the acquisition of foundation knowledge (i.e. human anatomy and physiology, pathology, pharmacology). This step is accomplished during your undergraduate education, and as an ISP 1.

2) The second step is the application of this foundation knowledge towards the development of a clinical understanding of the variations of disease conditions, pain and anxiety control, the application of pharmacology into patient care, the identification and management of orofacial pain disorders, and the management of common medical emergencies encountered in dental practice. This step is accomplished in the Spring term of the ISP 1 year and continues through the ISP 1 and ISP 2 years.

3) The third step is the development of the clinical and critical thinking skills involved with the examination of the patient with surgical complaints, assigning a diagnosis, assessment of etiological and risk factors for your patient, treatment planning and treatment of the disease process, and management of common surgical complications. This step is accomplished as an ISP 2.

4) The last step is the repeated application of the knowledge and skills you have acquired to diagnose and treat surgical disease, evaluate outcomes of surgical treatment and make appropriate, timely referrals to an Oral and Maxillofacial Surgeon when appropriate. This step is accomplished as an ISP 1 and ISP 2.

Your evaluation of competency in oral surgery will also involve a number of steps. First you must pass all didactic and laboratory courses list previously. Your assessment of clinical competency will involve the passing of the clinical oral surgery rotations during the ISP 1 and ISP 2 years. The minimal experiences for oral surgery has been outlined previously. Additional clinical experiences are available on a voluntary basis during school break periods.
Remediation of ISP students

Failure to meet the standards outlined in section I E above will result in remediation of the student. Remediation will be in the form of written exam, oral exam, additional clinical sessions or a combination of the three depending on the area of failure. For example: students who fail to demonstrate appropriate dosing of local anesthetics, ability to recognize potentially dangerous drug interactions, systemic conditions that may complicate surgery and or healing, difficult surgical procedures, resultant complications of surgery, will be required to remediate in the area of weakness. A student who is able to demonstrate didactic knowledge but fails clinically would be required to perform additional sessions in the oral surgery clinic. The student must demonstrate to the oral surgery faculty member competence in the area of failure to receive a passing grade.

DIVISION OF ORTHODONTICS

Educational Mission

The mission of the CU School of Dental Medicine Division of Orthodontics is to be an integral part of the CU School of Dental Medicine’s programs in education, research and clinical patient care.

Educational Goals

Provide clinical experience in the examination and diagnosis of orthodontic patients through clinical exposure to orthodontic patients, and participation in the orthodontic treatment planning presentations by orthodontic residents.

Provide the clinical knowledge and skills necessary to safely manage simple orthodontic emergencies, and provide disease prevention care to the patient undergoing orthodontic treatment.

Educational Expectations:
The pre-doctoral clinical orthodontic experience is a rotation within the Department of Orthodontics designed to clinically support the didactic course material previously covered in Orthodontics 1 and Orthodontics 2.

Student Evaluation and Grading:

Student evaluation is based on:

- Attendance.
- Clinical participation.
- Written treatment plan and evaluation worksheets.
- Written summary and evaluation by the student.
- Grading is performed by the Pre-Doctoral Orthodontic Faculty Coordinator after reviewing the above.
Competency Statement for Orthodontics for Dental Students:

Clinical Education Experiences Guidelines:

1) Outline of process:
   a) Assist orthodontic resident in taking orthodontic records.
   b) Assist orthodontic resident in routine orthodontic appointments, including the removal and placement of archwire ligation.
   c) Discuss the treatment plan and progress of each patient seen clinically.
   d) Attend and participate in a minimum of 1 hour of Friday Treatment Planning Seminar to include a written treatment plan and evaluation on each patient presented with the assistance of a resident.

2) Minimal experiences prior to competency:
   a) Must spend a minimum of 3 full clinic sessions observing/participating in the Post-Doctoral Orthodontic Clinic.
   b) Observe/participate in the following orthodontic procedures: records, bonding, debonding, retie.
   c) Attend a Friday Orthodontic Treatment Planning Seminar for a minimum of 1 hour.

3) Timeline for completion of competency:
   Minimal experiences should be completed during the Spring semester of the 3rd year.

4) Evaluation of progression towards competency:
   a) Attendance.
   b) Clinical participation.
   c) Written treatment plan and evaluation worksheets.
   d) Written summary and clerkship evaluation by the student.
   e) Grading is performed by the Pre-Doctoral Orthodontic Faculty Coordinator after reviewing the above.

5) Remediation Plan:
   Failure to complete the requirements listed above will require completion during a subsequent semester.

Competency Statement for Orthodontics for International Students:

Clinical Education Experiences Guidelines:

1) Outline of process:
   a) Assist orthodontic resident in taking orthodontic records.
   b) Assist orthodontic resident in routine orthodontic appointments, including the removal and placement of archwire ligation.
   c) Discuss the treatment plan and progress of each patient seen clinically.
d) Attend and participate in a minimum of 1 hour of Friday Treatment Planning Seminar to include a written treatment plan and evaluation on each patient presented with the assistance of a resident.

2) Minimal experiences prior to competency:
   a) Must spend a minimum of 3 full clinic sessions observing/participating in the Post-Doctoral Orthodontic Clinic.
   b) Observe/participate in the following orthodontic procedures: records, bonding, debonding, retie.
   c) Attend a Friday Orthodontic Treatment Planning Seminar for a minimum of 1 hour.

3) Timeline for completion of competency:
   Minimal experiences should be completed during the Summer semester of the 2nd year.

4) Evaluation of progression towards competency:
   a) Attendance.
   b) Clinical participation.
   c) Written treatment plan and evaluation worksheets.
   d) Written summary and clerkship evaluation by the student.
   e) Grading is performed by the Pre-Doctoral Orthodontic Faculty Coordinator after reviewing the above.

5) Remediation Plan:
   Failure to complete the requirements listed above will require completion during a subsequent semester.
DEPARTMENT PEDIATRIC DENTISTRY

Educational Mission

The mission of the Department of Pediatric Dentistry is to be an integral part of the University of Colorado School of Dental Medicine and the affiliate, Children's Hospital Colorado, to provide programs of excellence in pediatric dentistry.

Educational Goals

The attainment of competency in pediatric dentistry provides the foundation for comprehensive management of infants, children, and adolescents including those with special health care needs as an entry level provider in a general dentistry setting. The didactic component of the student’s pediatric dentistry education provides concepts from the basic sciences and clinical practice for application toward the clinical practice goal that the University of Colorado School of Dental Medicine graduate attains competency in pediatric dentistry. The aggregate education from didactic, preclinical and clinical courses provides the opportunity to gain knowledge, skills and experience for synthesis and application in dental care for infants, children, adolescents, including those with special health care needs.

Successful comprehensive management of pediatric patients requires a foundation based on preventive oral health principles and accordingly a high emphasis on prevention is maintained in all educational experiences. The clinical rotation is assigned as a 3 week block in which students are involved in comprehensive care experiences for pediatric patients as well as participation in adjunctive observational experiences involving patients with complex needs to offer students a comprehensive and diverse clinical exposure.

Didactic and Preclinical Course Goals

DSPD 6620 (Pediatric Dentistry I) - Basic principles of pediatric dentistry will be introduced to provide a foundation for clinical diagnosis and management. The course is organized as three sections with an overall chronologic approach that begins prenatally through adolescence. The first section provides the basics of structure and biology for dental development prenatally and relevance postnatally in clinical diagnosis. The second section focuses on the multifactorial influences on oral health status and prevention of oral disease in the pediatric patient. The third section focuses on the therapeutic processes for application in clinical management of the pediatric patients.

This course provides second year dental students with the primary foundation for subsequent courses and clinical rotations in Pediatric Dentistry.

The course supports University of Colorado Denver School of Dental Medicine Competencies: 2, 3, 6, 8, 12, 15, 19, 20, 21, 22, and 23.
DSPD 6630 (Pediatric Dentistry II) - The course provides foundational knowledge for subsequent participation in clinical rotations. This course builds upon previous courses to provide dental students with a simulated clinical experience focused on restorative procedures for pediatric patients. The knowledge and skills provide preparation for subsequent clinical rotations in pediatric dentistry requiring treatment and completion of restorative procedures for pediatric patients. The course also provides foundational knowledge for competency assessment in pediatric dentistry.

The course supports University of Colorado School of Dental Medicine Competencies: 23

DSPD 7700 (Pediatric Dentistry III) - The course establishes guidelines and policies/procedures for clinical rotations in pediatric dentistry. Competency is established in quality and provider safety, compliance, privacy and information security, professionalism and communication, service excellence, infection control, patient safety, occupational health/OSHA/Joint Commission standards, equipment/instrument/auxiliary utilization, and medical emergency management in the dental setting.

This course prepares dental students for clinical rotations in pediatric dentistry. Students will acquire skills and knowledge to enable appropriate, safe and efficient clinical care for pediatric dental patients and interaction with their families. The course provides a foundation for clinical competency assessment in Pediatric Dentistry.

The course supports University of Colorado School of Dental Medicine Competencies: 3, 5, 6, 7, 11, 12, and 17.

Clinical Course Goals:

DSPD 7755, 7757 (Clinical Pediatric Dentistry) – Students will be assigned to care experiences enabling experience in providing comprehensive care for pediatric dental patients focused on primary care in prevention, diagnosis and treatment planning and secondary care in restorative dentistry specifically based on the principles of pediatric dentistry. In addition to assigned clinic days, students will be assigned to days in the postdoctoral clinic to observe emergency patient care, pediatric dentistry care in the operating room under general anesthesia.

The course supports University of Colorado School of Dental Medicine Competencies: 3-12, 17-24.

Student Evaluation and Grading

The didactic program provides letter grade evaluation for Pediatric Dentistry I, II and a Pass/Fail designation for Pediatric Dentistry III. Successful course
Completion requires attainment of a minimum passing grade for the final course average for all evaluations, appropriate attendance and completion of all course requirements and assignments.

The clinical program provides letter grade evaluations. Successful course completion requires attainment of a minimum passing grade for the final course average for all evaluations, appropriate attendance and completion of all course requirements and assignments.

Demonstration of clinical competency is based on specific fundamental principles which are assessed for each patient experience using a standardized approach involving criteria essential to all care experiences. The daily clinical evaluation (DCEVAL) for each patient is assessed as “standard met” or “unmet” as follows:

- Practice Management - all documentation accurate and completed at visit end
- Patient Management - clinical procedures and standards met
- Self-Assessment – evaluates care outcomes based on meeting procedural standards
- Standards of Behavior - children’s Hospital Colorado has established the following areas as essential aspects of patient care.

The six areas of assessment are evaluated as “standard met” or “unmet” as follows:

1. Quality and safety - Infection control, hand washing, PPE available/worn
2. Communication - Applies appropriate skill in informed consent, HIPPA
3. Ownership - Preparation for planned care complete
4. Relationships - Respectful in addressing others, accepting guidance
5. Professionalism - Adheres to professional policies/procedures, expands knowledge
6. Teamwork - Contributes to positive relationships

**Competency Statement for Dental Student**

Clinical Education Experiences Guidelines –

1) Outline of process -
   a. Initial competency attainment in acquisition of foundational knowledge of developmental, behavioral, preventive, diagnostic, and therapeutic care
for the pediatric dental population during didactic experiences in the DS2 and DS3; ISP1 and ISP2 years.

b. Application of foundational knowledge towards development of clinical understanding in preparation for clinical experiences on a comprehensive basis for pediatric patients in the primary, transitional, and permanent dentition phases and those with special health care needs.

c. Development of clinical knowledge and ability from assigned rotation experiences in comprehensive care for pediatric dental patients and adjunctive experience from assignment in the postdoctoral clinic.

d. Final competency assessment demonstrating integration of knowledge and clinical ability in a case based written examination administered in the DS4/ISP2 year. The case based competency evaluation encompasses fundamental principles of pediatric dentistry in prevention, diagnosis and treatment planning, comprehensive restorative dentistry, space management and trauma.

2) Minimal experiences prior to competency;

3) Timeline for completion of competencies;

4) Evaluation of progression towards competency;
   a. Successful completion of the foundational course, Pediatric Dentistry I, permits participation in the laboratory simulation course, Pediatric Dentistry II, in the DS2/ISP1 year.
   b. Successful completion of Pediatric Dentistry II permits participation in the preclinical preparatory course, Pediatric Dentistry III.
   c. Successful completion of Pediatric Dentistry III permits participation in assigned clinical rotations in the DS3 and DS4 years; ISP1 and ISP2 years.
   d. Successful completion of all didactic requirements and required clinical rotation experiences permits participation in the case-based clinical competency in the DS4/ISP2 year.
   e. Successful completion of the final case-based competency requires a minimal score of 70% in each of the five sections.

Assessment of Performance Competency and Grading

1) Orientation assessment (10% grade)
2) Clinical Care Healthy Smiles: (60% grade)
3) Other rotations: Children's Hospital Colorado (30% grade)
4) Clinical Competencies DS3/ISP1 year enable students to engage in critical thinking from demonstrating ability to understand and integrate evidence related to clinical pediatric care. Clinical competencies will be evaluated as: Pass evaluation = no critical errors and self-assessment is appropriate. Case-based competencies require a minimum score of 70%.
a. Rotation weeks 1-2
   i. Prevention competency completed (no critical errors, self-assessment appropriate)
   ii. Infant oral health competency (CF@T)
   iii. Caries risk assessment (< age 4 at CF@T)
   iv. Caries risk assessment (age 4 and older)
   v. Sealant competency
   vi. Restorative competency
   vii. Pulp therapy competency (case-based)
   viii. Space management competency (case-based)
   ix. Special health care needs competency (case-based)

5) Clinical Case Competencies DS4/ISP2 year (All sections passed with a minimum 70%)

6) Remediation - If a student does not pass a competency, he or she is allowed to attempt it following recommendations for study for the specific unmet area(s). Should the student fail the second attempt, individualized instruction will be prescribed before the student can attempt another competency evaluation.

**Pediatric Dentistry Clinical Education Objectives**

Instruction in patient assessment and diagnosis provides the dental student with the knowledge, judgment, and skill to provide dental care for infants and children through adolescence, including those with special health care needs.

Graduates will be competent and should be able to perform the following clinical activities as an entry level provider in a general dentistry setting:

1) Recognize the need and be able to provide a dental home for children by age one including infant oral health care, assessment and preventive care and make appropriate referrals when indicated.

2) Recognize the need and be able to provide a dental home for children, adolescents, including those with special health care needs including all aspects of oral health care, assessment and preventive care and make appropriate referrals when indicated.

3) Perform patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent.

4) Identify the chief complaint or reason for the patient’s visit.

5) Obtain/interpret a through medical history, social history, review of systems and dental history.
6) Conduct an appropriate clinical and radiographic examination and distinguish oral pathological hard and soft tissue abnormalities.

7) Interpret findings from the history, clinical and radiographic examination and other aids to evaluate etiology and pathogenesis of each disorder, determine caries risk status, establish a diagnosis, identify problems and conditions requiring treatment, formulate a treatment plan and establish overall prognosis.

8) Recognize and understand the influence of systemic disease upon oral health and treatment.

9) Provide appropriate communication to patients and guardians regarding treatment options and behavior guidance techniques. Obtain informed consent for all procedures rendered.

10) Provide local anesthesia, and pain and anxiety control.

11) Recognize the complexity of patient treatment and identify when referral is indicated.

12) Provide to patients prophylaxis, topical and supplemental fluorides, sealants and other preventive treatments as appropriate for their caries risk.

13) Provide preventive care including dietary counseling and nutritional education relevant to oral health, and the appropriate recall frequency based on risk assessment.

14) Provide restorative procedures for the dentition as appropriate.

15) Recognize malocclusion in the primary, mixed and permanent dentition and provide space management treatment.

16) Recognize interferences in normal growth and development.

17) Recognize the complexity of patient treatment and identify when referral is indicated.

18) Manage or refer traumatic injuries as appropriate and understand prevention strategies.

19) Provide an appropriate written consultation or referral.

20) Evaluate the database, develop a comprehensive, appropriately sequenced plan of treatment and make appropriate decisions on modification of the plan for dental treatment.
21) Recognize cultural and social differences and be morally responsible to treat those children with disparities.

22) Manage the oral health of children with special health care needs and make appropriate referrals when indicated.

23) Demonstrate application of ethical decision-making and professional responsibility.

DEPARTMENT OF PERIODONTICS

Educational Mission

The mission of the CU School of Dental Medicine Division of Periodontics is to be an integral part of the CU School of Dental Medicine’s programs in education, research and clinical patient care.

Educational Goals

The attainment of periodontal competency allows the student to successfully diagnose and manage the periodontal and peri-implant diseases of a significant proportion of patients encountered in a typical general dentistry practice. The didactic component of the student’s periodontal education bridges the gap between the basic sciences and the clinical practice goal that the CU School of Dental Medicine graduate attains a high level of competency in periodontics and implant dentistry. These courses provide the students with the intellectual tools to biologically and clinically assess contemporary and new therapeutic modalities. The preclinical laboratory course and the clinical courses of the students’ periodontal education provides the students the opportunity to synthesize the information gained in the various didactic courses and apply it to the management of the periodontal disease and dental implants in their patient pool.

It is quite apparent that the successful management of patients with periodontal disease requires routine maintenance therapy after active treatment. We will therefore place a great deal of emphasis not only on the active phase of therapy, but on the maintenance phase as well. Because periodontal disease manifests itself and responds to therapy in such a diverse way, it is necessary for the student to be exposed to a maximum number of patients and procedures.
Didactic and Preclinical Course Goals

Periodontics 1 –
This course deals with the normal anatomy and physiology of the periodontium and peri-implant tissues and the pathogenesis of the periodontal diseases. The course will be divided into three sections. The first section will provide the student with the basics of the structure and biology of the normal periodontium and peri-implant tissues. The second section is intended to understand the etiology of periodontal disease and the final section will address the different classes of periodontal disease. This course will serve as a fundamental basis for future courses in periodontics and patient care.

Periodontics 2 –
This course deals with the rationale for managing the diseases of the periodontium. The emphasis is on nonsurgical therapy, although there will be a brief introduction to surgical techniques, setting the stage for Periodontics 3. Appropriate application of pharmacologic treatment modalities is also presented. Cases are presented to allow the student to apply the information taught within the course. At the completion of the course the student should have obtained the theoretical knowledge necessary to manage most periodontal pathology nonsurgically that may be encountered in a typical general dental practice.

Periodontics 2 Lab –
The purpose of this course is to provide you with the actual nonsurgical diagnostic and treatment skills necessary to provide appropriate periodontal therapy as a general dentist. You will learn the following skills: periodontal examination, design and evaluation of an oral hygiene program to fit your patient's needs, removal of soft and hard deposits and pathologically altered cementum from the tooth surfaces.

Periodontics 3 –
The purpose of this course is to serve as an introduction to surgical periodontics. The course will review surgical terminology, emphasize the indications and contraindications for periodontal surgical procedures, and review materials commonly used to aid in the management of periodontal pathology, alveolar defects, and implant treatment. Cases are presented to allow the student to apply the information taught within the course. The goal of the course is to allow the student to attain competency in treatment planning periodontal surgical therapy.
Periodontics 4 –
The primary intent of this course is to review the practicalities of providing periodontal therapy within the scope of a general dental practice. Additionally, patient management, periodontal diagnosis and treatment planning, evaluation of the outcomes of nonsurgical periodontal therapy, specialty referral, management of the periodontal maintenance patient and advanced periodontal therapies will be covered.

In order to comply with this philosophy and standard of care it is necessary that:

1) All patients must receive an initial and episodic complete assessment of their periodontal health or disease status. This can be accomplished by doing a Periodontal Screening and Recording (PSR) evaluation or a comprehensive periodontal examination. If a PSR score of 3 or 4 is diagnosed in two or more sextants or the patient has a history of periodontitis a comprehensive periodontal examination is required. Please remember that the PSR examination requires that all surfaces of all teeth are probed and the sextant PSR scores are recorded. The comprehensive periodontal examination includes the following: (probe all surfaces of all teeth, record clinical attachment levels, check for bleeding upon probing, examine furcations, keratinized tissue, recession and mobility).

2) All patients have their oral hygiene efforts evaluated (modified O’Leary Plaque Index) and that they receive appropriate oral hygiene instructions at each appointment in Periodontics.

3) All patients receive thorough nonsurgical therapy that is appropriate for their periodontal status. This may include the use of systemic, locally delivered and/or topical chemotherapeutic agents.

4) All patients with an initial diagnosis of Periodontitis receive a periodontal re-evaluation (new examination) after Phase I therapy is complete.

5) Surgical therapy is offered to patients when necessary.

6) All patients need to be placed on an appropriate maintenance program.
Clinical Educational Expectations

The minimal expectations for successful completion of the periodontics component of your Dental Education are that you pass all courses in Periodontics: didactic, preclinical and clinical. The clinical requirements regarding how much periodontal therapy must be done are dictated by the needs of your patient pool and your ability to develop and demonstrate appropriate levels of competence. The curriculum allots approximately 250 hours to the clinical aspect of your periodontics education. We ask that you manage the periodontal needs of your patient population in a competent and professional manner. You should, by the time you graduate, complete 20-30 examinations, 15-20 adult prophies, 8-16 quadrants of scaling and root planing, 2-4 re-evaluations, 1-2 surgical procedures, and 10-15 maintenance/recall visits. If you feel that your patient population is not affording you a well-rounded experience, please consult with Dr. Powell, Dr. Chandra, Ms. Hoge, Ms. LeClaire, Ms. De La Rosa or your Team Practice leader or Group coordinator.

Student Evaluation and Grading

Daily evaluations will be completed by faculty on procedures completed. Semester grades will be based on the daily grades, grade comments, number of procedures completed, and patient management of all assigned patients and the timely completion of competency assessments.

Competency Statement for Periodontics Dental Class 2015

The attainment of competency in periodontics is a process. This process may be divided into several steps that together create a pathway to attaining competency in Periodontics.

1) The acquisition of foundation knowledge (i.e. microbiology, immunology, gross and microanatomy, pathology, pharmacology). This step is accomplished during your undergraduate education, and as a DS-1 and DS-2.

2) The application of this foundation knowledge towards the development of a clinical understanding of the variations of the anatomy of the periodontium in health and disease, and the pathogenesis of the periodontal diseases. This step is accomplished as a DS-1, DS-2, and DS-3.
3) The development of the clinical and critical thinking skills involved with the examination of the periodontium, assigning a diagnosis, assessment of etiological and risk factors for your patients, treatment planning and treatment of the periodontal diseases. This step is accomplished as a DS-2, DS-3, and DS-4.

4) The last step is the repeated application of the knowledge and skills you have acquired to determine the prognosis of teeth affected by periodontal disease, evaluate outcomes of periodontal treatment and make appropriate, timely referrals to the Periodontist when appropriate. This step is accomplished as a DS-2, DS-3, and DS-4.

Your evaluation of competency in periodontics will also involve a number of steps. First you must pass all didactic and laboratory courses in periodontics with a grade of a C or better. Your assessment of clinical competency will involve the passing of two skill acquisition exams, a series of clinical competencies in periodontics in a timely fashion, and the appropriate periodontal management of your assigned patients.

You have two skill acquisition examinations (instrument sharpening and data acquisition) that are to be done summer semester of your 2nd year. The clinical competency exams are: 1) Diagnosis and Treatment Planning, 2) Scaling and Root Planing, 3) Periodontal Reevaluation, 4) Periodontal Maintenance, and 5) Final Periodontal Competency Assessment. These competency examinations are to be done in your 3rd and 4th years. Prior to taking a competency you must have a minimal amount of clinical experience.

The minimal experiences for the competency examinations are:

1) Diagnosis and Treatment Planning (four prior comprehensive periodontal evaluations).
2) Scaling and Root Planing (eight quadrants of SRP).
3) Periodontal Reevaluation (two periodontal reevaluations).
4) Periodontal Maintenance (must meet the requirements as outlined in the maintenance competency assessment)
5) Final Periodontal Competency Assessment (successful completion of a 1:1 experience).
The timeline for the completion of the competencies is the following:

<table>
<thead>
<tr>
<th>Competency/Skill Acquisition</th>
<th>Due</th>
<th>Minimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrument Sharpening</td>
<td>Spring of 2nd year</td>
<td></td>
</tr>
<tr>
<td>Data Acquisition</td>
<td>Spring of 2nd year</td>
<td></td>
</tr>
<tr>
<td>Diagnosis and Treatment Planning</td>
<td>Fall of 3rd year</td>
<td>4</td>
</tr>
<tr>
<td>Scaling and Root Planing</td>
<td>Fall or Spring of 3rd year</td>
<td>8 quadrants</td>
</tr>
<tr>
<td>Reevaluation</td>
<td>Summer of 3rd year</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance (Portfolio)</td>
<td>Fall of 4th year</td>
<td>3-6 patients</td>
</tr>
<tr>
<td>Final Perio Competency</td>
<td>Before ACTS and Board Exam, Fall of 4th year</td>
<td></td>
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</tbody>
</table>

Evaluation of progression towards clinical competency in periodontics.

The evaluation of your progression towards competency will be done at the end of each academic semester. At the end of each semester a grade of A, A-, B+, B, B-, C+, C, C- or F will be assigned to you indicating the Division of Periodontics Faculty assessment of your progression towards competency. +/- is based on completion of your competencies. An A grade indicates that you are making exceptional progress, a B grade indicates that you are making progress appropriate for your level of clinic experience, a C grade indicates that you are minimally performing at an acceptable level and a grade of a F indicates that you are not performing at an acceptable level.

Remediation plan:

1) Treatment planning competency-
   If you fail this competency you will need to demonstrate that you can successfully complete comprehensive periodontal exam on a minimum of two more patients and then take this competency again with the same periodontist.

2) Reevaluation competency-
   If you fail this competency you will need to demonstrate that you can successfully complete periodontal reevaluation on a minimum of two more patients and then take this competency again with the same periodontist.

3) Scaling and root planing competency –
   If you fail this examination you will need to schedule a one-on-one session with one of the hygienist who is a member of the division of periodontics faculty and then take this competency again with the same hygienist.
4) Final periodontal competency (Mock Board) –

If you fail this examination you will need to schedule a one-on-one session with one of the hygienist who is a member of the division of periodontics faculty and then take this competency again with the same hygienist.

The semester assessments by the Division of Periodontics Faculty will consider the following in determination of your final grade:

- Competencies taken and the timeliness of the competency examination.
- Daily clinical evaluations.
- Appropriate and timely periodontal management of your patients.
- Amount of clinic time you spent providing periodontal care.
- Subjective input from periodontal faculty as to your technical and intellectual abilities.
- Your professionalism at the time of your review.

Remember that typically the more clinical experiences you have the better a clinician you become.

Your skill assessment and competency examinations must be taken in a timely fashion. If you do not do this it will affect your grade. If the skill assessment examinations are not completed by the end of summer semester it will result in the reduction of your grade by one letter grade. The clinical competencies that are to be completed during the 3rd and 4th years can be no more than one semester late or it will result in the reduction of your grade by one letter grade. If all your competencies are not completed prior to taking boards you will need to submit a written plan to the Chair of the Division of Periodontics as to how you plan to complete your remaining competencies. If you have more than one competency examination remaining you will not be allowed to take the clinical board examination and the Division of Periodontics will ask that you be suspended from your ACTS rotations until you have completed your clinical competencies in periodontics.

Successful completion of a skill assessment exam or clinical competency in periodontics only means that you demonstrated that you can perform a set of skills and/or intellectual processes at an adequate level for your experience level. It does not mean that you are judged to be clinically competent in periodontics. For example we will expect more of you in your 4th year than in your 2nd year. Your assessment of competency in periodontics is not complete until the fall of your 4th year.

In addition to your didactic course work and the treatment of your own clinical patients you will be asked to assist the Graduate Periodontics residents in the performance of surgical procedures. This will broaden your understanding of surgical principles and the application of those principles.
Periodontal Elective Course
After Hours No Credit Course (AHNCC)

In addition to the required course work the Division of Periodontics offers an elective course under the direction of Dr. John Van Ginkel. This course features faculty presentations as well as student case presentations. The atmosphere is informal, which facilitates a lively exchange of ideas. The course meets weekly through the summer semester and monthly during the Fall and Spring semesters.

Competency Statement for Periodontics International Class of 2015

The attainment of competency in periodontics is a process. This process may be divided into several steps that together create a pathway to attaining competency in Periodontics.

1) The acquisition of foundation knowledge (i.e. microbiology, immunology, gross and micro anatomy, pathology, pharmacology). This step is accomplished in your undergraduate education, your previous dental education, and as an ISP-1.

2) The application of this foundation knowledge towards the development of a clinical understanding of the variations of the anatomy of the periodontium in health and disease, and the pathogenesis of the periodontal diseases. This step is accomplished as an ISP-1 and ISP-2.

3) The development of the clinical and critical thinking skills involved with the examination of the periodontium, assigning a diagnosis, assessment of etiological and risk factors for your patients, treatment planning and treatment of the periodontal diseases. This step is accomplished as an ISP-1 and ISP-2.

4) The last step is the repeated application of the knowledge and skills you have acquired to determine the prognosis of teeth affected by periodontal disease, evaluate outcomes of periodontal treatment and make appropriate, timely referrals to the Periodontist when appropriate. This step is accomplished as an ISP-1 and ISP-2.

Your evaluation of competency in periodontics will also involve a number of steps. First you must pass all didactic and laboratory courses in periodontics with a grade of a C or better. Your assessment of clinical competency will involve the passing of two skill acquisition exams, a series of clinical competencies in
periodontics in a timely fashion, and the appropriate periodontal management of your assigned patients.

You have two skill acquisition examinations (instrument sharpening and data acquisition) that are to be done summer semester of your 1st year.

The clinical competency exams are:

- Diagnosis and Treatment Planning
- Scaling and Root Planing
- Periodontal Reevaluation
- Periodontal Maintenance
- Periodontal Competency Assessment

These competency examinations are to be done in your 1st and 2nd years. Prior to taking a competency you must have a minimal amount of clinical experience.

**The minimal experiences for the competency examinations are:**

- Diagnosis and Treatment Planning (four prior comprehensive periodontal evaluations)
- Scaling and Root Planing (eight quadrants of SRP)
- Periodontal Reevaluation (two periodontal reevaluations)
- Periodontal Maintenance (must meet the requirements as outlined in the maintenance competency assessment)
- Final Periodontal Competency Assessment (successful completion of a 1:1 experience).

**The timeline for the completion of the competencies is the following:**

<table>
<thead>
<tr>
<th>Competency/Skill Acquisition</th>
<th>Due</th>
<th>Minimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrument Sharpening</td>
<td>Summer of 1st year</td>
<td></td>
</tr>
<tr>
<td>Data Acquisition</td>
<td>Summer of 1st year</td>
<td></td>
</tr>
<tr>
<td>Diagnosis and Treatment Planning</td>
<td>Fall of 1st year</td>
<td>4</td>
</tr>
<tr>
<td>Scaling and Root Planing</td>
<td>Fall or Spring of 2nd year</td>
<td>8 quadrants</td>
</tr>
<tr>
<td>Reevaluation</td>
<td>Summer of 2nd year</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance (Portfolio)</td>
<td>Fall of 2nd year</td>
<td>3-6 patients</td>
</tr>
<tr>
<td>Final Perio Competency</td>
<td>Fall of 2nd year Prior to Board exam</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation of progression towards clinical competency in periodontics.

The evaluation of your progression towards competency will be done at the end of each academic semester. At the end of each semester a grade of A, A-, B+, B, B-, C+, C, C- or F will be assigned to you indicating the Division of Periodontics Faculty assessment of your progression towards competency. +/- is based on completion of your competencies. An A grade indicates that you are making exceptional progress, a B grade indicates that you are making progress appropriate for your level of clinic experience, a C grade indicates that you are minimally performing at an acceptable level and a grade of a F indicates that you are not performing at an acceptable level.

Remediation plan:

1) Treatment planning competency -
   If you fail this competency you will need to demonstrate that you can successfully complete comprehensive periodontal exam on a minimum of two more patients and then take this competency again with the same periodontist.

2) Reevaluation competency -
   If you fail this competency you will need to demonstrate that you can successfully complete periodontal reevaluation on a minimum of two more patients and then take this competency again with the same periodontist.

3) Scaling and root planing competency -
   If you fail this examination you will need to schedule a one-on-one session with one of the hygienist who is a member of the division of periodontics faculty and then take this competency again with the same hygienist.

4) Final periodontal competency (Mock Board) -
   If you fail this examination you will need to schedule a one-on-one session with one of the hygienist who is a member of the division of periodontics faculty and then take this competency again with the same hygienist.

The semester assessments by the Division of Periodontics Faculty will consider the following in determination of your final grade:

1) Competencies taken and the timeliness of the competency examination

2) Daily clinical evaluations

3) Appropriate and timely periodontal management of your patients
4) Amount of clinic time you spent providing periodontal care

5) Subjective input from periodontal faculty as to your technical and intellectual abilities, and your professionalism at the time of your review

Remember that typically the more clinical experiences you have the better a clinician you become. Your skill assessment and competency examinations must be taken in a timely fashion. If you do not do this it will affect your grade. If the skill assessment examinations are not completed by the end of summer semester it will result in the reduction of your grade by one letter grade. The clinical competencies that are to be completed during the 1st and 2nd years can be no more than one semester late or it will result in the reduction of your grade by one letter grade. If all your competencies are not completed prior to taking boards you will need to submit a written plan to the Chair of the Division of Periodontics as to how you plan to complete your remaining competencies. If you have more than one competency examination remaining the Division of Periodontics will ask that you not be allowed to take the clinical board examinations.

Successful completion of a skill assessment exam or clinical competency in periodontics only means that you demonstrated that you can perform a set of skills and/or intellectual processes at an adequate level for your experience level. It does not mean that you are judged to be clinically competent in periodontics. For example we will expect more of you in your 2nd year than in your 1st year. *Your assessment of competency in periodontics is not complete until the end of the fall semester of your 2nd year.*

In addition to your didactic course work and the treatment of your own clinical patients you will be asked to assist the Graduate Periodontics residents in the performance of surgical procedures. This will broaden your understanding of surgical principles and the application of those principles.
Periodontal Elective Course
After Hours No Credit Course (AHNCC)

In addition to the required course work the Division of Periodontics offers an elective course under the direction of Dr. John Van Ginkel. This course features faculty presentations as well as student case presentations. The atmosphere is informal, which facilitates a lively exchange of ideas. The course meets weekly through the Summer semester and monthly during the Fall and Spring.

DEPARTMENT OF RESTORATIVE DENTISTRY

Educational Mission

The mission of the CU School of Dental Medicine Department of Restorative Dentistry is to be an integral part of the CU School of Dental Medicine’s programs in education, research and clinical patient care. The department includes Operative Dentistry, Cariology, Prosthodontics, Occlusion, Dental Anatomy, and Dental Materials. The Department operates with Comprehensive Care as a model and the mission of contributing to the education of a general dentist.

Educational Goals

Restorative Dentistry in the confines of the dental school is the analog to general practice. It is our expectation that the student will attain the necessary foundation knowledge in the biological and material sciences to progress to preclinical and clinical training in the broad scope of general dentistry. The restorative department aims to function in a comprehensive care model, thus the challenge for the student is to synthesize the individual disciplines of restorative dentistry as well as the surgical disciplines to formulate and execute an overall treatment plan.
Didactic and Preclinical Course Goals

Dental Anatomy – This first year course sets the stage for all dental education to follow. The normal morphology of the teeth and surrounding structures are discussed as well as the dental terminology that allows for precision in communication. Fine motor and perceptual skills are developed in terms of appreciating and reproducing subtle tooth contours.

Dental Materials 1 and 2 – These two courses cover basic physical properties of dental materials as well as specific dental application of these materials. Mastery of this discipline is critical to the proper selection and manipulation of dental materials in all courses to follow.

Occlusion 1 and 2 – These two courses examine the mechanics and biology of normal occlusion as well as malocclusion and its dental and biologic implications. Occlusion 2 deals with the tempromandibular joint in health and disease as well as with reversible, conservative management of these disorders.

Cariology 1 and 2 – These courses relate to the etiology, histology, natural history, and medical management of this disease process. Guidelines are established to determine when surgical intervention in this process becomes necessary.
Operative Dentistry— This two-semester course begins the discussion of the surgical/restorative management of caries, trauma, and other maladies of the teeth. Use of high-speed rotary instrumentation and directly placed restorative materials will be discussed and these skills rehearsed in the simulated environment. This is a gateway class to the remaining curriculum in Restorative Dentistry.

Indirect Single Tooth Restorations 1 and 2 – This series of courses examines the restoration of teeth with indirectly-fabricated modalities. The discussion begins with principles and biomechanics associated with these restorations. As this series progresses, decision making strategies are explored relative to the materials and type of restorations that are appropriate. The preclinical laboratories develop preparation and provisionalization skills for the broad variety of these restorations.

Fixed Prosthodontics- This course builds on the ISTR series, using these principles and materials to design tooth supported restoration to replace missing teeth. Great emphasis will be given to treatment planning and decision-making. Prognosis and informed consent are necessary topics to consider. Increasingly an interface with Periodontics and Material Science are discussed.

Operative Seminar/Operative Pre-Clinic – These two courses, both as the student is entering the clinic serve to review and expand on clinical topics and skills necessary.

Removable Prosthodontics – This course examines the use of removable appliances to treat partial and complete edentulism. The simulation portion of this course will familiarize the student with the process and sequence of fabrication of these prostheses.

Esthetic Dentistry – This preclinical course utilizes the skills and knowledge from all previous courses as it relates to the esthetic implications of dental treatment. Particular emphasis on elective cosmetic care and psychological and informed consent issues surrounding this care.

Implant Dentistry – Implant dentistry is a discussion of the biology, indications, techniques, and prognosis of contemporary dental implant therapy. The laboratory is an exposure to the clinical techniques and unique instrumentation in this field.

Clinical Educational Expectations

The minimal expectations for successful completion of the restorative aspect of your Dental Education are obtaining a passing grade for all didactic and pre-clinical courses in the department as well as successful completion of all
departmental competency assessments after the suggested threshold experiences. Ethical and humanistic management of your patient pool is an expectation and will contribute to your assessment in Comprehensive Care Clinic.

You should take every possible opportunity to maximize your experiences in patient care. Competency is achieved through repetition, appropriate self-evaluation, and faculty input.

**Student Evaluation and Grading**

Daily evaluations of clinical activities will be provided verbally as well as through the use of Daily Clinical Assessments and Daily Clinical Evaluations in AxiUm. These assessments are available to you in AxiUm. The technical aspects of your performance as well as your preparedness and professionalism will contribute to your evaluations.

**Competency Statement for Restorative Dentistry**

Attainment of competency in Restorative Dentistry consists of experiences and competency assessment in Operative Dentistry, Cariology, Occlusion, Fixed Prosthodontics and Removable Prosthodontics. These individual knowledge areas and skill sets come together along with the surgical sciences to allow the comprehensive diagnosis and treatment of our patients. These experiences are attained through the comprehensive treatment of your patients. Although there are specific competency examinations by discipline, the goal is to treat your patients with a comprehensive treatment outcome in mind.

**Competency Examinations**

Operative Dentistry – Patient based competency examinations in direct restorative are expected on the following timetable:

<table>
<thead>
<tr>
<th></th>
<th>Experience, no competency examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall DS3</td>
<td></td>
</tr>
<tr>
<td>Spring DS3</td>
<td>2 competency examinations</td>
</tr>
<tr>
<td>Summer DS3</td>
<td>1 competency examination</td>
</tr>
<tr>
<td>Fall DS4</td>
<td>2 competency examinations</td>
</tr>
</tbody>
</table>

The division of operative dentistry releases a detailed document outlining the particular types of restorations allowed and the examination policies. These competency exams are intended to demonstrate a pathway to competency through repeated demonstration of the ability to make clinical decisions and execute direct restorative treatment without faculty intervention.
Cariology – This assessment begins in the Fall semester of the DS3 year and asks that the student identify several patients in their pools to manage the caries process with medical intervention and diet management. These patients are followed over the next year and the outcomes analyzed. The assessment occurs as a part of their two case presentations delivered in the DS3 and DS4 years.

Fixed Prosthodontics – There are two competency examinations in Fixed Prosthodontics. The first is the execution of a single tooth indirect restoration (crown or onlay) from initial diagnostic evaluation through preparation, provisionalization, impression, laboratory prescription, and delivery. The second is a multi-unit restoration (FPD, adjacent restorations, or opposing restorations) from start to finish. Alternatively this second competency may be evaluated on a typodont similar to the regional board examinations. Due to the complexity of these restorations experiential thresholds are to be achieved prior to challenging these evaluations. The suggested timetable is as follows.

<table>
<thead>
<tr>
<th>Single Unit Restoration</th>
<th>Must have completed 4 units of indirect restorations on natural teeth.</th>
<th>Spring/Summer DS3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Unit Restoration</td>
<td>Must have completed 10 units of indirect restorations on natural teeth or implants.</td>
<td>Fall/Winter DS4</td>
</tr>
</tbody>
</table>

Removable Prosthodontics – There are three competency evaluations in Removable Prosthodontics.
1) Border Molding and Final Impressions for either a complete upper and lower denture or a complete upper denture over a Kennedy class I removable partial denture.
2) Delivery of completed prosthesis (as outlined in #1) to include a clinical remount procedure.
3) Design of two removable partial dentures on patient casts. Defense of design with a faculty member. (This need not be brought to completion with the patient.)

The thresholds and suggested timetable for these procedures are as follows.

<table>
<thead>
<tr>
<th>Border Molding/Impression</th>
<th>Impressions completed with 4 arches of complete dentures</th>
<th>Summer DS3/Fall DS3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denture Delivery</td>
<td>Delivered 4 arches of complete dentures</td>
<td>Summer DS3/Fall DS4</td>
</tr>
<tr>
<td>RPD Design</td>
<td>Delivered 2 arches of cast frame RPD.</td>
<td>Fall/Winter DS4</td>
</tr>
</tbody>
</table>
Evaluation of progression toward clinical competency in Restorative Dentistry.

The evaluation of your progression toward competency will be accomplished at the end of each academic semester. Operative Dentistry will assign a P/F assessment in the summer DS2 semester and letter grades for each subsequent semester. Fixed and Removable Prosthodontics will assign a P/F during each semester until Fall DS4. At the end of the Fall DS4 semester a letter grade evaluating the aggregate performance will be assigned. This is to acknowledge that Fixed and Removable Prosthodontics is naturally concentrated toward the end your patient’s treatment sequence.

The restorative faculty will consider the following for all three of these discipline assessments.

1) Timely progress toward competency, including completion of competency assessments.
2) Quality of competency assessments as well as quality of daily clinical treatment.
3) Amount of experience in the respective discipline
4) Subjective input from restorative faculty regarding your performance and progress toward independent practice.

These threshold experiences are not considered “requirements”, rather the minimal experience level necessary to challenge a competency assessment. Competency assessments are one indicator of your timely progress toward independent practice. You should strive to maximize your clinical experiences since your clinical skill acquisition is directly related to the repetition of these skills.
ADOLESCENT DENTAL CLINIC

Educational Mission

The mission of the CU School of Dental Medicine Adolescent Dental Clinic (ADC) is to be an integral part of the CU School of Dental Medicine’s programs in education and clinical patient care.

Educational Goals

It is our goal that the CU School of Dental Medicine graduate attains a level of competency that would allow him/her to successfully diagnose and manage adolescent patients who present for care including: nutritional guidance, oral healthcare education, preventative care, restorative care, emergencies, developmental disabilities, and orthodontic concerns that are encountered in a typical general dentistry practice. The student is expected to use didactic and preclinical training acquired in many disciplines including oral surgery, general dentistry, periodontics, oral medicine, radiology, orthodontics and endodontic in assessing the oral health needs of the adolescent patient. The student is expected to be able to interview the patient and parent or guardian to evaluate their medical situation so as to insure safe and appropriate treatment. Communication skills are necessary in order to convey accurately and succinctly the patient's condition to designate appropriate care and referrals. The Adolescent Dental Clinic experience focuses on the following specific goals.

1) Patient management - We recognize that younger patients who have dental needs are often stressed and anxious. Managing these patients takes patience and experience. The ADC provides the student with an opportunity to work with faculty who can guide them through the process with understanding and compassion for the patient. Our goal is to provide tools the student will need in order to deal with a younger patient population that is under stress in their future practice of dentistry.

2) Time Management - It is imperative that the student understands the importance of efficient time management when dealing with the adolescent patient. Younger patients often have less of a capacity to cooperate over longer periods of time. Students realize that they are often working with a limited amount of time before the patient begins to become anxious for treatment to be completed. Time management is a necessary skill for the student to master to insure their success as a dental practitioner.

3) Case presentation - Once the clinical and medical data is gathered the student in the ADC must present the case in a concise, accurate and
consistent manner to the attending faculty. The presentation criteria are clearly defined, consistent and repeatable and create a discipline that facilitates organized thinking. In the process of case presentations the students acquire the skills necessary to communicate effectively with their medical and dental peers.

4) Chart note writing - The ADC is an appropriate venue for the students to record their findings in the chart in a complete and consistent manner. The ADC encourages the student to construct a narrative note, along with objective data, that is an accurate and detailed explanation of the treatment rendered during the appointment.

5) Recognizing potential development irregularities - Many disorders are first diagnosed during the childhood and adolescent years. Students are exposed to the initial presentations of diseases and disorders and the treatments associated with them.

6) Appropriate age related treatment - Students learn that many of the treatment options that they would normally use for the adult patient cannot be used on the adolescent population. Adolescent patients can still be in a dynamic phase of growth, and restorative options for missing teeth, like implants, cannot be utilized until their growth has been completed. Adolescents have teeth that are still in the process of root development, and many cases of teeth with deep caries need specialized procedures to guide the development of the root’s apical closure, so a root canal treatment can be performed at a later date. It is the ADC’s goal to have the student proficient at diagnosing, treating, and planning the treatment of teeth with deep caries that involve both complete and incomplete apical root development.

7) Local anesthetic management - Unlike adults, pediatric and adolescent patients can reach their maximum levels of local anesthetic within a few injections of anesthetic. Students are required to calculate maximum amounts of local anesthetic that can be safely used based on the patient’s weight and health history.

8) Communication skills within the dental specialties - The ADC provides the student with the opportunity to develop and refine their ability to coordinate treatment with other dental specialty providers. In the adolescent population, specific periodontal concerns arise that the student should be able to recognize and refer it to a periodontal specialist. Many adolescents have
jaw relationship problems that include crowding, cleft lip and palate, and malocclusions that the student will need to be able to coordinate general dentistry care along side with oral surgery and orthodontics. It is the ADC’s goal to have the student graduate with a proficient knowledge of conditions occurring in the adolescent population, and the ability to converse and coordinate treatment with oral surgeons, periodontitis and orthodontist.

9) Home care and nutritional information - The foundation for good oral care should start as early in life as possible. The ADC’s goal is to establish what good oral health care means to the adolescent patient, and how to implement those principles on a daily basis. The ADC instructs the student on how to educate the patient on how their diet impacts their overall health, as well as the impact on the dentition and tissues of the oral cavity.

Student Evaluation and Grading

The faculty will complete daily evaluations of students on daily procedures. Semester P/F grades will be based upon daily grades, comments, attendance and completion of competency Requirements.

University of Colorado School of Dental Medicine Competency Statement for the Adolescent Dental Clinic

The attainment of proficiency in adolescent care is a process that requires the acquisition of a foundational knowledge in many disciplines including but not limited to general dentistry, radiology, endodontic, oral medicine and pathology, periodontics, oral surgery, pharmacology and general medicine. Secondly, the student must be able to apply critical thinking skills in medical and dental diagnostics. Thirdly, the student must be able to communicate their findings, both orally and in written form, clearly and concisely.

The evaluation of competency in ADC will be based upon the successful completion of one designated clinical case. The following areas will be assessed.

1) Patient management Assessment criteria - Courtesy, sensitivity, compassion, control of situation, successful interviewing techniques

2) Time management Assessment criteria: Procedures completed in a timely manner. Constructive use of time

3) Case presentation Assessment Criteria: Accuracy, consistency,
completeness and according to set format

4) Note writing Assessment Criteria: Thoroughness, grammar and punctuation, form and clarity.

The competency must be accomplished by the completion of the rotation through ADC. The competency exam must be passed with a score of 80% or greater. If a student fails the exam, the material will be reviewed with the Course Director and the student will need to demonstrate proper knowledge and/or remediate the material.

HEROES CLINIC

Educational Mission

The mission of the Heroes Clinic at the University of Colorado School of Dental Medicine is to provide a program of excellence in patient care and teaching in service to the veteran students of the University of Colorado Denver and Anschutz Medical Campus.

Clinical Goals

The goal of the Heroes Clinic, as an integral part of the School of Dental Medicine, is to provide the University of Colorado Denver and Anschutz Medical Campus veteran students with a dental home. Insuring oral health and function in our veteran students to facilitate their entry into the work force. The University of Colorado School of Dental Medicine dental and international students are provided with treatment experiences as service to our veteran students.

1) Patient management - Heroes patients are full time students, many of whom work or are active Reservists. Time management for these busy patients is an important part of their care. Therefore dental and international students must sequence treatment and manage available clinic times to complete therapy in a timely manner with the least number of visits. Additionally, the majority of these patients are students at the Denver campus (approximately 80-85%) and must commute to Anschutz Medical campus for care. Many of these patients are combat veterans and consideration must be given to the potential for post-traumatic stress disorder when providing care. Dental and international students are reminded to pay attention to their patient’s body clues and responses.

2) Time management - Treatment experiences are provided in a time frame more closely simulating clinical practice post-graduation. The “real-time” practice model ideally benefits the dental and veteran student, maximizing
productivity during clinical visits while minimizing the number of patient visits. A “HERO” template was created as a replacement for the Oral Diagnosis Form 4 to complete an expedited intake form.

3) Dental and international students complete rotations in the Heroes Clinic as well as ACTS rotation. This translates to patients to be treated by different dental and international students at each visit except those treatments requiring multiple visits (i.e. crowns). Multi-visit treatments can be scheduled in the Heroes or other clinics in the School of Dental Medicine to support the students in providing timely care. Diagnosis/Case Presentation. Students are required to present the patient and the following information for a start check: Patient’s name, age, contributory medical history, medications, allergies, blood pressure and pulse. The student is asked to ascertain what type of radiographs and comprehensive periodontal charting are indicated and why. Treatment plans and sequence are presented to the faculty and subsequently to the patient for acceptance. This process requires student to clearly articulate their findings and the rationale behind their treatment recommendations which translate to effective communication with peers (medical and dental).

4) Chart note writing - The Heroes Clinic requires comprehensive and complete recording of all treatment whether utilizing a template or free narrative style note. A critical part of the chart notes are the Next Visit (NV). Clear instructions for the next visit are required by each student to create a smooth transition from one provider to the next.

Clinical Education Expectations

The minimal clinical expectations for dental and international students are to use critical thinking and decision making skills in patient education, treatment planning, and sequencing, utilizing their cumulative educational experiences as a fourth year student. Dental and international students are to explain and document all treatment options with consideration given to function and restoration for long term dental health. Dental and international students will also provide quality, comprehensive oral health care to veteran patients with an emphasis on prevention and maintenance of restorations for optimal treatment prognosis.

Student Evaluation and Grading

Daily evaluations will be completed by faculty on procedures completed each day. Semester grades will be cumulative with other clinical rotations based on daily grades, grade comments, number of procedures complete, patient management of all assigned patients and the timely completion of care.
PATIENT SCREENING CLINIC

Educational Mission

The mission of the CU School of Dental Medicine Patient Screening Clinic is to be an integral part of the CU School of Dental Medicine’s programs in education, research and clinical patient care.

Educational Goals

It is our goal that the CU School of Dental Medicine graduate attains a level of diagnostic competency that would allow him/her to successfully evaluate a patient’s medical and dental history, obtain patient’s vital signs, assess the patient’s expectations for realistic dental care by explaining possible options, working within the patient’s time constraints and financial status. In addition, it is mandatory that each graduate attain competency in performing a thorough head and neck examination on every patient they encounter in a typical general dentistry practice. The didactic component of the student’s oral medicine education bridges the gap between the basic sciences and the clinical practice of oral medicine.

In order to comply with this philosophy and standard of care it is necessary that:

1) All patients must have a review of their medical and dental history. The student will become confident in taking medical histories accurately, including knowledge of the patient’s medication list.

2) The student will become confident in obtaining a patient’s chief complaint and desires for dental treatment.

3) All patients have their blood pressure, temperature, pulse rate and oxygen saturation level recorded. Additionally, other tests, such as glucose levels should be taken, as needed. The student will become confident in taking patient’s vital signs, including, BP, pulse, Temperature and SpO2 and blood glucose level.

4) Medical consultations must be completed and returned on any patient where the medical history is vague or complex, treatment history unclear, premedication may be desired by the patient’s physician or vital signs are concerning. The student’s ability to recognize medical – dental interactions with possible adverse reactions is imperative to our graduates’ competency.
The student will become confident in filling out medical consultation forms and speaking with other health care professionals to obtain needed medical information in order to treat their patients safely.

5) All patients will receive a thorough head and neck examination to rule out abnormalities or pathology of the hard or soft tissue. The student will become confident in performing a head and neck examination and Oral Cancer Screening examination for each screening appointment.

6) All patients will receive an initial assessment of their dentition and periodontium, teaching the student skills to develop a visual idea of a starting treatment plan. The student will become familiar with assessing dental and periodontal (using PSR) conditions of a screening patient using the patient screening classification scale, with help from the faculty.

7) The student will become confident in determining the radiographs necessary to determine if a patient is acceptable for the student comprehensive care clinic at the SDM.

8) The students will develop an interview style, which encompasses open discussion of patient’s expectations, time constraints, ability to endure length of appointments and financial commitment.

9) The student will become confident in informing the patient how the oral diagnosis and comprehensive care program works, stressing time of treatment, patient flexibility needs, and payment procedures.

Educational Expectations

The minimal expectations for successful completion of the patient screening clinic rotation is to participate in all screening sessions that a student is assigned to and by screening potential patients, as outlined above. After completing the required examination, completing the template screening note and evaluating the patient properly, the student will be evaluated on their presentation of the patient to a faculty member. The student and faculty member will discuss the patient, and then the faculty member will examine the patient. At this point, it will be determined if the patient is appropriate for the Student Comprehensive Care Clinic, General Practice Residency Clinic, Graduate Periodontal Clinic, Dental Faculty Practice Clinic or an outside provider. If the patient is acceptable to the Student Comprehensive Care Clinic, the student must be prepared to help
facilitate the patient’s entrance into comprehensive care treatment at the CU School of Dental Medicine. This includes, but not limited to, communicating with the screening coordinator the patient’s anticipated needs so student assignment is expedited. This may include taking the needed radiographs and starting data collection for the Oral Diagnosis phase. This will make the experience for the patient more streamline, teach the student efficiency, and expedite the path to the treatment planning.

Daily evaluations will be completed by faculty on procedures completed.

**Competency Statement for the Patient Screening Clinic**

The attainment of competency in the patient screening clinic is a **process**. This **process** may be divided into several steps that together create a pathway to attaining competency in Screening.

1) The first step is the acquisition of foundation knowledge from the oral medicine courses.

2) The second step is the application of this foundation knowledge towards the development of a clinical understanding of oral medicine and pathology.

3) The third step is the development of the clinical and critical thinking skills involved with the examination of the patient’s medical and dental history, obtain patient’s vital signs, assess the patient’s expectations for realistic dental care by explaining possible options working within the patient’s time constraints and financial status.

4) The last step is the repeated application of the knowledge and skills the student has acquired to determine the health status and the general determination of the dental needs balanced with expectations, time and financial constraints.

5) These skills will be tested during the Oral Diagnosis and Treatment Plan presentation phase of the accepted patents, when the diagnostic form is completed and presented to the faculty.
SPECIAL CARE CLINIC

Educational Mission

The mission of the CU School of Dental Medicine Special Care Clinic is to be an integral part of the CU School of Dental Medicine’s programs in education and clinical patient care.

Educational Goals

It is our goal that the CU School of Dental Medicine graduate be competent in assessing the treatment needs of patients with special needs. The intent of the Special Care Clinic (SCC) is to successfully have an appropriate patient pool to be available to provide experiences to all graduate that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options.

The student is expected to use didactic and preclinical training acquired in many disciplines including oral surgery, general dentistry, periodontics, oral medicine, radiology, orthodontics and endodontic in assessing the oral health needs of patients with special needs. The student is expected to be able to interview the patient and parent or guardian or caretaker to evaluate their conditions to insure safe and appropriate treatment options.

Communication skills and techniques are necessary in order to convey accurately and succinctly the patient’s condition to designate appropriate care and referrals. The Special Care Clinic experience focuses on the following specific goals.

1) Patient management and assessment. We recognize that patients with special needs include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly who have dental needs are often unable to communicate and rely upon others with their activities of daily living. Therefore, it is important that students manage and assess patients with special needs appropriately. This takes patience and experience. The SCC provides the student with an opportunity to work with the faculty who can guide them through the process with understanding and compassion for the patient. It is the goal of the SCC to provide clinical instruction and experience with the patients with special needs which include instruction in proper communication techniques and assessing the treatment needs compatible with the special need patient.
2) Appropriate referral. Upon thorough completion and assessment of medical and dental histories of the special needs patient it is the goal of SCC to properly refer special needs patient in the appropriate clinical settings.

3) Time Management. It is imperative that the student understands the importance of efficient time management when dealing with the special need patients. Special need patients often have less of a capacity to cooperate over longer periods of time. Students realize that they are often working with a limited amount of time before the patient begins to become anxious for treatment to be completed. Time management is a necessary skill for the student to recognize and master to insure their success as a dental practitioner.

4) Case presentation. Once the clinical and medical data is gathered the student in the SCC must present the case in a concise, accurate and consistent manner to the attending faculty. The presentation criteria are clearly defined, consistent and repeatable and create a discipline that facilitates organized thinking. In the process of case presentations the students acquire the skills necessary to communicate effectively with their medical and dental peers.

5) Chart note writing. The SCC is an appropriate venue for the students to record their findings in the dental chart in a complete and consistent manner including the Special Care Patient Management Summary form. The SCC encourages the student to construct a narrative note, along with objective data, that is an accurate and detailed explanation of the treatment rendered during the appointment.

6) Recognizing potential development irregularities. Patients with special needs may come with many disorders. Students are exposed to the initial presentations of diseases and disorders and the treatments associated with them.

7) Appropriate treatment rendered. Students learn that many of the treatment options that they would normally render for those who do not have special needs may not necessarily be rendered on the special needs population. It is a goal of SCC to recognize the importance of non-dental considerations (complex medical conditions, inability to communicate, physical limitations and cognitive impairment) when forming a treatment plan on a special needs patient.
8) Communication skills. The SCC provides the student with the opportunity to develop and refine their ability to communicate with all parties involved with the special needs patient. Usually special needs patients rely upon “others” to take care of them and make medical decisions. “Others” may include, caretakers, parents/legal guardian/medical proxy and financial conservator. It is the goal of SCC to have the student graduate with a proficient knowledge and understanding of the importance of communicating to all the parties involved regarding dental findings and treatment recommendations/referrals.

9) Home care and nutritional information. Prevention is key to lifelong health. The SCC goal is to provide home care instructions and nutritional information to the special needs patient and its caretakers. What good oral health care means to the special needs patient, and how to implement those principles on a daily basis. The SCC instructs the student on how to educate the patient and its caretakers on how their diet impacts their overall health, as well as the impact on the dentition and tissues of the oral cavity.

Student Evaluation and Grading

The faculty will complete daily evaluations of students on each procedures. Semester P/F grades will be based upon daily grades, comments, attendance and completion of a one page Reflection Paper after the student’s complete his/her initial operator clinical session in SCC.

University of Colorado School of Dental Medicine Competency Statement for the Special Care Clinic

The attainment of proficient in Special Care Clinic is a process that requires the acquisition of a foundational knowledge in assessing the treatment needs of patients with special needs. The student is expected to use didactic and preclinical training acquired in many disciplines including oral surgery, general dentistry, periodontics, oral medicine, radiology, orthodontics and endodontic in assessing the oral health needs of patients with special needs. The student is expected to be able to interview the patient and parent or guardian or caretaker to evaluate their conditions to insure safe and appropriate treatment options. Secondly, the student must be able to apply critical thinking skills in medical and dental diagnostics. Thirdly, apply interpersonal skills to create a humanistic environment. Fourth, the student must be able to communicate effectively their findings, both orally and in written form, clearly and concisely with diverse patients and other health care providers to endure appropriate, patient-centered patient treatment.
The evaluation of competency in SCC will be based upon the successful completion of one designated clinical case. The following areas will be assessed.

1) Patient management. Assessment criteria: Courtesy, sensitivity, compassion, control of situation, successful interviewing techniques
2) Time management. Assessment criteria: Procedures completed in a timely manner. Constructive use of time
3) Case presentation. Assessment Criteria: Accuracy, consistency, completeness and according to set format
4) Note writing. Assessment Criteria: Thoroughness, grammar and punctuation, form and clarity.

The competency must be completed by the completion of the rotation through SCC.

Remediation

A student who fails the competency must follow the follow protocol:

1) Meet with the Course Director to discuss reasons for failing the competency.
2) Completion of designated clinical case assigned by Course Director.
3) Clinic case must meet the above 4 assessment criteria.
URGENT CARE & EMERGENCY CLINIC

Educational Mission

The mission of the CU School of Dental Medicine Urgent Care/Emergency Clinic is to be an integral part of the CU School of Dental Medicine’s programs in education and clinical patient care.

Educational Goals

It is our goal that the CU School of Dental Medicine graduate attains a level of competency that would allow him/her to successfully diagnose and manage patients who present with emergencies and urgent care situations that are encountered in a typical general dentistry practice. The student is expected to use didactic and preclinical training acquired in many disciplines including oral surgery, general dentistry, periodontics, oral medicine, radiology and endodontics in accurately assessing the oral health needs of the emergency patient. Specific didactic training in emergent and urgent dental care is presented in the Dental Pain and Emergencies course given in the fall semester of the third year for dental students and fall of the first year for ISP students. Critical thinking skills will be required to process information and formulate appropriate diagnoses and treatment options. Importantly, the student is expected to evaluate the patient’s medical situation so as to insure safe and appropriate treatment. Communication skills are necessary in order to convey accurately and succinctly the patient’s condition to specialty care. To that end, the Emergency Clinic experience focuses on the following specific goals:

Patient management -
We recognize that patients who have emergent/urgent needs are usually in pain, and are often stressed. Managing these patients takes patience and experience. The UC/EC provides the student with an opportunity to work with faculty who can guide them through the process with understanding and compassion. Our goal is to prepare the student to deal with patients in pain and under stress in their future practice of dentistry. In addition to patients who may be medically and dentally complex, students rotating through the UC/EC Clinic encounter patients with varying cultural and social backgrounds. Respecting and accommodating these differences is an integral part of the UC/EC experience.

Time Management -
It is imperative that the student understand the importance of efficient time management when dealing with the emergency patient. The UC/EC often functions as a triage clinic and it is important that the patients who are seen in the Clinic are referred to appropriate treatment centers such as oral surgery or endodontics in a timely manner so that they get the urgent care they need. Time management is a necessary skill for the student to master to insure their success as a dental practitioner.
Case presentation/Diagnoses -
Once the clinical and medical data is gathered and a diagnosis is made, the student in the UC/EC clinic must present the case in a concise, accurate and consistent manner to the attending faculty. The presentation criteria are clearly defined, consistent and repeatable and create a discipline that facilitates organized thinking. In the process of case presentations the students acquire the skills necessary to communicate effectively with their medical and dental peers. The options for treatment and appropriate consents must be thoroughly conveyed to the patient.

Chart note writing -
The UC/EC is an appropriate venue for the students to record their findings in the chart in a complete and consistent manner. The UC/EC note template encourages the student to incorporate narrative into the note along with objective data.

Student Evaluation and Grading

Daily evaluations will be completed by the faculty on procedures completed. Semester P/F grades will be based upon daily grades, comments, attendance and completion of competency requirements.

University of Colorado School of Dental Medicine Competency Statement for the Urgent Care/Emergency Clinic

The attainment of proficiency in UC/EC is a process that requires the acquisition of foundation knowledge in many disciplines including but not limited to radiology, endodontics, oral medicine and pathology, periodontics, oral surgery, pharmacology and general medicine. The student must be able to apply critical thinking skills in medical and dental diagnostics. The student is expected to be able to communicate their findings, both orally and in written form, clearly and concisely. Finally the student is expected to treat all patients respectfully and with compassion and to make any accommodations available to facilitate successful outcomes.

The evaluation of competency in UC/EC will be based upon the successful completion of two cases. The following areas will be assessed.

Patient management Assessment criteria:
Courtesy, sensitivity to cultural and social differences, compassion, control of situation, successful interviewing and data gathering techniques, and accommodations (such as interpreters, O2 supplementation, help with physical limitations, etc.)
Time management Assessment criteria -
Procedures completed in a timely manner. Constructive use of time.

Diagnoses/Case presentation Assessment Criteria -
Accuracy, consistency, completeness and according to set format. Appropriate interpretation of data gathered which may include, (but not be limited to), radiographs, testing, history of present illness, medical history and medications.

Note writing Assessment Criteria –
Thoroughness, grammar and punctuation, form and clarity.

Infection control Assessment Criteria –
Appropriate hand washing, PPE, handling of sharps and disinfection of equipment.

Legal/Ethics –
Treatment options presented and consents signed and discussed thoroughly with the patient.

For any students who does not pass their competency requirements, remediation will consist of additional rotation through the Emergency/Urgent Care Clinic and/or didactic review until the student demonstrates a mastery of the material.
### Clinical Competency Exams and Threshold Experiences Chart

#### Applied Dentistry

<table>
<thead>
<tr>
<th>Course # / Title</th>
<th>Level / Term</th>
<th>Competency Description</th>
<th>Method</th>
<th>Threshold Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSAD 8896 Special Care Clinical Course</td>
<td>DS3 ISP2</td>
<td>The Patients with Special Needs Competency is composed of multiple component parts including:  • Patient Assessment (presented in case-based portfolio) to include: Chief Complaint, History of the Present Illness, Past Dental History, Vital signs, Medical History/Medications, Review of Systems, Medical Prognosis, Social History, Intraoral Exam/Extraoral Exam Findings and Dental Findings</td>
<td>Case Based exam</td>
<td>two semesters of clinical rotation</td>
</tr>
<tr>
<td>Course ID / Title</td>
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<tr>
<td>DSSD 8855 Clinical Emergencies DISP 8355 Clinical Emergencies</td>
<td>DS4 ISP2</td>
<td>The Dental Emergencies Competency is composed of multiple component parts including infection control, patient assessment, chief complaint, history of the present illness, vital signs, medical history, radiographs, intraoral exam/extraoral exam, cancer screening and risk assessment, testing, diagnosis/critical thinking, prognosis, case complexity and referral, treatment planning and case presentation, health promotion and disease prevention, legal, ethical and professional responsibilities, informed consent, and patient management.</td>
<td>Pt Based Clinical Exam</td>
<td>one previous semester of clinical rotation in the Dental Emergency Clinic</td>
</tr>
<tr>
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<tr>
<td>DSRE 8827</td>
<td>DS4 ISP2</td>
<td>Patient Assessment and Treatment Planning Competency includes: Patient assessment and case presentation including head and neck cancer screening and risk assessment and health promotion and disease prevention. Review of clinical findings/treatment options Problem list and treatment plan Professionalism</td>
<td>Pt Based Clinical Exam</td>
<td>8 comprehensive examinations</td>
</tr>
<tr>
<td>DSRE 8827</td>
<td>DS4 ISP2</td>
<td>Outcomes of Treatment Competency Exam: The student will complete a quality assessment form and complete a periodic oral evaluation or periodic oral evaluation. The periodic oral evaluation will be under the supervision of a comprehensive care faculty member designated by the chair who will grade the competency examination.</td>
<td>Pt Based Clinical Exam</td>
<td>2 patient assessments: quality audit and phase and/or case completion</td>
</tr>
<tr>
<td>DSRE 8946 TP &amp; Case Presentation</td>
<td>DS4 ISP2</td>
<td>Treatment Planning and Case Presentation</td>
<td>Case Based</td>
<td>5 semesters of clinic</td>
</tr>
<tr>
<td>Course ID / Title</td>
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<tr>
<td>DSON 7755 Clinical Oncology</td>
<td>DS3 ISP2</td>
<td>American Cancer Society Examination</td>
<td>Case Based Exam</td>
<td>Completion of Health Data Collection, Diagnosing and Treating Common Oral Lesions 1 &amp; 2, Medical Problems/Physical Assessment</td>
</tr>
<tr>
<td>DISP 8130 Clinical Oncology</td>
<td>DS3 ISP2</td>
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<tr>
<td>DSOS 8757 Clinical Oral Diagnosis</td>
<td>DS4 ISP2</td>
<td>Oral Diagnosis/Oral Medicine/Oral Cancer Competency Exam: A series of cases are presented with specific questions related to mucosal and osseous lesions in a powerpoint format.</td>
<td>Case Based Exam</td>
<td>Completion of Health Data Collection, Diagnosing and Treating Common Oral Lesions 1 &amp; 2, Medical Problems/Physical Assessment</td>
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<td>DISP 8170 DTCOL 2</td>
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<tr>
<td>DSOD 7760 Clinical Radiology</td>
<td>DS3</td>
<td>Interpretation Competency</td>
<td>Pt Based Clinical Exam</td>
<td>10 FMX’s</td>
</tr>
<tr>
<td>DSOD 7760 Clinical Oral Radiology</td>
<td>DS3</td>
<td>FMX Technical Competency</td>
<td>Pt Based Clinical Exam</td>
<td>10 FMX’s</td>
</tr>
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<tr>
<td>DSFD 8757 Clin Fixed Prosthodontics</td>
<td>DS4 ISP2</td>
<td>Single Unit Competency Exam: includes pre-treatment evaluation, tooth preparation, provisionalization, impressions, lab communications, try-in, and cementation of a single unit indirect restoration (crown or onlay)</td>
<td>Pt Based Clinical Exam</td>
<td>4 previously completed fixed prosthetic procedures on natural teeth</td>
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<tr>
<td>DISP 8325 Clin Fixed Prosthodontics</td>
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<tr>
<td>DSFD 8855 Clinical Fixed Prosthodontics</td>
<td>DS4</td>
<td>Multi-Unit Competency Exam: This competency consists of a preparation of tooth #5 for a porcelain-fused-to-metal restoration and #3 for a complete coverage gold restoration replacing #4 with a three-unit Fixed Partial Denture.</td>
<td>Pt Based Clinical Exam or Simulated Clinical Experience</td>
<td>10 single or multiple tooth fixed prosthetic restorations</td>
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<tr>
<td>DISP 8325 Clinical Fixed Prosthodontics</td>
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<tr>
<td>DSFD 8757 Clin Fixed Prosthodontics</td>
<td>DS4 ISP2</td>
<td>The Implant Competency is an OSCE that assesses the types of problems students would commonly encounter in a clinic environment including: Clinical information gathering, diagnosis and treatment planning, establishing and maintaining oral health, surgical procedures, restorative/prosthodontic management and health promotion</td>
<td>OSCE</td>
<td>Completion Implant Prosthodontics Course and Approval of Teams Leader</td>
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<tr>
<td>DISP 8325 Clin Fixed Prosthodontics</td>
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### Endodontics

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<tr>
<th>Course ID / Title</th>
<th>Level / Term</th>
<th>Competency Description</th>
<th>Method</th>
<th>Threshold Experiences</th>
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</thead>
<tbody>
<tr>
<td>DSEN 8757 Clinical Endodontics</td>
<td>DS3 ISP2</td>
<td>Clinical Endodontic Competency Exam: The student is required to successfully pass this competency exam on one endodontic treatment. Students can challenge this competency examination only when they have completed at least 2 clinical endodontic cases.</td>
<td>Pt Based Clinical Exam Clin Endodontic Portfolio</td>
<td>2 completed endodontic procedures</td>
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<td>DISP 8321 Clinical Endodontics</td>
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### Operative Dentistry

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<tr>
<th>Course ID / Title</th>
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<th>Method</th>
<th>Threshold Experiences</th>
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<tbody>
<tr>
<td>DSOP 7757 Clinical Operative Dent</td>
<td>DS3 DS3 DS4 ISP 2</td>
<td>Operative Clinical Competency Exam includes multiple clinical restorative procedures: a Class I restoration, Class V restoration, Class II amalgam and composite restorations and a Class III composite restoration.</td>
<td>Pt Based Clinical Exam</td>
<td>5 previous operative dental procedures</td>
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<tr>
<td>DSOP 7759 Clinical Operative Dent</td>
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<tr>
<td>DSOP 8855 Clinical Operative Dent</td>
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<tr>
<td>DISP 8226 Clinical Operative Dentistry</td>
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<tr>
<td>DISP 8326 Clinical Operative Dentistry</td>
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<tr>
<td>DSOS 8855 Clinical OMFS DISP 8125 Clinical OMFS</td>
<td>DS4, ISP2</td>
<td>Closed Forcep and Elevator Extraction Competency is composed of multiple component parts: Preoperative, Infection Control, Pain and Anxiety Control, Surgical Skill, and Postoperative Management. Alveoloplasty in Conjunction with Extractions Competency is composed of multiple component parts: Preoperative, Infection Control, Pain and Anxiety Control, Surgical Skill, and Postoperative Management.</td>
<td>Pt Based Clinical Exam</td>
<td>3 simple tooth extractions</td>
</tr>
<tr>
<td>DSOS 8855 Clinical OMFS DISP 8125 Clinical OMFS</td>
<td>DS4, ISP2</td>
<td>Nitrous Oxide Administration Competency</td>
<td>Pt Based Clinical Exam</td>
<td>2 previous experiences administering Nitrous Oxide</td>
</tr>
<tr>
<td>DSOS 8855 Clinical OMFS DISP 8125 Clinical OMFS</td>
<td>DS4 ISP2</td>
<td>The Alveoloplasty in Conjunction with Extractions Competency is composed of multiple component parts: Preoperative, Infection Control, Pain and Anxiety Control, Surgical Skill, and Postoperative Management.</td>
<td>Pt Based Clinical Exam</td>
<td>3 alveloplasties in conjunction with tooth extractions</td>
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<tr>
<td>DSPD 7755/7757 Clin Pediatric Dent DISP 8140/8241 Clin Pediatric Dent</td>
<td>DS3/DS4 ISP2</td>
<td>Sealant Competency includes assessment and restoration, involving the sealant procedure in a pediatric patient.</td>
<td>Pt Based Clinical Exam</td>
<td>Successful prior completion of one sealant procedure</td>
</tr>
<tr>
<td>DSPD 7755 Clin Pediatric Dent DSPD 7757 Clin Pediatric Dent DISP 8140 Clin Pediatric Dent DISP 8240 Clin Pediatric Dent</td>
<td>DS3 ISP2</td>
<td>Pediatric Pulp Therapy Competency Exam: The competency includes assessment of the dental student’s recognition of the rationale and procedural technique for vital pulp therapy in primary teeth, modification of pulp therapy to address management of associated dental emergencies, and recognizing the complexity of patient treatment and identifying when a referral is indicated.</td>
<td>Case Based Exam</td>
<td>Completion of one third of clinic rotation</td>
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<tr>
<td>Course Code</td>
<td>Course Name</td>
<td>Course Description</td>
<td>Exam Type</td>
<td>Completion Requirement</td>
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<tr>
<td>DSPD 7755 Clinical Pediatric Dent DSPD 7757 Clinical Pediatric Dent DISP 8140 Clinical Pediatric Dent DISP 8240 Clinical Pediatric Dent</td>
<td>The Special Health Care Needs competency exam consists diagnosis, comprehensive treatment planning, recognizing the complexity of patient treatment, assessment for pathology, and modification of care to address management of associated dental emergencies.</td>
<td>Case Based Exam</td>
<td>Completion of one third of clinic rotation</td>
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<tr>
<td>DSPD 7755 Clinic Pediatric Dent DSPD 7757 Clinic Pediatric Dent DISP 8140 Clinic Pediatric Dent DISP 8241 Clinic Pediatric Dent</td>
<td>The Space Management Competency Exam consists of multiple components including patient assessment, diagnosis, comprehensive treatment planning and prognosis, recognizing the complexity of patient treatment and identifying when a referral is indicated.</td>
<td>Case Based Exam</td>
<td>Completion of one third of clinic rotation</td>
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<tr>
<td>DSPD 7755 Clinic Pediatric Dent DSPD 7757 Clinic Pediatric Dent DISP 8140 Clinic Pediatric Dent DISP 8240 Clinic Pediatric Dent</td>
<td>Restorative Dentistry Competency Exam includes the ability to determine non-restorability of the dentition and need for extraction, modification of restorative care to address management of associated dental emergencies and recognizing the complexity of patient treatment and identifying when a referral is indicated.</td>
<td>Case Based Exam</td>
<td>Completion of one third of clinic rotation</td>
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## Periodontics

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<tr>
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<th>Competency Description</th>
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<tbody>
<tr>
<td>DSPE 8855 Clinical Periodontics DISP 8323 Clinical Periodontics</td>
<td>DS3 ISP1</td>
<td>Examination, Diagnosis, and Treatment Planning Competency Exam is composed of multiple component parts including: patient assessment, periodontal data acquisition, assessment of etiological/risk factors, diagnosis, prognosis, treatment plan, and patient management.</td>
<td>Pt Based Clinical Exam</td>
<td>4 comprehensive periodontal exams</td>
</tr>
<tr>
<td>DSPE 8855 Clinical Periodontics DISP 8323 Clinical Periodontics</td>
<td>DS3 ISP2</td>
<td>The Scaling and Root Planing Competency is composed of two sections: calculus detection and calculus removal.</td>
<td>Pt Based Clinical Exam</td>
<td>8 quadrants of SRP</td>
</tr>
<tr>
<td>DSPE 8855 Clinical Periodontics DISP 8323 Clinical Periodontics</td>
<td>DS3 ISP2</td>
<td>The Reevaluation Competency Exam is composed of multiple component parts including: Medical history, Appropriateness of doing reevaluation, data collection, treatment plan, patient management and infection control.</td>
<td>Pt Based Clinical Exam</td>
<td>2 reevaluations</td>
</tr>
<tr>
<td>DSPE 8855 Clinical Periodontics DISP 8323 Clinical Periodontics</td>
<td>DS3 ISP1</td>
<td>Periodontal Maintenance Portfolio: Two patients are followed throughout each student’s career student and seen for a minimum of 4 maintenance appointments. Two patients are followed through initial phase one therapy, reeval, and then seen for a minimum of two maintenance appointments</td>
<td>Pt. Based Portfolio</td>
<td>3-6 patients in the portfolio</td>
</tr>
</tbody>
</table>
### The Mock Board Competency Exam

The Mock Board Competency Exam is composed of multiple component parts including: probing depths, recession, calculus detection and calculus removal.

### Removable Prosthodontics

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<tr>
<th>Course ID / Title</th>
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<tbody>
<tr>
<td>DSPE 8855 Clinical Periodontics</td>
<td>DS4 ISP2</td>
<td>The Mock Board Competency Exam is composed of multiple component parts including: probing depths, recession, calculus detection and calculus removal.</td>
<td>Pt Based Clinical Exam</td>
<td>End of ISP 2 and DS 4 year</td>
</tr>
<tr>
<td>DISP 8323 Clinical Periodontics</td>
<td>DS4 ISP2</td>
<td>CD1 competency involves border molding and final impressions for a patient during provision of maxillary and mandibular complete dentures.</td>
<td>Pt Based Clinical Exam</td>
<td>4 arches of complete dentures</td>
</tr>
<tr>
<td>DSRP 8757 Clin Remov Prosthodontics</td>
<td>DS4 ISP2</td>
<td>CD2 competency involves try-in, clinical remount, and delivery of maxillary and mandibular complete dentures.</td>
<td>Pt Based Clinical Exam</td>
<td>4 arches of complete dentures</td>
</tr>
<tr>
<td>DISP 8327 Clin Remov Prosthodontics</td>
<td>DS4 ISP2</td>
<td>Removable Partial Denture Design Competency is designed to evaluate skills in Treatment Planning, survey and designing removable partial dentures. This competency consists of the diagnosis, survey and design of a removable partial denture.</td>
<td>Simulated Clinical Experience</td>
<td>2 arches of removable partial dentures</td>
</tr>
</tbody>
</table>
Purpose:
The purpose of this exam is to assess the clinical competency of the dental student in providing oral health care within the scope of general dentistry for Patients with Special Needs.

The student is required to successfully pass this case-based competency at the end of the fall semester DS4/ISP2 years in order to successfully complete the Special Care Clinical Course (DSAD 8896/DISP 8203) and to be determined competent to manage Patients with Special Needs.

Description and Evaluation:
You are required to take this competency independently. A class time to take this competency will be arranged at the end of the fall semester.

The Patients with Special Needs Competency is composed of multiple component parts including:

Write up provided to you, the student-

- Patient Assessment (presented in case-based portfolio)
  - Chief Complaint
  - History of the Present Illness
  - Past Dental History
  - Vital signs
  - Medical History/Medications
  - Review of Systems
  - Medical Prognosis
  - Social History
  - Intraoral Exam/Extraoral Exam Findings
  - Dental Findings
Then you will be asked to take the above information and answer 10 multiple choice questions, worth 10 points each, to assess

- Diagnosis/Critical Thinking
- Case Complexity
- Prognosis
- Treatment Planning and Case Presentation
- Health Promotion and Disease Prevention
- Legal, Ethical and Professional Responsibilities
- Patient Management

Failure to demonstrate a competent performance will necessitate remediation. A passing grade for this competency is 80% or above.

**Competency Threshold Experience:**

The first opportunity to challenge this competency is at the end of the fall semester of the DS 3 and ISP 2 year following two semesters of clinical rotations through the Special Care Clinic.

**Remediation:**

Upon failure the student will review the case and the reason for the failure with the course director or their designee in a one on one session to appropriately remediate the areas of concern. The student will be given another case-based competency as soon as the course director feels that the student is ready.

If the student is unable to successfully complete the competency, additional rotations in the clinic will be required until the student is able to demonstrate competency.

**Faculty Calibration:**

The faculty is calibrated in a one to one meeting with the Director per semester.
Dental Emergencies Competency Exam
Urgent Care/Emergency Clinic
Overview

Purpose:
The purpose of this exam is to assess the clinical competency of the dental student in providing oral health care within the scope of general dentistry for dental emergencies. The student is required to successfully pass this competency on one Urgent Care/Emergency Clinic patient by the end of the fall semester DS 4/ISP 2 years in order to successfully complete the Clinical Emergencies Course (DSSD 8855 and DISP 8355) and to be determined competent to manage dental emergencies.

Description and Evaluation:
You are required to take this competency independently.

The Dental Emergencies Competency is composed of multiple component parts including:

- Infection Control
- Patient Assessment
  - Chief Complaint
  - History of the Present Illness
  - Vital signs
  - Medical History
  - Radiographs
  - Intraoral Exam/Extraoral Exam
  - Cancer Screening and Risk Assessment
  - Testing
- Diagnosis/Critical Thinking
- Prognosis
- Case Complexity and Referral
- Treatment Planning and Case Presentation
- Health Promotion and Disease Prevention
- Legal, Ethical and Professional Responsibilities
  - Informed Consent
- Patient Management

Failure to demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 85 points, which is determined by the number of deficiency points assigned as outlined on the evaluation form.
Competency Threshold Experience:

The first opportunity to challenge this competency is in the spring semester of the DS 3 and ISP 2 year following one semester of clinical rotations through the Urgent Care/Emergency Clinic.

Remediation:

Upon failure the student will review the reason for the failure with the covering faculty and meet with the course director or their designee in a one on one session to appropriately remediate the areas of concern. The student may attempt another challenge to the competency as soon as his/her next session in the Urgent Care/Emergency Clinic.

The student cannot make more than one attempt to complete the competency per clinic session. If the student is unable to successfully complete the competency, additional rotations in the clinic will be required until the student is able to demonstrate competency.

Faculty Calibration:

The faculty is calibrated in a one to one meeting with the Director per semester.
## Dental Emergencies Competency Exam

Student Name: _____________________________________  Date: ___________________

Competency attempt #____

A score of 85 or better is needed to demonstrate Competency.

Making a Critical Error will terminate the Competency Exam.

<table>
<thead>
<tr>
<th>Infection Control (10 points)</th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-10 points)</th>
<th>Critical Errors</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student followed all SDM infection control policies and procedures:</td>
<td></td>
<td>The student breached infection control protocol in a minor way so as to not effect patient care. e.g. washed hands with alcohol based hand wash upon leaving the clinic instead of using soap and water.</td>
<td>The student made several breaches in infection control protocol in such a way as to seriously effect patient care and breach microbial cross contamination. e.g. failed to wash hands and don appropriate PPE.</td>
<td></td>
</tr>
<tr>
<td>Hand washing: Soap used upon entering and leaving clinic, alcohol based used between patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPE Gloves, mask, yellow gown, safety glasses for patient and student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair set up properly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Assessment (15 points)</th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-15 points)</th>
<th>Critical Errors</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Complaint</td>
<td>In patient's words.</td>
<td>Not in patients words.</td>
<td>Chief complaint not presented.</td>
<td></td>
</tr>
<tr>
<td>History of the Present Illness</td>
<td>Student presents chief complaint and related history without prompting by instructor. Info includes time of onset, duration, nature of pain, tx rec'd, etc.</td>
<td>Student presents chief complaint and related history with minor omissions that would not affect patient diagnosis or treatment.</td>
<td>Incomplete presentation of history of CC that does not include crucial information that would influence the making of an accurate diagnosis.</td>
<td></td>
</tr>
<tr>
<td>Vital signs</td>
<td>Includes Temp, BP, R, O2, P, Glucose (if indicated)</td>
<td>One vital sign not recorded.</td>
<td>Two or more vital signs not taken.</td>
<td></td>
</tr>
<tr>
<td>Medical History</td>
<td>Demonstrates understanding of medical conditions and medications and their effect on dental care. Appropriate medical referral or consult, if indicated.</td>
<td>Medical finding implication not identified or medication overlooked that does not significantly impact rendering of safe dental care.</td>
<td>Major medical finding implication not identified or medication overlooked that could significantly impact rendering of safe dental care and/or not knowing or researching the medications or diseases that the pt. reports.</td>
<td></td>
</tr>
<tr>
<td>Radiographs</td>
<td>Appropriate, diagnostic and accurate interpretation.</td>
<td>Additional view not considered when needed, image is marginally diagnostic.</td>
<td>The image is grossly non-diagnostic due to poor technique but presented as adequate.</td>
<td></td>
</tr>
<tr>
<td>Intraoral Exam/Extraoral Exam</td>
<td>General as well as specific. Ca screening. Accurate description and assessment of dentition, swellings, lesions lymphadenopathy.</td>
<td>Minor deficiencies in assessment that does not affect treatment of the patient.</td>
<td>Overlooked presence of significant soft tissue condition such as lesions, swellings, lymphadenopathy or pertinent hard tissue findings such as gross caries or abnormal bone.</td>
<td></td>
</tr>
<tr>
<td>Testing</td>
<td>Includes cold, palpation, percussion, probing, &quot;tooth slooth&quot; successfully performed and interpreted.</td>
<td>Minor aspect of diagnostic tests not effective or not documented.</td>
<td>Test results grossly ineffective, unclear documentation of results, inappropriate tooth numbers or control teeth not included or accounted for.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Diagnosis/Critical Thinking (15 points)</td>
<td>Satisfactory</td>
<td>Minor Error (minus 1-15 points)</td>
<td>Critical Errors</td>
<td>Deficiency Points</td>
</tr>
<tr>
<td>Pulpal</td>
<td>Accurate/supported by data</td>
<td>Student makes mostly correct diagnosis with accurate supporting evidence, but may not articulate more nuanced aspects of dx such as differentiating between primary perio vs primary endo lesions.</td>
<td>Discussion of findings grossly unclear or inaccurate. Incorrect diagnosis.</td>
<td></td>
</tr>
<tr>
<td>Periapical</td>
<td>Accurate/supported by data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal</td>
<td>Accurate/supported by data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Includes pathology, pericoronitis, TMD, sinus, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prognosis (10 points)</td>
<td>Satisfactory</td>
<td>Minor Errors (minus 1-10 points)</td>
<td>Critical Errors</td>
<td>Deficiency Points</td>
</tr>
<tr>
<td>Prognosis</td>
<td>Accurate prognosis: specific and general.</td>
<td>Minor inaccuracy in prognosis e.g. not clearly understanding importance of OH when predicting long term success of procedure.</td>
<td>Inaccurate prognosis, general or specific e.g. clearly non restorable tooth predicted to be successfully treated with good long term prognosis.</td>
<td></td>
</tr>
<tr>
<td>Case complexity and Referral (5 points)</td>
<td>Satisfactory</td>
<td>Minor Errors (minus 1-5 points)</td>
<td>Critical Errors</td>
<td>Deficiency Points</td>
</tr>
<tr>
<td>Case Complexity and Referral</td>
<td>Accurate assessment of case complexity and appropriate referral made.</td>
<td>Minor inaccuracy in the assessment of case complexity or minor inaccuracy in the referral that does not significantly impact the rendering of safe dental care or health of patient.</td>
<td>Inaccurate assessment of case complexity or inappropriate referral made. e.g. student did not recognize need for medical consult prior to surgery.</td>
<td></td>
</tr>
<tr>
<td>Treatment Planning and Case Presentation (10 points)</td>
<td>Satisfactory</td>
<td>Minor Errors (minus 1-10 points)</td>
<td>Critical Errors</td>
<td>Deficiency Points</td>
</tr>
<tr>
<td>Treatment Plan</td>
<td>Acceptable treatment plan including medications to meet the patient’s emergent treatment needs as well as personal and cultural preferences.</td>
<td>Recommendation for treatment does not include appropriate referral form.</td>
<td>Grossly inappropriate recommendation for treatment. e.g. recommended medication would cause patient serious harm such as an allergic reaction.</td>
<td></td>
</tr>
<tr>
<td>Case Presentation</td>
<td>In correct format, makes ‘sense’, supports final dx and tx referral.</td>
<td>Presentation does not follow flow sheet.</td>
<td>Gross disregard for format, disorganized.</td>
<td></td>
</tr>
<tr>
<td>Health Promotion and Disease Prevention (5 points)</td>
<td>Satisfactory</td>
<td>Minor Errors (minus 1-5 points)</td>
<td>Critical Errors</td>
<td>Deficiency Points</td>
</tr>
<tr>
<td>Health promotion and disease prevention</td>
<td>Health promotion and disease prevention</td>
<td>Health promotion and disease prevention</td>
<td>Health promotion and disease prevention</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Accurate assessment oral and systemic health status and etiology with appropriate preventive recommendations. e.g. smoking cessation, evaluation for hypertension, diabetes, referral for comprehensive dental care.</td>
<td>Minor inaccuracy in the assessment of oral and systemic health status and etiology with appropriate preventive recommendations.</td>
<td>Inaccurate assessment of oral health status and etiology with inappropriate preventive recommendations.</td>
<td>Accurate assessment oral and systemic health status and etiology with appropriate preventive recommendations. e.g. smoking cessation, evaluation for hypertension, diabetes, referral for comprehensive dental care.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal, Ethical and Professional Responsibilities (15 points)</th>
<th>Satisfactory</th>
<th>Minor Errors (minus 1-15 points)</th>
<th>Critical Errors</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed Consent</td>
<td>Consents (HIPAA, general and surgical) reviewed with patient, all questions answered.</td>
<td>Consent reviewed with pt. but in a cursory manner.</td>
<td>Consent not signed or reviewed.</td>
<td></td>
</tr>
<tr>
<td>Translation Services</td>
<td>Cyracom and other tools used as needed (e.g. general translation and consents in family member translation).</td>
<td>Translation specifics not recorded in chart.</td>
<td>Appropriate/sufficient translation tools not utilized.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Management (15 points)</th>
<th>Satisfactory</th>
<th>Minor Errors (minus 1-15 points)</th>
<th>Critical Errors</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Completed in less than an hour.</td>
<td>Completed in more than an hour.</td>
<td>Inappropriate use of time.</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>Treated with respect and compassion. Cultural, age, lifestyle factors socioeconomic differences acknowledged and accommodated appropriately.</td>
<td>Isolated interaction with patient that may be considered disrespectful.</td>
<td>Pt not treated respectfully. Cultural, age, socioeconomic or lifestyle issues not accommodated appropriately.</td>
<td></td>
</tr>
</tbody>
</table>

Competent
Not Competent

Faculty signature: ________________________________

Score: ______ (85 and above: Competent)

Student Self-Assessment:

Strengths: ______________________________________

Areas to improve: ______________________________________

Subtract deficiency points from 100
Patient Assessment and Treatment Planning Competency (PATPCE) Exam
Overview

Purpose:
The purpose of this examination is to assess the clinical competency of the dental student to independently perform a comprehensive examination, diagnosis, and treatment plan.

The student is required to successfully pass this competency in order to complete the final semester course in Comprehensive Patient Care Clinic (DISP 8301, DSRE 8827)

Description and Evaluation:
This competency examination requires the student to work independently. If faculty intervention is required this is considered a critical error.

The PATPCE consists of the following component parts: Patient Assessment/Case Presentation, Review of Clinical Findings/Treatment Options, Development of a problem list and sequenced treatment plan, development of a maintenance plan and Informed Consent.

Failure to demonstrate competency in any of the components will lead to a failure of the entire examination. Multiple failures and/or failure to successfully complete this examination prior to the last semester may result in failure of the Clinical Oral Diagnosis course.

This is a patient based examination and may be accomplished in dedicated PATP competency chairs, Heroes Clinic, or Adolescent Clinic Chairs with faculty approval. You may present any patient that has been accepted through the SODM screening clinic, or patients of the Heroes and Adolescent Clinics with faculty approval. SODM students may not serve as a patient for this examination.

The examination will consist of a comprehensive oral examination, to include a faculty observed oral cancer screening, medical and dental history review, intra oral and extra oral exam to include dental findings, development of a problem list and treatment plan. Your treatment presentation to the patient including a discussion of prognosis and informed consent will be evaluated.

Competency Threshold Experience:
A student must complete 8 comprehensive examinations prior to challenging the PATPCE. It may be challenged no earlier than Summer semester of the DS3 year, or Spring of the ISP 2 year.
**Remediation:**

In the event of examination failure (either a critical error or score less than 75) the student will review the deficiencies with the covering faculty. The student will be directed to specific faculty for review of areas of weakness. Once complete, the student must challenge the examination with a new patient.

**Faculty Calibration:**

This competency must be completed with a select group of faculty that have been calibrated to insure consistency in the examination process.
Patient Assessment and Treatment Planning
Competency Exam

Student Name:_______________________________________ Date:_____________________________

Faculty Name:_______________________________________ Competency attempt #:______________

Must score an 75 or better and pass the Professionalism Ratings to pass this competency exam.

<table>
<thead>
<tr>
<th>Part A. Patient Assessment/Case Presentation</th>
<th>Satisfactory</th>
<th>Minor Errors (minus 2 points)</th>
<th>Critical Errors (must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Complaint</td>
<td>Student presents all chief complaints as stated by the patient and related history clearly</td>
<td>Some information is missing in the presentation but it is not critical to the overall treatment plan</td>
<td>Failure to note chief complaint and/or history; information is missing that could affect patient care</td>
<td></td>
</tr>
<tr>
<td>Medical, Dental, and Social History</td>
<td>All positive responses to questions in medical and dental sections have been followed up and entered into axiUm. Significant findings are identified and implications for treatment presented to instructor</td>
<td>Minor omissions that would not significantly affect care for the patient. Failure to adequately follow-up on 1-2 questions in axiUm.</td>
<td>Major that could affect care for the patient. i.e. prosthetic heart valve, serious allergy, bleeding disorder, diabetes.</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>All medications are entered correctly into axiUm. Demonstrates an understanding of medication’s impact on dental care.</td>
<td>Minor omissions of information on the form</td>
<td>Significant Medications missing; information missing or incorrect i.e. Bisphosphonate history, anticoagulants.</td>
<td></td>
</tr>
<tr>
<td>Preliminary Oral Inspection and Exam Findings (non-invasive)</td>
<td>EO/IO exam (Oral Cancer Screening), impressions/suspicions, BP, Glucose (as appropriate)</td>
<td>Did not take BP, or blood glucose when indicated to do so</td>
<td>Did not perform Oral Cancer Screening in a thorough and comprehensive manner. Missed significant lesion.</td>
<td></td>
</tr>
<tr>
<td>Examination Findings</td>
<td>Vital signs, chief concern(s), problems and modifiers are recorded within axiUm</td>
<td>Minor omissions or corrections to information within axiUm</td>
<td>Relevant section(s) not completed; information missing or incorrect</td>
<td></td>
</tr>
</tbody>
</table>
## Part B. Review of Clinical Findings, Treatment Options

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors (minus 2 points)</th>
<th>Critical Errors (must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Findings</strong></td>
<td>All significant findings from the clinical exam are identified. The students provides explanations for any abnormal findings as well as variations on normal anatomy.</td>
<td>There are findings missing that should have been identified but are not critical to patient care. Some insignificant findings may be presented. Minimal explanation for abnormal findings.</td>
<td>Findings are missing from the clinical exam that have direct implications for patient care. Multiple insignificant findings are presented or excessive misdiagnosis.</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Goal/Objective</strong></td>
<td>Student is able to clearly articulate treatment goals based on their discussion with the patient</td>
<td>Student has some difficulty articulating treatment goals</td>
<td>Student does not know or understand the treatment goals. Student has not consulted with the patient regarding their wishes</td>
<td></td>
</tr>
<tr>
<td><strong>Prognosis</strong></td>
<td>Student can discuss the patient’s prognosis for individual problems and the entire case in general</td>
<td>Minor omissions in patient’s prognosis that would not significantly affect patient care</td>
<td>Student fails to adequately articulate prognoses for the patient’s problems</td>
<td></td>
</tr>
<tr>
<td><strong>Consultations/Referrals</strong></td>
<td>Student recognized the need for and can articulate why they may need to consult with another dentist or other health professional; recognizing the complexity of patient treatment and identifying when referral is indicated.</td>
<td>Student recognizes, but is unable adequately articulate the need for consultation/referral</td>
<td>Student fails to recognize the need for consultation/referral with/to other health professionals. Referrals/consultations not relevant, appropriate or understandable</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Options</strong></td>
<td>Student is able to articulate all treatment options for the patient. Treatment is phased and sequenced with key decision points articulated.</td>
<td>Student omits minor treatment options for the patient.</td>
<td>Student does not identify important treatment options for the patient or respect the patient’s right to self-determination by giving relevant material choices.</td>
<td></td>
</tr>
</tbody>
</table>
### Informatics
Data in AxiUm is accurate and relevant sections completed before the faculty member examines the patient
Minor omissions or corrections to information on the form
The appropriate sections are not completed by the student beforehand. There are significant errors on the form or missing information.

### Part C. Problem List and Treatment Plan

<table>
<thead>
<tr>
<th>Diagnosis/Problem List/Health Promotion</th>
<th>Satisfactory</th>
<th>Minor Errors (minus 2 points)</th>
<th>Critical Errors (must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student is able to articulate a complete problem/diagnosis list for the patient that includes plans for health promotion and disease control.</td>
<td>There are missing diagnoses or problems but they are minor in nature.</td>
<td>Significant diagnoses and problems are missing. This may include important health information. i.e. Caries, periodontal disease, tobacco use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan</td>
<td>The treatment plan is complete, sequenced correctly, addresses all significant diagnoses and problems, and is ready to be signed.</td>
<td>Minor corrections need to be made to the treatment plan and/or sequencing prior to instructor approval.</td>
<td>Treatment is missing from the treatment plan. The student is not able to sequence procedures correctly. Instructor is unable to sign the plan due to omissions or errors in information. i.e. Failure to address important items such as caries control, active periodontal disease. Failure to identify key decision points.</td>
<td></td>
</tr>
</tbody>
</table>
### Part D. Informed Consent

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Satisfactory</th>
<th>Minor Errors (minus 2 points)</th>
<th>Critical Errors (must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obtaining Consent / Treatment presentation.</strong></td>
<td>Student is able to clearly convey to the patient their problem/diagnosis list, treatment options with advantages/disadvantages, and risks for treatment (or no treatment) acknowledging language and cultural needs of patients.</td>
<td>Minor omissions that will not affect patient care or decision making.</td>
<td>Student is not able to make a proper presentation to the patient in order to obtain informed consent. Needs inappropriate assistance from the instructor.</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Questions</strong></td>
<td>The students is able to answer the patient’s questions or discuss how and when they will have the answers</td>
<td>Students has minor difficulty answering the patient’s questions.</td>
<td>Student is unable to answer the patient’s questions correctly if at all. Needs inappropriate assistance from the instructor.</td>
<td></td>
</tr>
</tbody>
</table>

### Professionalism Ratings: critical error results in failure of exam

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Satisfactory</th>
<th>Critical Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Seats patient on time, proper forms, equipment and setup. Follows clinical attire guidelines</td>
<td>Grossly underprepared, Fails to respect clinical scheduling protocol.</td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td>Follows SDM infection control protocols, appropriate PPE, appropriate cross-contamination control</td>
<td>Fails to follow SDM infection control protocols</td>
</tr>
<tr>
<td><strong>Patient Management</strong></td>
<td>Follows HIPAA protocol, appropriate patient comfort, anxiety and pain management</td>
<td>Fails to follow HIPAA protocols Gross disregard for patient comfort</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Deficiency Points</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Grade (100 – deficiency points)</td>
<td></td>
</tr>
</tbody>
</table>
Outcomes of Treatment Competency Exam
Overview

**Purpose:**
The purpose of this exam is to
- Assess the clinical competency of the dental student analyzing the outcomes of patient treatment to improve patient care, plan correct recall appointments and determine prognosis.

The student is required to successfully pass this competency on one patient on whom they have:
1. Performed a comprehensive oral evaluation or a periodic oral evaluation and a comprehensive care treatment plan.
2. Performed dental treatment in three or more disciplines.
3. Completed all phase I disease control procedures. (May have completed some or all phase II restorative procedures)
4. Re-evaluated patient after this treatment is complete.

Failure to pass this examination before the end of the final semester will result in failure of Comprehensive Care course (ISP: fall DISP 8301, DS: spring DSRE 8827)

**Description and Evaluation:**
This competency exam must be completed independently. The student will complete the appropriate quality assessment form and complete a periodic oral evaluation or periodic oral evaluation NC. The periodic oral evaluation will be under the supervision of a comprehensive care faculty member designated by the chair who will grade the competency examination.

This examination is composed of several parts including an analysis of patient care in these areas: chief complaint (addressed), disease control (complete), restorative care (satisfactory), prosthesis (satisfactory), oral hygiene needs (addressed), recall interval (planned correctly).
In the area of professionalism you must demonstrate: preparedness, proper infection control and compliance with HIPAA requirements and address patient comfort (anxiety and pain management).

A critical error in any category will result in a failure of this examination attempt. See “Outcomes of Treatment Competency Exam” for a list of critical errors.
**Competency Threshold Experience:**
The first opportunity to challenge this competency examination is in the spring semester of the DS 3 and ISP 2 year. You must have completed least two patient assessments before you may challenge this competency, a combination of: Case Completion General Dental, Case Completion Complex, Completion of Phase 1 Care and Dental Audit Form. (Only one of your threshold experiences may be completion of Dental Audit Form).

**Remediation:**
Upon failure the student will review the reason for the failure with the covering faculty. The student may challenge this examination again at first opportunity with a new patient. The student must successfully pass this examination.
Outcomes of Treatment Competency Exam

Student Name: ______________________________ Date: ______________________
Faculty Name: ______________________________ Competency attempt #: __________
Patient Name: ______________________________ Chart #: ______________________
Date, OD ______________________________ Date, last periodic oral eval________
Date, Health Hx _________________________ Date, tx plan _____________________
Tx in 3 or more disciplines? (Y/N) __________

A critical error in any category results in failure of this competency exam.

SSE: Student Self-Evaluation

<table>
<thead>
<tr>
<th>SSE</th>
<th>Specific Question</th>
<th>Satisfactory (S)</th>
<th>Critical Errors (CE)</th>
<th>Comments</th>
<th>Grade (S/CE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Concern</td>
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<td>Chief Complaint</td>
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</table>

3 minor errors or 1 critical error in these categories results in failure of the exam.

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors</th>
<th>Critical Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td>Seats patient on time, proper forms, equipment and setup. Follows clinical attire guidelines</td>
<td>One error</td>
<td>2 or more errors</td>
</tr>
<tr>
<td>Infection Control</td>
<td>Follows SDM infection control protocols, appropriate PPE, appropriate cross-contamination control</td>
<td>One error</td>
<td>2 or more errors or SDM infection control protocols</td>
</tr>
<tr>
<td>Patient Management</td>
<td>Follows HIPAA protocol, appropriate patient comfort, anxiety and pain management</td>
<td>One error</td>
<td>2 or more errors or HIPAA</td>
</tr>
</tbody>
</table>
Purpose:
The purpose of this examination is to assess student competency in screening and risk assessment for head and neck cancer.

In order to complete this competency the student is required to successfully pass the course in Clinical Oncology, DSON 7755 and DISP 8130. The course focuses on the risk management of, diagnosis of, etiology of, and treatment of all forms of oral cancer. This course introduces students to how they should be able to assess normal and abnormal conditions of the orofacial complex from a differential diagnostic standpoint so that they can establish a reasonable differential diagnoses when it comes to lesions that may be thought to represent oral cancer.

Description and Evaluation:
Students are required to take this competency independently. The competency and assessment in screening and risk assessment for head and neck cancer is composed of two components. First component is addressed by this examination:

A standardized examination of 100 questions developed by the American Cancer Society that involves an assessment of the student’s ability to identify oral cancer and precancer in patients, establish a differential diagnosis, be aware of appropriate referral patterns, understand and appropriate management parameters for the disease, and be aware of the necessary follow-up required on the part of the dentist is given to all students. This test consists of 100 multiple choice questions, 22 of which show clinical photographs of oral lesions that affect the mucous membrane surfaces. Of these 22 illustrations, 8 represent examples of oral cancer or dysplasia. Students must achieve a quintile adjusted score of 75 on the examination in order to pass, and in addition, they must be able to correctly identify and appropriately evaluate and diagnose 6 of 22 clinical photographs that depict dysplasia or cancer and achieve a score of 80 to pass. Failure to achieve either of these two scores is considered to be a critical error and the student will have to retake the examination.

The second component of competency evaluation for risk assessment for head and neck cancer occurs when students challenge the clinical competency examination, Patient Assessment and Treatment Planning Competency (PATPCE) clinical competency examination (please see PATPCE competency examination overview).
**Purpose:**

The purpose of this examination is to assess the clinical competency of the dental student to independently evaluate cases to determine whether a student can identify suspicious lesions that have a potential to be oral cancer.

The student is required to successfully pass this competency in order to complete the final semester course in Comprehensive Patient Care Clinic (DISP 8301, DSRE 8827)

**Remediation:**

Any student who scores less than 75 on the Oral Cancer Society standardized oral cancer examination will be required to take the examination over, after discussing why they failed to recognize an illustrated disease depicted in clinical photos or radiographs that had to be assessed. They must again score a 75 in order to pass the examination.

All students who fail the term paper component of the course will be given a new term paper assignment and they must score 80 on that paper in order to pass. Between the time the oncology course ends in February and the end of the semester (May) the student must be able to pass these two parts of the examination. Any student failing the competency a second time will be required to take the course over the following year.

**Faculty Calibration:**

The faculty calibration is determined at the beginning of each semester in a meeting in which 2 faculty members involved in the course are calibrated.
Oral Diagnosis/Oral Medicine/Oral Cancer
Competency Examination
Overview

Purpose:

The purpose of this exam is to assess the clinical competency of the dental student in providing oral health care within the scope of general dentistry as applied to the diagnostic procedures, developing differential diagnoses, developing final diagnoses (when appropriate) and sequenced treatment plans for soft and hard tissue lesions of the maxillofacial complex. Additionally, common skin lesions that should reasonably require a medical consultation will be included.

Description and Evaluation:

Each student must take this examination independently. Clearly, this directly states that academic policies will be enforced. Absolutely no form of academic dishonesty will be tolerated. You must rely on your own knowledge base and problem-solving abilities.

The competency will be evaluated on a “Pass-Fail” basis. The standard for passing the competency is set extremely high to assure that the student has demonstrated the ability to safely diagnose and treat patients without supervision. Essential components of this competency examination are described below: Please pay attention to the fact that certain "critical errors" will result in a failure even if the overall score exceeds the minimum passing score.

The Oral Diagnosis/Oral Medicine/Oral Cancer competency must be completed before you will be allowed to graduate. For this competency examination, the process is exactly the same as used for the previous non-competency cases we have used in your diagnostic sciences, pathology and medical problems courses.

Each student must score a minimum of 75% on this examination to demonstrate competency. Since there are 30 questions, a student may incorrectly answer no more than 7 (seven) questions on this examination. If a student incorrectly answers 8 (eight) questions then that will result in a failure. That said, there are critical errors on this examination that will result in a failure even if the overall score is greater than 75%.

Certain examination questions (patient-based cases) are critical to your ability to demonstrate competency. Questions 3, 5, 7, 9, 12, 13, 22, 28, 29 and 30. If any of the ten (10) previously listed questions are answered incorrectly, the student will need to remediate the competency examination. Incorrectly answering any of the ten (10) questions will be considered a critical error.
**Competency Threshold Experience**

The competency examination will be taken during the DS4 year after completing Health Data Collection, Diagnosing and Treating Common Oral Lesions 1, Diagnosing and Treating Common Oral Lesions 2, Medical Problems/Physical Assessment and all other relevant courses.

**Remediation:**

If a student fails to demonstrate competency, remediation opportunity is available. A remediation plan will be developed by the student with the assistance of Dr. McDowell. A typical remediation plan would involve review of course materials from Health Data Collection, Diagnosing and Treating Common Oral Lesions 1 and 2, Medical Problems/Physical Assessment and your oral pathology courses. Once the remediation plan has been completed, the student may independently challenge an equivalent competency examination.

**Faculty Calibration**

Only one faculty member (Dr. McDowell) will evaluate the competency examination.
Purpose:
Through multiple educational experiences spread over several terms a student becomes competent in Oral and Maxillofacial Radiology when they obtain the levels of knowledge, skills and values necessary to independently perform intraoral and extraoral imaging and interpretation without supervision. Individuals must receive a passing grade on these clinic competency exams to successfully complete the Clinical Oral Radiology (DSOD 7657) course.

Competency Threshold Experience:
- **Technical competency**
  Following the successful completion of 10 full mouth radiographic examinations, a competency assessment may be attempted. The protocol for a competency consists of the following:
  1. An FMX (all 20 images) acquired without assistance from anyone.
  2. Error recognition on the FMX.

- **Interpretation competency**
  This competency cannot be challenged until the summer semester of the DS3 year, which allows for one full year of clinical oral diagnosis experience. It is expected that a minimum of 10 interpretations be completed before challenging the competency assessment.

Description and Evaluation:

**Technical Evaluation & Error Recognition Competency:**
The student starts with a grade of 4.0, with 0.5 points deducted for every Major error (retake) and 0.1-0.2 points for every minor error (positioning, exposure, angulation, errors etc.).

<table>
<thead>
<tr>
<th>Survey/Set GPA</th>
<th>LETTER GRADE</th>
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<tbody>
<tr>
<td>3.5 - 4.0</td>
<td>A</td>
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<tr>
<td>3.0 - 3.4</td>
<td>B</td>
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<tr>
<td>3.0 and below</td>
<td>F</td>
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</tbody>
</table>

To receive credit for a series of radiographs (FMX), any "retake" images must be acquired by the student making the full mouth series.

Error recognition follows the criteria established in the Oral Radiology Laboratory course, and the grading model is the same as for the technical evaluation.

A critical error and failure is recorded for the Competency if there are more than 2 retakes and 6 minor errors for a series or if the following basic guidelines are not
adhered to:

1. Proper Radiation Protection Guidelines, which include patient protection (lead apron, unnecessary exposures, and carelessness in exposure) and operator protection.
2. Proper Infection Control Procedures.
3. Patient Management
   - Courteousness
   - Poise
   - Communication
   - Positive Attitude
   - Gentleness
   - Sincerity
   - Professionalism
4. Personal Management
   - Effective Use of Time
   - Personal Appearance/Cleanliness
   - Punctuality
   - Personal Habits

**Interpretation Competency:**
In the summer term of the third year each student will be required to schedule an interpretation assessment meeting with the Oral and Maxillofacial Radiologist. This one-on-one session will assess a student’s ability to independently assess a full mouth intraoral series of images and a panoramic image selected by the faculty member. The intraoral images and panoramic image will be interpreted in every detail with questions on technique, errors, anatomy, and pathoses.

In the assessment of the interpretation competency overcalls and undercalls will be considered. An “overcall” is identifying an entity that is not present, and an “undercall” is not identifying an entity when it is present. Major errors count more against a student’s final grade than minor errors.

**Major interpretation errors may be considered as:** (overcalling or undercalling) (-.5 each)
**Minor interpretation errors may be considered as:** (overcalling or undercalling) (-.1 each)

**Interpretation Grade**

**LETTER GRADE**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Letter</th>
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<tbody>
<tr>
<td>3.5 - 4.0</td>
<td>A</td>
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<tr>
<td>3.0 - 3.4</td>
<td>B</td>
</tr>
<tr>
<td>3.0 and below</td>
<td>F</td>
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</tbody>
</table>

Competency evaluations have a minimum passing grade of a 3.0 (80%) for the Interpretation.

More than 2 major interpretation errors or a combination of major and minor interpretation errors that lead to a grade of less than 3.0 is considered a critical error and results in failure or the Competency.

**Remediation:**
If a student does not pass the technique competency, he or she is allowed to attempt it again on their following patient. This is in acknowledgement of challenging patient presentations (small mouths, gagging, etc). Should the
student fail the second attempt, individualized clinical instruction that may include
direct supervision and or mannequin practice will be prescribed before the
student can attempt another competency evaluation.

If a student does not pass the interpretation competency, he or she is allowed to
attempt it following recommendations for study for the specific interpretative
weakness (identification of pathology, normal, anatomy, etc). Should the student
fail the second attempt, individualized instruction will be prescribed before the
student can attempt another competency evaluation.

**Faculty Calibration**
Only one faculty member is responsible for competency assessments in Oral and
Maxillofacial Radiology.
## Radiology Competency

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<tr>
<th>Student</th>
<th>Patient</th>
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<tr>
<th>DATE</th>
<th>Patient Number</th>
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### Errors

1. APICAL AREAS “CUT OFF”
2. OVERLAP (CLOSED CONTACTS)
3. FORESHORTENING
4. ELONGATION
5. IMAGE SCANNING
6. INSTRUMENT ASSEMBLY
7. “CONE-CUT”
8. PLATE BACKWARDS
9. DOUBLE EXPOSURE
10. PLATE BENDING/SCRATCH
11. MOVEMENT
12. PLATE PLACED INCORRECTLY
13. IMAGE TOO DARK
14. IMAGE TOO LIGHT
15. INCORRECT MOUNTING
16. OTHER (EXPLAIN)

---

**Number of Images**

**Number of Retakes** -0.5 each

**Minor Errors** -0.1 each

**Acceptable Retakes** +0.2 each

**Minus Incorrect Error Recognition** -0.1 each

**Total Score**

---

**Grade**

---

Please see me to discuss

---

**Faculty Approval**

---

Date

---
1. **MAXILLA** (list differential diagnosis, if indicated)  □ NORMAL

Bone variations:
- □ Trabecular density / pattern ______________________
- □ Radiolucencies (area) ______________________
- □ Radiopacities (area) ______________________
- □ Other (Foreign bodies, calcific deposits, calcified stylomandibular or stylohyoid ligaments, odontomas, tori, etc.) List: ______________________

2. **MANDIBLE** (list differential diagnosis, if indicated)  □ NORMAL

Bone variations:
- □ Trabecular density / pattern ______________________
- □ Radiolucencies (area) ______________________
- □ Radiopacities (area) ______________________
- □ Other (Foreign bodies, calcific deposits, calcified stylomandibular or stylohyoid ligaments, odontomas, tori, etc.) List: ______________________

3. **MAXILLARY SINUS**  □ NORMAL

- □ Cloudy R ____ L ____ Distribution_______________ Cortical Borders: Intact □ no Thickenened □ yes
- □ Growths (mucous retention phenomenon, etc.) ______________________
- □ R ____ L ____ Other ______________________

4. **NASAL CAVITY**  □ NORMAL

Nasal septum deviations: R _____ L _____

Other maxillofacial structures: ______________________

5. **TEMPOROMANDIBULAR JOINTS**  □ NORMAL

- □ Condyle Modifications R ________________ L ________________
- □ Glenoid Fossa Modifications R ________________ L ________________

6. **PERIODONTAL ASSESSMENT**

**Maxilla:**

- □ Alveolar Bone Level Changes: □ None □ Mild □ Moderate □ Severe
- □ Generalized: □ Horizontal □ Vertical
- □ Localized(specify): □ Horizontal □ Vertical ______________________
- □ Furcation involvement (teeth#): ______________________

**Mandible:**

- □ Alveolar Bone Level Changes: □ None □ Mild □ Moderate □ Severe
- □ Generalized: □ Horizontal □ Vertical
- □ Localized(specify): □ Horizontal □ Vertical ______________________
- □ Furcation involvement (teeth#): ______________________

**General Information:**

Crown to Root ratio ______________________

PDL Space Widening (teeth #): ______________________

- □ Calculus ______________________ □ Attrition or Abrasion ______________________
- □ Overhanging restorations ______________________ □ Open contacts ______________________
- □ Open margins ______________________ □ Lamina Dura ______________________
7. **PERIAPICAL / PULPAL**
   - Periapical Radiolucencies (teeth #)
   - Periapical Radiopacities (teeth #)
   - Pulp Variations (list teeth#):
     - Stones
     - Resorption (internal)
     - Accessory Canals

8. **DENTITION**
   - Missing teeth
   - Congenital (teeth #)
   - Extracted (teeth #)
   - Supernumerary teeth (area)
   - Retained Primary teeth #
   - Impacted teeth #
   - Tooth Morphology Variations (list teeth#):
     - Dilacerated roots
     - Extra roots
     - Dens In Dente
   - Fused roots
   - External root resorption
   - Hypercementosis
   - Other:
     - Extrusion
     - Drifted or tipped
     - Intrusion
     - Rotated

9. **CARIES** (chart only caries seen on the radiographs)

10. **SUMMARY OF RADIOGRAPHIC FINDINGS:**
    *Must include Caries, Periodontal and Periapical pathology*

   Major overcalls/undercalls
   Minor overcalls/undercalls

   ** Competency Grade **
   *(3.0 required to pass)*
Purpose:
The purpose of this exam is to assess the clinical competency of the dental student in providing oral health care within the scope of general dentistry for restoring a posterior full coverage restoration, whether the restoration consists of a porcelain-fused-to-metal restoration a complete coverage gold restoration or a full ceramic restoration.

The student is required to successfully pass this competency on a patient in order to successfully complete the Clinical Course (DSFD 8757/DSRP8757 or DISP 8325/DISP8327) and to be determined competent to manage full coverage restorations.

Description and Evaluation:
The student is required to take this competency independently.

The Dental Single Unit Competency is composed of multiple component parts including: Diagnostic Preparation Evaluation, Tooth Preparation Evaluation, Provisional Evaluation, Communication with dental laboratory and Final Restoration Evaluation.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 2.0, which is determined by the number of deficiency points assigned as outlined on the evaluation form.

Competency Threshold Experience:
The first opportunity to challenge this competency is in the spring semester of the DS 3 and ISP 2 year following completion of a minimum of completion of 4 single-unit restorations on natural teeth and receive the approval from the Comprehensive Care group leader.

Remediation:
Upon failure the student will review the reason for the failure with the covering faculty and meet with the course director or their designee in a one on one session to appropriately remediate the areas of concern. The student may attempt another challenge to the competency as soon as his/her next session in the Restorative Clinic.

Faculty Calibration:
The faculty is calibrated in a one to one meeting with the Director per semester.
Have your Comprehensive Care group leader approve your competency on Axium. Threshold Clinical experiences: Completion of 4 single-unit restorations on natural teeth. You required to take this competency independently.

The Dental Single Unit Competency is composed of multiple component parts including: Diagnostic Preparation Evaluation, Tooth Preparation Evaluation, Provisional Evaluation, Communication with dental laboratory and Final Restoration Evaluation.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. A passing grade for this competency is 2.0, which is determined by the number of deficiency points assigned as outlined on the evaluation form.

This competency consists of direct patient treatment restoring a posterior full coverage restoration, whether the restoration consists of a porcelain-fused-to-metal restoration a complete coverage gold restoration or a full ceramic restoration.

Diagnostic Preparation Evaluation: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0
Treatment Execution: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

**Overall Competency:** 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0
Pretreatment Patient Assessment

Date: ____________________  DS: ____________________
Patient: ____________________

Diagnosis:

Occlusal Considerations:

Tooth alignment and arch alignment:

Interproximal contact areas:

Periodontal considerations:

Need for operative procedures prior to preparation:

Special considerations in preparation design:

Clinical Preparedness: (diagnostic casts, radiographs, hygiene maintenance current)

Diagnostic Preparation Evaluation:  0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

“REST” / “PROS” Faculty Review: _____
<table>
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<tr>
<th>Criteria</th>
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<th>Satisfactory</th>
<th>Unacceptable</th>
<th>Critical Error</th>
<th>Comments</th>
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<td>Inclination</td>
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<td>(relative to preparation axis)</td>
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<td>Smooth Rough Pitted Scratches</td>
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Communication with Dental Laboratory

The minimum required information

1. The prescribing student name
2. The prescribing student signature
3. Faculty signature
4. Date of submission to the dental laboratory
5. Try-in and/or Re-try date (where applicable)
6. Finish date
7. Required oral prosthesis or appliance
8. Specified materials
9. Patient tooth shade ant type of shade guide
10. Prosthesis design

The classification of prosthetic prescription quality is as follows:

1. Clear – instructions are/were defined and adequate (0-1 errors present)
2. Unclear – some designing left to the technician (2 errors present)
3. Poor – most responsibility left to the technician (3-4 errors present)
4. None or Illegible – no or illegible instructions supplied (5+ errors present)
## Final Restoration:

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## Faculty Evaluation

**Treatment Execution:**  
0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

“REST” / “PROS” Faculty Review_____  

Student must receive an overall evaluation of 2.0 or better to PASS the competency. If the student receives a FAIL must repeat the competency.
Multi-unit Competency Exam (FDP2)
Simulated Clinical Experience

Purpose:
The purpose of this exam is to assess the simulated clinical competency of the dental student in providing a preparation for replacement of teeth with a Fixed Partial Denture in the scope of general dentistry. This competency consists of a preparation of tooth #5 for a porcelain-fused-to-metal restoration and #3 for a complete coverage gold restoration replacing #4 with a three-unit Fixed Partial Denture.

The student is required to successfully pass this competency in order to successfully complete the Clinical Course (DSFD8855/DSRP8855 and DISP 8325/DISP8327) and to be determined competent to replace teeth with fixed prosthodontic therapies.

Description and Evaluation:
The student is required to take this competency independently. The Multi-unit Simulated Competency Exam is composed of multiple component parts including: Tooth Preparation Evaluation, Provisional Evaluation and Communication with Dental Laboratory.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 2.0, which is determined by the number of deficiency points assigned as outlined on the evaluation form.

Competency Threshold Experience:
The multi-unit competency exam (FDP2) may be challenged after 10 units of single or multiple tooth clinical restorations along with the approval of the practice leader.

Remediation:
Upon failure the student will review the reason for the failure with the covering faculty and meet with the course director or their designee in a one on one session to appropriately remediate the areas of concern. The student may attempt another challenge to the competency when those sessions are programmed.

Faculty Calibration:
The faculty is calibrated in a one to one meeting with the Director per semester.
Multi-unit Competency Exam (FDP2)
Simulated Clinical Experience
Evaluation Form

The student is required to take this competency independently. Have your Comprehensive Care group leader approve your competency on Axium.

The Multi-unit Simulated Competency Exam is composed of multiple component parts including: Tooth Preparation Evaluation, Provisional Evaluation and Communication with Dental Laboratory.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. A passing grade for this competency is 2.0, which is determined by the number of deficiency points assigned as outlined on the evaluation form.

This competency consists of a preparation of tooth #5 and #3 for a 3-unit FPD. Tooth #5 preparation for a porcelain fused to metal crown as one abutment for a 3-unit bridge. Tooth #3 preparation for a cast gold metal crown as the other abutment for the same 3-unit bridge. Both preparations must be parallel to each other.

Tooth Preparation Evaluation

1. Your Fixed Prosthodontic Typodont must be attached to a manikin in the simulation with the facial shroud in place. An identification number will be issued to be attached to your typodont. Do not write your name on the typodont.

2. Prior to mounting – fabricate a putty stent cut from buccal to lingual at the midline of #5 and #3, yielding three pieces. These stents will be used to evaluate occlusal reduction. Please write your ID number on the stents.

3. Mounting Check-In: When the typodont is mounted in the manikin, a faculty proctor must check the mounting, occlusion, stents, and authorize the student to begin.

4. Crown Preparations: The preparation for a full-cast (CGC) crown is completed on tooth #3; the preparation for a porcelain-fused-to-metal (PFM) crown is completed on tooth #5; The crown preparations on teeth #3 and #5 must be prepared as abutments for a 3-unit bridge. The teeth must be prepared for full crowns with supragingival margins. The assigned teeth will be single layer teeth. No isolation dam is required for the crown preparations.
5. Margins: Cut the margins to within 0.5 mm of the gingival shroud. The lingual finish line for the porcelain-fused-to-metal crown should be prepared for a metal margin, 0.5 mm. The transition from the facial shoulder to the lingual margin should begin to occur at the interproximal-buccal line angles.

6. Occlusal Reduction: The tooth for the porcelain-fused-to-metal (PFM) crown should be prepared for a porcelain occlusal surface with an optimal occlusal reduction of 2 mm. For the full-cast gold crown preparation, the occlusal reduction is optimally 1.5 mm. Only the matrix will be used to evaluate occlusal reduction.

7. Equilibration Prohibited: No equilibration will be permitted on the typodont prior to or subsequent to either crown preparation.

8. Dismantling the Manikin: During the prosthodontic procedures, the student may not disassemble the manikin without permission of faculty. Removal of the manikin, typodont or teeth during the prosthodontic examination without permission will result in failure.

9. Returning the Typodont: When the crown preparations are complete, the candidate must request permission from the faculty to dismantle the manikin. Both typodonts as well as the stents must be submitted for evaluation.

10. Students will have 3 hours to complete competency.

11. More than one unacceptable error is considered a failure. Unacceptable error is defined as an error that can be fixed in the manikin.

12. One critical error is considered a failure. Critical error is defined as an error that can't be fixed in the manikin and compromises the fabrication of the FPD.
PORCELAIN-FUSED-TO-METAL CROWN PREPARATION

Tooth #5 - Cervical Margin, Walls, Shoulder, Draw

EXCELLENT

1. The margins should be 0.5 mm occlusal to the simulated free gingival margin.
2. The cervical margin is smooth, continuous, well defined.
3. The cervical bevel, when used, is 0.5 to 1 mm in width and is well-defined.
4. The appropriate path of insertion varies less than 10˚ from parallel to the long axis of the tooth on all axial surfaces and a line of draw is established.
5. Walls are smooth and well-defined, no undercuts.
6. There is full visual taper (6˚ – 16˚).
7. The facial shoulder is optimally 1.0 mm wide.
8. Reduction of the occlusal wall is optimally 2.0 mm.
9. Internal line angles and cusp tips are rounded.
10. The general occlusal anatomy is maintained.

SATISFACTORY

1. The cervical margin is at the level of or no more than 1 mm occlusal to the simulated free gingival margin.
2. The cervical margin is continuous but slightly rough and lacks some definition.
3. The cervical bevel, when used, is greater than 1 mm but does not exceed 1.5 mm, and lacks some definition.
4. The path of insertion/line of draw deviates 10˚ to less than 20˚ from the long axis of the tooth.
5. The axial tissue removal deviates no more than + 0.5 mm from optimal.
6. The walls are slightly rough and lack some definition.
7. Taper is present, but nearly parallel (<6˚) or slightly excessive (>16˚, but < 24˚).
8. The facial shoulder varies slightly in width, but deviates no more than +/- 0.5 mm from optimal.
9. Occlusal reduction deviates no more than + 0.5 mm from optimal.
10. Internal line angles and cusp tip areas are not completely rounded and show a slight tendency of being sharp.
UNACCEPTABLE

1. The cervical margin is overextended 0.5 mm below the crest of the simulated free gingival margin.
2. The cervical margin is underextended, more than 1 mm but no more than 1.5 mm occlusal to the crest of the simulated free gingival margin.
3. The cervical margin has some continuity, is significantly rough and is poorly defined.
4. The cervical bevel, when used, is less than 0.5 mm or greater than 1.5 mm, but does not exceed 2 mm, and has very poor definition.
5. The path of insertion/line of draw deviates 20˚ to less than 30˚ from the long axis of the tooth.
6. The axial tissue removal is over-reduced or under-reduced, and deviates more than 0.5 mm but no more than + 1 mm from optimal.
7. The axial walls are rough.
8. There is no taper or excessive taper (> 24˚).
9. Occlusal reduction deviates no more than + 1 mm from optimal.
10. The internal line angles and cusp tip areas show only minimal evidence of rounding with a greater tendency of being sharp.
11. The occlusal anatomy is flat.

CRITICAL ERROR

1. The cervical margin is overextended more than 0.5 mm below the simulated free gingival margin causing visual damage to the typodont.
2. The cervical margin is underextended more than 1.5 mm above the simulated free gingival margin and thereby compromises esthetics, resistance and retention form.
3. The cervical margin has no continuity and/or definition.
4. The cervical bevel, when used, has no continuity or is greater than 2.0 mm and has no definition.
5. The path of insertion/line of draw is grossly unacceptable, deviating 30˚ or more from the long axis of the tooth.
6. The axial tissue removal is grossly over-reduced or under-reduced. The reduction is less than 0.5 mm or greater than 2.5 mm.
7. The taper is grossly over-reduced (> 30˚).
8. There is an undercut.
9. The facial shoulder is wider than 1.5 mm or less than 0.5 mm.
10. The occlusal wall is grossly over-reduced, greater than 3 mm, encroaching on the pulp and impacting resistance and retention form; or grossly under-reduced, less than 0.5 mm, resulting in insufficient occlusal clearance for adequate porcelain restorative material.
11. The internal line angles or cusp tip areas are excessively sharp with no evidence of rounding.

CAST GOLD CROWN PREPARATION
Tooth #3 - Cervical Margin, Walls, Shoulder and Draw

EXCELLENT
1. The margins should be 0.5 mm occlusal to the simulated free gingival margin.
2. The cervical margin is smooth, continuous, well defined.
3. The cervical bevel, when used, is 0.5 to 1 mm in width and is well-defined.
4. The appropriate path of insertion varies less than 10° from parallel to the long axis of the tooth on all axial surfaces and a line of draw is established.
5. Axial tissue removal is optimally 1.5 mm to be sufficient for convenience, retention and resistance form.
6. Walls are smooth and well-defined, no undercuts.
7. There is full visual taper (6° – 16°).
8. The margin (includes knife-edge, chamfer, and bevel) is optimally 0.5 mm or less.
9. Reduction of the occlusal wall is optimally 1.5 mm.
10. Internal line angles and cusp tips are rounded.
11. The general occlusal anatomy is maintained

SATISFACTORY
1. The cervical margin is at the level of or no more than 1mm occlusal to the simulated free gingival margin.
2. The cervical margin is continuous but slightly rough and lacks some definition.
3. The cervical bevel, when used, is greater than 1 mm but does not exceed 1.5mm, and lacks some definition.
4. The path of insertion/line of draw deviates 10° to less than 20° from the long axis of the tooth.
5. The axial tissue removal deviates no more than + 0.5 mm from optimal.
6. The walls are slightly rough and lack some definition.
7. Taper is present, but nearly parallel (<6°) or slightly excessive (>16°, but < 24°).
8. The margin varies slightly in width, but is no greater than 1.0 mm.
9. Occlusal reduction deviates no more than + 0.5 mm from optimal.
10. Internal line angles and cusp tip areas are not completely rounded and show a slight tendency of being sharp.

UNACCEPTABLE
1. The cervical margin is overextended 0.5 mm below the crest of the simulated free gingival margin.
2. The cervical margin is underextended, more than 1 mm but no more than 1.5 mm occlusal to the crest of the simulated free gingival margin.
3. The cervical margin has some continuity, is significantly rough and is poorly defined.
4. The cervical bevel, when used, is less than 0.5 mm or greater than 1.5 mm, but does not exceed 2 mm, and has very poor definition.
5. The path of insertion/line of draw deviates 20˚ to less than 30˚ from the long axis of the tooth.
6. The axial tissue removal is over-reduced or under-reduced, and deviates more than 0.5 mm but no more than + 1 mm from optimal.
7. The axial walls are rough.
8. There is no taper or excessive taper (>24˚).
9. The margin varies significantly in width and deviates no more than 1.5 mm or exhibits an inappropriate design.
10. Occlusal reduction deviates no more than + 1 mm from optimal.
11. The internal line angles and cusp tip areas show only minimal evidence of rounding with a greater tendency of being sharp.
12. The occlusal anatomy is flat.

CRITICAL ERROR

1. The cervical margin is overextended more than 0.5 mm below the simulated free gingival margin causing visual damage to the typodont.
2. The cervical margin is underextended more than 1.5 mm above the simulated free gingival margin, thereby compromising esthetics, resistance and retention form.
3. The cervical margin has no continuity and/or definition.
4. The cervical bevel, when used, has no continuity or is greater than 2.0 mm and has no definition.
5. The path of insertion/line of draw is grossly unacceptable, deviating 30˚ or more from the long axis of the tooth.
6. The axial tissue removal is grossly over-reduced or under-reduced. The reduction is less than 0.5 mm or greater than 2.5 mm.
7. There is an undercut.
8. The taper is grossly over-reduced (>30˚).
9. The margin width is greater than 1.5 mm.
10. The occlusal wall is grossly over-reduced, greater than 2.5 mm; or grossly under-reduced, less than 0.5 mm, resulting in insufficient occlusal clearance for adequate restorative material.
11. The internal line angles or cusp tip areas are excessively sharp with no evidence of rounding.

Multi-unit Competency Exam (FDP2)
**Simulated Clinical Experience**

**Evaluation Forms**

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**Provisionalization:**

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Communication with Dental Laboratory

The minimum required information

1. The prescribing student name
2. The prescribing student signature
3. Faculty signature
4. Date of submission to the dental laboratory
5. Try-in and/or Re-try date (where applicable)
6. Finish date
7. Required oral prosthesis or appliance
8. Specified materials
9. Patient tooth shade and type of shade guide
10. Prosthesis design

The classification of prosthetic prescription quality is as follows:

1. Clear – instructions are/were defined and adequate (0-1 errors present)
2. Unclear – some designing left to the technician (2 errors present)
3. Poor – most responsibility left to the technician (3-4 errors present)
4. None or Illegible – no or illegible instructions supplied (5+ error present)
Implant Dentistry Competency (IDP)
Overview

Purpose:
The purpose of this exam is to assess the dental student’s competence in providing dental implant services within the scope of general dentistry.

Evaluate the knowledge and understanding of how to establish a clinically healthy oral environment through plaque control, caries removal and treatment of periodontal and other oral pathologies of patients who are going to receive oral implants.

Evaluate the knowledge of appropriate diagnostic methods including CBCT to treatment plan dental implants.

Evaluate adequate knowledge and understanding of the surgical and prosthetic procedures involved in implant treatment, as well as anticipating possible complications.

Evaluate the knowledge and understanding of the possibilities and limitations with respect to the aesthetic outcome of implant treatment.

Evaluate the knowledge and understanding of the criteria for success of oral implants as well as of the long-term prognosis of osseointegrated implants and associated restorations. This includes the ability to diagnose and manage failing and failed implants and associated restorations.

The student is required to successfully pass this Objective Structured Clinical Examination (OSCE) in order to successfully complete the Clinical Course in Fixed Prosthodontics (DISP 8325, DSFD 8757) and to be determined competent to manage dental implant therapy.

Description and Evaluation:
The student is required to take this competency independently.

The Implant Competency is an OSCE that involve the use of multiple choice and essay questions. The evaluation criteria are based on course objectives and student learning activities. The types of problems portrayed in an OSCE are those students would commonly encounter in a clinic environment including: Clinical information gathering, diagnosis and treatment planning, establishing and maintaining oral health, surgical procedures, restorative/prosthodontic management and health promotion.
Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. A passing grade for this competency is 75%, which is determined by the number of points assigned to each question as outlined on the evaluation form. A score lower than 75% constitutes a critical error and will require remediation.

**Competency Threshold Experience:**

The first opportunity to challenge this competency is in the summer semester of the ISP 2 and Fall of DS 4 year following the successful completion of courses DSRE 7712 and DISP 7310 (Implant Prosthodontics) and receiving approval from the Comprehensive Care group leader.

**Remediation:**

Upon failure the student will review the reason for the failure with the covering faculty and meet with the course director or their designee in a one on one session to appropriately remediate the areas of concern. The student will then be required to pass a remediation examination.

**Faculty Calibration:**

The faculty involved with this competency examination are members of the prosthodontic faculty or members of the Implant Dentistry course.
Implant Dentistry Competency Exam (IDC)
Evaluation Form

Have your Comprehensive Care group leader approve your planned competency on Axium.

The Implant Competency is an OSCE examination that involves the use of multiple choice or essay test. The evaluation criteria are based on course objectives and student learning activities. The types of problems portrayed in an OSCE are those that general dentists would commonly encounter in a clinic environment including:

**Clinical information gathering:**
- Have knowledge of the basic radiographic and CBCT imaging techniques relevant to implant dentistry and to interpret the results competently.
- Have knowledge of appropriate clinical laboratory and other diagnostic procedures and tests, such as diagnostic wax-ups, clinical photographs and digital data relevant to implant dentistry.
- Be competent in producing the diagnostic wax-ups necessary in the construction of radiographic and surgical guides relevant to implant dentistry.

**Diagnosis and treatment planning:**
- Know the indications for and contraindications in the use of dental implants.
- Be competent in diagnosing potential abnormalities or pathologies and clinical features associated with oral diseases.
- Be competent in determining a patient’s functional and aesthetic requirements, both for conventional and implant supported restorations.
- Be competent in carrying out an assessment for adequate bone and soft tissue availability for implant therapy, according to restorative needs.
- Have knowledge of the role of sedation in the management of patients, in particular in implant therapy for complex or special patients.
- Be competent in establishing a comprehensive treatment plan, providing and prioritizing different therapeutic alternatives.
- To apply an evidence-based approach in all of the above.

**Establishing and maintaining oral health:**
- Know the concepts of minimal intervention with a comprehensive approach to oral care and its maintenance.
- Be competent in performing preventive and restorative procedures that preserve tooth structure, prevent hard tissue disease and destruction and promote soft tissue health.
- To apply an evidence-based approach in all of the above.
Surgical procedures:

Be competent to describe the indications and contraindications, principles and techniques of surgical placement of osseointegrated implants.
Have knowledge of the main components of an implant system, being able to identify different implant designs and understanding their indications and limitations.
Have knowledge of the basic equipment and instruments necessary for the surgical placement of dental implants.
Have knowledge of the surgical principles and major techniques for the surgical placement of dental implants.
Have knowledge of implant surgical procedures at the basic implant therapy level.

Restorative/prosthodontic:

Have knowledge of the principles, materials and techniques involved in the use of implants for dental restorations.
Have knowledge of the principles of occlusion and biomechanics of implant-supported restorations.
Be competent in designing and delivering effective implant supported restorations at the basic implant therapy level.
Be competent in the selection, design and implementation of temporary restorations in relation to basic implant therapy.
Have knowledge of the design and laboratory procedures used in the production of implant supported crowns and overdentures and be able to make appropriate chair-side adjustments to these restorations.
Have knowledge of the possible technical complications and understand the methods to manage them.

Management and health promotion:

Be competent in applying the principles of health promotion and disease prevention to both the natural dentition and the implant supported restorations.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination. A passing grade for this competency is determined by the number of deficiency points assigned as outlined on the evaluation form.
Sample Evaluation Form

Part 1- Multiple choice questions

Category 1- Clinical information gathering:

1) Minimum radiographs needed to plan for an implant restoration is/are:
   a) IOPA
   b) Bitewing radiograph
   c) CBCT of area
   d) Panoramic radiograph

2) Which of the following is needed to plan for an implant restoration:
   a) Mounted diagnostic casts
   b) Diagnostic wax up
   c) Radiographic stent
   d) Detailed medical history
   e) All of the above

Category 2- Diagnosis and treatment planning:

Please evaluate the provided CBCT and answer the following questions

Category 3- Establishing and maintaining oral health:

3) Contraindications for implant therapy are:
   a) Uncontrolled diabetes
   b) Poor periodontal health
   c) Prior i.v bisphosphonates therapy
   d) Head and neck radiation to area of interest

4) Following proper phasing of treatment implant therapy should be:
   a) Planned and finished before any restorative treatment
   b) Planned before but finished after other restorative treatment
   c) Place implants in empty spaces first so they heal while we finish other work

Category 4- surgical consideration:

Please review the provided CBCT and mounted casts and answer the following questions regarding need for any bone augmentation or prep prosthetic surgery
Category 5- Restorative/prosthodontics:

5) This implant part is:
   a) Locator Abutment
   b) Impression Coping Close Tray
   c) Impression Coping Open Tray
   d) Implant Replica
   e) Healing Abutment

6) This implant part is:
   a) Locator Abutment
   b) Impression Coping Close Tray
   c) Impression Coping Open Tray
   d) Implant Replica
   e) Healing Abutment

7) This implant part is:
   a) Locator Abutment
   b) Impression Coping Close Tray
   c) Impression Coping Open Tray
   d) Implant Replica
   e) Healing Abutment

8) You need to select a Locator abutment for implant 27. The best Locator size is:
   a) 1mm
   b) 2mm
   c) 4mm
   d) 6mm
   e) 8mm

9) This implant part is:
   a) Locator Abutment
   b) Impression Coping Close Tray
   c) Impression Coping Open Tray
   d) Implant Replica
   e) Healing Abutment

10) This implant part is:
    a) Locator Abutment
    b) Impression Coping Close Tray
    c) Impression Coping Open Tray
    d) Implant Replica
    e) Healing Abutment
11) What is this portion of the implant tool that is in the cup used for?
   a) Torquing the Locator abutment
   b) Removing the nylon retentive portion
   c) Placing the nylon retentive portion
   d) Removing the metal housing

12) When evaluating this patient for implant #3, which implant grid (window number) on I-Cat is the correct one to use?
   a) 73
   b) 79
   c) 82
   d) 86

13) Based on what is shown on window #91 what is the longest length and maximum with of an implant to be used? Please use surgical schematic template.
   a) 3.7 X 8mm
   b) 3.7 X 13mm
   c) 4.1 X 11.5mm
   d) 4.7 X 13mm
   e) 3.7 X 16mm

14) What impression type is this:
   a) open tray
   b) closed tray
   c) Combined

15) This implant part is:
   a) Locator Abutment
   b) Impression Coping Close Tray
   c) Impression Coping Open Tray
   d) Implant Replica
   e) Healing Abutment.

Category 6- Management and health promotion:

16) Proper time period for recall of patient with hybrid prosthesis is:
   a) Periodontal maintenance every 3 months
   b) Implant maintenance every 3 months
   c) Periodontal maintenance every 6 months
   d) Implant maintenance every 6 months
   e) Once patient have all implants and good prosthesis on it they don't need maintenance
Part 2: 3 clinical cases (essay type)

Students will be provided CBCT radiographs, Patient history and mounted casts. They are responsible to study them, diagnose and come up with appropriate plan for restoration of missing teeth. The plan should include the appropriate referrals, treatment steps and materials needed. They should be able to identify challenges to treatment if any and provide an alternative to the proposed treatment.
Endodontic Clinical Competency Exam
Overview

Purpose:
The purpose of this exam is to assess the clinical competency of the dental student in providing oral health care within the scope of general dentistry for endodontics.

The student is required to successfully pass this competency exam on one endodontic treatment in order to be determined competent to provide endodontic care and for completion of DSEN 8757 course for dental students and DISP 8321 course for the international student program.

Description and Evaluation:
You are required to take this competency independently.
The Clinical endodontic competency examination is based on the following areas:

1. REVIEW OF MEDICAL HISTORY
2. PRE-OP RADIOGRAPHS
3. PULPAL & PERIAPICAL DIAGNOSIS
4. ACHIEVING ORAL & WRITTEN CONSENT
5. OPERATORY SET UP
6. ISOLATION AND ANESTHESIA
7. ACCESS PREPARATION
8. WORKING LENGTH DETERMINATION
9. MASTER APICAL FILE
10. CONE FIT
11. PARTIAL OBTURATION
12. FINAL OBTURATION
13. POST-OP INSTRUCTION AND RX DETERMINATION
14. DOCUMENTATION OF PROCEDURE
15. INFECTION CONTROL
16. CONCERN FOR THE HEALTH AND WELFARE OF PATIENT
17. ETHICAL BEHAVIOR
18. EFFECTIVE LIAISON BETWEEN FACULTY AND PATIENT
Critical error in any of the component parts of this examination will lead to failure of the entire competency examination and potentially the associated course. Please refer to the endodontic clinical competency evaluation form for critical errors.

**Competency Threshold Experience:**
Students can challenge this competency examination only when they have completed at least 2 clinical endodontic cases. The first opportunity to challenge this competency could happen in the Fall semester of the DS 3 and ISP 1 year following successful completion of two clinical cases.

**Remediation:**
Faculty have in mind a pathway for your attainment of endodontic competency. Should you demonstrate by statements or action that you are not on this pathway, then we will intervene to help you or protect our patients. Remediation terms will be set by the Course Director/Division Chair depending upon the section of the clinical endodontic competency examination that needs improvement. A detailed remediation plan would be crafted on an individual basis. It could involve reading assignments, writing a paper, an oral exam, a written exam and/or a laboratory procedure. Upon failure the student will review the reason for the failure with the covering faculty and meet with the course director or their designee in a one on one session to discuss the areas of concern. A customized remediation plan will be prescribed based on a meeting of division faculty, which may include oral, written, preclinical, or clinical examination.

**Faculty Calibration:**
The faculty is calibrated during the simulation course and throughout the year through regular meetings with the Division Chair each semester.
**ENDODONTIC CLINICAL COMPETENCY EVALUATION FORM**

Student Name:  
Covering Faculty:  

<table>
<thead>
<tr>
<th>Date:</th>
<th>Tooth #</th>
</tr>
</thead>
</table>

### 1) REVIEW OF MEDICAL HISTORY
- a. Demonstrates knowledge of the patient’s medical history, including systemic diseases and medications.
- b. Understands impact on dental care.
- c. Evaluates and integrates emerging trends in health care as appropriate (e.g., need for antibiotic prophylaxis, need for medical consultation, etc.).
- d. Performs in competent and time efficient manner.

*Critical Errors resulting in Competency Failure

<table>
<thead>
<tr>
<th>Competent</th>
<th>Deficient</th>
<th>N/A</th>
</tr>
</thead>
</table>

### 2) PRE-OP RADIOGRAPHS
- a. Diagnosis and rationale.
  - i. The student is able to accurately interpret and analyze the radiographs.
  - ii. The radiographs are appropriate and of diagnostic value.
  - iii. Demonstrates appropriate concern for patient safety.

*Inadequate radiographic information for making an accurate diagnosis and for providing endodontic care.

### 3) PULPAL & APICAL DIAGNOSIS
- a. Presents all pulpal and periapical testing performed.
- b. Interprets and problem solves the results of the testing.
- c. Presents pulpal and periapical diagnoses based on the test results.
- d. Critical thinking and ethical decision making.
  - i. Shows intellectual breadth by thinking with an open mind, recognizing and evaluating assumptions and consequences of treatment or no treatment.
  - ii. Applies ethical and legal standards of care to treatment planning.
- e. Case difficulty assessment form.
  - i. Explains and interprets the use of the AAE case difficulty assessment form.
  - ii. Demonstrates ability to problem solve and understand when and why a referral is recommended.

*Inaccurate Pulpal and/or Apical Diagnosis.

### 4) ACHIEVING ORAL & WRITTEN CONSENT
- a. Consent.
  - i. Student effectively communicates to the patient risks, benefits, and alternative treatment options of root canal therapy, including the risk of no treatment.
  - ii. Applies ethical and legal standards of care.
  - iii. Ensures the consent form is signed by the student provider, patient, and covering faculty.

*Failure to achieve oral and written consent.

### 5) OPERATORY SET UP
- a. Work space is set up according to department guidelines with all relevant supplies.
- b. Demonstrates knowledge of and ability to apply appropriate infection control measures according to CDC and SODM guidelines.
- c. Demonstrates appropriate concern for patient safety.

*Failure to use to appropriate Endodontic Armamentarium.

### 6) ISOLATION & ANESTHESIA
- a. anesthesia protocol.
  - i. Demonstrates the ability to problem solve anesthesia failure based on the best current evidence.
  - ii. Anesthesia protocol to be followed considering pulpal and apical diagnosis as well as medical status of the patient.
  - iii. Demonstrates appropriate concern for patient comfort.
  - iv. Performs procedure in a competent and time efficient manner.

*Failure to achieve baseline pulpal anesthesia and/or to problem solve anesthesia failure based on current best evidence. Treatment performed without Rubber Dam Isolation.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Competent</th>
<th>Deficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7) ACCESS PREPARATION IN CONCERT WITH INSTRUCTOR</strong> a. Access i. Student is able to identify and problem solve access preparation in order to achieve the desired clinical result ii. Student is able to describe desired clinical result based on best evidence iii. Performs procedure in a competent and time efficient manner *Perforation; significant undermining of the tooth structure, resulting in the tooth being non-restorable; main root canal orifice not identified.</td>
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<tr>
<td><strong>8) WORKING LENGTH DETERMINATION</strong> a. Electronic apex locator i. Student is able to demonstrate the proper use of the EAL ii. Student is able to problem solve to obtain accurate readings with the EAL b. Radiograph i. Student is able to demonstrate appropriate radiographic technique c. Performs procedure in a competent and time efficient manner *Failure to accurately determine the Final Working Length based on the endodontic criteria.</td>
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<tr>
<td><strong>9) MASTER APICAL FILE (MAF)</strong> a. Applies knowledge in clinical reasoning and problem solving to determine appropriate MAF sizes for each canal b. Demonstrates cleaning and shaping of all canals to clinical standards (see preclinical manual for more information) c. Demonstrates proper radiographic technique d. Performs procedure in a competent and time efficient manner *An apical or strip perforation; MAF size inappropriate based on canal type; more than 3mm of apical canal uninstrumented.</td>
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<tr>
<td><strong>10) CONE FIT</strong> a. Applies knowledge in clinical reasoning and problem solving to establish appropriate cone fit in each canal b. Demonstrates proper radiographic technique c. Performs procedure in a competent and time efficient manner *Failure to select an appropriate Master Cone with adequate tug back and to working length.</td>
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<tr>
<td><strong>11) PARTIAL OBTURATION</strong> a. Applies knowledge in clinical reasoning and problem solving to attain clinical objective of canal obturation b. Demonstrates proper radiographic technique c. Performs procedure in a competent and time efficient manner</td>
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<tr>
<td><strong>12) FINAL OBTURATION</strong> a. Applies knowledge in clinical reasoning and problem solving to assess the quality of the final obturation b. Problem solves any deficiencies in the obturation c. Applies knowledge in clinical reasoning and problem solving to assess the appropriateness of the temporary or final restoration d. Demonstrates proper radiographic technique e. Performs procedure in a competent and time efficient manner *Inadequate taper and density that will require retreatment; over or underextension of more than 3 mm.</td>
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<tr>
<td><strong>13) POST-OP INSTRUCTION AND RX DETERMINATION</strong> i. Demonstrates the ability to access and evaluate evidence to provide appropriate post-operative instructions ii. Demonstrates the ability to access and evaluate evidence to provide advice regarding appropriate postoperative medication, including over the counter and prescription drugs. iii. Demonstrates ability to effectively communicate with patient *Failure to prescribe/advise pos-op pain medication and/or antibiotics based on the clinical case.</td>
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<tr>
<td>14) DOCUMENTATION OF PROCEDURE</td>
<td>a. Axium record i. Includes all relevant clinical data pertaining to the treatment following the department’s guidelines. ii. Demonstrates an understanding of the legal standards regarding documentation of treatment iii. Documentation is entered before leaving clinic on day of treatment</td>
<td>Competent</td>
<td>Deficient</td>
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<tr>
<td>*Failure to accurately and timely document the procedure.</td>
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<tr>
<th>15) INFECTION CONTROL</th>
<th>a. Demonstrates knowledge of and ability to apply appropriate infection control measures according to CDC and SODM guidelines. b. Demonstrates appropriate concern for patient and staff safety</th>
<th>Competent</th>
<th>Deficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Failure to follow the PPE protocol.</td>
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<tr>
<th>16) CONCERN FOR THE HEALTH AND WELFARE OF PATIENT</th>
<th>a. Demonstrates appropriate concern for the health and welfare of the patient including pain and anxiety control, appropriateness of treatment, and effective communication</th>
<th>Competent</th>
<th>Deficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Failure to recognize and address concerns regarding patient comfort, safety and well-being.</td>
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<tbody>
<tr>
<td>*Any behavior that violates the principles of patient autonomy, non-maleficence, beneficence, justice and veracity.</td>
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<tr>
<th>18) EFFECTIVE LIAISON BETWEEN FACULTY AND PATIENT</th>
<th>a. Demonstrates the ability to communicate effectively while reasoning through problems</th>
<th>Competent</th>
<th>Deficient</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>*Failure to accurately follow faculty's instructions; failure to accurately and timely communicate clinical and subjective findings.</td>
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GENERAL COMMENTS:
Clinical Operative Competency Exams
Overview

Purpose:
The purpose of these examinations is to assess the clinical competency of the student in operative dentistry.

Each student will complete a total of five (5) clinical examinations on 5 different types of restorations in Operative Dentistry. These exams are spaced at regular intervals throughout the students’ clinical experience. The examinations are taken at the following intervals: 2 Spring Semester 3rd year, 1 Summer Semester 3rd year, and 2 Fall Semester 4th year. Individuals must receive a passing grade on these clinic competency exams to successfully complete the Clinical Operative Dentistry courses for the semester (DSOP 7757, DSOP 7759, and DSOP 8855). Additionally, students are expected to treat the operative dentistry needs of their assigned patients. Ethical treatment of patients is paramount.

Competency Threshold Experience:
Students are expected to complete the first Clinical Operative Competency during spring semester of their 3rd year of Dental school. By this time in their clinical education, they will have completed 2 semesters of comprehensive care clinic and 2 semesters of Pass/Fail Clinical Operative Courses.

ISP students are expected to complete 5 threshold operative procedures before challenging an operative competency examination.

Description and Evaluation:
The Operative Dentistry Clinical Competency Examinations use the criteria which has been established and used in the pre-clinical courses. A grade of “failure” occurs when a student receives a score of 1.9 or below on a 4.0 scale for either the preparation or restoration portion of the examination. A score of 1.9 or lower will be given to a student, when critical error occurs.

Grading Criteria:
Excellent, Good, Satisfactory or Poor evaluations will be given in each section based on discrepancies from Ideal (no errors) to Fail (critical errors).

A minor discrepancy is an error that does not detract from the longevity, esthetics, or function of the restoration.

A moderate discrepancy is an error that does not seriously affect the longevity, esthetics, or function of the restoration.
A major discrepancy is an error which reduces the longevity, esthetics or function of the restoration, however, is still clinically acceptable.

A critical error is an error that renders the preparation and/or restoration unacceptable or necessitates a change from the original treatment plan this will result in immediate failure of the competency.

Examples of minor errors include minimal overextension of the preparation no greater that 0.5mm; the preparation walls and line angles are slight rough and irregular; the excess if material at the restoration-tooth interface is no greater that 0.5mm; the surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids. The restoration does not reproduce the ideal occlusal anatomy or proximal contours of the tooth, but would not be expected to affect the function of the tooth or tissue health.

Examples of critical errors include, but are not limited to the following: poor clinical judgment; poor patient management; unidentified caries left; open margin; overhang; open contact; inappropriate tissue damage; major hyper-occlusion or hypo-occlusion; completing examination after allotted time.

**Remediation:**
Students who are not progressing towards competency are mentored and asked to perform additional clinical experiences. If student fails the clinical operative course, the individual remediation plan is made to aid student for his/her needs.

**Faculty Calibration**
Faculty calibration in Operative Dentistry are performed on school, department and one to one level.

On School level 3-week sessions are done every year. 1-hour lecture is repeated every day of the week for all faculty and stuff.

On the department level calibration sessions are help every year to calibrate restorative faculty in grading operative examinations.

One to one meetings are held with the course Director per semester with restorative faculty.
### Clinical Operative Competency Exams
#### Overview

<table>
<thead>
<tr>
<th>Process Evaluation</th>
<th>Critical Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation for Examination</td>
<td>Poor patient chart review and patient case presentation. Student not prepared to start or does not finish the examination on timely manner.</td>
</tr>
<tr>
<td>Foundation Knowledge to Support Decision</td>
<td>Poor treatment selection and poor knowledge of ideal cavity preparation and restoration.</td>
</tr>
<tr>
<td>Clinical Judgement</td>
<td>Modifications not asked when needed. Poor material selection.</td>
</tr>
<tr>
<td>Patient Management</td>
<td>Patient’s main concern or dental need not addressed. Student fails to achieve appropriate anesthesia. Inappropriate tissue damage. Poor isolation is achieved placing longevity of restoration at risk.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation Evaluation</th>
<th>Critical Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Outline Form</td>
<td>Severe under extension making it impossible to manipulate and finish the restoration. Caries and/or previous restorative material are not removed. The outline form is overextended beyond what was necessary for complete removal of caries and/or previous restorative material.</td>
</tr>
<tr>
<td>Internal Outline Form</td>
<td>Caries and/or previous restorative material are not removed. The walls grossly divergent or convergent, not appropriate for given cavity preparation. Severe under or overextension of any internal wall. Sharp line angles for amalgam preparation. No retention is achieved for amalgam preparation.</td>
</tr>
<tr>
<td>Refinement</td>
<td>The prepared surfaces and line angles are extremely irregular or ill-defined. Severe adjacent tooth damage requires restoration.</td>
</tr>
<tr>
<td>Tooth Preparation</td>
<td>The 0 – 1.9 (Poor) evaluations will be awarded when one or more critical or more than two major procedural errors occur. These errors render the procedure clinically unacceptable. This evaluation indicates failing performance</td>
</tr>
<tr>
<td>Restoration Evaluation</td>
<td>Critical</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Margins and surface finish</td>
<td>There is evidence of marginal deficiency of 1 mm or more, to include pits and voids at the cavosurface margin. An open margin. There is evidence of marginal excess at the restoration-tooth interface of more than 1 mm. The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids. Severe adjacent tooth damage.</td>
</tr>
<tr>
<td>Morphology and occlusion</td>
<td>The restoration does not reproduce the normal occlusal anatomy, proximal contours or marginal ridge anatomy, and would be expected to adversely affect the tissue health. Major hyper-occlusion or hypo-occlusion.</td>
</tr>
<tr>
<td>Contours and proximal contact(s)</td>
<td>The interproximal contact is visually open or will not allow floss to pass through the contact area. The restoration does not reproduce the normal proximal contours, and would be expected to adversely affect the tissue health.</td>
</tr>
<tr>
<td>Tooth Restoration</td>
<td>The 0 – 1.9 (Poor) evaluations will be awarded when one or more critical or more than two major procedural errors occur. These errors render the procedure clinically unacceptable. This evaluation indicates failing performance.</td>
</tr>
</tbody>
</table>
CLOSED FORCEP AND ELEVATOR EXTRACTION COMPETENCY (D7140)

Purpose:

The purpose of this exam is to assess your clinical competency in oral surgical procedures within the scope of general dentistry. The student is required to successfully complete this competency in closed forcep and elevator extraction to successfully complete Clinical Oral and Maxillofacial Surgery (DSOS 8855 and DISP8125) and to be determined competent to perform nonsurgical extractions.

Description and Evaluation:

The Closed Forcep and Elevator Extraction Competency is composed of multiple component parts: Preoperative, Infection Control, Pain and Anxiety Control, Surgical Skill, and Postoperative Management. Failure to demonstrate a competent performance in any of the component parts of this exam will be a critical error and lead to failure of the entire competency exam and potentially the associated course. A passing grade for this competency is 80 points, which is determined by the number of deficiency points assigned as outlined on the evaluation form. Three competencies must be successfully completed.

Competency Threshold Experience:

The first opportunity to challenge this competency is after the successful completion of three closed forceps and elevator extraction clinical experiences.

Remediation:

Upon failure the student will review the reason for failure with the covering faculty to appropriately remediate the area(s) of concern. The student may attempt another challenge to the competency in the next assigned session in the Oral Surgery Clinic.

Faculty Calibration:

Faculty are calibrated by the Course Director in one-on-one sessions each semester.
A score of 80 or better is needed to demonstrate competency.

### A. Preoperative (20 points)

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History</td>
<td>All positive responses in medical and dental history are identified and implications for treatment are presented to faculty</td>
<td>Minor omissions of information that would not significantly impact care</td>
<td>Major omissions of information that would significantly impact care</td>
<td></td>
</tr>
<tr>
<td>Radiographs</td>
<td>Appropriate, diagnostic, and accurately interpreted</td>
<td>Additional radiographs not considered when needed; image is marginally diagnostic; minor errors in interpretation</td>
<td>No radiographs available; nondiagnostic radiographs; no interpretation presented by student</td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td>Student is able to clearly convey to the patient diagnosis, treatment alternatives, and risks/benefits of the proposed treatment acknowledging the language and cultural needs of the patient</td>
<td>Minor omissions that will not affect patient care</td>
<td>Student is not able give proper info to the patient to obtain informed consent and requires significant assistance from the instructor</td>
<td></td>
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</tbody>
</table>

### B. Infection Control (10 points)

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<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student followed all CUSDM infection control policies and procedures (PPE, safety equipment for patient)</td>
<td>Student breached infection control protocol in a minor way so as not to affect patient care</td>
<td>Student made several infection control protocol errors which seriously affect patient care</td>
<td></td>
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</tbody>
</table>
### C. Pain and Anxiety Control (20 points)

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anesthetic</strong></td>
<td>Proper anesthetic selected and proper volume given</td>
<td>Wrong anesthetic selected; inappropriate volume given</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Efficacy</strong></td>
<td>Profound anesthesia obtained</td>
<td>Some anesthesia obtained but Faculty provided suggestions to obtain profound anesthesia</td>
<td>Student fails to recognize/acknowledge lack of appropriate anesthesia</td>
<td></td>
</tr>
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</table>

### D. Surgical Skill (40 points)

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<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instrumentation</strong></td>
<td>Proper instrumentation selected and applied correctly</td>
<td>Instrumentation is safe but not most efficient</td>
<td>Instrumentation is incorrect</td>
<td></td>
</tr>
<tr>
<td><strong>Management of gingiva and mucosa</strong></td>
<td>No excessive trauma</td>
<td>Some minor trauma</td>
<td>Significant trauma that results in the need for repair</td>
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</tr>
<tr>
<td><strong>Debridement</strong></td>
<td>Site is adequately debrided</td>
<td>Minor remnants left at site</td>
<td>Site is improperly debrided</td>
<td></td>
</tr>
<tr>
<td><strong>Complications</strong></td>
<td>Student changes approach due to unforeseen complications</td>
<td>Student recognizes complication but does not know how to manage</td>
<td>Student fails to recognize complication</td>
<td></td>
</tr>
</tbody>
</table>

### E. Postoperative Management (10 points)

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Writing</strong></td>
<td>Proper drugs selected for postoperative pain and/or infection management</td>
<td>Incomplete selection of drugs for postoperative pain and/or infection management</td>
<td>Drug(s) selected would result in drug-drug interaction</td>
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<tr>
<td><strong>Postoperative Instruction</strong></td>
<td>Instructions are complete</td>
<td>Minor omissions made in instructions</td>
<td>Student fails to give postoperative instructions</td>
<td></td>
</tr>
<tr>
<td><strong>Charting</strong></td>
<td>Treatment note is complete</td>
<td>Minor omissions made in treatment note</td>
<td>Student fails to complete or omits significant details in treatment note</td>
<td></td>
</tr>
</tbody>
</table>
Competent ______________

Not Competent __________

Faculty signature:__________________________________________________

Student Self-Assessment:

Strengths:

Areas to Improve:
Purpose:

The purpose of this exam is to assess your clinical competency in oral surgical procedures within the scope of general dentistry. The student is required to successfully complete this competency in alveoloplasty in conjunction with extractions to successfully complete Clinical Oral and Maxillofacial Surgery (DSOS 8855 and DISP8125) and to be determined competent to perform alveoloplasty with extractions.

Description and Evaluation:

The Alveoloplasty in Conjunction with Extractions Competency is composed of multiple component parts: Preoperative, Infection Control, Pain and Anxiety Control, Surgical Skill, and Postoperative Management. Failure to demonstrate a competent performance in any of the component parts of this exam will be a critical error and lead to failure of the entire competency exam and potentially the associated course. A passing grade for this competency is 80 points, which is determined by the number of deficiency points assigned as outlined on the evaluation form. One competency must be successfully completed.

Competency Threshold Experience:

The first opportunity to challenge this competency is after the successful completion of three alveoloplasty in conjunction with extractions clinical experiences.

Remediation:

Upon failure the student will review the reason for failure with the covering faculty to appropriately remediate the area(s) of concern. The student may attempt another challenge to the competency in the next assigned session in the Oral Surgery Clinic.

Faculty Calibration:

Faculty are calibrated by the Course Director in one-on-one sessions each semester.
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS (D7310, D7311)

STUDENT NAME: ___________________________             DATE: _______________

COMPETENCY ATTEMPT #:________

A score of 80 or better is needed to demonstrate competency.

<table>
<thead>
<tr>
<th>A. Preoperative (20 points)</th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History</td>
<td>All positive responses in medical and dental history are identified and implications for treatment are presented to faculty</td>
<td>Minor omissions of information that would not significantly impact care</td>
<td>Major omissions of information that would significantly impact care</td>
<td></td>
</tr>
<tr>
<td>Radiographs</td>
<td>Appropriate, diagnostic, and accurately interpreted</td>
<td>Additional radiographs not considered when needed; image is marginally diagnostic; minor errors in interpretation</td>
<td>No radiographs available; nondiagnostic radiographs; no interpretation presented by student</td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td>Student is able to clearly convey to the patient diagnosis, treatment alternatives, and risks/benefits of the proposed treatment acknowledging the language and cultural needs of the patient</td>
<td>Minor omissions that will not affect patient care</td>
<td>Student is not able give proper info to the patient to obtain informed consent and requires significant assistance from the instructor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Infection Control (10 points)</th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student followed all CUSDM infection control policies and procedures (PPE, safety equipment for patient)</td>
<td>Student breached infection control protocol in a minor way so as not to affect patient care</td>
<td>Student made several infection control protocol errors which seriously affect patient care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### C. Pain and Anxiety Control (20 points)

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Minor Errors (Minus 1-5 points)</th>
<th>Critical Errors (Must retake exam)</th>
<th>Deficiency Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anesthetic</strong></td>
<td>Proper anesthetic selected and proper volume given</td>
<td>Wrong anesthetic selected; inappropriate volume given</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Efficacy</strong></td>
<td>Profound anesthesia obtained</td>
<td>Some anesthesia obtained but Faculty provided suggestions to obtain profound anesthesia</td>
<td>Student fails to recognize/acknowledge lack of appropriate anesthesia</td>
<td></td>
</tr>
</tbody>
</table>

### D. Surgical Skill (40 points)

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
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<th>Critical Errors (Must retake exam)</th>
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</tr>
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<tr>
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<td>No excessive trauma</td>
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<td>Significant trauma that results in the need for repair</td>
<td></td>
</tr>
<tr>
<td><strong>Flap Design</strong></td>
<td>Flap is properly designed</td>
<td>Flap design needs minor corrections</td>
<td>Flap design is inappropriate and will lead to adverse healing</td>
<td></td>
</tr>
<tr>
<td><strong>Alveoloplasty</strong></td>
<td>Alveoloplasty is appropriate</td>
<td>Alveoloplasty needs minor corrections (ledges, contour changes)</td>
<td>Alveoloplasty is inadequate (undercuts present, gross ledges, inadequate reduction)</td>
<td></td>
</tr>
<tr>
<td><strong>Suturing</strong></td>
<td>Suture type and method is correct</td>
<td>Suture method needs minor corrections</td>
<td>Suture is incorrect and will lead to adverse healing</td>
<td></td>
</tr>
<tr>
<td><strong>Debridement</strong></td>
<td>Site is adequately debrided</td>
<td>Minor remnants left at site</td>
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<tr>
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<td>Student fails to give postoperative instructions</td>
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</tr>
<tr>
<td>Charting</td>
<td>Treatment note is complete</td>
<td>Minor omissions made in treatment note</td>
<td>Student fails to complete or omits significant details in treatment note</td>
<td></td>
</tr>
</tbody>
</table>

**Competent _____________**  
**Not Competent ___________**

**Faculty signature: ________________________________________________**

**Student Self-Assessment:**

**Strengths:**

**Areas to Improve:**
Diagnosis, Treatment Planning and Preventive Care Competency Exam
Overview

Purpose:
To assess the clinical competency of the dental student in providing oral health care within the scope of general dentistry for preventive care in pediatric patients.

Each student is required to successfully pass this competency on one clinical pediatric patient during the clinical rotation at Healthy Smiles Clinic at Children’s Hospital Colorado. Successful completion is required to successfully pass the clinical courses (DSPD 7755/7757 or DISP 8140/8240) and to be determined competent to manage preventive care for pediatric patients.

Description and Evaluation:
You are required to take this competency independently.

The Preventive Care competency exam consists of multiple components including: patient assessment, diagnosis, comprehensive treatment planning, prognosis and informed consent. As part of the competency, recognizing the complexity of patient treatment and identifying when a referral is indicated are integral aspects. Health promotion and disease prevention are integral aspects including assessment of caries risk, oral hygiene instructions, and review of the diet, fluoride exposure history and establishment of an appropriate recall frequency. Periodontal therapy is an integral component involving assessment and related preventive care and referral as indicated. Assessment for pathology is an integral aspect including screening and risk assessment for head and neck cancer, and oral mucosal and osseous disorders. As a patient-based competency, all documentation must be accurate and complete.

Failure to adequately demonstrate a competent performance in any of the component parts designated as critical will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 80 points and each critical error will result in a deduction of 21 points.

Competency Threshold Experience:
The competency is taken during the clinical rotation (DSPD 7755/7757 or DISP 8140/8240) and requires successful completion of a prior preventive care visit in which all grading criteria have been met and the attending faculty has confirmed performance is consistent with initiation of the competency exam.
Remediation:

Upon failure, the student will review the reason(s) with the attending faculty in association with review of the competency evaluation forms. The competency form for the failed competency must be signed by the attending faculty supervising the competency and then submitted to the Program Assistant prior to initiating a new competency exam.

Faculty Calibration:

Faculty are calibrated by the Predoctoral Program Director in a calibration session involving evaluation of clinical cases involving all components of the competency.
Diagnosis, Treatment Planning and Preventive Care Competency

Student Name: _____________________________           Date: __________________________

AxiUm Chart Number: ________________________

PASS or NOT PASSED: Faculty______________________________________________________

CLINICAL COMPETENCY: PATIENT-BASED   SODM Competency Statements 2, 4, 8, 9, 14, 15, 16

Critical error(s) **involve italicized/bold** areas and failure to complete one or more will result in a deduction of 21 points and not passing the competency.

Each section is 10 points and an aggregate score of 80 points is required to successfully pass the competency.

<table>
<thead>
<tr>
<th>Criteria:</th>
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</tr>
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<tbody>
<tr>
<td><strong>1. Preparation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Patient histories reviewed (medical, dental, social)</td>
<td></td>
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<tr>
<td>b. Patient verification completed</td>
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<tr>
<td>c. Informed consent obtained</td>
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<td></td>
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<tr>
<td>d. Height/weight</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>2. Radiographs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Indication appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Diagnostic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Properly mounted</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>3. Clinical/radiographic assessment and diagnosis</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>a. Presence/absence: incipient or carious involvement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Missing teeth/restorations, tooth defects</td>
<td></td>
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<tr>
<td>c. Head and neck cancer screening, risk assessment</td>
<td></td>
<td></td>
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<tr>
<td>d. Oral mucosal and osseous disorders</td>
<td></td>
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</tr>
<tr>
<td>e. Periodontal assessment: gingival bleeding, plaque control, calculus, bone height</td>
<td></td>
<td></td>
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<tr>
<td>f. Malocclusion/space assessment, (Angle class, profile, asymmetries)</td>
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<tr>
<td>g. Habits, TMD</td>
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</tr>
</tbody>
</table>
4. **Health promotion and disease prevention**
   a. **Caries risk level and prevention plan documented**
   b. Prevention plan
      i. Recall frequency
      ii. Oral hygiene
         1. Brushing frequency
         2. Adult assistance
      iii. Diet
         1. Number of sugar containing snacks/day
         2. Beverage habits, including those with natural or added sugar
     iv. Fluoride status/history
        1. Water source(s)
        2. Fluoridated toothpaste
        3. Topical fluoride supplements

5. Develops a treatment plan based on prognosis and identified care needs

6. **Recognizes the complexity of patient treatment and when a referral is indicated.**

7. **Preventive procedures appropriate**
   a. **All disclosant, debris, calculus removed**
   b. OHI demonstrated
   c. Varnish placed

8. **Documentation accurate and complete by visit end**
   a. **Forms/charts/alerts**
   b. **Health history/ dental exam tabs**
   c. **Odontogram**
   d. **Next visit form**
   e. **Patient treatment note**
      i. **Correct template**
      ii. **Clinical findings**
      iii. **Radiographic findings**
      iv. **Discussion**
      v. **Prevention plan**
      vi. **Provider and NV**

9. Current care and future care plan discussed

10. Completed care in scheduled time
Sealant Competency Exam
Overview

Purpose:

To assess the clinical competency of the dental student in providing oral health care within the scope of general dentistry for care involving sealants in pediatric patients.

Each student is required to successfully pass this competency on one clinical pediatric patient during the clinical rotation at Healthy Smiles Clinic at Children’s Hospital Colorado. Successful completion is required to successfully pass the clinical courses (DSPD 7755/7757 or DISP 8140/8240) and to be determined competent to manage sealant procedures for pediatric patients.

Description and Evaluation:

You are required to take this competency independently.

The Sealant competency exam consists of multiple components including patient assessment, diagnosis, comprehensive treatment planning, prognosis and informed consent. As part of the competency, assessment and restoration, involving the sealant procedure in a pediatric patient is an integral aspect of the competency. As a patient-based competency, all documentation must be accurate and complete.

Failure to adequately demonstrate a competent performance in any of the component parts designated as critical will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 80 points and each critical error will result in a deduction of 21 points.

Competency Threshold Experience:

The competency is taken during the clinical rotation (DSPD 7755/7757 or DISP 8140/8240) and requires successful prior completion of a sealant procedure in which all grading criteria have been met and the attending faculty has confirmed performance is consistent with initiation of the competency exam.

Remediation:

Upon failure, the student will review the reason(s) with the attending faculty in association with review of the competency evaluation forms. The competency form for the failed competency must be signed by the attending faculty supervising the competency and then submitted to the Program Assistant prior to initiating a new competency exam.
Faculty Calibration:

Faculty are calibrated by the Predoctoral Program Director in a calibration session involving evaluation of clinical cases involving all components of the competency.
Sealant Competency

Student Name: ______________________           Date: _______________________________

AxiUm Chart Number: ________________________

PASS or NOT PASSED: Faculty_________________________________________________

CLINICAL COMPETENCY: PATIENT-BASED          SODM Competency Statements 2, 4, 6, 8, 23

Critical error(s) involve *italicized/bold* areas and failure to complete one or more will result in a deduction of 21 points and not passing the competency

Each section is 20 points and an aggregate score of 80 points is required to successfully pass the competency

<table>
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<tr>
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<tr>
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</tr>
<tr>
<td>a. Patient history reviewed</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>b. Patient verification completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Informed consent obtained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Properly assesses and diagnoses clinical information required to evaluate the restorative needs for a pediatric patient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Properly assesses and diagnoses radiographic information required to evaluate the restorative needs for a pediatric patient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Sealant procedures appropriate:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Sealant placement (absence of voids, bubbles, excess material)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Occlusion checked and adjusted with no interferences present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Sealant intact, all susceptible grooves and fissures adequately protected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Documentation accurate and complete by visit end</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Patient treatment note</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Completed care procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Next visit form</td>
<td></td>
<td></td>
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</tbody>
</table>
Pulp Therapy Dentistry Competency Exam
Overview

Purpose:
The purpose of this exam is to assess the competency of the dental student in providing oral health care within the scope of general dentistry for pulp therapy in pediatric patients.

Each student is required to successfully pass the Pulp Therapy case-based competency during the clinical rotation at Healthy Smiles Clinic at Children’s Hospital Colorado. Successful completion is required to successfully pass the clinical courses (DSPD 7755/7757 or DISP 8140/8240) and to be determined competent to manage restorative care for pediatric patients.

Description and Evaluation:
You are required to take this competency independently. No collaboration is allowed and assistance and/or discussion with staff, students, residents, or faculty is prohibited. The competency can only be taken in the presence of faculty or a designated proctor. The competency must be completed in the scheduled time.

The Pulp Therapy competency exam consists of multiple components including patient assessment, diagnosis, comprehensive treatment planning, and prognosis. The competency includes assessment of the dental student’s recognition of the rationale and procedural technique for vital pulp therapy in primary teeth. The competency includes modification of pulp therapy to address management of associated dental emergencies. As part of the competency, recognizing the complexity of patient treatment and identifying when a referral is indicated are integral aspects.

Failure to adequately demonstrate a competent performance in any of the component parts designated as critical will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 80 points and each critical error will result in a deduction of 21 points.

Competency Threshold Experience:
The competency is taken during the clinical rotation (DSPD 7755/7757 or DISP 8140/8240) and requires completion of the assigned preparation for the case and faculty has confirmed satisfactory completion to initiate the competency.
Remediation:
Upon failure, the student will review the reason(s) with the attending faculty in association with review of the competency evaluation forms. The competency form for the failed competency must be signed by the attending faculty supervising the competency and then submitted to the Program Assistant prior to initiating a new competency exam.

Faculty Calibration:
All components of the case-based competency have specific responses graded as correct/incorrect and calibration is not required. For dental students not passing the competency, remediation of the Pulp Therapy is conducted by a single faculty assigned to this responsibility to maintain consistency, thus calibration is not required.
Pulp Therapy Competency

Student Name: ______________________              Date: _____________________________

CLINICAL COMPETENCY: CASE-BASED SODM Competency Statements 2, 4, 21

PASS or NOT PASSED: Faculty_________________________________________________

Critical error(s) involve italicized/bold areas and failure to complete one or more will result in a deduction of 21 points and not passing the competency

Each section is 10 points and an aggregate score of 80 points is required to successfully pass the competency

<table>
<thead>
<tr>
<th>Criteria:</th>
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</tr>
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<tbody>
<tr>
<td><strong>1. Accurately assesses patient histories:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Social</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Properly assesses and diagnoses clinical and radiographic information required to evaluate the pulp therapy needs for a pediatric patient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Properly plans appropriate pulp therapy by tooth and determines prognosis based on the following:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Extent of decay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tooth morphology and type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Patient age and dental developmental stage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Expected life span of the tooth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Pulp status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Pain history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Patient cooperation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Restorability of the tooth</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>j. Tooth mobility</td>
<td></td>
<td></td>
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<tr>
<td><strong>4. Demonstrates ability to correctly diagnose reversible and irreversible pulpitis</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>5. Understand vital treatment of pulpally involved primary teeth</strong></td>
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</tr>
</tbody>
</table>
6. **All new and existing findings and planned care correctly documented on the odontogram based on the patient’s clinical and radiographic presentation**

7. **Understands the technique and rationale for the pulpotomy procedure**
   - a. *Radiograph selection for diagnosis*
   - b. *Isolation intraorally*
   - c. *Armamentarium*
   - d. **Tooth preparation**
     - i. *Access*
     - ii. *Pulp removal and hemostasis*
     - iii. *Medicament placement*
   - e. **Tooth restoration**
     - i. *Base*
     - ii. *Restoration type*

8. **Understands potential sequelae following pulp therapy and proper monitoring**

9. **Properly addresses emergent dental needs that present at a visit involving pulp therapy:**
   - a. *Makes correct decisions regarding modification of the treatment plan*

10. **Recognizes the complexity of patient treatment and identifies when a referral is indicated**
Special Health Care Needs Competency Exam
Overview

Purpose:
The purpose of this exam is to assess the competency of the dental student in providing oral health care within the scope of general dentistry for pediatric patients with special health care needs.

Each student is required to successfully pass the Special Health Care Needs case-based competency during the clinical rotation at Healthy Smiles Clinic at Children’s Hospital Colorado. Successful completion is required to successfully pass the clinical courses (DSPD 7755/7757 or DISP 8140/8240) and to be determined competent to manage pediatric patients with special health care needs.

Description and Evaluation:
You are required to take this competency independently. No collaboration is allowed and assistance and/or discussion with staff, students, residents, or faculty is prohibited. The competency can only be taken in the presence of faculty or a designated proctor. The competency must be completed in the scheduled time.

The Special Health Care Needs competency exam consists of multiple components including patient assessment, diagnosis, and comprehensive treatment planning. As part of the competency, recognizing the complexity of patient treatment and identifying when a referral is indicated are integral aspects. Health promotion and disease prevention are integral aspects including assessment of caries risk, oral hygiene instructions, and review of the diet, fluoride exposure history and establishment of an appropriate recall frequency. Assessment for pathology is an integral aspect including screening and risk assessment for head and neck cancer, and oral mucosal and osseous disorders. The competency includes modification of care to address management of associated dental emergencies.

Failure to adequately demonstrate a competent performance in any of the component parts designated as critical will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 80 points and each critical error will result in a deduction of 21 points.

Competency Threshold Experience:
The competency is taken during the clinical rotation (DSPD 7755/7757 or DISP 8140/8240) and requires completion of the assigned preparation for the case and faculty has confirmed satisfactory completion to initiate the competency.
Remediation:

Upon failure, the student will review the reason(s) with the attending faculty in association with review of the competency evaluation forms. The competency form for the failed competency must be signed by the attending faculty supervising the competency and then submitted to the Program Assistant prior to initiating a new competency exam.

Faculty Calibration:

All components of the case-based competency have specific responses graded as correct/incorrect and calibration is not required. For dental students not passing the competency, remediation of the Special Health Care Needs competency is conducted by a single faculty assigned to this responsibility to maintain consistency, thus calibration is not required.
Special Health Care Needs Competency

Student Name: ______________________              Date: _____________________________

CLINICAL COMPETENCY: CASE-BASED       SODM Competency Statements 2, 4, 6, 7, 10, 16

PASS or NOT PASSED: Faculty_________________________________________________

Critical error(s) involve italicized/bold areas and failure to complete one or more will result in a deduction of 21 points and not passing the competency

Each section is 10 points and an aggregate score of 80 points is required to successfully pass the competency

<table>
<thead>
<tr>
<th>Criteria:</th>
<th>Self: Met</th>
<th>Faculty: Met</th>
<th>Reason: Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accurately assesses patient histories:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>a. Medical</td>
<td></td>
<td></td>
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<tr>
<td>b. Dental</td>
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<td>c. Social</td>
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<tr>
<td>2. Clinical/radiographic assessment and diagnosis</td>
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<tr>
<td>a. Presence/absence: incipient or carious involvement</td>
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<tr>
<td>b. Missing teeth/restorations, tooth defects</td>
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<tr>
<td>c. Head and neck cancer screening, risk assessment</td>
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<tr>
<td>d. Oral mucosal and osseous disorders</td>
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<tr>
<td>e. Periodontal assessment: gingival bleeding, plaque control, calculus, bone height</td>
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<tr>
<td>f. Malocclusion/space assessment, (Angle class, profile, asymmetries)</td>
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<tr>
<td>g. Habits, TMD</td>
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</tbody>
</table>
3. **Health promotion and disease prevention**
   a. **Caries risk level and prevention plan documented**
   b. **Identifies modifications in the prevention plan for the special health care needs patient**
   c. Prevention plan
      i. **Recall frequency**
      ii. Oral hygiene
         1. Brushing frequency
         2. Adult assistance
      iii. Diet
         1. Number of sugar containing snacks/day
         2. Beverage habits, including those with natural or added sugar
      iv. Fluoride status/history
         1. Water source(s)
         2. Fluoridated toothpaste
         3. Topical fluoride supplements

4. **All new and existing findings and planned care correctly documented on the odontogram based on the patient’s clinical and radiographic presentation**

5. **Develops a comprehensive treatment plan:**
   a. Plan developed by prioritized needs
   b. Plan sequenced by visit to incorporate the patient’s needs

6. **Identifies the elements of the special health care needs including condition and associated therapies that may affect oral health care status**

7. **Identifies the elements of the special health care needs patient that should be considered in the delivery of oral health care**

8. **Identified the need for communication with health care professionals to manage oral health care for a special health care needs patient**
<table>
<thead>
<tr>
<th></th>
<th>Recognizes the complexity of patient treatment and identifies when a referral is indicated</th>
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<tbody>
<tr>
<td>9.</td>
<td>Properly addresses emergent dental needs that may present as related to the special health care needs patient during oral health care: a. Makes correct decisions regarding modification of the treatment plan</td>
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</tbody>
</table>
Space Management Competency Exam
Overview

Purpose:
The purpose of this exam is to assess the competency of the dental student in providing oral health care within the scope of general dentistry for space management in pediatric patients.

Each student is required to successfully pass the Space Management case-based competency during the clinical rotation at Healthy Smiles Clinic at Children’s Hospital Colorado. Successful completion is required to successfully pass the clinical courses (DSPD 7755/7757 or DISP 8140/8240) and to be determined competent to manage space management for pediatric patients.

Description and Evaluation:
You are required to take this competency independently. No collaboration is allowed and assistance and/or discussion with staff, students, residents, or faculty is prohibited. The competency can only be taken in the presence of faculty or a designated proctor. The competency must be completed in the scheduled time.

The Space Management competency exam consists of multiple components including patient assessment, diagnosis, comprehensive treatment planning and prognosis. As part of the competency, recognizing the complexity of patient treatment and identifying when a referral is indicated are integral aspects. The competency includes modification of restorative care to address management of associated dental emergencies.

Failure to adequately demonstrate a competent performance in any of the component parts designated as critical will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 80 points and each critical error will result in a deduction of 21 points.

Competency Threshold Experience:
The competency is taken during the clinical rotation (DSPD 7755/7757 or DISP 8140/8240) and requires completion of the assigned preparation for the case and faculty has confirmed satisfactory completion to initiate the competency.
**Remediation:**

Upon failure, the student will review the reason(s) with the attending faculty in association with review of the competency evaluation forms. The competency form for the failed competency must be signed by the attending faculty supervising the competency and then submitted to the Program Assistant prior to initiating a new competency exam.

**Faculty Calibration:**

All components of the case-based competency have specific responses graded as correct/incorrect and calibration is not required. For dental students not passing the competency, remediation of the Space Management competency is conducted by a single faculty assigned to this responsibility to maintain consistency, thus calibration is not required.
Space Management Competency

Student Name: ______________________              Date: _____________________________

CLINICAL COMPETENCY: CASE-BASED            SODM Competency Statements 2, 4, 5, 16, 24

PASS or NOT PASSED: Faculty_________________________________________________

Critical error(s) involve italicized/bold areas and failure to complete one or more will result in a deduction of 21 points and not passing the competency

Each section is 10 points and an aggregate score of 80 points is required to successfully pass the competency

<table>
<thead>
<tr>
<th>Criteria:</th>
<th>Self: Met</th>
<th>Faculty: Met</th>
<th>Reason: Not Met</th>
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<tbody>
<tr>
<td><strong>1. Accurately assesses patient histories:</strong></td>
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<td>b. Dental</td>
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<td>c. Social</td>
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<tr>
<td><strong>2. Properly assesses and diagnoses clinical and radiographic information required to evaluate space management needs for comprehensive treatment planning in a pediatric patient</strong></td>
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<tr>
<td>a. Presence/absence: incipient or carious involvement</td>
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<td>b. Missing teeth/restorations, tooth defects/hypoplasia, mobility, attrition/erosion</td>
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<tr>
<td>c. Malocclusion/space assessment, (Angle class, profile, asymmetries)</td>
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<td>d. Habits, TMD</td>
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<td><strong>3. Develops an appropriate plan of space management and determines prognosis based on the following:</strong></td>
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<td>a. Caries risk level</td>
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<td>b. Patient age and dental developmental stage</td>
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<tr>
<td>c. Expected life span of the space maintainer</td>
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<td>d. Family compliance</td>
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<td>e. Patient cooperation</td>
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<td><strong>4.</strong> Identifies the correct space maintainer(s) based on existing findings</td>
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<td><strong>5.</strong> Draws the space maintainer(s) on a diagram</td>
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<td><strong>6.</strong> Identifies criteria of a correctly placed maintainer</td>
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<td><strong>7.</strong> Understands appropriate treatment planning and sequencing for space management</td>
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<td><strong>8.</strong> Understands potential sequelae following placement of a space maintainer and proper monitoring</td>
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<td><strong>9.</strong> Properly addresses emergent dental needs that present at a restorative visit:</td>
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<tr>
<td>a. Makes correct decisions regarding modification of the treatment plan</td>
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<tr>
<td><strong>10.</strong> Recognizes the complexity of patient treatment and identifies when a referral is indicated</td>
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</table>
Restorative Dentistry Competency Exam
Overview

Purpose:
The purpose of this exam is to assess the competency of the dental student in providing oral health care within the scope of general dentistry for Restorative Dentistry in pediatric patients.

Each student is required to successfully pass the Restorative Dentistry case-based competency during the clinical rotation at Healthy Smiles Clinic at Children’s Hospital Colorado. Successful completion is required to successfully pass the clinical courses (DSPD 7755/7757 or DISP 8140/8240) and to be determined competent to manage restorative care for pediatric patients.

Description and Evaluation:
You are required to take this competency independently. No collaboration is allowed and assistance and/or discussion with staff, students, residents, or faculty is prohibited. The competency can only be taken in the presence of faculty or a designated proctor. The competency must be completed in the scheduled time.

The Restorative Dentistry competency exam consists of multiple components including patient assessment, diagnosis, comprehensive treatment planning, prognosis and documentation of clinical and radiographic findings. The competency includes ability to determine local anesthetic needs for restorative care. As part of the competency, ability to determine non-restorability of the dentition and need for extraction is a component. The competency includes modification of restorative care to address management of associated dental emergencies. As part of the competency, recognizing the complexity of patient treatment and identifying when a referral is indicated are integral aspects.

Failure to adequately demonstrate a competent performance in any of the component parts designated as critical will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 80 points and each critical error will result in a deduction of 21 points.

Competency Threshold Experience:
The competency is taken during the clinical rotation (DSPD 7755/7757 or DISP 8140/8240) and requires completion of the assigned preparation for the case and faculty has confirmed satisfactory completion to initiate the competency.
**Remediation:**

Upon failure, the student will review the reason(s) with the attending faculty in association with review of the competency evaluation forms. The competency form for the failed competency must be signed by the attending faculty supervising the competency and then submitted to the Program Assistant prior to initiating a new competency exam.

**Faculty Calibration:**

All components of the case-based competency have specific responses graded as correct/incorrect and calibration is not required. For dental students not passing the competency, remediation of the Restorative Dentistry competency is conducted by a single faculty assigned to this responsibility to maintain consistency, thus calibration is not required.
# Restorative Dentistry Competency

Student Name: ______________________           Date: _______________________________

CLINICAL COMPETENCY: CASE BASED SODM Competency Statements 2, 4, 6, 23

PASS or NOT PASSED: Faculty_________________________________________________

Critical error(s) **involve italicized/bold** areas and failure to complete one or more will result in a deduction of 21 points and not passing the competency.

Each section is 10 points and an aggregate score of 80 is required to successfully pass the competency.

<table>
<thead>
<tr>
<th>Criteria:</th>
<th>Self:</th>
<th>Faculty:</th>
<th>Reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Accurately assesses patient histories:</strong></td>
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<tr>
<td>b. Dental</td>
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<td></td>
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<tr>
<td>c. Social</td>
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<tr>
<td>2. <strong>Properly assesses and diagnoses radiographic information required to evaluate the restorative needs for a pediatric patient</strong></td>
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<tr>
<td>3. <strong>Properly assesses and diagnoses clinical information required to evaluate the restorative needs for a pediatric patient</strong></td>
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<tr>
<td>4. Properly plans an appropriate restorative care by tooth and determines prognosis based on the following:</td>
<td>Self:</td>
<td>Faculty:</td>
<td>Reason:</td>
</tr>
<tr>
<td>a. Type of decay (incipient or carious involvement)</td>
<td>Met</td>
<td></td>
<td>Not Met</td>
</tr>
<tr>
<td>b. Extent of decay</td>
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<tr>
<td>c. Caries risk level</td>
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<tr>
<td>d. Tooth morphology and type</td>
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<tr>
<td>e. Patient age and dental developmental stage</td>
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<tr>
<td>f. Expected life span of the restoration</td>
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<td>g. Social factors</td>
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<tr>
<td>h. Family compliance</td>
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<tr>
<td>i. Missing teeth/restorations, tooth defects/hypoplasia, mobility, attrition/erosion, occlusion, habits</td>
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<tr>
<td>j. Pulp status, pain, infection</td>
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<tr>
<td>k. Patient cooperation</td>
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<td></td>
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<tr>
<td>l. Restorability of the tooth</td>
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</tbody>
</table>
5. **All new and existing findings and planned care correctly documented on the odontogram based on the patient’s clinical and radiographic presentation**

6. Develops a comprehensive treatment plan:
   a. Plan developed by prioritized needs
   b. Plan sequenced by visit to incorporate the patient’s needs

7. Recognizes the need for extraction when restorative options are not possible

8. Properly manages pain and anxiety
   a. *Correctly calculates the maximum dose of local anesthetic for the patient based on weight*
   b. Recognizes the need for behavior management and identifies appropriate techniques to reduce anxiety

9. Properly addresses emergent dental needs that present at a restorative visit:
   a. Makes correct decisions regarding modification of the treatment plan

10. Recognizes the complexity of patient treatment and identifies when a referral is indicated
EXAMINATION, DIAGNOSIS, AND TREATMENT PLANNING
COMPETENCY EXAMINATION

Purpose:
The purpose of this competency examination is to determine if the student has the
ability to evaluate the periodontium, arrive at a diagnosis, establish a prognosis, and
formulate a treatment plan which is integrated with the patient’s other dental needs.

The student is required to successfully pass this competency on one clinic patient in
order to successfully complete the requirements for the course (DSPE 8855 and DISP
8323) and to be determined as competent in clinical periodontics.

Description and Evaluation:
You are required to take this competency independently. The examination, diagnosis,
and treatment planning competency exam is composed of multiple component parts
including: patient assessment, periodontal data acquisition, assessment of
etiological/risk factors, diagnosis, prognosis, treatment plan, and patient management.

Failure to adequately demonstrate a competent performance in any of the component
parts of this examination will be a critical error and lead to failure of the entire
competency examination, and potentially the associated course. Please see evaluation
form. A passing grade for the competency is 14 points, without a critical error, as
outlined in the evaluation form.

Competency Threshold Experience:
A minimum of four comprehensive periodontal examinations must be completed prior
to challenging this competency. The expected deadline for completion is the fall
semester of your DS3 or ISP1 year.

Remediation:
If you fail this competency, you will need to demonstrate that you can successfully
complete the comprehensive periodontal exam on a minimum of two patients, and then
take this competency again with the same periodontist.

Faculty Calibration:
The faculty are calibrated by the course director regularly during faculty calibration sessions.
<table>
<thead>
<tr>
<th></th>
<th>3 (all criteria must be met)</th>
<th>2</th>
<th>1 – Critical Error (must retake exam)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Assessment</strong></td>
<td>Medical history has no inaccuracies</td>
<td>Medial history is complete with no more than two inaccuracies which do not endanger the patient</td>
<td>Medical history is incomplete which can endanger the patient</td>
</tr>
<tr>
<td></td>
<td>Chief complaint identified and evaluated</td>
<td>Chief complaint identified but not evaluated</td>
<td>Chief complaint not identified or evaluated</td>
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<td></td>
<td>Past dental history assessed</td>
<td>Past dental history assessed with no more than two inaccuracies</td>
<td>Past dental history not assessed that will significantly affect diagnosis and treatment plan</td>
</tr>
<tr>
<td></td>
<td>All intra/extra oral exam findings are detected</td>
<td>All intra/extra oral findings are detected with no more than two inaccuracies which do not endanger the patient</td>
<td>Intra/extra oral findings not detected that can endanger the patient</td>
</tr>
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<td></td>
<td>All occlusal findings are detected</td>
<td>All occlusal findings are detected with no more than two inaccuracies, and do not affect overall treatment plan</td>
<td>Occlusion not evaluated and can significantly affect diagnosis and treatment plan</td>
</tr>
<tr>
<td><strong>Periodontal Exam</strong></td>
<td>Data collection is complete with no inaccuracies</td>
<td>Data collection is complete with three or less inaccuracies which do not affect the diagnosis and treatment plan</td>
<td>Data collection is incomplete or inaccuracies significantly affect diagnosis and treatment plan</td>
</tr>
<tr>
<td><strong>Etiological/Risk Factors</strong></td>
<td>All etiological factors identified</td>
<td>All etiological factors are identified with no more than two inaccuracies which do not affect the diagnosis and treatment plan</td>
<td>Etiological factors not identified that can significantly affect the diagnosis and treatment plan for the patient</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>Periodontal diagnosis is complete with no inaccuracies</td>
<td>Periodontal diagnosis is incomplete but does not affect treatment plan</td>
<td>Periodontal diagnosis is incomplete and</td>
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<td></td>
<td>Assignment of prognosis to teeth is complete and accurate</td>
<td>Minor omissions in patient’s prognosis that would not significantly affect treatment plan</td>
<td>Omissions in patient prognosis can significantly affect treatment plan</td>
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<td>--------------------------</td>
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<tr>
<td>Prognosis</td>
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<tr>
<td>Treatment Plan</td>
<td>Treatment plan is complete with no inaccuracies</td>
<td>Minor omissions in treatment plan that does not significantly affect patient care</td>
<td>Omissions in patient’s treatment plan that can significantly affect patient care</td>
</tr>
<tr>
<td>Patient Management/Infection Control</td>
<td>Patient is comfortable Follows infection control protocol</td>
<td>Patient has slight discomfort One error in the SDM infection control protocol</td>
<td>Patient is very uncomfortable Two or more errors in the SDM infection control protocol</td>
</tr>
</tbody>
</table>
EXAMINATION PROTOCOL:

1. Acceptable patients must manifest radiographic evidence of bone loss in a minimum of two quadrants with associated probing depths of at least 5mm. There must be at least 18 erupted teeth. The patient cannot have had a comprehensive periodontal examination in the past three years. Current full mouth radiographs must be available (within the past 12-18 months).

2. This examination must be taken with a periodontist who is on the full or part-time faculty.

3. Before taking the examination, check with the covering faculty that the patient meets the criteria for the examination.

4. Acquire all necessary data and completely fill in form 9a.

5. Grading will be on a pass/fail basis. A score of at least 14 points, without a critical error, is needed to pass.
<table>
<thead>
<tr>
<th>Possible Points</th>
<th>Student Assessment</th>
<th>Faculty Assessment</th>
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<tbody>
<tr>
<td><strong>Patient Assessment</strong></td>
<td>3</td>
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<tr>
<td>Systemic Health</td>
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<td>Chief Complaint</td>
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<td>Past Dental History</td>
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<tr>
<td>Extra/Intraoral Exam (Non-Periodontal)</td>
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<td>Occlusion</td>
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<tr>
<td><strong>Periodontal Exam</strong></td>
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<td>Gingival:</td>
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<td>Architecture</td>
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<td>Consistency</td>
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<td>Texture</td>
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<td>Probing Depths</td>
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<td>Bleeding</td>
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<td>Gingival Margin Position</td>
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<td>Mucogingival Junction Position</td>
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<td>Clinical Attachment Level</td>
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<td>Amount of Attached Gingiva</td>
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<td>Furcations</td>
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<tr>
<td>Mobility/Fremitus</td>
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<td>Patterns of Bone Loss</td>
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<tr>
<td>Degree of Bone Loss</td>
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<td>Root Form</td>
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<tr>
<td>Root Proximity</td>
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<tr>
<td><strong>Etiology/Risk Factors</strong></td>
<td>3</td>
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<tr>
<td><strong>Diagnosis</strong></td>
<td>3</td>
<td></td>
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<tr>
<td><strong>Prognosis</strong></td>
<td>3</td>
<td></td>
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<tr>
<td><strong>Treatment Plan:</strong></td>
<td>3</td>
<td></td>
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<tr>
<td>Objectives of Therapy</td>
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<tr>
<td>Periodontal/Restorative Treatment Plan</td>
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<tr>
<td><strong>Infection Control/Patient Management</strong></td>
<td>3</td>
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</table>

Pass > 14
Fail ≤ 14 or a “1” in any of the seven components of this exam

Faculty Signature_________________________________   Date_____________
Purpose:
The purpose of this skill exam is to assure that you have obtained the skills necessary to identify calculus deposits and to debride teeth that have deposits of plaque, and calculus, and to remove stain if present. The student is required to successfully pass this competency on one clinic patient in order to successfully complete the requirements for the course (DSPE 8855 and DISP 8323).

Description and Evaluation:
You are required to take this competency independently. The scaling and root planing competency is composed of two sections: calculus detection and calculus removal. This is a pass/fail examination. You need at least 8 points to pass. Regardless of points earned, one critical error will result in the grade being recorded as an “F” and potentially lead to the failure of the entire course.

Competency Threshold Experience:
A minimum of eight quadrants of scaling and root planing must be completed prior to challenging this competency. The expected deadline for completion is the spring semester DS3 or ISP2 year.

Remediation:
If you fail this competency you will need to schedule a one-on-one session with one of the hygienists who is a member of the Division of Periodontics faculty and then take this competency again with the same hygienist.

Faculty Calibration:
The faculty is calibrated with the course director regularly in department calibration session.
EXAMINATION PROTOCOL:
1. This examination can be taken with any member of the full or part-time perio faculty.
2. The patient must have explorer detectable subgingival calculus on at least 10 tooth surfaces. At least 6 of the surfaces must be on posterior teeth.
3. Complete the calculus detection grid. Chart only pieces of calculus that have distinct up-down clicks in the “Det” section of the grid. Do not chart areas of root roughness, overhanging restorations and/or tooth defects.
4. Have the faculty member with whom you are taking the test grade this section. If the patient is deemed to be acceptable you may then debride the teeth.

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</table>
**GRADING CRITERIA**

<table>
<thead>
<tr>
<th>Calculus detection;</th>
<th>Calculus removal;</th>
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<tbody>
<tr>
<td>No errors</td>
<td>No errors</td>
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<tr>
<td>One error</td>
<td>One error</td>
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<td>Two errors</td>
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<td>2pts</td>
<td>3pts</td>
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<td>0pts</td>
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</table>

**Critical Errors:**
- The dosage of local anesthetic is excessive
- Tissue laceration of >3mm
- Ultrasonic burn
- Patient is uncomfortable and visibly distressed
- 2 or more errors in the SDM infection control protocol

This is a pass/fail examination. You need at least 8pts to pass. Regardless of points earned, one critical error will result in the grade being recorded as an “F”

<table>
<thead>
<tr>
<th>Total Points</th>
<th>PASS</th>
<th>FAIL</th>
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</thead>
<tbody>
<tr>
<td>INSTRUCTOR</td>
<td>DATE</td>
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</table>
REVIEWALATION COMPETENCY

Purpose:
The purpose of this competency examination is to establish that the student is capable of evaluating the results of the non-surgical phase of periodontal therapy and making an appropriate Phase II treatment plan.

The student is required to successfully pass this competency on one clinic patient in order to successfully complete the requirements for the course (DSPE 8855 and DISP 8323) and to be determined as competent in clinical periodontics.

Description and Evaluation:
You are required to take this competency independently. The reevaluation competency exam is composed of multiple component parts including: Medical history, Appropriateness of doing reevaluation, data collection, treatment plan, patient management and infection control.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination, and potentially the associated course. Please see evaluation form. A passing grade for the competency is 10 points, without a critical error, as outlined in the evaluation form.

Competency Threshold Experience:
A minimum of two Perio Phase I reevaluations must be completed prior to challenging this competency. The expected deadline for completion is the summer semester of your DS3 or ISP2 year.

Remediation:
If you fail this competency you will need to demonstrate that you can successfully complete periodontal reevaluation on a minimum of two more patients and then take this competency again with the same periodontist.

Faculty Calibration:
The faculty are calibrated by the course director regularly during faculty calibration sessions.
Examination protocol

1. This examination must be taken with a periodontist. An acceptable patient is one who you treatment planned and debrided. The patient must have radiographic evidence of bone loss in at least two sextants. Probing depths at the time of the initial examination must have been 5mm or more in the areas with the bone loss. There must be at least 12 teeth in the mouth

2. Collect all data that you feel is necessary to conduct the reevaluation. If you feel that there is a need to obtain additional radiographs do so

3. Complete the “Periodontics Referral/Reevaluation” in axium as needed

<table>
<thead>
<tr>
<th>Medical history</th>
<th>Self-assessment</th>
<th>Faculty assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate ness of doing re-evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td>Plaque index</td>
<td>Residual calculus</td>
</tr>
<tr>
<td>Probing depths</td>
<td>Free gingival margin position</td>
<td>Bleeding on probing</td>
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<tr>
<td>Exudate</td>
<td>Assessment of furcations</td>
<td>Assessment of attached gingiva</td>
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</tbody>
</table>

**Treatment plan**
Is additional non-surgical treatment needed?
Is surgical intervention needed?
Maintenance recall interval

**Patient management and Infection control**

Grading criteria:
Pass > 10 points
Fail < 10 points or “1” in any of the 5 components of this exam
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<tbody>
<tr>
<td><strong>Medical history</strong></td>
<td>Medical history has no inaccuracies and is up-to-date</td>
<td>Medical history is updated with no more than two inaccuracies which do not endanger the patient</td>
<td>Medical history is not updated and can endanger the patient</td>
</tr>
<tr>
<td><strong>Appropriateness of doing reevaluation</strong></td>
<td>All the criteria for doing the reevaluation have been met such as debridement was well done, occlusal problems if present have been addressed, tissues have had time to heal</td>
<td>One of the criteria has not been met</td>
<td>Two the criteria have not been met</td>
</tr>
<tr>
<td><strong>Data collection</strong></td>
<td>The data that was collected was very accurate and complete</td>
<td>Data collection is complete with three or less inaccuracies which do not affect further sequence of treatment</td>
<td>Data collection is incomplete or inaccuracies significantly affect the treatment sequence for the patient</td>
</tr>
<tr>
<td><strong>Treatment plan</strong></td>
<td>Phase II decisions were excellent</td>
<td>Phase II decisions were good</td>
<td>Phase II decisions were poor and can significantly affect patient care</td>
</tr>
<tr>
<td><strong>Patient management/Infection control</strong></td>
<td>Patient is comfortable Follows infection control protocol</td>
<td>Patient has slight discomfort One error</td>
<td>Patient is very uncomfortable Two or more errors in the SDM infection control protocol</td>
</tr>
</tbody>
</table>
Periodontal Maintenance Portfolio

Requirements:

1. This competency should be completed by the end of the fall semester 4th year for DS and by Thanksgiving break for ISP2 students. The maintenance visits may be covered by any full or part-time faculty in the Division of Periodontics. (Periodontist or hygienist)
2. You must identify a minimum 4 maintenance patients, 4910, (Not Adult Prophylaxis pts.) by Thanksgiving break of your 3rd year for DS, or 1st year for ISP.
   2 of the patients should be followed throughout your time as a student and seen for a minimum of 4 maintenance appointments.
   2 of the patients should be followed through initial phase one therapy, reeval, and then seen for a minimum of two maintenance appointments (4910)
3. Submit the Periodontal Maintenance Portfolio Tracking Form with a list of ALL your patients to the Division of Periodontics by Thanksgiving break. Also submit a copy of the periodontal maintenance portfolio form for each of your long-term patient’s visits to date.
4. An episodic evaluation of your care will be monitored by the Division of Periodontics.
5. All maintenance visits must have been completed directly by you.
6. Acceptable patients must have had an initial diagnosis of periodontitis and a history of scaling/root planing and/or periodontal surgery.
7. This is a Pass/Fail exam, a minimum of 4 well maintained patients must be completed to graduate. Failure to submit the portfolio in a timely manner or if the patients are not maintained well it will lead to a “F” grade and potentially lead to failure of courses DSPE 8855 and DISP 8323.
8. Remediation: If you receive a “F” for this portfolio submission, you will need to schedule a one-on-one session with the course director. Remedial action will be individually determined to address the specific deficits for the students.

Maintenance History and Treatment Outcomes Summary

Patient Name ________________________  Student Name__________________________

Patient Periodontal Assessment and Diagnosis

I. Initial Phase I Assessment

Tissue Assessment:

Risk Factors:

Etiology-Primary:

Secondary (Contributing Factors)

Diagnosis-Generalized and specific teeth/areas:

II. Therapy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Therapy</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>SRP</td>
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<tr>
<td></td>
<td>Local Drug Delivery</td>
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<td></td>
<td>Periodontal Surgery</td>
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<td>Tooth Extractions</td>
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<td></td>
<td>Implant Placement</td>
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<td></td>
<td>Placed/removed perio impinging restorations</td>
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<td></td>
<td>Perio Maintenance Treatment</td>
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<td>Other</td>
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</table>

III. Current Evaluation (Use additional space on back if needed)

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Recall Interval</th>
<th>Tissue Assessment</th>
<th>Risk Factors</th>
<th>Etiology-Primary/Secondary</th>
<th>Diagnosis Generalized/Specific Teeth/Areas</th>
<th>Periodic Oral/Exam Exam Y/N</th>
<th>Radiog Update Y/N</th>
<th>Fac Init</th>
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</table>
IV. Current Status of Patient’s Periodontal Disease and Next Steps:

Visit Date:
  1. Explain how well the patient’s periodontal disease is being controlled at this time.

2. Describe recommended periodontal treatments for this patient.

3. List what type of maintenance patient this is (from your supplemental reading)
Purpose:
The purpose of this exam is to assess the preparation of the student to take the clinical periodontal board examination.

The student is required to successfully pass this competency on one clinic patient in order to successfully complete the requirements for the course (DSPE 8855 and DISP 8323)

Description and Evaluation:
You are required to take this competency independently.

The mock board competency assessment is composed of multiple component parts including: probing depths, recession, calculus detection and calculus removal.

This is a pass/fail examination. If the number of errors exceeds the maximum allowable for any section of this exam, the grade will be recorded as an F. If the number of errors totals five or more the grade will be recorded as an “F”, or if a critical error is made the grade will be recorded as an “F”.

Competency Threshold Experience:
A minimum of eight quadrants of scaling and root planing must be completed prior to challenging this competency. The expected deadline for completion is before the clinical board exams or fall semester DS4 or summer/fall ISP2 year.

Remediation:
If you fail this examination you will need to schedule a one-on-one session with one of the hygienist who is a member of the Division of Periodontics faculty and then take this competency exam again with the same hygienist.

Faculty Calibration:
Faculty are calibrated with the course director regularly in department calibration session.
Name ________________________________

Patient Name _______________________________

**POCKET DEPTHS:**
On the grids below, fill in the tooth numbers of the six, seven or eight teeth selected for treatment; it is not necessary for all selected teeth to be the same quadrant. Record the tooth numbers in the ascending numerical order. At least three of the selected teeth must be posterior, including at least one molar; all posterior teeth must have at least one approximating tooth within 2 mm distance. Record on the grids the measurements of any pocket depths that are 4 mm or more. There must be at least three pockets of 4-6 mm on the selected teeth. The same interproximal pocket may be counted only once; that is, a single pocket on the distal of #30 may be counted only once, even though it may measure 5 mm from the distal-facial and 6 mm from the distal lingual. No teeth with pockets of 7 mm or more should be included in the treatment selection.

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**CALCULUS DETECTION:**
On the grids below, fill in the tooth numbers of the same six, seven or eight teeth recorded above that you have selected for treatment. Place a checkmark in the box for any surface with explorer-detectable calculus. If the calculus is on the line angle of the tooth, mark it on the interproximal surface; for instance, a deposit on the mesial-facial or mesial-lingual line angle of a tooth would be marked on the mesial surface. All teeth selected must have at least one surface of explorer-detectable calculus and there must be a total of at least 10 surfaces of calculus on the selected teeth; five of those surfaces must be on posterior teeth.

*NOTE: Do NOT mark in shaded boxes*

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**ANESTHETIC RECORD**

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<thead>
<tr>
<th>Type(s) of Injection</th>
<th>Anesthetic(s)</th>
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Vasoconstrictor- (Concentration)

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<tr>
<th>Quantity (cc.)</th>
<th>Examiner Initials (Additional Anesthetic)</th>
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**PREMEDICATION ADMINISTERED**

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<thead>
<tr>
<th>Type(s) of Injection</th>
<th>Dosage</th>
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**LEGAL CONSENT**

**STARTING TIME:**

**FINISH TIME:**

**Patient's Name:**

**Assistant's Name:**

**TREATMENT SELECTION**

<table>
<thead>
<tr>
<th>Detection Errors</th>
<th>Removal Errors</th>
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**HEALTH HISTORY**

**LEGAL CONSENT**
**PERIODONTAL MEASUREMENTS**

**INSTRUCTIONS:**
The teeth identified in the box grids below, listed from the most posterior and working anteriorly are assigned for Periodontal Measurements. Measure the depth of each sulcus/pocket on six aspects (DF, F, MF, DL, L, ML) of each assigned tooth. Record each measurement to the nearest mm. On the same teeth, in the same six areas assigned for probing, measure the amount of gingival recession according to the criteria in the Candidate’s Manual. If there is no gingival recession, record a “0”; otherwise, record each measurement to the nearest mm. If any of the teeth assigned for Periodontal Measurement are the same as the teeth approved for Treatment, send your patient to the examiner station after you have completed Periodontal Measurements and before you begin Periodontal Treatment. Otherwise, complete all treatment before you send your patient to the examiner station.

**ASSIGNED TEETH:**
Pocket Depths:

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Gingival Recession:

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**PERIODONTAL MEASUREMENTS**

<table>
<thead>
<tr>
<th>Probing Errors</th>
<th>Recession Errors</th>
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</table>

**DETECTION ERRORS:** __________ (maximum allowable 3)
**REMOVAL ERRORS:** __________ (maximum allowable 4)
**PROBING ERRORS:** __________ (maximum allowable 3)
**RECESSION ERRORS:** __________ (maximum allowable 3)

If the number of errors exceeds the maximum allowable for any section of this exam, the grade will be recorded as an “F”. If the number of errors totals five or more the grade will be recorded as an “F”. A critical error will result in the grade being recorded as an “F”.

**Critical Errors:**
- Tissue laceration of >3mm
- Ultrasonic burn

**PASS** **FAIL**

**FACULTY SIGNATURE** ___________________________ **DATE** __/__/___
Removable Prosthodontic Competency (CRPC1, CRPC2)
Clinical Overview

Purpose:
The purpose of this exam is to assess the simulated removable competency of the dental student in providing oral health care within the scope of general dentistry for a complete edentulous patient.

The student is required to successfully pass this competency on a patient in order to successfully complete the Clinical Course (DSCL 7000/8000 or DISPCL 7000/8000) and to be determined competent to manage full coverage restorations.

Description and Evaluation:
The student is required to take this competency independently.

The Removable Prosthodontic Competency is a clinical evaluation comprised of two parts:

The first part of the Removable Competency (CRPC1) is designed to evaluate the student skills in making preliminary impressions by reviewing diagnostic casts and custom trays and the ability in making final impressions by reviewing the final impressions and master casts for an edentulous patient requiring maxillary and mandibular complete dentures.

The second part of the Removable Competency (CRPC2) is designed to evaluate the student clinical ability of the insertion appointment for maxillary and mandibular complete dentures. This is designed to evaluate the skills in fitting and adjusting complete dentures and correcting the occlusion following a clinical remount procedure.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 2.0, which is determined by the number of deficiency points assigned as outlined on the evaluation form.

Competency Threshold Experience:
The first opportunity to challenge this competency is in the spring semester of the DS 3 and ISP 2 year following completion of a minimum of four units of removable complete dentures and receiving approval from the Comprehensive Care group leader.
Remediation:

Upon failure the student will review the reason for the failure with the covering faculty and meet with the course director or their designee in a one on one session to appropriately remediate the areas of concern. For the CRPC1 competency remediation is to remake the final impression until is correct. For the CRPC2 competency a laboratory examination with dentoform, accomplishing occlusion rims at the proper dimensions, tooth setup, processing, remount and occlusal/articulation adjustment, finishing and polishing will be necessary.

Faculty Calibration:

The faculty is calibrated in a one to one meeting with the Director per semester.
The Removable Prosthodontic Competency Packet can be used for the CD I and CD II removable complete prosthodontics competencies. A new Packet should be submitted with each competency unless both the CD I and CD II competency is completed on the same patient. Have your Comprehensive Care group leader initial your packet prior to beginning the competency. Register your patient appointment under a “PROS” clinical coverage. After completion of the competency, staple the completed grade card to this form and return to the Restorative Department to receive credit.

**DS III Edentulous Patient or CD I Competency:**

Can also be referred to as the CD Impression Competency.

**Prerequisite:** Completion of 4 removable complete units

The CD I Competency is designed to evaluate your skills in making preliminary impressions by reviewing your diagnostic casts and custom trays for an edentulous patient. The second part will evaluate your ability in making final impression by reviewing your final impressions and master casts. This is a pass/fail evaluation.

Diagnostic Preparation Evaluation:  

<table>
<thead>
<tr>
<th>Score</th>
<th>0</th>
<th>1.0</th>
<th>1.5</th>
<th>2.0</th>
<th>2.5</th>
<th>3.0</th>
<th>3.5</th>
<th>4.0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Treatment Execution:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Border Molding</td>
<td>0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0</td>
</tr>
<tr>
<td>Final Impression</td>
<td>0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0</td>
</tr>
</tbody>
</table>

**Overall Competency:** 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

A 2.0 or better is required to PASS. If the student receives a FAIL, the student must retake the competency.

DS Request for Additional Appointment – Rationale

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

“PROS” Faculty Approval____
Patient Assessment

DS: ____________________________ Date: ____________________________
Patient: _______________________

MAXILLA

Palate
□ Deep □ Average □ Shallow □ V-shaped

Arch Form □ Narrow □ Average □ Broad
Vestibule □ Deep □ Average □ Shallow
Tissue Attachments □ Low □ Average □ High
Tuberosity Curvature □ Flat □ Moderate □ Deep
Throat Foam (Soft Palate) □ Class I □ Class II □ Class III
Bony Contours □ Irregular □ Resorptive □ Undercuts
□ Flat □ Negative

Tissue Consistency
PREMAXILLA
□ Flabby, loose □ Attached, firm □ Thin, loose
□ Attached, firm □ Thin, loose

POSTMAXILLA

MANDIBLE

Arch Form □ Narrow □ Average □ Broad
Vestibule □ Deep □ Average □ Shallow
Tissue Attachments □ Low □ Average □ High
Tissue Consistency □ Flabby, loose □ Attached, firm □ Thin, loose
Bony Contours □ Flat □ Negative □ Average
□ Large □ Average □ Small □ Retracted

Patient Summary:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Prognosis: □ Good □ Fair □ Poor

Diagnostic Preparation Evaluation: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

“PROS” Faculty Approval_______
Communication with Dental Laboratory

The minimum required information

1. The prescribing student name
2. The prescribing student signature
3. Faculty signature
4. Date of submission to the dental laboratory
5. Try-in and/or Re-try date (where applicable)
6. Finish date
7. Required oral prosthesis or appliance
8. Specified materials
9. Patient tooth shade ant type of shade guide
10. Prosthesis design

The classification of prosthetic prescription quality is as follows:

1. Clear – instructions are/were defined and adequate (0-1 errors present)
2. Unclear – some designing left to the technician (2 errors present)
3. Poor – most responsibility left to the technician (3-4 errors present)
4. None or Illegible – no or illegible instructions supplied (5+ errors present)

“PROS” Faculty Approval ______
REMOVABLE COMPLETE PROSTHODONTICS COMPETENCY (CRPC2)

The Removable Prosthodontic Competency packet can be used for the CD I and CD II removable complete prosthodontics competencies. A new Packet should be submitted with each competency unless both CD I and CD II competency is completed on the same patient. Have your Comprehensive Care group leader initial your packet prior to beginning the competency. Register your patient appointment under a “PROS” clinical coverage. After completion of the competency, staple the completed grade card to this form and return to the Restorative Department to receive credit.

DS IV Edentulous Patient or CD II Competency:
Prerequisite: Completion of 4 removable complete units

This competency is designed to evaluate your skills in fitting and adjusting complete dentures and correcting the occlusion following a clinical remount procedure.

Diagnostic Preparation Evaluation: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0
Treatment Execution: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0
Overall Competency: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

A 2.0 or better is required to PASS. If the student receives a FAIL, the student must retake the competency.

DS Request for Additional Appointment – Rationale

_____________________________________________________

_____________________________________________________

_____________________________________________________

“PROS” Faculty Approval______
Patient Assessment

DS: ___________________________ Date: ___________________________
Patient: _______________________

MAXILLA

Palate □ Deep □ Average □ Shallow □ V-shaped
Arch Form □ Narrow □ Average □ Broad
Vestibule □ Deep □ Average □ Shallow
Tissue Attachments □ Low □ Average □ High
Tuberosity Curvature □ Flat □ Moderate □ Deep
Throat Foam (Soft Palate) □ Class I □ Class II □ Class III
Bony Contours □ Irregular □ Resorptive □ Undercuts
□ Flat □ Negative

Tissue Consistency

PREMAXILLA
□ Flabby, loose
□ Attached, firm
□ Thin, loose

POSTMAXILLA
□ Flabby, loose
□ Attached, firm
□ Thin, loose

MANDIBLE

Arch Form □ Narrow □ Average □ Broad
Vestibule □ Deep □ Average □ Shallow
Tissue Attachments □ Low □ Average □ High
Tissue Consistency □ Flabby, loose □ Attached, firm □ Thin, loose
Bony Contours □ Flat □ Negative □ Average
□ Large □ Average □ Small □ Retracted

Patient Summary: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Prognosis: □ Good □ Fair □ Poor

Diagnostic Preparation Evaluation: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

“PROS” Faculty Approval_______
DS IV Edentulous Patient  
(CD II Competency)

DS: ___________________________  Date: __________________
Patient: _______________________

DS Self-evaluation

Finish & Polish:

Intraoral fit:

Border extensions:

Frenum relief:

Postpalatal seal:

Facebow record:

Remount casts:

Occlusion:

Faculty Treatment Execution:  0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

“PROS” Faculty Review_______
Communication with Dental Laboratory

The minimum required information

1. The prescribing student name
2. The prescribing student signature
3. Faculty signature
4. Date of submission to the dental laboratory
5. Try-in and/or Re-try date (where applicable)
6. Finish date
7. Required oral prosthesis or appliance
8. Specified materials
9. Patient tooth shade ant type of shade guide
10. Prosthesis design

The classification of prosthetic prescription quality is as follows:

1. Clear – instructions are/were defined and adequate (0-1 errors present)
2. Unclear – some designing left to the technician (2 errors present)
3. Poor – most responsibility left to the technician (3-4 errors present)
4. None or Illegible – no or illegible instructions supplied (5+ errors present)

“PROS” Faculty Review
Partially Removable Denture Prosthodontic Competency (PRDP)
Simulated Clinical Experience

Purpose:
The purpose of this exam is to assess the simulated removable competency of the dental student in providing simulated oral health care within the scope of general dentistry for a partially edentulous patient.

The student is required to successfully pass this competency on a patient in order to successfully complete the Clinical Course (DSCL 7000/8000 or DISPCL 7000/8000) and to be determined competent to manage full coverage restorations.

Description and Evaluation:
The student is required to take this competency independently.

The Simulated Partially Removable Prosthodontic Competency is an assessment of the student ability to survey and design a partial removable dental prosthesis (PRDP) on diagnostic casts and the communication with Dental Laboratory.

Failure to adequately demonstrate a competent performance in any of the component parts of this examination will be a critical error and lead to failure of the entire competency examination and potentially the associated course. Please see evaluation form. A passing grade for this competency is 2.0, which is determined by the number of deficiency points assigned as outlined on the evaluation form.

Competency Threshold Experience:
The first opportunity to challenge this competency is in the spring semester of the DS 3 and ISP 2 year following completion of a minimum of two units of removable partial dentures and receiving approval from the Comprehensive Care group leader.

Remediation:
Upon failure the student will review the reason for the failure with the covering faculty and meet with the course director or their designee in a one on one session to appropriately remediate the areas of concern. Remediation in survey and design the student will provide a new cast or the faculty will give the student a cast to design. The remediation must be completed satisfactorily.

Faculty Calibration:
The faculty is calibrated in a one to one meeting with the Director per semester.
REMOVABLE PARTIAL PROSTHODONTICS COMPETENCY (PRDP)

The Removable Prosthodontic Packet is to be used for the RP I removable partial prosthodontic competency. Have either your Comprehensive Care group leader or a Prosthodontic faculty member initial your packet prior to beginning the competency. Register your patient appointment under a “PROS” clinical coverage. After completion of the competency, staple the completed grade card to this form and return to the Restorative Department to receive credit.

RP I Competency:

Prerequisite: Suggested Completion of at least 2 removable partial denture units and the concurrence of the faculty that the student is prepared to attempt the competency.

__________CC Leader Initials

__________PROS Faculty Initials

The RPD I competency is designed to evaluate your skills in Treatment Planning, survey and designing removable partial dentures. This competency consists of the diagnosis, survey and design of a removable partial denture. Please bring both the Patient Chart and Preliminary Cast to the competency.

Diagnostic Preparation Evaluation: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

Treatment Execution: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

Overall Competency: 0 – 1.0 – 1.5 – 2.0 – 2.5 – 3.0 – 3.5 – 4.0

Student must receive an overall evaluation of 2.0 or better to PASS the competency. If the student receives a FAIL, the student must retake the competency.

“PROS” Faculty Review _______
Patient Assessment

DS: ____________________________  Date: _________________
Patient: _________________________

Diagnostic Preparedness (appropriate diagnostic casts, radiographs, hygiene maintenance, etc...):

Diagnosis:

Medical History Considerations:

Periodontal considerations:

Tooth alignment and arch form considerations:

Occlusal considerations:

Need for restorative procedures prior to preparation:

Special Considerations in RPD design (enameloplasty of opposing teeth, esthetic considerations requiring rotational path etc...):
Kennedy Classification:

**Appropriateness of Design:**
- Survey lines:
- Clasp assembly:
  - Appropriate retentive clasp
  - Appropriate undercut for chosen clasp design
  - Reciprocating arm
  - Appropriate placement of rest seats
  - Proximal plates
- Indirect retention:
- Major connector:
- Minor connector:
- Tooth modifications identified:
- Are the casts tripoded?
- Was the appropriate color-code system used?
- Can student identify the Fulcrum Line?

Comments:

“PROS” Faculty Review
Communication with Dental Laboratory

The minimum required information

1. The prescribing student name
2. The prescribing student signature
3. Faculty signature
4. Date of submission to the dental laboratory
5. Try-in and/or Re-try date (where applicable)
6. Finish date
7. Required oral prosthesis or appliance
8. Specified materials
9. Patient tooth shade ant type of shade guide
10. Prosthesis design

The classification of prosthetic prescription quality is as follows:

1. Clear – instructions are/were defined and adequate (0-1 errors present)
2. Unclear – some designing left to the technician (2 errors present)
3. Poor – most responsibility left to the technician (3-4 errors present)
4. None or Illegible – no or illegible instructions supplied (5+ errors present)

“PROS” Faculty Review_______