Commission on Dental Accreditation

Self-Study Report for
The Evaluation of the
Predoctoral Dental
Education Program

Exhibits II

University of Maryland
Baltimore College of Dental Surgery
650 West Baltimore Street
Baltimore, MD 21201-1586
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The following Maryland Competency Exams were in use in the 2009-2010 academic year.

1. School-wide OSCE
2. Basic life support competency exam
3. DHPP 538P Prevention competency exam
4. DHPP 538P Radiographic competency exam
5. DHPP 538P Treatment plan competency exam
6. DHPP 548P Pediatric dentistry restorative competency exam
7. DSCP 538 Examination of soft tissues competency exam
8. DSCP 548 Biopsy Competency Exam
9. DSUR 538-548 Management of medical emergencies in the dental office competency exam
10. DSUR 548 Multi-tooth exodontias & alveoloplasty competency
11. DSUR 548 Nitrous oxide competency exam
12. DSUR 548 Oral surgery case presentation competency examination
13. ENDO 522 Access opening competency exam
14. ENDO 522 Simulated molar root canal competency exam
15. ENDO 538 Diagnostic competency (non patient based) exam
16. ENDO 548 Multi-rooted tooth competency exam
17. ENDO 548 Endodontics recall competency exam
18. IMPL 538 Computerized case-based competency examination
19. IMPL 538 Treatment planning competency examination
20. ORTH 538 Orthodontic consultation competency exam
21. PERI 538 Instrument Mastery
22. PERI 538 Patient education competency
23. PERI 538 Scaling competency
24. PERI 538 Periodontics treatment plan competency exam I
25. PERI 538 Periodontics treatment plan competency exam II
26. PERI 548 Periodontal treatment planning competency III
27. PERI 548 Periodontics evaluation of therapy competency
28. PERI 548 Scaling root planning competency
29. PRAC 532 Applied scientific evidence competency exam
30. PRAC 542 Practice option competency exam
31. PROF 518 Ethics competency examination
32. PROF 538 Ethics case-based competency exam
33. PROF 538 Informed consent written competency examination – law section
34. RADI 528 Radiographic interpretation visual exam
35. RADI 538 Radiology clinical competency exam
36. RADI 548 Interpretation competency
37. REST 538A Operative class II amalgam simulation competency
38. REST 538A Operative class III composite resin simulation competency
39. REST 538A Operative caries-pulpal management competency
40. REST 548A Operative class II amalgam mock board competency
41. REST 548A Operative class III composite resin mock board competency
42. REST 538B Simulation competency tooth #6
43. REST 538B Complete crown tooth #15 simulation exam
44. REST 548B Fixed partial denture #18-20 simulation exam
45. REST 548B Fixed partial denture #19-21 mock board simulation
46. REST 548B Complete crown competency - patient based
47. REST 538C Removable partial denture #19-21 mock board simulation
48. TXPL 528 Comprehensive treatment planning of a simulated patient
49. TXPL 538 Comprehensive treatment planning of a clinical patient #1
50. TXPL 538 Comprehensive treatment planning of a clinical patient #2
51. TXPL 538 Treatment plan/communication competency
52. TXPL 548 Comprehensive care treatment plan competency #1
53. TXPL 548 Comprehensive care treatment plan competency #2
**Competency Examination:** Basic Life Support Competency exam

**Pre-requisites:** Yr I or Yr III Dental student

**Description of the examination:**
The objectives, written exam questions and manikin performance scenarios were designed as part of the familiar American Heart Association course “Basic Life Support for Healthcare Providers”. This course covers common causes of, recognition of and BLS actions to take for adult, child and infant victims of heart attack, stroke, cardiac arrest, respiratory arrest, and foreign body obstruction (conscious and unconscious). The course also covers use of an AED, barrier devices (a rescue mask), and two-rescuer CPR. “Special situations” including: a victim in a dental chair, hypothermia, severe allergic reaction, near drowning, asphyxia, and cardiac arrest due to trauma, electric shock or lightening strike are also addressed didactically.

**Type of examination:** Demonstration – simulated patient
Exam – written (testing didactic material)

**Grading:** The performance exam is graded as either pass or fail by an AHA BLS Instructor. Automatic failure in the examination occurs if there is a necessity for faculty intervention. The student must get at least 84% correct on the written exam and perform to the satisfaction of the AHA BLS Instructor to become (re)certified as successfully completing this competency exam.

**Criteria for evaluation:** The written examination is based on material from the text. The student is expected to demonstrate on the manikin how they would respond to adult, child and infant victims of cardiac arrest, respiratory arrest, and foreign body obstruction (conscious and unconscious). The student must demonstrate the use of an AED, barrier devices (a rescue mask), and two-rescuer CPR.

**Remediation:**
Trainees who fail the written exam are given a feedback form that identifies the concept of the missed questions tested and which chapter to review in the textbook. They must retake the same exam or another standard AHA BLS exam within 30 working days. Trainees who fail the performance exam and written exam are required to retake the entire course within 30 working days.

**Competencies assessed:**
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care; (Maryland Competency #3);
- Assess a patient’s medical, psychological and social history as it relates to dental treatment (Maryland Competency #7)
- Manage medical emergencies that occur in dental practice (Maryland competency #14)

**Contact person:** Dr. Robert Bennett, CPR Training Center Director
Pediatric Dentistry

Prevention Competency Exam

Student name: _______________________________ Date ________________

Successful completion of this exam is required before the Treatment Plan Competency

Procedure: The student will be assigned a pediatric patient, age 12 or younger. The student will complete the patient exam; caries risk assessment and determine the prevention measures indicated. The student will perform oral hygiene instructions, nutritional analysis and/or diet counseling, and other preventive measures as indicated. An instructor, assistant or another student may observe, but not give advice or instruction.

Evaluation

1. Student has completed the caries risk assessment appropriately.
2. The student has proposed a prevention plan based upon the patient’s current needs.
3. The student has evaluated the patient’s fluoride level, and can make appropriate recommendations.
4. Student gives brushing and flossing instructions in an age appropriate manner, including both the patient and parent or guardian.
5. Student evaluates the patient’s nutrition and diet. Student identifies concerns and makes appropriate recommendations to patient and parent or guardian.
6. Student suggests appropriate short and long term follow-up for prevention measures, including recommendations for recall and radiographic intervals.

PASS / FAIL

Instructor _______________________________________________________________________

Comments:
Pediatric Dentistry

Radiographic Competency Exam

Student name: ________________________________ Date __________________

Successful completion of this exam is required before the Treatment Plan Competency

Procedure: The student will be assigned a pediatric patient. Age 12 or younger (or mixed dentition) is preferred, but exceptions may be made at the discretion of the instructor. The student will complete the patient exam; caries risk assessment and determine the radiographs indicated. Student will take a minimum of 2 bitewing radiographs on the patient, with additional radiographs as indicated. An instructor, assistant or another student may observe, but not give advice or instruction. The student will evaluate, interpret and critique the radiographs with the instructor.

Evaluation

1. Student has completed the caries risk assessment appropriately.

2. Student understands and explains the indications for the radiographs taken. Student recommends appropriate radiographs for patient, taking into account pathology, age, stage of eruption and spacing.

3. The student exposes the radiographs without assistance, selects appropriate film size and demonstrates proper technique.

4. Student manages patient effectively, giving age-appropriate instruction and directions.

5. Radiographs are of good quality, diagnostic and are oriented properly. There is no significant overlap, cone cuts, and alveolar bone is visible

6. The student recognizes and identifies all dental pathology and anomalies.

7. The student can discuss the radiographs as related to dental development and eruption sequence. The student recognizes and identifies anatomical landmarks.

PASS / FAIL

Instructor _________________________________________________________

Comments:
Pediatric Dentistry

Treatment Plan Competency Exam – Year III
Prerequisites: Radiographic Competency Exam and Prevention Competency Exam

Student Name_________________________________________ Date_______________

Procedure: Student will be assigned a new pediatric patient, age 12 or under. The student will complete the examination, radiographs, caries risk assessment and proposed treatment plan. An instructor, assistant or another student may observe, but not offer advice or instruction.

Grading: 10=Outstanding, as compared to peers, far exceeds expectations; 9=excellent, exceeds expectations; 8=very good, meets expectations; 7=acceptable; 6 and below= needs improvement, unacceptable. The student must have 7 or above in each category to pass the examination.

1. _____ History – Medical, dental, developmental and social history are complete and properly recorded.

2. _____ Chief Complaint – History, symptom and findings of the chief complaint are recorded and addressed in the treatment plan

3. _____ Radiographs – All indicated radiographs taken, are diagnostic and of good quality.

4. _____ Growth and Development – Facial features, growth chart, orthodontic development, eruption patterns have been correctly assessed and recorded.

5. _____ Dental Pathology – All carious lesions, pathology and dental anomalies are identified and addresses in the treatment plan

6. _____ Gingival and Periodontal Health – Gingival health and hygiene has been properly assessed and recorded. Pathology has been addressed in the treatment plan.

7. _____ Caries Risk Assessment – Complete and findings considered in formulating the treatment plan. Prevention needs recognized and incorporated into the treatment plan.

8. _____ Treatment Plan – All treatment needs have been identified. An appropriate, comprehensive and sequenced treatment plan has been developed and written on the proper form.

9. _____ Presentation – Presentation is well organized, complete and demonstrates a thorough understanding of the patient’s history and treatment needs. Recognizes behavior or management concerns and incorporates into treatment plan. The recommended presentation format has been followed.

10. _____ Records – All chart entries are complete and correctly done. Required signatures have been obtained, ATEN notes are in the proper format.

TOTAL SCORE _________

Instructor____________________________________________________________________

Comments:

Exhibit 2-8.2 Competency Exam Manual on Blackboard
Competency examination: PEDS 548 (Yr 4) – Restorative Competency Examination

Pre-requisites: Student must have placed at least two restorations requiring local anesthesia before taking the examination.

Description of examination: Student must administer local anesthesia, place a rubber dam, prepare tooth and place final restoration.

Type of examination: Demonstration: Clinical performance

Grading: Currently graded on a 0-100 scale. Students must score 70% to pass. Students are assessed on rubber dam placement, tooth preparation, restoration, patient management and adherence to infection control guidelines. Automatic failure in the examination occurs if the student does not provide safe and effective treatment, or there is necessity for faculty intervention.

Criteria for evaluation: See next page for criteria

Remediation: Students who fail are required to retake the examination. If there is a second failure, departmental counseling is necessary.

Competencies assessed:
- assess the risk for and presence of caries and periodontal disease (Maryland Competency #12);
- prescribe and administer pharmacologic agents for acute pain or dental anxiety (Maryland Competency #15);
- restore missing or defective tooth structure to proper form, function and esthetics (Maryland Competency #19)

Contact Person: Dr. Susan Miller
Exhibit 2-8.2 Competency Exam Manual on Blackboard

PEDIATRIC DENTISTRY

YEAR IV

RESTORATIVE COMPETENCY EXAMINATION

Student Name ____________________________________ Date _____________________________

Patient Name  ____________________________________ Tooth # & Surfaces __________________

Type of Restoration  _____________________________________________________________________

Grading: 10=Outstanding, 9=Excellent, 8=Good, 7=Satisfactory.

A grade lower than 7 in any category is failing and the student must retake the exam.

Criteria for evaluation: See next page for criteria

1. Case Selection: Level of difficulty of the procedure

2. Preparedness: Presents with proper armamentarium to begin and complete the procedure.

3. Knowledge of Procedure: Recommended treatment is consistent with Caries Risk Assessment, student demonstrates competence in performance.

4. Anesthesia: Selects appropriate type of anesthesia, administers properly and insures anesthesia before procedure.

5. Rubber Dam: Rubber dam is placed properly.

6. Patient Management: Communicates at appropriate age level, anticipates and responds to behavior problems, communicates with parents, gives postoperative instructions.


8. Tooth Preparation: Prepares tooth within guidelines and without assistance.


Instructor’s Signature _____________________________________________ Grade _________________

Comments:
PEDIATRIC DENTISTRY

Year IV

Restorative Competency Test

Instructions

1. You must sign up for Pediatric Dentistry Restorative competency when making appointment with the receptionist and present 2 forms to the instructor at the beginning of the appointment.

2. Selection of Restoration
   a. You must have successfully completed the same or similar restoration previous to taking the proficiency exam.
   b. Any restoration requiring local anesthesia may be used.
   c. Points are given for level of difficulty. The instructor should take into consideration the type of restoration, tooth location, size of restoration, age, and behavior of the patient.
      To avoid misunderstandings, it is recommended that the tooth be seen by an instructor prior to the competency exam.

3. A rubber dam **must** be used unless an alternative method of moisture control is discussed and approved by the instructor.

4. No advice or instruction can be given by an instructor, a dental assistant, or another student once the exam has begun.

At the completion of the proficiency exam, the student and instructor will complete an evaluation form independently, and then discuss his/her performance with the instructor. If this is not possible during the clinic period, a later time for review will be arranged.
Competency examination: Examination of Soft Tissues, DSCP 538

Prerequisites: Year 1 Biomedical Sciences & DSCP Joint Lecture/Clinical Experience in Normal Anatomic Landmarks and Non-Pathologic Variations; Year 2 OMED 521

Description of examination: Third year students assigned to the Patient Admissions Block will be assessed on their ability to examine a patient to determine the presence of soft tissue/mucosal pathology (patient will be selected by the faculty and the student will be observed).

Type of examination: Demonstration - clinical performance

Criteria for evaluation: The following will be assessed:
   1) patient position
   2) lighting
   3) instrumentation (gauze, tongue, mirror etc.)
   4) tissue manipulation (bi-digital and bi-manual techniques)
   5) answers to questions about anatomical landmarks, pathologic and nonpathologic variations of normal (questions will be chosen from the handout originally presented and tested in Year 1 and reviewed in Year 2).

Grading: Honors/Pass/Fail. Automatic failure in the examination occurs if the student does not provide safe and effective treatment, or there is necessity for faculty intervention.

Remediation: Students that are not successful in their first attempt at the competency will be instructed/counseled regarding correction of deficiencies and will be given additional opportunities on subsequent days of assignment by another faculty. The highest grade a remedial student can achieve will be Pass.

Competencies assessed:
   • Communicate with and provide care for a diverse population of patients (Maryland competency #2);
   • utilize critical thinking and scientific knowledge in decision making processes involved in patient care (Maryland Competency #3);
   • perform an exam of the hard and soft tissues of the head and neck (Maryland Competency #10);
   • differentiate normal from altered oral soft tissues and determine the need for additional diagnostic information (Maryland Competency #22);
   • Comply with regulations related to patient confidentiality, infection control, hazard communications, radiation safety and medical waste disposal (Maryland Competency #26).

Contact person: Dr. Tim Meiller
Competency examination: Biopsy Competency Exam DSCP 548

Prerequisites: The student must have passed the second year Biomedicine course and be either a third or fourth year student.

Description of examination: The student must perform, assist, or watch a biopsy being performed on a patient in the clinic. They must make an appointment with one of the Oral and Maxillofacial Pathologists to review the chart and the slides. They bring the patient’s chart for that appointment and are expected to participate in the clinical and histological review of their case.

Type of examination: Exam – oral case-based

Grading: The Biopsy Competency Exam is a pass/ fail exam. Automatic failure in the examination occurs if the student does not provide a safe and effective plan for treatment, or there is necessity for faculty intervention.

Criteria for evaluation: see attached sheet

Remediation: The student will reschedule the meeting and discuss the case with another pathologist if the initial visit is unsatisfactory.

Competencies assessed:

- Communicate with and provide care for a diverse population of patients (Maryland competency #2);
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care (Maryland Competency #3);
- Assess a patient’s medical, psychological and social history as it relates to dental treatment (Maryland Competency #7);
- Communicate effectively with other professionals regarding the care of patients (Maryland Competency #9);
- Perform an exam of the hard and soft tissues of the head and neck (Maryland Competency #10);
- Differentiate normal from altered oral soft tissues and determine the need for additional diagnostic information (Maryland Competency #22);
- Comply with regulations related to patient confidentiality, infection control, hazard communications, radiation safety and medical waste disposal (Maryland Competency #26).

Contact person: Drs. Bernard Levy, Mark Scheper or John Basile
Student Biopsy Competency Evaluation Form

Please complete as indicated after each student meets with the Oral Pathologist.

1. Student’s Name and ID number ___________________________________________

2. Junior ____ Senior ____

3. Did the student establish a differential diagnosis? Yes ____ No ____
   On the biopsy accession form? Yes ____ No ____
   Verbally at meeting with pathologist? Yes ____ No ____

4. Did the student complete all patient information requested? Yes ____ No ____
   (to be examined with student at meeting)
   a. Biopsy report in chart? Yes ____ No ____
   b. Progress note indicates biopsy? Yes ____ No ____
   c. Note that patient was informed of the result? Yes ____ No ____

5. Was the student prepared to discuss the case? Yes ____ No ____
   (appropriate responses to verbal questions by the pathologist)

6. Who performed the surgery?
   Faculty ____ Resident ____ Student ____ Other Student ____

7. What did the student do?
   Surgery ____ Assist ____ Watch ____ Patient ____

8. Grade: Pass ____ Fail ____

9. Instructor’s Initials and date _______________________________
History

Location and Clinical Appearance (PLEASE ENCLOSE RADIOGRAPHS)

Clinical Diagnosis

ICD 9 Code

DENTSYST #
Competency Examination: Management of Medical Emergencies in the Dental Office

Pre-requisites: Certification in CPR. Yr III or Yr IV dental student.

Description of the examination: Emergency clinical scenario presented. Student answers specific questions with short written answers

Type of examination: Exam: oral based

Grading: Pass / Fail.

Criteria for evaluation: Rubric established by faculty based on lecture and recommended text book Malamed, S Medical Emergencies in the Dental Office 5th edition, Mosby

Remediation: Student must review didactic material and take the examination again.

Competency assessed:
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care; (Maryland Competency #3);
- Assess a patient’s medical, psychological and social history as it relates to dental treatment (Maryland Competency #7)
- Manage medical emergencies that occur in dental practice (Maryland competency #14)

Contact person: Dr. Cynthia Idzik-Starr
Competency examination: Multi-tooth Exodontia & Alveoloplasty Competency, DSUR 548

Pre-requisites: Success passage of DSUR 522, and successful completion of at least 10 oral surgical procedures and five graded surgical procedures and 4 post op follow-up procedures to be documented on the attached form.

Description of examination: The student selects a patient requiring extraction of at least three adjacent teeth. S/he presents patient to examiner in CPC format- chief complaint, PMH, physical findings. S/he then presents treatment plan, discuss instrumentation and armamentarium, and obtains informed consent. S/he performs a flap (may be an envelope flap), extraction of the teeth requiring removal, alveoloplasty (at minimum the use of a bone file), and interrupted sutures must be placed. S/he then provides post-operative medications and instructions to the patient.

Type of examination: Demonstration - Clinical performance

Grading: Clinical faculty grade each presentation using the attached form. Students are assigned a grade of H/P/F. Students must pass all sections. Automatic failure in the examination occurs if the student does not provide a safe and effective plan for treatment, or there is necessity for faculty intervention. Students who do not pass are counseled individually about the reasons for failure.

Criteria for evaluation: See attached sheet

Remediation: If the student fails the exam he is given another opportunity to select another patient and challenge a new competency. Failure of two exams requires student to perform at least five more surgical procedures before he can again challenge a competency exam.

Competencies assessed:

- assess a patient’s medical, psychological and social history as it relates to dental treatment (Maryland Competency #7)
- perform an exam of the hard and soft tissues of the head and neck (Maryland Competency #10)
- prescribe and administer pharmacologic agents for acute pain or dental anxiety (Maryland Competency #15)
- manage pulpal disease and related periradicular pathology (Maryland Competency #21)
- perform minor alveolar and mucogingival surgery within the oral cavity (Maryland Competency #23).
- evaluate effectiveness of preventive, maintenance, and reparative therapies through assessment of treatment outcomes (Maryland Competency #25);
• use standard precautions and comply with regulations regarding infection control, hazard communications, and medical waste disposal (Maryland Competency #26).

Contact person: Dr. Cynthia Idzik-Starr
MULTIPLE EXTRACTION & ALVEOLOPLASTY
CLINICAL PERFORMANCE EXAMINATION

Instructor:  Check index card for completion of prerequisites before filling out this form.

STUDENT:____________________________INSTRUCTOR:__________________________

PATIENT NAME:_______________________________________CHART #:______________

DESCRIPTION OF DENTAL PROCEDURE:__________________________________________

_____________________________________________________________________________

1.  Presurgical Assessment of Patient:

   Including:  Past and Present Medical and Significant Social History, Vital Signs,
   Assessment of Medical Problems, Present Medications, Habits, (including use of drugs,
   tobacco and alcohol), Indicated Precautions, Patient Consultations, Proposed Surgical
   Procedure and Proposed Anesthetic Technique.

   HONORS    PASS    FAIL

2.  Performance of Surgery:

   Including:  Patient Management, Patient Positioning, Performance of Anesthetic
   Technique, Use of Instrumentation, Flap Design and Execution, Performance of
   Extractions and Alveoloplasty, Closure of Surgical Wound, and Maintenance of Surgical
   Clean Environment.

   HONORS    PASS    FAIL

3.  Postoperative Care and Instructions:

   Including:  Patient Instructions, Prescription (appropriate drugs and dosage), Follow-up
   Instructions, Adequacy of Chart Entry.

   HONORS    PASS    FAIL

INSTRUCTOR SIGNATURE:________________________________DATE:____________

REASON FOR TERMINATION OF EXAMINATION:______________________________

___________________________________________________________________________

INSTRUCTOR SIGNATURE:________________________________DATE____________

Exhibit 2-8.2 Competency Exam Manual on Blackboard
Competency examination: Nitrous Oxide Competency Exam, DSUR 548

Pre-requisites:
Successful passage of DSUR 522
Certification for the administration of nitrous oxide by successfully completing preclinical instruction in inhalation sedation is provided during Yr II nitrous block. This consists of a seminar-practicum experience during which students administer nitrous oxide to a classmate patient. Students satisfactorily completing the seminar-practicum, as determined by the supervising faculty using a pass/fail grading system, are certified to administer inhalation sedation to clinic patients under faculty supervision.
Completion of at least 2 nitrous oxide sedation administration procedures.(Including the administration to classmate patient during the nitrous block).

Description of examination: Student administers nitrous oxide to patient of his selection that requires exodontia. He presents patient to examiner in CPC format- chief complaint, PMH, physical findings. He then presents treatment plan, discusses instrumentation and armamentarium, takes vital signs before and after procedure, performs the procedure while administering nitrous oxide, provides post-op meds and instructions to patient, and properly documents the procedure in the patients chart.

Type of examination: Exam - Oral case-based, and review of documentation in the chart.

Grading: Clinical faculty grades each presentation using the attached form. Students are assigned a grade of H/P/F. Automatic failure in the examination occurs if the student does not provide a safe and effective plan for treatment, or there is necessity for faculty intervention. Students who do not pass the case presentation conference are counseled individually about the reasons for failure.

Criteria for evaluation: See attached sheet

Remediation: If the student fails the exam he is given another opportunity to select another patient and challenge a new competency. Failure of two exams requires student to review nitrous seminar and answer a oral case based exam before he can again challenge a competency exam.

Competencies assessed:

- Assess a patient’s medical, psychological and social history as it relates to dental treatment (Maryland Competency #7)
- Perform an exam of the hard and soft tissues of the head and neck (Maryland Competency #10)
- prescribe and administer pharmacologic agents for acute pain or dental anxiety; (Maryland Competency #15).

Contact person: Dr. Cynthia Idzik-Starr
Nitrous Oxide – Oxygen Sedation
Practical Clinical Examination

Date: ____________________  Student: ____________________
Instructor: _________________________________________________________

Description of Dental Procedure: __________________________________________

<table>
<thead>
<tr>
<th>Observation:</th>
<th>Score</th>
<th>Comments</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Patient Selection &amp; Evaluation Pre-Treatment</strong></td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation of Medical Status</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied &amp; NPO</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2. **Sedation Performance** | 70    |          |        |
| Knowledge of Equipment & Proper Use | 40 |          |        |
| Sedation Procedure | 30 |          |        |
| Proper Flow Rate    |       |          |        |
| Scavenging          |       |          |        |
| Protection of Airway|       |          |        |
| Use of Assistant    |       |          |        |
| Monitoring          |       |          |        |

| 3. **Patient Disposition Post Sedation** | 15    |          |        |
| TOTAL | 100 |          |        |

Instructors Signature: __________________________________________

Date: ____________________

Termination of Examination:
Reason: __________________________________________

Instructors Signature: __________________________________________

Date: ____________________
Competency examination: Oral Surgery case presentation competency examination – DSUR 548

Pre-requisites: Successful completion of DSUR 522 and DSUR 538

Description of examination: Case presentations are given in form of a power point. It is intended to be a critical analysis of the student’s overall management of a patient, complicated medical history that effects treatment, or a complication that occurred during a surgical procedure and how it was handled. The presentation must cover a patient that was treated in the OMFS clinic.

Type of competency examination: Oral case presentation

Grading: Clinical faculty grades each presentation pass / fail using the attached form. Automatic failure in the examination occurs if the student does not provide adequate or proper information on the case that they are presenting as determined by the clinical faculty.

Criteria for evaluation: The student is expected to present the case if form of a power point and evaluate the case they are presenting, considering acceptable alternatives to the treatment rendered. In addition, the student has to defend the choices made for treatment. Students are assessed as to their ability to organize and clearly present case related data and critically evaluate the data and treatment provided. The student must also demonstrate thorough knowledge and understanding of both the didactic and clinical factors related to the case presented.

Remediation: Students who do not pass the case presentation conference are counseled individually about the reasons for failure. They can challenge the exam again as soon as they have completed an acceptable case.

Competencies assessed:
- Communicate with & provide care to a diverse population of patients (Maryland Competency #2);
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care; (Maryland Competency #3);
- Assess a patient’s medical, psychological and social history as it relates to dental treatment (Maryland Competency #7)
- Perform an exam of the hard and soft tissues of the head and neck (Maryland Competency #10)
- Prescribe and administer pharmacologic agents for acute pain or dental anxiety (Maryland Competency #15)
- Manage and treat odontogenic infections (Maryland Competency #16);
- Manage pulpal disease and related periradicular pathology (Maryland Competency #21)
- Perform minor alveolar and mucogingival surgery within the oral cavity (Maryland Competency #23).
- Evaluate effectiveness of preventive, maintenance, and reparative therapies through assessment of treatment outcomes (Maryland Competency #25);

Contact person responsible: Dr. Cynthia Idzik-Starr
Grading Form for Student Presentations

STUDENT NAME:______________________________________DATE:________BOX#:______
PATIENT NAME:______________________________________AXIUM#:________________

The student should cover the following areas in the presentation of the patient:

1. Medical History:
   Medications and their implications including potential for problems with dental anesthetics, vasoconstrictors, stress, surgery, etc.
   Past medical problems and their implications as above.
   On-going medical problems and implications as above.

2. Local Anesthesia/Sedation:
   Choice of local anesthesia agent and why?
   Techniques to be used and familiarity with anatomy and innervation of structures involved.
   Dosage of local anesthetic for this patient and awareness of any constraints.

3. Procedure Selection:
   Selection of procedure(s) performed at this appointment and alternatives to that procedure.
   Description of procedure performed including instrumentation used and indications for use.
   Potential problems or complications with the procedure.
   Discussion of any problems or complications encountered and how they were resolved.

4. Post Operative Instructions:
   Instructions given.
   Medications and dosages prescribed and rationale for each medication.

5. Patient Disposition:
   Dismissed?
   Follow-up?
   If further surgery or other procedures, when?
   Organization of the presentation.

Please assign the student from one to twenty points for each category. Include in the last category a grade for organization of the presentation. Was it well organized and presented in a logical and rational manner?

INSTRUCTOR’S NAME (PRINT):_______________________________________________

SIGNATURE:________________________________________________________________
**Competency Examination:** Access opening competency exam ENDO 522

**Prerequisites:** Second year student. A competency case cannot be started until all laboratory projects on access openings have been completed.

**Description of the examination:** Each student will prepare an access opening on the following teeth: 1 maxillary incisor, 1 mandibular premolar, 2 maxillary premolars, 1 maxillary 1st molar, and 1 mandibular 1st molar.

**Type of examination:** Demonstration - simulated tooth in the laboratory.

**Grading:** Numerical grading, Pass/Fail: Two faculty members grade each tooth and the course director checks for grading consistency. Each tooth is graded on a pass/fail basis and all the grades for all 7 teeth are averaged for a final access competency exercise grade. A passing grade (minimum of 70 points) must be obtained for each tooth or remediation of the failed tooth will be required.

**Criteria for evaluation:** The canals must be located, the access opening must be the correct size and shape and be in the proper location. There should be no gouges in the pulp chamber floor. A perforation during the access opening results in failure of the exercise.

**Remediation:** Remediation must be obtained on each failed tooth i.e., less than 70 points. Remediation efforts are required to demonstrate the student's ability to perform a clinically acceptable access opening prior to entering the clinic. Remediation efforts will result in a maximum grade of 70 for the remediated tooth. If a student fails 3 or more teeth, the highest grade that can be obtained for the competency exercise will be 70.

**Competency assessed:**

- Manage pulpal disease and related periradicular pathology (Maryland Competency #21)

**Contact person:** Dr. P. Chand, 410-706-7048; E-mail: pchand@umaryland.edu
Competency Examination: Simulated molar root canal competency exam ENDO 522

Prerequisites: Second year student. The competency exam cannot be started until the student has taken and passed the mock competency exam.

Description of the examination: The student must select an extracted maxillary or mandibular molar and perform complete endodontic treatment. The competency objectives are as follows:
- Student is able to properly diagnose the case.
- Student is able to prepare a proper access opening.
- Student is able to determine the proper working length.
- Student is able to properly instrument the case.
- Student is able to properly obturate the case.

Type of examination: Demonstration - simulated tooth in laboratory

Grading: Numerical grading. The Endodontic faculty assigned to the course evaluates the students’ performance of treatment of a multi-rooted tooth in six different areas listed below. The student must obtain a grade of 70 or above to pass the competency. Automatic failure in the examination occurs if the student does not provide safe and effective treatment, or there is necessity for faculty intervention. Additionally, other critical failures listed below will result in an automatic failure.

Criteria for evaluation: The following six areas of Endodontic therapy are evaluated during the competency:
- Diagnosis and case presentation
- Preparation and case presentation
- Working length determination
- Instrumentation of the Canal
- Fitting of a master cone and obturation of the canal
- Completion of the case with a sound temporary

The following critical errors result in a grade of less than 70 and require remediation:
- Initiation of treatment without consultation or supervision of attending faculty
- Performing of any portion of treatment without the rubber dam in place
- Perforation during access
- Strip perforation during instrumentation
- Case requiring re-treatment for any other reason

Remediation:
A Critical Error* and/or a score less than 70 will result in failure of this exercise and the exercise must be repeated. Failing the competency exam constitutes a final course grade of no higher than a 70 after completion of remediation requirements.

Competency assessed:
- Manage pulpal disease and related periradicular pathology (Maryland Competency #21)

Contact person: Dr. P. Chand, 410-706-7048; E-mail: pchand@umaryland.edu
Competency Examination: Diagnostic competency (non patient based) exam ENDO 538

Prerequisites: Third year student. A competency case cannot be started until at least one experience single rooted or multicanal case has been successfully completed and submitted to the department.

Description of the examination: This exam is non patient based. The student is presented with a few Interactive Case Based Scenarios that they should come up with an accurate pulpal and periapical diagnosis. The competency objectives are as follows:

- Student is able to properly diagnose the case.
- Student is able to correlate the pulpal and periapical diagnosis

Type of examination: Demonstration – Diagnostic Competency

Grading: Numerical grading. An endodontist assigned to the clinic evaluates the students’ performance in the Diagnostic Competency. The student must pass all the 3 cases presented and completion of the experience on a patient to pass this competency. Automatic failure in the examination occurs if the student does not provide an accurate Diagnosis.

Criteria for evaluation: The following six areas of Endodontic therapy are evaluated during the competency:

- Diagnosis and case presentation
- Preparation and case presentation
- Working length determination
- Instrumentation of the Canal
- Fitting of a master cone and obturation of the canal
- Completion of the case with a sound temporary

The following critical errors result in a grade of less than 70 and require remediation:

- Initiation of treatment without consultation or supervision of attending faculty
- Performing of any portion of treatment without the rubber dam in place
- Perforation during access
- Strip perforation during instrumentation
- Case requiring re-treatment for any other reason

Remediation:
A Critical Error* and/or a score less than 70 will result in failure of this exercise and the case must be referred to the PG Endo Clinic. The student must perform remediation procedures assigned by the Endodontics Pre-Doctoral Director, Dr. Priya. Chand

Competency assessed:
- manage and treat odontogenic infections (Maryland Competency #16);
- Manage pulpal disease and related periradicular pathology (Maryland Competency #21)

Contact person: Dr. P. Chand, 410-706-7048; E-mail: pchand@umaryland.edu
DEPARTMENT OF ENDODONTICS
ENDODONTIC CASE EVALUATION

Student Name__________________________  Total Score_______

Tooth#__________

Date started __________(Faculty initials)  Date completed __________ (Faculty initials)

* Case Evaluation Form is an Electronic Evaluation Record. Following steps are evaluated.

Faculty Initials

A Critical Error* will result in failure of this exercise and the case must be referred to the PG Endo Clinic. The student must then remediate by performing the appropriate remediation procedure assigned by Dr. P.Chand

Please check the appropriate box.

☐ Initiation of treatment without consultation or supervision of attending faculty

☐ Any portion of treatment without the rubber dam in place

☐ Perforation during access

☐ Strip perforation during instrumentation

☐ Case requires retreatment

_____  1.  DIAGNOSIS AND CASE PRESENTATION (Circle Score)

Correct diagnosis, restorative treatment plan, medical history reviewed, Endodontic Diagnosis Record information accurate and complete. Endodontic Diagnosis Record information incomplete or inaccurate, no restorative treatment plan, unsigned consent form. Endodontic Diagnosis Record information significantly incomplete or inaccurate, old radiographs or radiographs of poor quality.
No clinical exam, no radiographs, incorrect diagnosis, no medical history, no restorative treatment plan. Case not approved for Undergraduate Endo.

2. PREPARATION FOR TREATMENT (Circle Score)

Proper instrument set-up, appropriate rubber dam placement, aseptic technique, cubicle cleanliness, student prepared. Rubber dam inappropriately placed, inappropriate rubber dam clamp. Rubber dam leaking but correctable, unacceptable instrument set-up, student inadequately prepared. Leaking rubber dam, inappropriately scheduled patient appointment.

Treatment without rubber dam*, initiation of treatment without consultation or supervision of attending faculty*, failure to complete appointment in timely manner as listed in clinic manual.

3. ACCESS OPENING (Circle Score)

Ideal access opening, canal(s) located, correct shape, size and location, no gouges. Size slightly smaller or larger than ideal, incorrect location, minor gouges. Moderate gouges, inappropriate size or location. Unroofed pulp chamber or pulp horns remain, unidentified canal orifices

Perforation during access*, gross destruction of tooth structure, presence of Caries or leaking restoration requires significant enlargement.

PREVIOUS ACCESS OPENING

Previous access opening will not be scored and final grade will be based on total possible score of 90.

4. WORKING LENGTH DETERMINATION (Circle Score)

Correct WL after 1 film, good quality radiograph with proper angulation, appropriate film size, accurate completion of working length record. Correct WL after 2 films exposed, inappropriate film or file size, improper angulation. Three WL films exposed, failure to complete working length records appropriately. More than 3 WL films exposed, inappropriate

<table>
<thead>
<tr>
<th>CANAL</th>
<th>REF</th>
<th>EWL</th>
<th>AWL</th>
<th>MAF</th>
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working length non-correctable.
EWL = estimated working length; AWL = actual working length; MAF = master apical file

5. INSTRUMENTATION (Circle Score)
F.I.
Proper size selection for master apical file, MAF seats to WL, adequate flaring.
Apical size slightly too small or too large, MAF is short of WL but correctable, adequate flaring.
MAF does not seat to WL due to minimal but correctable loss of length (< 2mm), inadequate flaring.
Overinstrumentation, MAF seats beyond WL.
Strip perforation*, ledging, gross overinstrumentation.

6. MASTER CONE (Circle Score)
F.I.
Proper size selection of MC, MC seats to WL with tugback, one film.
MC is short of WL but correctable, adequate flaring.
MC is 1.0 mm short or long of WL, two MC films exposed.
3 films required, no tugback.
More than 3 films required to obtain MC, inappropriate size of MC, MC film exposed without completing Obturation in the same appointment.

7. OBTURATION (Circle Score)
F.I.
Dense fill, no voids, GP burned out to orifice of canal(s), obturation to appropriate length.
Slight voids, < 1.0mm overfill or underfill.
Moderate voids, > 1.0mm overfill or underfill.
Significant voids, > 2mm overfill or underfill.
Gross overfill with gutta percha/cement, significant voids.
Case requires retreatment*, student counseling required.

8. CASE COMPLETION AND FINAL RADIOGRAPH (Circle Score)
F.I.
Proper restoration placed, patient treatment completed, records accurately completed prior to end of clinic session, appropriate time management.
No XCP used with final radiograph and or final radiograph is difficult to read, inappropriate final radiograph angulation, unlabeled or unmounted radiographs.
Temporary restoration is clinically unacceptable, final film taken with rubber dam on before restoration is placed, student working beyond clinic session without faculty coverage, more the 3 (anterior)/4 (posterior) appointments needed.
9. RESTORATION

Endodontic Faculty Signature _____________________________

Faculty ID Number _____________________________

Date _____________________________

10. Paperwork turned in 3 days or later after completion of the case will result in an automatic deduction of 5 points from the final grade.

◆ Steps To Be Checked: (See Above)

you must check with your Endodontic instructor after each step. All Steps will be re-evaluated by your instructor at every appointment and during the course of treatment.

◆ Superior S Clinical procedures were performed at the highest level of skill
◆ Acceptable A Procedures were performed at a satisfactory level
◆ Needs improvement N Procedural errors were evident that may have affected the outcome
◆ Unacceptable U Major procedural errors

Algorithm:

A : All A and or S
B : All A and 1 0R 2 N
C : more than 2 N

Redo an experience if 1 Unacceptable.
Competency Examination: Multi-rooted tooth competency exam ENDO 548

Prerequisites: Fourth year student and the successful completion of at least one experience case of a multi-rooted tooth that has been reviewed by the department.

Description of the examination: The student must select a patient with the need for a multi-rooted, root canal procedure. The competency objectives are as follows:
  - Student is able to properly diagnose the case.
  - Student is able to prepare a proper access opening.
  - Student is able to determine the proper working length.
  - Student is able to properly instrument the case.
  - Student is able to properly obturate the case.

Type of examination: Demonstration - Clinical performance

Grading: Numerical grading. An endodontist assigned to the clinic evaluates the students’ performance of a single rooted in six different areas listed below. The student must obtain a grade of 70 or above to pass the competency. Automatic failure in the examination occurs if the student does not provide safe and effective treatment, or there is necessity for faculty intervention. Additionally, other critical failures listed below will result in an automatic failure.

Criteria for evaluation: The following six areas of Endodontic therapy are evaluated during the competency:
  - Diagnosis and case presentation
  - Preparation and case presentation
  - Working length determination
  - Instrumentation of the Canal
  - Fitting of a master cone and obturation of the canal
  - Completion of the case with a sound temporary

The following critical errors result in a grade of less than 70 and require remediation:
  - Initiation of treatment without consultation or supervision of attending faculty
  - Performing of any portion of treatment without the rubber dam in place
  - Perforation during access
  - Strip perforation during instrumentation
  - Case requiring re-treatment for any other reason

Remediation: A Critical Error* and/or a score less than 70 will result in failure of this exercise and the case must be referred to the PG Endo Clinic. The student must perform remediation procedures assigned by the Endodontics Pre-Doctorale Director, Dr. P. Chand.

Competency assessed:
  - manage and treat odontogenic infections (Maryland Competency #16);
  - manage pulpal disease and related periradicular pathology (Maryland Competency #21)

Contact person: Dr. P. Chand, 410-706-7048; E-mail: pchand@umaryland.edu
DEPARTMENT OF ENDODONTICS
ENDODONTIC CASE EVALUATION

Student Name__________________________

Date started __________ (Faculty initials)  Date completed __________ (Faculty initials)

Total Score ________

Tooth# __________

* Case Evaluation Form is an Electronic Evaluation Record. Following steps are evaluated.

Faculty Initials A Critical Error* will result in failure of this exercise and the case must be referred to the PG Endo Clinic. The student must then remediate by performing the appropriate remediation procedure assigned by Dr. P. Chand. Please check the appropriate box.

☐ Initiation of treatment without consultation or supervision of attending faculty
☐ Any portion of treatment without the rubber dam in place
☐ Perforation during access
☐ Strip perforation during instrumentation
☐ Case requires retreatment

1. DIAGNOSIS AND CASE PRESENTATION (Circle Score)

Correct diagnosis, restorative treatment plan, medical history reviewed, Endodontic Diagnosis Record information accurate and complete. Endodontic Diagnosis Record information incomplete or inaccurate, no restorative treatment plan, unsigned consent form. Endodontic Diagnosis Record information significantly incomplete or inaccurate, old radiographs or radiographs of poor quality. No clinical exam, no radiographs, incorrect diagnosis, no medical history, no restorative treatment plan. Case not approved for Undergraduate Endo.
2. PREPARATION FOR TREATMENT (Circle Score)

F.I.

Proper instrument set-up, appropriate rubber dam placement, aseptic technique, cubicle cleanliness, student prepared. Rubber dam inappropriately placed, inappropriate rubber dam clamp.
Rubber dam leaking but correctable, unacceptable instrument set-up, student inadequately prepared.
Leaking rubber dam, inappropriately scheduled patient appointment.

Treatment without rubber dam*, initiation of treatment without consultation or supervision of attending faculty*, failure to complete appointment in timely manner as listed in clinic manual.

3. ACCESS OPENING (Circle Score)

F.I.

Ideal access opening, canal(s) located, correct shape, size and location, no gouges
Size slightly smaller or larger than ideal, incorrect location, minor gouges.
Moderate gouges, inappropriate size or location.
Unroofed pulp chamber or pulp horns remain, unidentified canal orifices

Perforation during access*, gross destruction of tooth structure, presence of Caries or leaking restoration requires significant enlargement.

PREVIOUS ACCESS OPENING

Previous access opening will not be scored and final grade will be based on total possible score of 90.

4. WORKING LENGTH DETERMINATION (Circle Score)

F.I.

Correct WL after 1 film, good quality radiograph with proper angulation, appropriate film size, accurate completion of working length record.
Correct WL after 2 films exposed, inappropriate film or file size, improper angulation.
Three WL films exposed, failure to complete working length records appropriately.
More the 3 WL films exposed, inappropriate working length non-correctable.

EWL = estimated working length; AWL = actual working length; MAF = master apical file
5. **INSTRUMENTATION (Circle Score)**

F.I.

Proper size selection for master apical file, MAF seats to WL, adequate flaring.
Apical size slightly too small or too large, MAF is short of WL but correctable, adequate flaring.
MAF does not seat to WL due to minimal but correctable loss of length (< 2mm), inadequate flaring.
Overinstrumentation, MAF seats beyond WL.

*Strip perforation*, ledging, gross overinstrumentation.

6. **MASTER CONE (Circle Score)**

F.I.

Proper size selection of MC, MC seats to WL with tugback, one film.
MC is short of WL but correctable, adequate flaring.
MC is 1.0 mm short or long of WL, two MC films exposed.
3 films required, no tugback.
More than 3 films required to obtain MC, inappropriate size of MC, MC film exposed without completing Obturation in the same appointment.

7. **OBTURATION (Circle Score)**

F.I.

Dense fill, no voids, GP burned out to orifice of canal(s), obturation to appropriate length.
Slight voids, < 1.0mm overfill or underfill.
Moderate voids, > 1.0mm overfill or underfill.
Significant voids, > 2mm overfill or underfill.
Gross overfill with gutta percha/cement, significant voids.

*Case requires retreatment*, student counseling required.

8. **CASE COMPLETION AND FINAL RADIOGRAPH (Circle Score)**

F.I.

Proper restoration placed, patient treatment completed, records accurately completed prior to end of clinic session, appropriate time management.
No XCP used with final radiograph and or final radiograph is difficult to read, inappropriate final radiograph angulation, unlabeled or unmounted radiographs.
Temporary restoration is clinically unacceptable, final film taken with rubber dam on before restoration is placed, student working beyond clinic session without faculty coverage, more the 3 (anterior)/4 (posterior) appointments needed.

9. **RESTORATION**
10. Paperwork turned in 3 days or later after completion of the case will result in an automatic deduction of 5 points from the final grade.

◆ **Steps To Be Checked**: (See Above)

you must check with your Endodontic instructor after each step.
All Steps will be re-evaluated by your instructor at every appointment and during the course of treatment.

◆ **Superior** **S** Clinical procedures were performed at the highest level of skill
◆ **Acceptable** **A** Procedures were performed at a satisfactory level
◆ **Needs improvement** **N** Procedural errors were evident that may have affected the outcome
◆ **Unacceptable** **U** Major procedural errors

Algorithm:

A : All A and or S
B : All A and 1 OR 2 N
C : more than 2 N

Redo an experience if 1 Unacceptable.
Competency examination: Endodontics recall competency exam ENDO 548

Prerequisites: Yr IV dental student.

Description of the examination: Note that a student must successfully complete two endodontic recall competency examinations during their fourth year. The objectives of this competency are to:
- The student is able to properly document a 6 month evaluation of a root canal therapy.
- The student is able to evaluate the success/failure of a root canal procedure.
- The student is able to evaluate the need and type of further therapy.

Grading: Numerical grading with a minimum grade of 70 to pass. An endodontist evaluates the students’ performance in their ability to successfully document, evaluate endodontic therapy and determine if any additional therapy is needed. Automatic failure in the examination occurs if the student does not provide safe and effective treatment, or there is necessity for faculty intervention.

Type of examination: Demonstration - Clinical performance
- Oral case presentation

Criteria for evaluation: The evaluation is divided into three sections:
- Case presentation, including the proper documentation of the case
- Evaluation of Treatment (Success or failure)
- Appropriate disposition of the patient, including proper recommendations for future therapy for the patient.

Remediation: A score less than 70 will result in failure of this exercise. The student must then remediate by performing the appropriate remediation procedure assigned by the Endodontics Pre-Doctorale Director, Dr. P. Chand.

Competencies assessed:
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care (Maryland competency #3);
- Demonstrate self-assessment skills in maintaining competency (Maryland competency #5);
- Assess a patient’s medical, psychological and social history (Maryland competency #7);
- Manage pulpal disease and related periradicular pathology (Maryland Competency #21);
- Evaluate effectiveness of preventive, maintenance, and reparative therapies through assessment of treatment outcomes (Maryland competency #25)

Contact person: Dr. P.Chand.; 410-706-7048; E-mail: pchand@umaryland.edu
University of Maryland

Implant 538 Computerized Case-Based Competency Examination- Spring Semester

Implant Prosthodontics Year 2009-2010

Third Year Pre-doctoral Program

**Competency Examination:** This competency exam is a formal didactic examination to assess the knowledge, skills and values required to achieve proper treatment planning and delivery of an implant supported prosthesis that maintains oral function and overall oral health care. To be completed by a school day closest to June 30, 2010.

**Prerequisites:** Satisfactory performance of Implant 538 Course

**Description of the examination:** The competency will be a computerized Case-Based exam. It would consist of 25-40 clinical-based case scenarios with multiple choice answers. It would test basic didactic material in implant prosthodontics including but not limited to single unit implant restorations, implant supported multiple restorations and implant supported mandibular overdentures. It would review diagnosis and treatment planning presentations, patient case scenarios, review of patient clinical records, radiology assessment (radiographic images), guidelines for restoration of dental implants, implant restorative selection, journal literature questions and glossary of implant prosthodontic terms.

**Type of Examination:** Computerized Case-Based

**Grading:** Numerical grading. The student must obtain a grade of 70% or above to pass the competency. FAIL= <70%, PASS=70%-89%, HONORS=90%-100%

**Criteria for evaluation:** The student will be evaluated based on the answers to the exam questions and their ability to utilize critical thinking and scientific knowledge in the clinical case scenarios presented.

**Remediation:** Students that are not successful in their examination will be instructed/counseled regarding correction of deficiencies and will be given additional opportunity to remediate.

**Competencies assessed:**
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care

**Contact person:** Dr. Guadalupe E. Garcia, GGarcia@umaryland.edu, 410-706-7047

GG08/28/09
Competency Examination: This competency exam is a formal didactic examination that assesses the knowledge, skills and values required to achieve proper treatment planning and delivery of an implant supported prosthesis that maintains oral function and overall oral health care. To be completed by a school day closest to December 15, 2010.

Prerequisites: Satisfactory performance of Implant 538 Computerized Case-Based Competency Examination during Spring Semester- June 30, 2010

Description of the examination: The competency will be an oral Case-Based exam. It would test basic didactic material in implant prostodontics including but not limited to single unit implant restorations, implant supported multiple restorations and implant supported mandibular overdentures. It would review the diagnosis and treatment of a patient of record who is ready to start restorative treatment of an integrated implant.

- Have completed Treatment Plan Form (triplicate form white, yellow, pink) and Pre-prosthetic form (Yellow form) with all appropriate signatures
- Obtained documented periodontal or oral surgery clearance prior to initializing restorative treatment
- Obtained updated radiographs, and review medical, dental and social histories, patient’s chief complaint and any other pertinent information prior to starting restorative treatment
- Demonstrate professionalism and proper infection control measures at all times.
- Completed caries risk assessment (GP manager), and a medical history update (if a transferred patient).
- Recognize the need for and write a medical consult if needed.
- Have mounted casts- articulated properly, hand articulated, with use of occlusal registration material or occlusal rim if removable restoration applies
- Full occlusal evaluation
- Prepare a presentation explaining the radiographic findings, medical history findings, pertinent medications with any possible drug interactions or contraindications to dental treatment, diagnoses, prognosis of treatment
- Occlusal findings
- Write a short draft of the sequence of treatment needed to achieve the final implant restoration: i.e. custom tray fabrication, final impression open or close tray selection, impression coping selection, adjustment to impression coping prior to impression, mounting of casts, need for interocclusal records?, abutment selection, abutment wax try-in, coping fabrication, abutment and
metal coping try-in, shade selection and porcelain addition
i.e. complete denture evaluation, tissue height measurements, locator abutment selection, locator abutment try-in, insert selection, pick up of locators
close tray selection, impression coping selection, interocclusal records, occlusal rim fabrication ➔ denture steps, locator abutment selection, pick up of locators

- Answer specific questions related to custom tray selection, impression coping selection and abutment selection.
- Evaluation/Presentation of diagnostic wax up prior to determining screw vs. cement retained restoration

**Type of Examination:** Oral/ Clinical

**Grading:** Numerical grading. The student must obtain a grade of 70% or above to pass the competency. FAIL= <70%, PASS=70%-89%, HONORS=90%-100%

**Criteria for evaluation:** The pre-doctoral student is expected to evaluate his/her restorative treatment and complete all diagnostic steps prior to rendering restorative treatment. Students are assessed as to their ability to organize the case and clearly present related data and critically evaluate the treatment provided. The student must demonstrate thorough knowledge and understanding of both the didactic and clinical factors related to implant prosthodontics. The student has to defend the selected type of impression, implant restoration and abutment.

**Remediation:** Students that are not successful in their examination will be instructed/counseled regarding correction of deficiencies and will be given additional opportunity to remediate.

**Competencies assessed:**
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care (Maryland competency (MC) #3)
- Secure a dental history that includes chief complaint, patient expectations, and past dental history
- Communicate effectively with other professionals regarding the care of patients (MC #9)
- Demonstrate self-assessment skills in maintaining competency (MC #5)
- Obtain form consent for all oral health care therapies (MC #6)
- Assess a patient’s medical history as it relates to dental treatment (MC #7)
- Order, obtain, and interpret appropriate dental radiographs (MC #11)
- Assess the risk for and presence of caries and periodontal disease (MC #12)
- Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations (MC #13)
- Restore missing or defective tooth structure to proper form, function and esthetics (MC #19)
- Replace missing teeth and surrounding oral tissues to proper form, function and esthetics (MC #20)
Baltimore College of Dental Surgery

University of Maryland
Implant 538 Treatment Planning Competency Examination- Fall Semester
Implant Prosthodontics Year 2010-2011
Fourth Year Pre-doctoral Program
Student name ___________________________
Date ________________________ Faculty initials___________
Tooth # ____________
A= ACCEPTABLE 10% N=NEEDS IMPROVEMENT 5%
U=UNACCEPTABLE 0%

Please circle appropriate grade and add total score

1. DIAGNOSIS AND CASE PRESENTATION
Correct diagnosis, restorative treatment plan, medical history reviewed. Diagnostic information accurate and complete. Treatment Plan Form (triplicate form white, yellow, pink) and Preprosthetic form (Yellow form) with all appropriate signatures
A= 10% N= 5% U= 0%

2. PREPARATION FOR TREATMENT
Proper instrument set-up, chair set-up, implant basic kit (standard screw driver), crown and bridge tray, patient chart
A= 10% N= 5% U= 0%

3. SURGICAL CLEARANCE TO INITIALIZE RESTORATIVE TREATMENT
Obtained documented perio, oral surgery, perio prosth, pg prosth or endo clearance prior to initializing restorative treatment
4. RADIOGRAPHIC ANALYSIS

Proper request and analysis of selected radiographs (PAs, BWs, PAN) prior to initializing restorative treatment

5. MOUNTED CASTS

Properly mounted casts utilizing proper occlusal registration material, occlusal rims

6. OCCLUSAL EVALUATION

Canine Guidance, anterior guidance, group function, cross bite, proper posterior support, analyze need of occlusal adjustment or restoration of posterior support, amount of interocclusal space for future restoration (indications for screw vs cement retained implant supported restoration), interocclusal clearance for locator attachments (mandibular overdenture), other occlusal findings

7. DESCRIPTION OF TREATMENT SEQUENCE

Write a short draft that describes the sequence/ steps of treatment needed to achieve the final implant restoration (Review clinical guide)

A.
B.
C.
D.
E.
F.
G.
8. FINAL IMPRESSION SELECTION

Proper analysis of implant position, buccal lingual, mesio distal, adjacent teeth to implant, and anatomical landmarks, challenges. Adequate selection of custom tray for final impression, indications for open or close tray selection

A= 10%    N= 5%    U= 0%

9. IMPRESSION COPING SELECTION

Proper assessment of implant position and angulation, buccal lingual, mesio distal, interocclusal space, adjacent teeth to implant, anatomical landmarks, challenges. Adequate selection of impression copings, indications for transfer coping vs. pick up copings (open tray vs. close tray)

A= 10%    N= 5%    U= 0%

10. ABUTMENT SELECTION/ RESTORATION SELECTION

- Proper assessments of implant position and angulation, buccal lingual, mesio distal, apico coronal positions, interocclusal space, maxillo mandibular clearance, adjacent teeth to implant, anatomical landmarks, challenges. Adequate selection of abutment, indications of prefabricated abutment vs need for UCLA abutment, procera abutment. Locator abutment selection if restoring mandibular implant overdenture. Evaluation/Presentation of diagnostic wax up or template prior to determining indication for screw vs. cement retained restoration

A= 10%    N= 5%    U= 0%

A= ACCEPTABLE 10% = Procedures were performed at a high level skill in a satisfactory level
N= NEEDS IMPROVEMENT 5% = Procedural errors were evident that may have affected the outcome
U= UNACCEPTABLE 0% = Major procedural errors

Total score (please circle):

70%  80%  90%  100%

Faculty Signature ___________________ Faculty ID#__________________
Exhibit 2-8.2 Competency Exam Manual on Blackboard

Paperwork turned in 3 days after deadline on 12/15/10 will result in an automatic deduction of 5 points from the final grade.
**Competency Examination:** Orthodontic Consultation Competency Exam, ORTH 538

**Pre-requisites:** GROW521, ORTH 522

**Description of examination:** Students complete a clinical orthodontic evaluation

**Grading:** P/F. Failure in the examination occurs if the student does not provide safe and effective management of the patient during the evaluative process, if the student does not score at least 60 on the review of findings with the supervising instructor or there is necessity for faculty intervention in the procedures.

**Type of exam:** Demonstration - Clinical performance

**Criteria for evaluation:** A scoring sheet is available for instructors to review the different components of the clinical evaluation that the student has performed.

**Remediation:** Departmental counseling

**Competencies assessed:**
- perform an exam of the hard and soft tissues of the head and neck (Maryland competency #10)
- order, obtain, and interpret appropriate dental radiographs (Maryland competency #11);
- identify and manage space problems and simple malocclusions (Maryland competency #24)

**Contact person:** Dr. Schneider
## ORTHODONTIC CONSULTATION COMPETENCY

<table>
<thead>
<tr>
<th>POSSIBLE POINTS</th>
<th>GENERAL INFORMATION = 6 POINTS</th>
<th>POINTS EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Patient’s name, age ethnic ID, exam date, student’s name</td>
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<td>2</td>
<td>Reason for consultation</td>
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<td>2</td>
<td>Medical/psychological/cooperation concern</td>
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</tbody>
</table>

**Facial Features = 16 points**

| 1               | Facial Symmetry |              |
| 1               | Facial Type |              |
| 2               | Lower facial height |              |
| 2               | Incision-stomion display |              |
| 1               | Profile |              |
| 2               | Nasolabial angle |              |
| 2               | Mandible position |              |
| 2               | Mandibular plane |              |
| 1               | Lips relaxed |              |
| 1               | Upper lip |              |
| 1               | Lower lip |              |

**Oropharyngeal Function = 18 points**

| 4               | Speech, breathing, swallowing, tongue rest position |              |
| 2               | Habits |              |
| 2               | CR-CO discrepancy |              |
| 2               | Maximal incisal opening |              |
| 2               | Maximal protrusive movement |              |
| 2               | Maximal right excursive movement |              |
| 2               | Maximal left excursive movement |              |
| 2               | TMJ |              |

**Intraoral Features = 34 points**

| 2               | Maxillary midline |              |
| 2               | Mandibular midline |              |
| 2               | Anterior diastema |              |
| 2               | Crossbite |              |
| 2               | Overbite/openbite |              |
| 4               | Molar relationship |              |
| 4               | Canine relationship |              |
| 2               | Overjet |              |
| 2               | Curve of Spee |              |
| 4               | Arch form – maxilla |              |
| 4               | Arch form – mandible |              |
| 4               | Other concerns |              |

| 6               | Case summary = 6 points |              |

**Disposition = 3 bonus points**

### Total Points

80 points

The total score must be 60 or greater to pass

Instructor's Name, Signature  Date
YEAR 3     INSTRUMENT MASTERY-   Fall Semester

Student: _______________________________     Evaluator: ____________________________
Patient: ________________________________    Chart #: _____________ Date: ____________

1. **Professionalism**
   - Exhibits professional behavior prior to and during clinic session (5 Points)
   - Receptive to suggestions

2. **Calculus Identification and Patient Selection**
   - Meets stated criteria for competency (15 Points)
   - Identification of calculus, light MN anterior Supragingival calculus- 4 sites.
     Check box of selected sites: at least 2 interproximal sites on 2 teeth
     *30 minute scaling time limit*

3. **Instruments Design and Sharpness**
   - Original design of instruments evaluated before and maintained after procedure (15 Points)
   - Sharpening technique correct
   - Demonstrates basic knowledge of the Graceys and 204S
   - Both edges sharp at beginning and end of evaluation

4. **Instrumentation**
   - Selects appropriate instrument and uses the correct cutting edge (25 Points)
   - Demonstrates ability to adapt all curettes and the 204S correctly
   - Demonstrates correct modified pen grasp
   - Maintains a stable 3rd or 4th finger fulcrum
   - Proper pressure and length of stroke
   - Appropriate soft tissue management

5. **Calculus Removal**
   - Removes calculus and achieves a smooth tooth and/or root surface (10 Points)
   - Identifies calculus that remains

6. **Patient Management/ Aseptic Technique**
   - Review of Medical History (25 Points)
   - Proper patient management
   - Appropriate use of topical and local anesthesia
   - Safety glasses for patient and PPE for operator
   - Follows infection control guidelines

7. **Positioning**
   - Patient and operator positioned correctly for optimal access and balanced posture (5 Points)
   - Appropriate use of mouth mirror

*Automatic Failures:* Treatment without faculty “START”, Medical History not adequately reviewed / precautions not taken, use of contaminated items, food in treatment area, failure to report exposures, excessive tissue damage.

<table>
<thead>
<tr>
<th>Deductions</th>
<th>Total Score</th>
<th>Late Penalty</th>
<th>Final score</th>
</tr>
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</table>

Deadline deduction after January 31st
Late by 1-30 days -11 points
Late by 31-60 days -20 points
Late by ≥60 days -30 points

01.12016 Rev. 05/09

Exhibit 2-8.2 Competency Exam Manual on Blackboard
SCALING COMPETENCIES OVERVIEW

INSTRUMENT MASTERY (Year 3, fall)

This is the first competency which may be challenged in the first semester of Year 3. It is focused on manual instrumentation techniques and knowledge of the instruments. The goal is to ensure that each student has developed the basic skills necessary to use universal and Gracey instruments in a safe and effective manner.

PRE-REQUISITES: Completion of at least 2 Gingivitis patients
PATIENT REQUIREMENTS: 4 surfaces of easily detectible supragingival calculus on 2 teeth- preferably MN ant incisors
TIME/SCHEDULE LIMITATION: 30 min. No more than 2 comps per clinic session
INSTRUMENTS EVALUATED: Universal and Gracey instruments.
DEADLINE: January 31st

RULES
• Competencies must be scheduled with a Perio hygienist
• Sign up for one of the 2 competency chairs designated in axiUm as “PE/CO” with a Perio hygienist. Use the code “SCCOMP” as the “reason for the visit”
• Late competencies will have automatic points deductions

PURPOSE: To ensure that each 3rd year student is able to demonstrate
- the safe and effective use of universal and Gracey curettes to remove supragingival calculus from crowns/roots.
- acceptable and effective method of instrument sharpening
- recommended infection control procedures
- basic knowledge of use and design of Gracey and 204S scaler
- identify supragingival calculus, and accurately evaluate results of treatment.

PROCESS Each 3rd year student must present a patient who has visible, easily detectible, supragingival calculus on 4 surfaces (2 interproximal) on at least 2 adjacent teeth
The student will be evaluated on
- selection calculus identification
- shape and sharpness of instruments
- safe and effective instrument adaptation
- aseptic technique
- ergonomics- balanced position of operator
effective positioning of patient and instruments
effective use of mouth mirror for indirect vision, etc.
- calculus removal and evaluation of surfaces treated
- effective soft tissue management
PART 1

1. **Professionalism**
   - Exhibits professional behavior prior to and during clinic session.
   - Receptive to suggestions.

2. **Patient Selection**
   - Student familiar with criteria for competency
   - Patient selected presents with a plaque free index of \(\leq 50\%\) and dental disease.
   - Plaque free score at Tx Plan ______
   - Plaque free score today ______
   - Patient selected is a willing participant for achieving compliance.

3. **Patient Education Presentation**
   - Written evaluation of current homecare products and routine prior to instruction;
     documented on top portion of the plaque score sheet.
   - Written plan of suggested homecare modifications for the patient to take home.
   - Patient adequately disclosed and plaque free score correctly documented and computed.
   - Student explains to the patient the impact of any systemic conditions, dietary habits,
     medications and tobacco use on the disease processes identified in the patient’s mouth.
   - Terminology: plaque, calculus/tartar, caries/cavities, gingivitis and periodontitis all
     discussed with the patient. Focus on disease processes that have been identified.
   - Appropriate plaque control devices are selected based on patient needs- minimally a
     toothbrush and interproximal aid; with only one additional plaque device introduced.
   - Presentation is limited to < 15 minutes

4. **Plaque Control Devices**
   - Appropriate plaque control devices are selected for the specific patient needs.
   - Student demonstrates knowledge of the correct usage for the devices to the patient.
   - Patient demonstrates knowledge of the correct usage for the devices to the student.

5. **Patient Management and Asepsis Technique**
   - Accurate and complete review of medical history
   - Safety glasses for patient and PPE for operator (Mask, glasses, &
     gloves required during demo)
   - Infection control guidelines followed
   - Soiled material put directly into hazardous waste bag

Deadline deduction after January 31st

<table>
<thead>
<tr>
<th>Late by</th>
<th>Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30 days</td>
<td>-11 points</td>
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<tr>
<td>31-60 days</td>
<td>-20 points</td>
</tr>
<tr>
<td>≥ 60 days</td>
<td>-30 points</td>
</tr>
</tbody>
</table>

Total Score ______

Late Penalty ______

Final score ______
Teaching your patients how to prevent disease is the most important service you can provide. If they cannot prevent disease everything else that you do for them, no matter how exquisite, will fail. This is not a “one time” procedure, nor can dental disease be evaluated accurately without considering the patient’s overall health. Factors such as diet, blood sugar, systemic diseases, and tobacco use must be identified and their impact on the patient’s dental health explained. This competency may take several appointments to accomplish. Just as diagnosing disease is an ongoing process, preventing disease also requires continual observation for as long as you are treating patients.

PURPOSE

To ensure that each junior student has the ability to:
• recognize various disease processes, such as gingivitis, periodontitis and caries
• to explain to the patient the disease process(es) identified in “everyday” terms
• to take an accurate plaque score and correlate plaque with the disease identified
• to teach the patient how to prevent the disease by:
  1. explaining the role of diet and fluoride in prevention of caries
  2. describing the impact of smoking on oral health and wound healing
  3. emphasizing the importance of diet in controlling blood sugar and its effect on disease severity and the healing process
  4. explaining what modifications are necessary in the patient’s current plaque control routine in order to interrupt the disease process
  5. choosing appropriate plaque control devices
  6. demonstrating the use of each plaque control device in the patient’s mouth
  7. evaluating the patient’s ability to use the device correctly
  8. giving the patient appropriate feedback and making suggestions for better compliance

PROCESS

Each student must present one patient to demonstrate his/her ability to help a patient improve oral health (80% plaque free). The patient selected must have an initial plaque free score of 50% or less. The initial plaque score may be pre-recorded at the work-up or Treatment Plan Appointment. The student should refrain from discussing plaque control with the patient until the competency appointment with the hygienist, which would be the first scaling appointment.

The competency appointment must be scheduled with the hygienist in one of the two chairs on the Axium screen designated “PE/CO”. During this appointment, the supervising hygienist will verify the plaque score, listen to the student’s presentation to the patient and observe the demonstration of the plaque control device selected for that appointment. In the interest of appointment time and patient’s ability to change established routines, we recommend that you limit demonstrations to one new device; brushing and an interproximal aid a minimum.

RULES

• This competency must be scheduled with a Perio hygienist
• Sign up for one of the 2 competency chairs designated in axiUm as “PE/CO” with a Perio hygienist. Use the code “PTEDCOMP” as the “reason for the visit”
• DEADLINES – January 31st

Late competencies will have automatic points deducted.
SCALING COMPETENCY (Year 3, spring)

The Scaling competency may be challenged in the second semester of Year 3. It is focused on treatment outcomes: calculus removal and soft tissue management. The goal is to ensure that each student has the refined the basic clinical skills necessary to render safe and effective care necessary to produce positive tissue response.

PRE-REQUISITES: Successful completion of Instrument Mastery Competency
Scaling complete minimum of 5 quadrants on Periodontitis patients

PATIENT REQUIREMENTS: 8 sites of heavy sub-gingival calculus on 4 posterior teeth

TIME/SCHEDULE LIMITATION: 60 min. No more than 2 comps per clinic session.

INSTRUMENTS EVALUATED: Universal and Gracey curettes

DEADLINE: May 1st

RULES
• Competencies must be scheduled with a Perio hygienist
• Sign up for one of the 2 competency chairs designated in axiUm as “PE/CO” with a Perio hygienist. Use the code “SCCOMP” as the “reason for the visit”
• Late competencies will have automatic points deductions

PURPOSE: To ensure that each student has the ability to demonstrate

• Safe and effective use of Gracey cures to remove subgingival hard deposits from roots through scaling and root planing.
• Ability to sharpen instruments adequately
• Recommended infection control procedures
• Ability to identify and completely remove easily detectable, subgingival hard deposits

PROCESS Each 3rd year student must present a patient who has easily detectible, subgingival calculus on 8 surfaces ideally on 4 adjacent posterior teeth (4 interproximal sites) - canine can be included

The student will be evaluated on
• selection of target sites (calculus identification)
• shape and sharpness of instruments
• safe and effective instrument adaptation
• aseptic technique
• ergonomics- balanced position of operator effective positioning of patient and instruments effective use of mouth mirror for indirect vision, etc.
• safe and effective removal of hard deposits and identification of any remaining deposits
• effective soft tissue management
1. **Professionalism**
   - Exhibits professional behavior prior to and during clinic session
   - Receptive to suggestions

2. **Calculus Identification and Patient Selection**
   - Meets stated criteria for competency
   - Identification of calculus - *heavy* posterior sub-gingival ledges - 8 sites.
     - Check box of selected sites, at least 4 interproximal sites on 4 adjacent Teeth - (excluding incisors).
     - *60 minute scaling time limit*

3. **Instruments Design and Sharpness**
   - Original design of instrument maintained before and after procedure
   - Both edges sharp at beginning and end of evaluation

4. **Instrumentation and Calculus Removal**
   - Selects appropriate instrument and uses the correct cutting edge
   - Removes calculus and achieves a smooth tooth and/or root surface
   - Identifies calculus that remains
   - Demonstrates ability to adapt all Gracey curets and sickle scalers correctly
   - Maintains a stable 3rd or 4th finger fulcrum and uses modified pen grasp
   - Proper pressure and length of stroke
   - Appropriate soft tissue management

5. **Patient Management/ Aseptic Technique**
   - Review of Medical History
   - Proper patient management
   - Appropriate use of topical and local anesthesia
   - Safety glasses for patient and PPE for operator
   - Follows infection control guidelines

6. **Positioning**
   - Patient and operator positioned correctly for optimal access and balanced posture
   - Appropriate use of mouth mirror

*Automatic Failures:* Treatment without faculty “START”, Medical History not adequately reviewed / precautions not taken, use of contaminated items, food in treatment area, failure to report exposures, and excessive tissue damage.

---

**Deadline deduction after May 1st**

- Late by 1-30 days -11 points
- Late by 31-60 days -20 points
- Late by ≥60 days -30 points

**Total Score**

**Deductions**

**Late Penalty**

**Final score**
**Competency examination:** Periodontal Treatment Plan Competency Exam

<table>
<thead>
<tr>
<th>Competency</th>
<th>Year taken</th>
<th>Format</th>
<th>Prerequisite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal Treatment Plan Competency 1</td>
<td>Year III</td>
<td>Clinic/Patient</td>
<td>Completion of three periodontal treatment plans (D9450.2 Periodontal Case presentation);</td>
</tr>
<tr>
<td>(TXPCOMP 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal Treatment Plan Competency 2</td>
<td>Year III</td>
<td>Computer-Based</td>
<td>Pass TXPCOMP 1</td>
</tr>
<tr>
<td>(TXPCOMP 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal Treatment Plan Competency 3</td>
<td>Year IV</td>
<td>Computer-Based</td>
<td>Pass PERI 538 and TXPCOMP 2</td>
</tr>
<tr>
<td>(TXPCOMP 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prerequisites:** 1. In order to challenge TXPCOMP 1, successful completion of three periodontitis treatment plans (D9450.2 Periodontal Case presentation); 2. TXPCOMP 2 may be taken after successful completion of TXPCOMP 1; 3. TXPCOMP 3 can be scheduled after successful completion of PERI 538.

**Description of examination:** The treatment plan competency examinations will evaluate the student’s ability to document clinical findings, establish a diagnosis, assess the patient’s needs and develop a comprehensive treatment plan of a periodontitis patient. The focus of TXPCOMP 1, a patient-based examination, is the recognition and documentation of a mild periodontitis patient with appropriate interpretation of clinical and radiographic findings and formulation of a comprehensive treatment plan. TXPCOMP 2 and TXPCOMP 3 are electronic examinations given at scheduled class examination periods (laptop) of one hour duration. Fourth year students will be held to a greater degree of clinical diagnostic and treatment planning skill than will third year students. TXPCOMP 2 will evaluate the student’s ability to recognize, diagnose moderate to chronic periodontitis and TXPCOMP 3 will include surgical and non-surgical periodontal case evaluation of greater complexity.

**Type of examination:** TXPCOMP 1: Exam – oral and case based; Demonstration – Clinical performance. TXPCOMP 2 and TXPCOMP 3: Exam – computer - case based

**Grading:** A numeric grade is assigned to this competency. Automatic failure in the examination occurs if the student does not provide safe and effective treatment (“Critical Failure”), or there is necessity for faculty intervention. The student must obtain a numeric grade of 70 or higher to pass this examination.

**Criteria for evaluation:** Student evaluation is based upon three parts:

1. Examination and documentation- proper recording of oral, extra-oral, systemic, general dental, periodontal, radiographic findings and pertinent social and dental history.
2. Summary of findings- appropriate review, summarization and identification of problems.
3. Diagnosis and treatment plan- appropriate determination of diagnosis, prognosis, contributing etiology and development of an appropriate treatment plan with a proper treatment sequence.

These same criteria will be utilized in the computer based TXPCOMP 2 and TXPCOMP 3 evaluations.

Failures can also occur where the presentation is substantially inadequate for any asterisked items on the “Periodontics Treatment Planning Competency Evaluation Form.”

Remediation: TXPCOMP 1: The student will need to repeat the failed examination with a different patient but the same instructor. Additional treatment planning experiences may be recommended prior to repetition of the examination. The failing grade and the passing remedial competency grade will be averaged to generate the final grade for the competency examination. TXPCOMP 2 and TXPCOMP 3: Remedial computer based exams will be administered.

Competencies assessed:

- Communicate with and provide care to a diverse population of patients (Maryland Competency #2);
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care (Maryland Competency #3);
- Utilize principles of behavioral sciences for maintaining patient's oral health (Maryland Competency #4);
- Obtain informed consent for all oral health therapies (Maryland Competency #6);
- Assess a patient’s medical, psychological and social history (Maryland Competency #7);
- Secure a dental history that includes chief complaint, patient expectations, and past dental history (Maryland Competency #8);
- Communicate effectively with other professionals regarding the care of patients (Maryland Competency #9);
- Perform an exam of the hard and soft tissues of the head and neck (Maryland Competency #10);
- Order, obtain, and interpret appropriate dental radiographs; (Maryland Competency #11);
- Assess the risk for and presence of caries and periodontal disease (Maryland Competency #12);
- Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations; (Maryland Competency #13);
- Develop and implement interceptive strategies to control and prevent dental caries and periodontal diseases in individual patients (Maryland Competency #17);
- Differentiate normal from altered oral soft tissues and determine the need for additional diagnostic information (Maryland Competency #22);
Exhibit 2-8.2 Competency Exam Manual on Blackboard

- Use standard precautions and comply with regulations regarding infection control, hazard communications, and medical waste disposal (Maryland Competency #26);

  **Contact Person:** Dr. Grishondra Branch-Mays
Periodontal Treatment Planning: Treatment Planning Competency III

**Prerequisite:** Student is in Year IV (D4) and has successfully completed PERI 538.

**Description:** The student will be required to demonstrate competency in treatment planning a complex and/or advanced periodontitis case. The student should utilize the knowledge base gained from their previous periodontal curriculum and clinical experiences to demonstrate their knowledge base in the concepts that will be presented on the computer-case-based examination. The topics and concepts listed below will be the focus of the examination.

1. Computer based
2. Complex or advanced Periodontitis case
3. Diagnosis
4. Treatment options
   a. Formulation of an appropriate periodontal treatment plan
   b. Multi-disciplinary (restorative/periodontal concerns)
   c. Utilization of tooth prognosis
5. Identification of criteria for referral
6. Determination of sequence of therapy
7. Assessment of systemic disease
8. Radiograph interpretation
9. Signs of inflammation
10. Timing of evaluation
11. Assessment of etiology and contributory factors
12. Determination of Maintenance Frequency
13. Risk assessment

**Instructions:**

1. Student will bring their laptop computer with the most recently updated software for taking a Question mark examination. (Students should contact to IT for updates or computer problems)
2. The competency exam will take approximately 40-60 minutes.
Exhibit 2-8.2 Competency Exam Manual on Blackboard

Grading:

1. The student will obtain a raw score and any updates to the grade will be posted on blackboard after the exam has been reviewed by the faculty.
2. A passing score of ≥ 70% or greater must be obtained after all grade adjustments have been applied.
3. For students not receiving a passing score, they will need to have remediation and be retested by the deadline date November 30, 2009. Students who have not successfully taken or passed their competency will receive a reduction in their final grade in PERI 548.
Periodontal Treatment Planning: Treatment Planning Competency I

Prerequisite: Student is in Year III (D3) and has completed 3 periodontal treatment plan presentations (We suggest that you try to schedule these with a Periodontist or Periodontics Resident when possible).

Description: The student will be required to demonstrate competency in treatment planning a localized or generalized mild or moderate periodontitis case. The student should utilize the knowledge base gained from their previous periodontal curriculum and clinical experiences to demonstrate their knowledge base in the concepts that will be assessed during the patient-based examination. The topics and concepts listed below will be the focus of the examination.

I. Patient Selection
   A. Patients for treatment plan competency examinations must have at least two quadrants with active signs of periodontitis (i.e. periodontal pockets > 4 mm in the presence of inflammation and loss of attachment, bone loss, BOP, etc. …).
   B. Teeth must be present in both arches and occluding.
   C. The patient should have mild or moderate periodontitis
   D. The patient should have a complete radiographic series where all teeth and their apices are discernible.
   E. Student must have patient’s cast mounted

II. The topics and concepts listed below will be the focus of the examination.
   A. Determination of Severity and Extent
      1. Generalized or Localized
      2. Mild or Mild to Moderate Periodontitis
   B. Periodontal documentation
      1. Student must complete the Medical History form, be prepared to discuss all medical finding, medications etc. and take the patients BP, Pulse etc.
      2. Student must complete Data Sheets I, II, and III & IV using the Chart Coding Document
      3. Student must calculate a Bleeding Index and Modified O’Leary Index
   C. Extraoral and Intraoral assessment
   D. General dental evaluation

Exhibit 2-8.2 Competency Exam Manual on Blackboard
E. Assessment of systemic disease
F. Radiographic interpretation
G. Gingival assessment and description
H. Occlusal evaluation

III. Instructions
   A. Student will review the medical history, take BP & pulse
   
   B. Student will obtain call the faculty over and inform them that they will be
   challenging their TXP competency and then hand them the competency
   form before beginning their presentation

Please Note: If the student is treating a patient with a noncontributory medical
history and presents the patient for the Treatment Planning Competency, the
faculty will provide a hypothetical medical history scenario utilizing commonly
known medical conditions and/or medications. For example, the faculty may ask
the student what stage hypertension a patient has if the BP was 120/80 and how
the student would modify therapy.

IV. Grading
   A. Students will be grade on based on a 100 point scale.
   
   B. Axium code D9450.2 should be entered and faculty will discuss final
   grade for the competency.
   
   C. A passing score of ≥70% must be obtained. For students not receiving
   a passing score, retesting must occur with the same faculty member that
   the student failed the competency with.
Periodontal Treatment Planning: Treatment Planning Competency II

Prerequisite: Student is in Year III (D3) and has successfully completed Treatment Planning Competency II.

Description: The student will be required to demonstrate competency in treatment planning a generalized mild and/or moderate periodontitis case. The student should utilize the knowledge base gained from their previous periodontal curriculum and clinical experiences to demonstrate their knowledge base in the concepts that will be presented on the computer-case-based examination. The topics and concepts listed below will be the focus of the examination.

Periodontal Diagnostics and Interpretation: Treatment Planning Competency II

1. Computer based
2. Generalized Mild or Moderate Periodontitis Case
3. Diagnosis
4. Determination of Extent and Severity
5. Radiographic interpretation
6. Gingival assessment and description
7. Occlusal evaluation and diagnosis
8. Determination and identification of prognostic categories

Instructions:

1. Student will bring their laptop computer with the most recently updated software for taking a Question mark examination. (Students should contact to IT for updates or computer problems)
2. The competency exam will take approximately 40-60 minutes.

Grading:

1. The student will obtain a raw score and any updates to the grade will be posted on blackboard after the exam has been reviewed by the faculty.
2. A passing score of $\geq 70\%$ or greater must be obtained after all grade adjustments have been applied.
3. For students not receiving a passing score, they will need to have remediation and be retested by the deadline date May 19, 2009. Students who have not successfully taken or passed their competency will receive a reduction in their final grade in PERI 538.
## Criteria for a Periodontal Evaluation of Therapy Competency

<table>
<thead>
<tr>
<th></th>
<th>E (no problems demonstrated)</th>
<th>S (minor problems)</th>
<th>U(major errors)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical History</strong></td>
<td>Health history updated, medical concerns independently identified and managed</td>
<td>Health history updated but minor concerns not identified and managed, but not adversely effecting treatment</td>
<td>Health history not updated or medical concerns not identified and managed, adversely effecting treatment</td>
</tr>
<tr>
<td><strong>Summary of Dental</strong></td>
<td>Chief complaints and/or urgent care needs identified General dental treatment managed &amp; updated Head &amp; neck exam and intraoral exam completed and accurately described</td>
<td>Minor exam findings, or treatment needs not described, addressed or updates to treatment plan not identified Minor inaccuracies in Head &amp; neck exam and intraoral exam</td>
<td>Major exam findings, or treatment needs not described or addressed or updated treatment plan not identified Head &amp; neck exam and/or intraoral exam incomplete, adversely affecting treatment</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td>All periodontal charting recorded clearly and accurately according to the Chart Coding Form</td>
<td>Minor inaccuracies or omissions in periodontal charting, (errors in no more than 3 sites), documentation clear according to the Chart Coding Form</td>
<td>Major inaccuracies in periodontal charting, and/or multiple omitted items, Recording unclear and the Chart Coding Form not followed</td>
</tr>
<tr>
<td><strong>Periodontal</strong></td>
<td>Periodontal conditions described accurately periodontal disease and health accurately identified prognosis revised as needed</td>
<td>Minor inaccuracies in describing periodontal conditions, periodontal disease, health and prognosis</td>
<td>Failure to recognize health or describe obvious signs of disease requiring additional therapy or major inaccuracies assigning prognosis</td>
</tr>
<tr>
<td><strong>Outcomes Assessment</strong></td>
<td>Accurately assesses treatment outcomes Recognizes and identifies additional treatment needs</td>
<td>Minor inaccuracies in assessing treatment outcomes Minor omissions identifying additional treatment needs</td>
<td>Failure to recognize treatment outcomes Treatment decisions would result in neglect or mismanagement of the patient</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>Rationale for maintenance plan and frequency are appropriate</td>
<td>Rationale for maintenance plan or frequency is appropriate but needs improvement</td>
<td>Rationale for Maintenance plan and/or frequency is inappropriate</td>
</tr>
</tbody>
</table>

E= Excellent  
S= Satisfactory  
U= Unsatisfactory
# Periodontal Evaluation of Therapy Competency Form

**Student _____________________________ Date _______________ Patient Chart # ________________**

**Date of Initial Evaluation of Therapy __________ Faculty Signature & Number ________________**

<table>
<thead>
<tr>
<th>Content Areas</th>
<th>Grading Criteria</th>
<th>Comments (required for U)</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Medical History &amp; Update</td>
<td><strong>E</strong> 14</td>
<td>Thorough, up-to-date, and health risks managed</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>S</strong> 12</td>
<td>Minor errors</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>U</strong></td>
<td>Major errors</td>
<td></td>
</tr>
<tr>
<td>1.2 Summary of Dental Treatment Completed &amp; Updates to the treatment plan when necessary</td>
<td><strong>E</strong> 12</td>
<td>Thorough, up-to-date, and treatment needs managed</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>S</strong> 10</td>
<td>Minor omissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>U</strong></td>
<td>Major errors</td>
<td></td>
</tr>
<tr>
<td>1.3 Periodontal Documentation</td>
<td><strong>E</strong> 20</td>
<td>Accurate and complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>S</strong> 17</td>
<td>Very Few areas inaccurate, incomplete or unclear</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>U</strong></td>
<td>Major errors</td>
<td></td>
</tr>
<tr>
<td>1.4 Periodontal Findings</td>
<td><strong>E</strong> 20</td>
<td>Accurate and complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>S</strong> 17</td>
<td>Some areas incomplete or unclear</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>U</strong></td>
<td>Major errors</td>
<td></td>
</tr>
<tr>
<td>2. Outcomes Assessment &amp; Treatment Plan Modifications</td>
<td><strong>E</strong> 20</td>
<td>Accurately assess treatment outcomes and presents comprehensive treatment options</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>S</strong> 17</td>
<td>Rationale for additional treatment unclear; omission of some options</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>U</strong></td>
<td>Major errors or omissions</td>
<td></td>
</tr>
<tr>
<td>3. Maintenance</td>
<td><strong>E</strong> 14</td>
<td>Frequency and justification logical</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>S</strong> 12</td>
<td>Frequency or justification logical</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>U</strong></td>
<td>Both frequency and justification not logical</td>
<td></td>
</tr>
</tbody>
</table>

**Deadline is January 31st**

Past due 1-30 days: Deduction -11 points
Past due 31-60 days: Deduction -20 points
Past due >60 days: Deduction -30 points

TOTAL SCORE: ________________
DEDUCTION: - ________________
FINAL GRADE: ________________

E= Excellent
S= Satisfactory
U= Unsatisfactory

05/05/09 version
Evaluation of Therapy Competency

**Prerequisite:** Student is in Year IV (D4) and has successfully completed PERI 538 and have successfully completed 3 evaluation of initial therapy or annual periodontal evaluation patient visits.

**Description:** The student will be required to demonstrate competency in documentation and reevaluation of a periodontitis patient, determination of future treatment needs and frequency of maintenance.

**Patient Selection:**

The Evaluation of Therapy Competency Form can be completed on any of the student’s periodontal patients needing an Evaluation of Initial Therapy or an Annual Periodontal Evaluation as long as the guidelines listed below are followed. Therefore, the student must select a patient that the student has completed initial preparation on and/or has previously completed a periodontal maintenance on the patient. The student may also select one of their periodontal maintenance patients due for an Annual Periodontal Evaluation. If a periodontal maintenance patient will be selected for the competency, an Annual Periodontal Evaluation visit should occur on or after the anniversary date of the initial evaluation for an Annual Periodontal Evaluation or Evaluation of Initial Therapy visit. A student may also select a periodontal maintenance patient who is not due for their one year periodontal reevaluation if the patient has not undergone a comprehensive evaluation (Annual Periodontal Evaluation or Evaluation of Initial Therapy) within the prior 6 months and is due for his/her 3 month maintenance visit. The patient must also have teeth in occlusion and have at least 2 molar teeth present in the mandible or maxilla. Please Note: If the student is treating a patient with a noncontributory medical history and presents the patient for the Evaluation of Therapy Competency, the faculty will provide a hypothetical medical history scenario utilizing commonly known medical conditions and/or medications. For example, the faculty may ask the student what stage hypertension a patient has if the BP was 120/80 and how the student would modify therapy.

**Topics of Focus:**

1. Assessment of Documentation
2. Reevaluation, recognition of change and interpretation of clinical findings-case analysis
3. Form a revised periodontal treatment plan if needed
4. Identify surgical and non-surgical treatment options
5. Determination and justification of Maintenance Frequency
6. Update to medical and dental history
7. Summary of dental treatment provided

**Forms:**

1. Data Sheet III front and back side
2. Evaluation of Therapy Competency Form
3. Modified O’Leary Index

**Instructions:**

1. The student will update the medical history and then inform the Periodontics faculty (Drs. Branch-Mays, Moutsopoulos, Park, Phillips Reidy, Shiau, Waasdorp or Modarres only) that they will be challenging the exam to obtain approval and a start once the faculty evaluates the patient.

2. The student should have the patient’s radiographs available for viewing.

3. The student will fill out the top of the Evaluation of Therapy Competency Form and then fill out **completely** Data Sheet III (front & back side) following the guidelines on the Chart Coding form.

4. Bring the faculty over to begin the oral portion of the exam and give the Evaluation of Therapy Competency Form to the faculty.

5. After the completion of the oral exam, the faculty will complete an exam to verify findings.

6. Disclose the patient to obtain a Modified O’Leary Index and present it to the faculty.

7. Axium code **D0170.2** should be entered and faculty will discuss final grade for the competency. The grading criteria for the competency are located on the back side of the Evaluation of Therapy Competency Form.

8. A passing score of ≥70% must be obtained. For students not receiving a passing score, retesting must occur with the same faculty member that the student failed the competency with.
SCALING/ROOT PLANING COMPETENCY (Formerly the mock NERB, Year 4)

This competency may be challenged in the first semester of Year 4. It is focused evaluation of skills necessary for comprehensive periodontal treatment: accurate diagnosis, data collection, effective removal of calculus and stain and soft tissue management. The goal is to ensure that each student has the skills necessary to diagnose and treat periodontal disease effectively. Designed to prepare students for the Periodontal NERB (North East Regional Board) Exam, this competency serves as a practice exam for senior students before they present for a licensing examination.

PRE-REQUISITES: Successful completion of Scaling Competency
PATIENT REQUIREMENTS: 12 sites of easily detectable, sub-gingival calculus on 6-8 teeth
TIME/SCHEDULE LIMITATION: 90 min.
INSTRUMENT EVALUATED Ultrasonic scalers, Universal and Gracey curets
DEADLINE: January 31st

RULES
- All competencies must be scheduled with a Perio hygienist
- Sign up for one of the 2 competency chairs designated in Axium as “PE/CO” with a Perio hygienist.
  Use the code “MOCKSRP” as the “reason for the visit”
- Late competencies will have automatic points deducted.
SCALING AND ROOT PLANING COMPETENCY

YEAR 4         SPRING SEMESTER

For All Sections: Enter selections in ascending order with tooth # in the large box and the tooth surface in the smaller adjacent box. Indicate one surface M, F, D, or L (not ML or DF, etc)

Pocket Depth Qualification:
• This section “qualifies” your selected teeth as “scaling root planing”. 
• Enter 3 different teeth from the 6-8 chosen below, which have a minimum of 4mm pockets; preferably < 6mm. DO NOT list the actual depth.
• It is not necessary to select these surfaces to scale, but you must scale the tooth.
• For each tooth not meeting this criteria 15 possible point deducted

Sub-Gingival Calculus Detection: 78 points
• Select a minimum of 6 teeth and no more than 8 teeth for scaling; optimally in the same quadrant for anesthesia purposes and ease of evaluation.
• Select 12 surfaces of easy to detect sub-gingival ledges of calculus.
• Select a 7th or 8th tooth only if additional teeth are needed in order to obtain 12 surfaces and/or increase the difficulty level of your selection.
• If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed.
• At least 3 of the selected teeth must be molars and/or premolars; including one molar.
• At least 3 surfaces must be on inter-proximal surfaces of molars and/or premolars.
• All posterior teeth must have at least one adjacent tooth within 2 mm distance (i.e. if #30 is missing you may not scale #31 unless #32 is present, though you do not have to scale the interproximals if this criteria has been met with other posterior teeth).
• No more than 4 surfaces may be selected from the incisors.
• Regardless of whether the errors are calculus detection or removal, only 6.5 points are deducted.
• Treatment management, asepsis, and pain control- 4 points.

Plaque/Stain Removal: 6 points
• Enter the numbers of the first 6 teeth you have selected above to be evaluated for supragingival calculus and stain removal. You will remove all sub and supra gingival deposits from all teeth selected.

Pocket Measurements:

<table>
<thead>
<tr>
<th>Tooth #</th>
<th>Stu.</th>
<th>Fac.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DF</td>
<td>DF</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MF</td>
<td>MF</td>
<td></td>
</tr>
<tr>
<td>DL</td>
<td>DL</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>L</td>
<td></td>
</tr>
<tr>
<td>ML</td>
<td>ML</td>
<td></td>
</tr>
</tbody>
</table>

two teeth assigned for probing accuracy- one point for each of the six measurements- 12 point

Student____________________ Patient #_________ Faculty_________________ Date_______

Deadline January 31st:
Late 1-30 days -11 points
Late 31-60 days -20 points
Late >60 days -30 points

Total Score ___________ Minus ___________

Final Score ___________

*This is an altered version of the NERB Worksheet – only wording has been changed.

01.15056 Rev. 05-09
Competency Examination:  Applied Scientific Evidence DHPP 538H Section 1

Pre-requisites:  DHPP 518

Description of examination:  Students provide multiple choice and short answer responses to written questions concerning the relevance and validity of a scientific research paper.

Type of examination:  Exam – written (didactic material)

Grading:  Pass / Fail

Criteria for evaluation:  Correct responses to 80% of questions.

Remediation:  Departmental counseling; re-examination

Competency assessed:
  • utilize critical thinking and scientific knowledge in decision making processes involved in patient care (Maryland Competency #3).

Contact person:  Britt C. Reid, DDS, PhD
  Room 3-A-08
  410-706-4923
  E-mail: bcr001@dental.umaryland.edu
Competency Examination: Practice Option Competency exam

Pre-requisites: DHPP 518 and DHPP 538

Description of examination: This exercise is devoted to the exploration of various criteria necessary to choose a practice setting, lead a professional oral health care team and evaluate different models of health care delivery. Various economic and non-economic factors are used. Capital cost, leasehold improvements, operating expenses, working capital, risk, space requirements, marketing and location preference are all considered.

Grading: Grading is based on a pass/fail basis. There is no remediation if there is a failure on the second case. Grades are based on justification for choices, completeness of thought, knowledge of and adherence to practice management and business principles, as well as the use of good judgment. Each student will hand in their completed assignment that they certify is their own work and that they have adhered to the Judicial Code of the Baltimore College of Dental Surgery, University of Maryland Baltimore. Automatic failure in the examination occurs if there is necessity for faculty intervention.

Type of examination: Exam – written (case-based)

Criteria for evaluation:

Grades are based on justification for choices, completeness of thought, knowledge of and adherence to practice management and business principles, as well as the use of good judgment.

Remediation: All failures will be given another case history and examination.

Competencies assessed:

- evaluate different models of oral health care management and delivery
- utilize basic principles of practice management and have the skills to function as the leader of an oral health team.

Contact person: Richard J. Manski, DDS, MBA, Ph.D.
Room: 3-A-03
Telephone: 410-706-7245
E-mail: Manski@dental.umaryland.edu
Competency examination: Ethics Case Analysis – PROF 518 – Professional Ethics Section

Pre-requisites: Attendance and participation in PROF 518 – Professional Ethics Section

Description of examination: Students read, reflect and discuss ethics cases in small groups. The cases present scenarios commonly encountered in professional settings – where there is some sort of ethical conflict. Students are expected to read each case in advance, and prepare a written case analysis, utilizing the protocol for ethical decision making and principles and models discussed in class.

Type of examination: Written (case-based)

Grading: The course directors grade each case analysis P/F. Students must pass all case analyses in order to pass the course. Students who do not pass the case analyses are allowed to remediate and re-examine, provided that their attendance has been satisfactory. Otherwise, the student must repeat the course.

Criteria for evaluation: Adherence to protocol for ethical decision making, appropriate application of ethical principles and models, sound ethical reasoning.

Remediation: Individual counseling with the course directors.

Competency assessed:

- Utilize ethical reasoning in the practice of dentistry (Maryland competency #1).

Contact persons: Dr. Margaret Wilson and Dr. Robert Foreman
**Competency examination:** Ethics Case-Based Competency Exam – PROF 538 – Professional Ethics Section

**Pre-requisites:** PROF 518, and attendance and participation in PROF 538 – Professional Ethics Section

**Description of examination:** Students read, reflect and discuss ethics cases in small groups. The cases present scenarios commonly encountered in professional settings – where there is some sort of ethical conflict. Students are expected to read each case, and write a case analysis, utilizing the protocol for ethical decision making and principles and models discussed in class. For the final examination in the course, students are provided with one to two additional cases, and are asked to complete an in depth analysis of the ethical content of each case scenario.

**Type of examination:** Exam – written (case-based)

**Grading:** The course directors grade each routinely submitted case analysis P/F. Students must pass all case analyses in order to pass the course. For the final exam case analysis(es), students must receive a minimum score of 70% in order to pass the course. Students who do not pass the case analyses will be allowed to remediate and re-examine, provided that their attendance has been satisfactory. Otherwise, the student must repeat the course.

**Criteria for evaluation:** Adherence to protocol for ethical decision making, appropriate application of ethical principles and models, sound ethical reasoning.

**Remediation:** Individual counseling with the course directors.

**Competency assessed:**

- Utilize ethical reasoning in the practice of dentistry (Maryland competency #1).

**Contact persons:** Dr. Margaret Wilson and Dr. Robert Foreman
INFORMED CONSENT

Informed consent is *not just the form*!

Difference between legal and ethical

Informed Consent = “a patient’s voluntary authorization of a dental procedure based on the patient’s understanding of the relevant information provided by the dentist.” *Dental Ethics at Chairside*, p. 65.

- dentist provides information
- patient understands and synthesizes
- patient authorizes or refuses treatment
- both parties must be informed; both parties must consent

Rationale for informed consent = ethical principle of patient autonomy, self-determination, respect for persons

- contrast with past paternalistic practices in health care
- now, focus on covenant relationship between providers and patients; shared responsibility for outcomes
- requires mutual veracity

Elements of informed consent:

- decision-making capacity - patient is able to understand relevant information presented to them, to communicate this understanding, and to make a reasoned decision based on their goals and values.
- disclosure - dentist must provide information regarding a proposed treatment
- comprehension - patient has the ability to understand the relevant information presented and must actually understand it
- voluntariness – no deception, coercion or threats occur (persuasion is ok)
- authorization (consent) - clear communication from the patient that they agree to treatment

Special instances:

- minors (assent)
- individuals with diminished capacity
- research subjects

Exceptions to informed consent

- imminent danger of irreparable harm or loss of life to a patient without decision making capacity (still try to obtain consent from surrogate)
therapeutic privilege (intentional nondisclosure; disclosure contraindicated for therapeutic reasons - psychologically damaging to patient; paternalistic, abuse potential)

patient with strong aversion to hearing details of proposed dental treatment

Historical perspective of informed consent:
- Nuremburg Code
- Declaration of Helsinki
- Belmont Report

**Case:** “Should we throw this (avulsed) tooth away?”

**Theme:** Youth suffers avulsed tooth injury, and no adult is available to give informed consent

**Ethical Issues:** Informed consent in a minor, autonomy, beneficence

Can the dentist justify treatment of this patient in the absence of his parents’ consent? How does the concept of risk management come into play here?

Even if the legal decision maker is the parent, is our primary moral and professional obligation to the parent or to the child-patient?

With respect to Ozar’s hierarchy of values in clinical dentistry, is it appropriate for patient’s oral health to be ranked as more important than patient autonomy? (Is it patient autonomy or parent autonomy?)

Which model of the doctor-patient relationship seems most applicable?

How is the decision whether to provide treatment impacted by:
- the level of associated risks?
- the benefits of treatment?
- the time frame?
- assent by the patient?

**Legal note:** Annotated Code of Maryland (20-102, Section b) states that: “a minor has the same capacity as an adult to consent to medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual.” **Section c** goes on to state that: “A physician or an individual under the direction of a physician who treats a minor is not liable for civil damages or subject to any criminal or disciplinary penalty solely because the minor did not have capacity to consent under this section.”
Case: Local Delivery Gone Bad

Theme: Periodontist has just evaluated a patient who had previously been treated by a general dentist who used a new antibiotic treatment and scaling and root planing to treat the patient’s periodontal condition.

Ethical Issues: Informed consent, veracity, autonomy, beneficence, nonmaleficence, justice

How should dentists introduce new (on the market, and to the practitioner) treatment options to patients?

What is the general dentist’s duty to inform him/herself? Is relying on information provided by the manufacturer enough?

How does Dr. Sawyer balance his obligations to the patient against his obligations to the general dentist?

In addition to addressing the patient’s very specific question, what obligation – if any – does Dr. Sawyer have to follow up with the general dentist?

How could Ozar’s hierarchy of values in clinical dental practice be applied?

Is it possible to market patient services in an ethical manner?

See ADA Code 5.D.2: Marketing or Sale of Products or Procedures

Does ADA Code 5.B.6: Unnecessary Services apply here?
Competency exam: Informed consent written competency examination - PROF 538 – Law Section

Pre-requisites:  PROF 538

Description of competency exam:  Students receive 8 hours of didactic curriculum addressing the relationship between Law and Dentistry. At the end of that lecture series, students take a written examination. They must pass that examination in order to advance to Yr IV.

Type of examination:  Examination – written (testing didactic material)

Grading: Students must score 70% to pass.

Criteria for evaluation:  All DDS students receive didactic instruction on informed consent for health care. The DDS students receive eight hours of lecture on the law related to healthcare, with three hours devoted to informed consent and alternatives that must be pursued when a patient is lacking consent capacity. Students must successfully complete a written examination that tests their abilities to understand Maryland law and apply it in clinical situations.

Remediation:  Individual counseling with the course directors.

Competencies assessed with this exam:
- utilize ethical reasoning in the practice of dentistry (Maryland competency #1);
- communicate with and provide care to a diverse population of patients (Maryland competency #2);
- obtain informed consent for all oral health therapies (Maryland competency #6);

Contact Person:  TBA
Competency examination: Radiographic interpretation visual exam RADI 528

Prerequisites: Year II dental student; Completion of the 18 hour lecture series.

Description of examination: The exam consists of approximately 40 visual images, and related questions that cover recognition and radiographic interpretation of commonly encountered pathoses.

Type of examination: Exam – written (didactic material). The students must complete the exam within one hour.

Grading: Numeric scale of 0-100. Students must score at least 70 to pass.

Criteria for evaluation: Recognition of artifacts and normal anatomical landmarks, as seen on intraoral and panoramic radiographs.

Remediation: At the end of the spring semester, students may remediate, provided remediation is approved/recommended by the Advancement Committee. Students who are allowed to remediate attend a series of lectures in June and take another examination. If student successfully remediates exam, his/her score is recorded as a "minimum passing score (70%)."

Competencies assessed:
  • order, obtain, and interpret appropriate dental radiographs (Maryland Competency #11).

Contact persons: Dr. Otis and Jacqueline C. Dailey, R.D.H., MS
Competency Examination: Radiology Clinical Competency Exam RADI 538

Prerequisites: Prior to taking this examination, the student must have successfully completed RADI 528, including the preclinical competency exam, and completed a minimum of three Complete Radiographic Surveys including a critique of the surveys.

Description of exam: The student evaluates the patient and exposes the prescribed number of radiographs that constitute a CRS for the individual patient (17 to 20 films are required). The student exposes, processes, and mounts the radiographs and completes a written critique for the survey. The student is expected to demonstrate appropriate clinical and darkroom or scanning technique to ensure that infection control practices and lead wrapper disposal procedures are being observed. The student is allowed three hours for this exam. The instructor observes clinical and darkroom techniques during the examination. The student is expected to work independently.

Grading: A detailed Clinical Competency Examination Grade Sheet is used for grading purposes. A grade of 75% is required to pass. Automatic failure in the examination occurs if the student does not provide safe and effective treatment, or there is necessity for faculty intervention.

Type of examination: Demonstration - clinical performance

Criteria for evaluation: See attached sheet.

Remediation: If the patient requires 5 or more retakes, failure results, and the student must repeat this examination on another patient until competency is achieved. This examination may be taken once each semester to improve the student’s overall performance grade. Grades are recorded and included in calculating the RADI 538 grade. If the student does not take the examination in year 3, the grade defaults to a C- (70%), and the student must take the examination in the fall semester of year 4, otherwise the grade defaults to a failure. In the event that the student retakes the examination during year 4, the grade is included in calculating the RADI 548 grade.

Competency assessed:

- order, obtain, and interpret appropriate dental radiographs (Maryland Competency #11).
- use standard precautions and comply with regulations regarding infection control, hazard communications, and medical waste disposal (Maryland Competency #26);

Contact Person: Dr. Otis and Jacqueline C. Dailey, R.D.H., MS
### Radiology Clinical Competency Grade Sheet

<table>
<thead>
<tr>
<th>Final Score (Cannot Exceed Lowest No. Circled below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Student (Print Name) Provider No. (print) Date: Patient No.</td>
</tr>
<tr>
<td>Start Authorization:</td>
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<table>
<thead>
<tr>
<th>No. Taken</th>
<th>No. Retakes</th>
<th>Max. Possible Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 R</td>
<td>2 R</td>
<td>3 R</td>
</tr>
<tr>
<td></td>
<td>4 R</td>
<td>5+ R</td>
</tr>
<tr>
<td>Max. Score</td>
<td>100</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>85</td>
<td>70</td>
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<tr>
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<td>69</td>
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</tbody>
</table>

### Error Category

<table>
<thead>
<tr>
<th>Errors</th>
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</table>

<table>
<thead>
<tr>
<th>Points or criteria weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**General**
- No additional errors, no retakes
- 4 points / re惹 with 5 as maximum

**Artifacts**
- Bending, cone cut, film overlap, processing error, reversal of film or digital sensor packet, tooth overlap (bite wing), wrong horizontal angulation, wrong vertical angulation, etc. (-5 each film)
- -5 each film

**Film Placement**
- Third molar area not seen (-5 each film)
- -5 each film

**Film Placement**
- Distal of canine not seen on premolar bite wing or periapical (-5 each film)
- -5 each film

**Interpretation**
- Incorrect identification of anatomical landmarks (-5 each)
- -5 each film

**Interpretation**
- Mounting incorrect
- -3 each film

**Interpretation**
- Critique of CRS unsatisfactory
- 85

**Patient Preparation**
- Dentures and eyeglasses not removed, partial not removed, etc.
- 85

**Records**
- On radiographic storage envelope, no date entry, no faculty authorization, no student signature, and/or film mount not labeled.
- 69, fail

**Sterile Technique, Clinical**
- No barriers on counter for unexposed films or sensors, no headrest cover, no x-ray tube head cover, no barrier on CCD sensor, etc.
- 60, Fail

**Sterile Technique, Darkroom or Scanner**
- Incorrect darkroom technique: fails to use barrier on counter, lead foil disposal inappropriate
- 70

**Sterile Technique**
- Gloves are not removed during mounting of radiographs
- 79

**Intraoral Technique**
- Fails to observe patient during exposure of films, dead man's switch used inappropriately, does not observe patient comfort, fails to use cotton roles where indicated, does not demonstrate proficient technique, etc.
- 95

**Intraoral Technique**
- Snap-a-ray or XCP assembly incorrect, etc.
- 90

**Intraoral Technique**
- Wearing gloves during entry into darkroom
- 65 (Fail)

**Intraoral Technique**
- Failure to use lead apron or thyroid collar
- 70

Note: Must score a 70 to demonstrate competency.  Note: Failure to wear gloves denotes a failure.
Course Syllabus for: Clinical Radiology 548

Academic Year and Semester: 2009-2010

Department: Oncology and Diagnostic Sciences

Course Prefix and Number: RADI 548

Course Director: Linda L Otis DDS

Department Contact: Shirl Harbin    Phone    Room
(410) 706-7628    7252    Division Secretary

Course Faculty: Dr. Linda Otis 6-7627 5213
Ms  Jacqueline Dailey RDH 6-4020 1206

Academic Assistance: Dr. Linda Otis (410) 706-7627 room 5213

Emergencies: Please contact the Dean's Office at 410-706-7461.
For weather or emergency advisory, call 410-706-8000, ext. 6-3368 (6-DENT)

Course Format: Clinical Rotations, E-lessons, and Independent Study

Number of Credits: 1

Contact Hours: 45

Location: Radiology Clinic First Floor

Resource Requirements:

Clinical application of radiographic examination and diagnoses build on previous course work that correlates with the required textbook Oral Radiology: Principles and Interpretations 5th edition published by CV Mosby.

Course Description:

Clinical Radiology is the application of radiographic technique and interpretation in a clinical environment. This course is designed specifically for dental students who have completed Radiology 518, 528 and 538 who are working toward the DDS degree. In this course, developing clinicians will refine their skills in radiographic technique and interpretation. Further, the fourth year dental student will function as a leader in a clinical team applying principles of imaging and radiation safety toward selecting and taking the most appropriate radiographic examination to make accurate diagnoses and formulate a patient centered treatment plan. The fourth year student will model and discuss the principles of radiographic interpretation, image quality, appropriate viewing conditions, and the value of alternative radiographic views with second year team members. Fourth year students are expected to direct second year students in intraoral and panoramic radiographic technique and in interpretive topics including developmental and environmental influences on the teeth and supporting structures, dental caries, periodontal disease and pulpal/periapical inflammation.

Students are expected to demonstrate clinical judgments and to effectively apply problem solving skills in a clinical environment in a vertical care team with patient contact. Students should be able to explain, at a level appropriate for a knowledgeable healthcare professional, principles of radiation safety, imaging technique and radiographic findings to team members and dental patients.

Student Assistance and Academic Counseling:

Any student who would like assistance should use email to request an appointment with the Course Director or faculty member. Students seeking professional counseling are encouraged to take advantage of the campus Counseling Center in the Student Union, (410) 328-8404. This service is confidential and covered by the student health fee.
Reports of marginal to unsatisfactory progress to date (i.e. current average grade \( \leq 72\% \)) must be forwarded to the Office of Academic Affairs before each progression committee meeting. Consequently it is in the student’s best interest to keep the Course Director informed of unusual circumstances that may significantly compromise the student’s academic performance.

Student Responsibilities:

The following policies and procedures have been developed and refined over many years to guide both faculty and students during this course. **STUDENTS and FACULTY are expected to be familiar with and supportive of these policies and procedures.** Please feel free to make suggestions for improvement to the Course Director.

Students are expected to be considerate and respectful of patients, fellow students and of each faculty member.

Students must attend all assigned rotations; there are 2 vertical team rotations and two panoramic rotations.

Students are expected to follow guidelines for patient right to privacy, infection control and radiation safety as described in the University of Maryland Dental school Clinic Manual.

**Radiographs must have the correct image properties**, including tooth number set in the image properties identified on the day the image was made and quality assurance stamps obtained within 14 days of image acquisition.

Grading and Evaluation:

The course grade will consist of: quantity grade (the total number of radiographs taken in all clinics), vertical team participation and; and two interpretation competencies.

**Attendance:** Attendance is mandatory for all Vertical Team rotations. Attendance for each clinic session must be recorded by a faculty “swipe” in AxiUm. You must have excused absence for Vertical Team. You will be rescheduled for a makeup rotation for illness, in the case of a planned excused absence please attempt to switch your schedule rotation with another student using the change in block rotation form.

**Radiographic Quantity/Quality:** All radiographs made by students must be accurately labeled, placed into templates and reviewed for quality (Q/A stamp) and interpreted. Radiographs will be assessed four times during the clinic year for accuracy in labeling, accuracy in placing into templates and diagnostic quality (quality grade). Please note that because radiographs are ordered by prescription for the unique need of individual patients, an absolute number of radiographs required cannot be stated. The correct application of FDA selection criteria and the quality of the prescribed radiographs will be assessed to determine grade. By the end of the course, an overall retake percentage of less than 15% is required.

**ALL radiographs must be interpreted.** Images made for any reason are interpreted within Romexis using the interpretation module. Interpretations ideally should be made on the day the image was made must be completed within one week.

**Interpretation Competency:** Each student will select two patients to complete an Interpretation competency with Drs. Otis, or other designated clinical faculty. It is preferable that this is done during vertical team rotations. However, if the patient during vertical team has insufficient radiographic findings to complete an interpretation competency then a patient can be selected from the student’s patients of record.

**Grade Calculation:** Your clinical radiology activity will be monitored by the course director through the Romexis Quality Assurance module. The total number of points for Radi 548 is 200. Interim grades will be posted on Blackboard. 50 points are awarded based on you interpretation for each competency. You will start the 4th year with 100 Q/A points

- Q/A points will be deducted for:
  - Teeth not numbered or incorrectly numbered (on the day radiograph is made)
  - Images lacking a Q/A stamp (within a week of taking image)
  - Images lacking a documented Romexis interpretation (within a week of taking image)
  - Incorrect Q/A self assessments
  - Violations of FDA selection criteria or the ALARA concept
  - 3 or more radiographs not assembled in a template
  - Being late to clinic

Retake bonus points will be awarded to those students who achieve a retake rate of <5%. (add 50 points to total).

**REPORTING OF GRADES TO THE STUDENT:** Interim grades and point totals will be posted on Blackboard.
Exhibit 2-8.2 Competency Exam Manual on Blackboard

THE GRADING SYSTEM:

<table>
<thead>
<tr>
<th>Connotation</th>
<th>Letter Grade</th>
<th>Point Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior</td>
<td>A</td>
<td>175 - 200</td>
</tr>
<tr>
<td>Excellent</td>
<td>B</td>
<td>174 - 150</td>
</tr>
<tr>
<td>Just Passing</td>
<td>C</td>
<td>150 - 50</td>
</tr>
<tr>
<td>Failing</td>
<td>F</td>
<td>below 50</td>
</tr>
</tbody>
</table>

Remediation:

If the “final average” is less than 70% and only one section is less than 70%, the department will report an E grade and referred to the Progression Committee, the Committee will determine if remediation will be provided.

Competencies:

Utilize basic principles of practice management and have the skills to function as the leader of an oral health team
Order, obtain, and interpret appropriate dental radiographs
Utilize ethical reasoning in the practice of dentistry
Communicate with and provide care for a diverse population of patients
Utilize critical thinking and scientific knowledge in decision making processes involved in patient care
REST 538A Operative Class II amalgam mock board competency (simulation)

The examination must be taken with calibrated faculty during a regular clinic session.

**Prerequisite:**

Successful completion of the first semester of D3

**Assessment:**

The assessment will follow the grading form for this examination.

The student will schedule during normal clinic sessions for this simulation based competency exam.

CLASS II amalgam bi-layered simulation caries tooth #30-MOD preparation and restoration.

Standard cavity design for Class II must have a boxlike design with well defined internal walls.

**Assessment:**

The preparation and restoration will be evaluated at each step based upon the grading criteria form for the Mock Board. The student will follow the format for request for preparation modification and liner placement using the NERB format.

The assessment will follow the grading form for this examination.

**Remediation for failure of the examination**

Failure to receive a passing grade for this simulation examination will require student remediation as listed below.

For the simulation based examinations the student will be counseled and then must complete two additional patient treatments before challenging the examination again.
REST 538A Operative Class III composite resin mock board competency (simulation)

The examination must be taken with calibrated faculty during a regular clinic session.

Prerequisite:

Successful completion of the first semester of D3

Assessment:

The assessment will follow the grading form for this examination.

The student will schedule during normal clinic sessions for this simulation based competency exam.

CLASS III COMPOSITE RESIN- bi-layered simulation caries tooth #10- DL preparation and restoration.

Standard cavity design for Class III must have a boxlike design with well defined internal walls.

Assessment:

The preparation and restoration will be evaluated at each step based upon the grading criteria form for the Mock Board. The student will follow the format for request for preparation modification and liner placement using the NERB format.

The assessment will follow the grading form for this examination.

Remediation for failure of the examination

Failure to receive a passing grade for this simulation examination will require student remediation as listed below.

For the simulation based examinations the student will be counseled and then must complete two additional patient treatments before challenging the examination again.
REST 538A Operative Caries management-pulpal management competency

The examination must be taken with calibrated faculty during a regular clinic session.

**Prerequisites:**

Operative treatment of at least 5 teeth that have had carious lesions to include teeth that are treated with caries control. Operative treatment of non-carious lesions cannot be included in the five teeth treated as a prerequisite.

**Assessment:**

The assessment will follow the grading form for this examination.

The student will schedule during normal clinic sessions for this patient based competency exam.

D3 Operative Competency

- this examination is an assessment of the student’s ability to detect, remove and manage caries; management of caries for this competency includes complete removal. If there is a pulp exposure pulpal management will follow the guidelines of the Division of Endodontics.
- **any tooth** (Class 3 anterior or Class 2 posterior); must have proximal contact with an adjacent tooth; the radiograph must demonstrate caries extending beyond the DEJ. The caries can include a tooth with an existing restoration.
- tooth must be vital

**Assessment:**

Assessment includes up-to-date patient record, acceptable selection of tooth for restoration, acceptable radiographs and radiographic interpretation. The preparation and restoration will be evaluated at each step of the procedure.

The assessment will follow the grading form for this examination.

**Remediation for failure of the examination**

Failure to receive a passing grade for this patient based procedure will require student remediation. Student remediation will include student counseling and the repeat of the examination.
REST 548A Operative Class II amalgam mock board competency

Prerequisite:
Completion of the Class II competency in third year

Assessment:

The student will be scheduled on block to complete both the Class III and Class II Mock Board competencies on a single day to simulate the licensing board experience of completing both restorations on the same day. The selection of teeth to be restored is expanded so as not to use teeth with lesions that are acceptable for the licensing board exam. The criteria for selection of teeth for the Class II composite resin are listed below. Assessment includes acceptable selection of teeth for restorations, acceptable radiographs and radiographic interpretation. A tooth that has a likelihood of pulpal exposure is not acceptable for this examination.

CLASS II AMALGAM:

- An existing defective Class II restoration or Class II caries;
- Proximal contact with the adjacent tooth for the surface being restored; if only one surface of a multisurface restoration is in proximal contact, this is acceptable
- May or may not have occlusal contact or opposing occlusion;
- A Class II amalgam replacement including two or more surfaces, a cusp replacement amalgam or a tooth with proximal caries.

Cavity design for Class II amalgam: conservative slot preparations are not acceptable. A standard preparation is recommended.

Assessment:

Assessment includes up-to-date patient record, acceptable selection of tooth for restoration, acceptable radiographs and radiographic interpretation. The preparation and restoration will be evaluated at each step based upon the grading criteria form for the Mock Board. The student will follow the format for request for preparation modification and liner placement using the NERB format.

The assessment will follow the grading form for this examination.

Remediation for failure of the examination

Failure to receive a passing grade for the actual patient based procedure will require student remediation as listed below. Failure due to patient cancellation will require the student schedule and perform the procedure missed with a calibrated examiner.
For the patient based examinations the student will be counseled and then must complete two additional patient treatments of the prerequisites before challenging the examination.

**Remediation Mock NERB (D4)-** students must successfully complete both preparations and restorations to be approved for taking the licensure examination. For students that are unsuccessful on either one or both patient treatments based upon what constitutes a failure (unrecognized caries, over preparation or under preparation of the tooth, lack of proximal contact and other deficiencies), there will be an additional patient treatment of the same type of preparation and restoration in a Mock NERB format using calibrated faculty during a regular clinic session before the student can be approved to take the NERB examination.
REST 548A Operative Class III composite resin mock board competency

Prerequisite:
Completion of the Class III competency in third year

Assessment:
The student will be scheduled on block to complete both the Class III and Class II Mock Board competencies on a single day to simulate the licensing board experience of completing both restorations on the same day. The selection of teeth to be restored is expanded so as not to use teeth with lesions that are acceptable for the licensing board exam. The criteria for selection of teeth for the Class III composite resin are listed below. Assessment includes acceptable selection of teeth for restorations, acceptable radiographs and radiographic interpretation. A tooth that has a likelihood of pulpal exposure is not acceptable for this examination.

CLASS III COMPOSITE RESIN- patient/tooth selection

All the following are acceptable selections for the mock licensure competency
- An existing defective Class III;
- Class III caries;
- Must have proximal contact with adjacent tooth for the surface being restored;
- May or may not have occlusal contact or opposing occlusion

Standard cavity design for Class III must have a boxlike design with well defined internal walls.

Assessment:
Assessment includes up-to-date patient record, acceptable selection of tooth for restoration, acceptable radiographs and radiographic interpretation. The preparation and restoration will be evaluated at each step based upon the grading criteria form for the Mock Board. The student will follow the format for request for preparation modification and liner placement using the NERB format.

The assessment will follow the grading form for this examination.

Remediation for failure of the examination

Failure to receive a passing grade for the actual patient based procedure will require student remediation as listed below. Failure due to patient cancellation will require the student schedule and perform the procedure missed with a calibrated examiner.
For the patient based examinations the student will be counseled and then must complete two additional patient treatments of the prerequisites before challenging the examination.

Remediation Mock NERB (D4)- students must successfully complete both preparations and restorations to be approved for taking the licensure examination. For students that are unsuccessful on either one or both patient treatments based upon what constitutes a failure (unrecognized caries, over preparation or under preparation of the tooth, lack of proximal contact and other deficiencies), there will be an additional patient treatment of the same type of preparation and restoration in a Mock NERB format using calibrated faculty during a regular clinic session before the student can be approved to take the NERB examination.
Competency examination: Year III Complete Crown Tooth #6 – Simulation Exam - REST 538B

Prerequisites: Third year student, second semester

Description of examination: Using a typodont covered with a facial shroud that is attached to a clinic chair, students prepare tooth #6 for porcelain fused to metal complete crown. In addition, they make a provisional restoration.

Type of examination: Demonstration - simulation patient / typodont

Grading: Grading is on a 0-100 scale with a minimal grade of 70 for passing. A failing grade is awarded if the cumulative grade is below a 70. Students must pass both the preparation and provisional restoration. A failed competency for either component must be re-taken and passed. The highest grade awarded for a retaken competency is a 70.

Competency objectives:
- To prepare a simulated tooth for a porcelain fused to metal complete crown
- To fabricate a provisional restoration with appropriate physiological contours

Criteria for evaluation:
- Occlusal Clearance
- Finish Line
- Axial Reduction
- Taper/Retention
- Finish of Preparation
- Occlusion
- Proximal Contacts
- Margin Integrity
- Anatomic Form
- Density and Finish of Acrylic
- Care of Soft tissues

Remediation: Departmental counseling

Competencies assessed:
- Restore missing or defective tooth structure to proper form, function, and esthetics (Maryland Competency #19);
- Replace missing teeth and surrounding oral tissues to proper form, function, and esthetics (Maryland Competency #20).

Contact person: Dr. Stuart D. Prymas
### CRITERIA: Preparation

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>Comments:</th>
</tr>
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</table>
| Typodont Equilibration | + | + | -2 | -4 | Posterior tooth contact  
Cuspid contact  
Anterior contact |
| Lingual Clearance | + | + | -2 | -7 | Over  
Under |
| Finish Line | + | + | -2 | -6 | Form: Shoulder / Feather  
Heavy Chamfer  
Irregular / Inconsistent  
Location: High / Low |
| Axial Reduction | + | + | -2 | -4 | Depth: excessive / shallow  
Inconsistent / Uneven  
2nd Plane of reduction |
| Path of Draw Retent. Form Resist. Form | + | + | -3 | -7 | Axial taper: Excessive  
Insufficient  
Undercut |
| Care of Tissues | + | + | -4 | | Proximal Teeth: #5 - #7  
Soft tissue: Abrasion / Debris |
| Maintenance of Anat. Form | + | + | -3 | | Cusp inclination: Flat - Steep  
Ridge form / Groove direction |
| Finish of Preparation | + | + | -3 | | Sharp:  
Occl-Axial Line angles / cusps  
Rough:  
Axial / Occlusal / Margins |

___ + ___ +70- _____ = Grade____________________

### CRITERIA: Interim Restoration

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>Comments:</th>
</tr>
</thead>
</table>
| Occlusion | + | + | -4 | | Intensity:  
Heavy (restoration is “high”)  
Absence of occlusal contact  
Location: Incorrect position  
Number: Inadequate |
| Proximal contacts | + | + | 4 | 3 | Location: Too far B / L / Cervical  
Form / Width:  
Excessive / Concave / Point contact  
Intensity: Open / too Tight / Light |
| Margin integrity | + | + | 5 | 3 | Open: M / D / B / L  
Overhang: M / D / B / L  
Short: M / D / B / L  
Bulky: M / D / B / L |
| Anatomic Form Embrasure form | + | + | 4 | 2 | Embrasures: Inadequate / Excessive  
Cusp height / Location / Angle  
Axial contour: Bulky / Inadequate |
| Density of acrylic resin, Absence of voids | + | + | 4 | 2 | Internal voids ;  
Surface Porosity |
| Finish and Polish | + | + | 4 | 2 | Surface finish: Rough / Irregular  
Polish |
| Care of Adjacent Tissues Cleanliness | + | + | 4 | 2 | Soft tissues: Abrasion / Tear / debris  
Cleanliness of Interim Restoration & Typodont:  
Debris / Surface contaminant |

___ + ___ +70- _____ = Grade____________________

Eye, Hand, Lung protection: _____________________________ (place an ‘x’ per infraction of guidelines)
**Competency examination:** Year III Complete Crown Tooth #15 – Simulation Exam  REST 538B

**Prerequisites:** Third year student, first semester

**Description of examination:** Using a typodont covered with a facial shroud that is attached to a clinic chair, students prepare tooth #15 for an all cast metal complete crown. In addition, they make a provisional restoration.

**Type of examination:** Demonstration - simulation patient / typodont

**Grading:** Grading is on a 0-100 scale with a minimal grade of 70 for passing. A failing grade is awarded if the cumulative grade is below a 70. Students must pass both the preparation and provisional restoration. A failed competency for either component must be re-taken and passed. The highest grade awarded for a retaken competency is a 70.

**Competency objectives:**
- To prepare a simulated tooth for a cast metal complete crown
- To fabricate a provisional restoration with appropriate physiological contours

**Criteria for evaluation:**
- Occlusal Clearance
- Finish Line
- Axial Reduction
- Taper/Retention
- Finish of Preparation
- Occlusion
- Proximal Contacts
- Margin Integrity
- Anatomic Form
- Density and Finish of Acrylic
- Care of Soft tissues

**Remediation:** Departmental counseling

**Competencies assessed:**
- Restore missing or defective tooth structure to proper form, function, and esthetics (Maryland Competency #19);
- Replace missing teeth and surrounding oral tissues to proper form, function, and esthetics (Maryland Competency #20).

**Contact person:** Dr. Stuart D. Prymas
# Exhibit 2-8.2 Competency Exam Manual on Blackboard

**Restorative 538B – Fixed Prosthodontics**

**Clinical Examination, Preparation and Interim Restoration Tooth #15 for Full veneer, All-metal Crown**

<table>
<thead>
<tr>
<th>CRITERIA: Preparation</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>Comments:</th>
</tr>
</thead>
</table>
| Typodont | 3 | 2 | -2 | -4 | Posterior tooth contact  
Cuspid contact  
Anterior contact |
| Occlusal Clearance | 5 | 3 | -2 | -7 | Buccal: Over / Under  
Lingual: Over / Under  
Func. Cusp Bevel: Under / Over  
Incorrect inclination |
| Finish | 4 | 2 | -2 | -6 | Form: Shoulder / Feather  
Heavy Chamfer  
Irregular / Inconsistent  
Location: High / Low |
| Axial Reduction | 3 | 2 | -2 | -4 | Depth: excessive / shallow  
Inconsistent / Uneven  
$2^\text{nd}$ Plane of reduction |
| Path of Draw Retent. Form | 5 | 3 | -3 | -7 | Axial taper: Excessive  
Insufficient  
Undercut |
| Care of Tissues | 3 | 1 | -4 | | Proximal Teeth: #14 - #16  
Soft tissue: Abrasion / Debris |
| Maintenance of Anat. Form | 4 | 1 | -3 | | Cusp inclination: Flat - Steep  
Ridge form / Groove direction |
| Finish of Preparation | 3 | 1 | -3 | | Sharp:  
Occl-Axial Line angles / cusps  
Rough:  
Axial / Occlusal / Margins |

___+___+70-_____ = Grade______________  
___+___+70-_____ = Grade______________

<table>
<thead>
<tr>
<th>CRITERIA: Interim Restoration</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>Comments:</th>
</tr>
</thead>
</table>
| Occlusion | 6 | 3 | -4 | | Intensity:  
Heavy (restoration is “high”) /  
Absence of occlusal contact  
Location: Incorrect position  
Number: Inadequate |
| Proximal contacts | 4 | 3 | -3 | | Location: Too far B / L / Cervical  
Form / Width:  
Excessive / Concave / Point contact  
Intensity: Open / too Tight / Light |
| Margin integrity | 5 | 3 | -4 | | Open: M / D / B / L  
Overhang: M / D / B / L  
Short: M / D / B / L  
Bulky: M / D / B / L |
| Anatomic Form | 4 | 2 | -4 | | Embrasures: Inadequate / Excessive  
Cusp height / Location / Angle  
Axial contour: Bulky / Inadequate  
Occlusal Anatomy / Groove pattern |
| Density of acrylic resin, Absence of voids | 4 | 2 | -4 | | Internal voids ;  
Surface Porosity |
| Finish and Polish | 4 | 2 | -4 | | Surface finish: Rough / Irregular  
Polish |
| Care of Adjacent Tissues Cleanliness | 4 | 2 | -4 | | Soft tissues: Abrasion / Tear / debris  
Cleanliness of Interim Restoration & Typodont:  
Debris / Surface contaminant |

Eye, Hand, Lung protection: ___________________________ (place an ‘x’ per infraction of guidelines)
Competency examination: Removable Partial Denture Case–Based Competency REST 538C

Prerequisites: Successful completion of REST 529B, Preclinical Removable Partial Dentures and current enrollment in REST 538C, Removable Prosthodontics

Description of examination: Design and written prescription of a clinical case requiring one arch restoration with a removable partial denture. Students are given a cast of a partially edentulous arch as well as a written description of clinical findings and must then design a partial denture on the cast and submit a written prescription for the patient.

Type of examination: Demonstration – simulated patient

Grading: 0-100%. Students must follow design guidelines established in REST 529B. Prescription writing must follow established school guidelines as well as Maryland State Law. Students scoring less than 70% fail the exam and must undergo remediation and re-examination until a passing score is achieved. Automatic failure in the exam occurs if the student does not provide an accepted clinical design. As this exam is not on a live patient, faculty intervention is not applicable.

Criteria for evaluation:
1. Survey and tripod marks
2. Design on cast (Conceptual)
3. Design on cast (drawing)
4. Prescription drawing
5. Prescription instructions
6. Neatness

Remediation: Students scoring less than 70% fail the exam and must undergo remediation and re-examination until a passing score is achieved.

Competencies assessed:
- utilize critical thinking and scientific knowledge in decision making processes involved in patient care (Maryland Competency #3);
- communicate effectively with other professionals regarding the care of patients (Maryland Competency #9);
- replace missing teeth and surrounding oral tissues to proper form, function and esthetics (Maryland competency #20).

Contact person: Mark E. Brennan, DDS, MS
Competency examination: Complete Crown – Patient Based REST 548B

Prerequisites: REST 538B and a minimum of two units of fixed prosthodontics

Description of examination: Students will present a patient who needs a full cast crown. They will perform all of the procedures independently, subject to faculty evaluation of critical stages.

Type of examination: Demonstration – clinical performance

Grading: Grading is on a 0-100 scale with a minimal grade of 70 for passing. Automatic failure in the examination occurs if the student does not provide safe or effective treatment, or there is necessity for faculty intervention. In addition to automatic critical failures, students may also fail if the cumulative grade is below a 70. A failed competency must be re-taken and passed. The highest grade awarded for a retaken competency is a 70.

Competency objectives:
- To present a patient who requires a complete crown
- To prepare a complete crown
- To fabricate a physiologically contoured provisional restoration
- To self evaluate all aspects of clinical and laboratory phases

Criteria for Evaluation:
- Diagnosis
- Preparation
- Interim restoration
- Impression
- Laboratory phases
- Try-in
- Cementation
- Self-Assessment

Competency assessed:
- Utilize critical thinking and scientific knowledge in decision-making processes involved in patient care (Maryland Competency #3);
- Demonstrate self-assessment skills in maintaining competency (Maryland Competency #5);
- Restore missing or defective tooth structure to proper form, function and esthetics; (Maryland Competency #19);
- Replace missing teeth and surrounding oral tissues to proper form, function, and esthetics (Maryland Competency #20).

Contact person: Dr. Stuart D. Prymas
### REST 548 B - Year IV Restorative Dentistry Complete Crown Clinical Exam

<table>
<thead>
<tr>
<th>Criteria</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F/*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Interim Restoration Occlusion Proximal Contacts Margins Anatomy Finish/Polish/Density of Acrylic</td>
<td>+4</td>
<td>-4</td>
<td>-6/*</td>
<td></td>
</tr>
<tr>
<td>4. Impression: Detectable Margins Overall Detail</td>
<td>+3</td>
<td>-3</td>
<td>-4/*</td>
<td></td>
</tr>
<tr>
<td>5. Laboratory Phases: Dies properly trimmed/Die Spacer Appropriate Articulation/Neatness Appropriate Work Authorization</td>
<td>+1</td>
<td>-1</td>
<td>-4/*</td>
<td></td>
</tr>
<tr>
<td>6. Framework Try-in: Margins/Fit/Contours Lab Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Cementation: Porcelain Application/Occlusion Proximal Contacts/Anatomy Margins/Lab Evaluation Removal of Cement</td>
<td>+2</td>
<td>-2</td>
<td>-4/*</td>
<td></td>
</tr>
<tr>
<td>8. Self-Assessment P/F</td>
<td>X</td>
<td>X</td>
<td>-5/*</td>
<td></td>
</tr>
</tbody>
</table>

100 85 70

Correctable/*Critical Failure

Comments:
Competency examination: Year IV Fixed Partial Denture #18-20 – Simulation Exam  REST 548B

Prerequisites: Completion of REST 538B

Description of examination: Using a typodont covered with a facial shroud that is attached to a clinic chair, students prepare abutment teeth #18 and 20 for a three unit fixed partial denture (#18 abutment tooth is for an all cast metal cast retainer and #20 is for a porcelain fused to metal retainer). In addition, students make a provisional FPD.

Type of examination: Demonstration – simulated patient / typodont

Grading: Grading is on a 0-100 scale with a minimal grade of 70 for passing. A failing grade is awarded if the cumulative grade is below a 70. Students must pass both the preparation and provisional restoration. A failed competency for either component must be re-taken and passed. The highest grade awarded for a retaken competency is a 70.

Competency objectives:
- To prepare simulated abutment teeth for a three unit fixed partial denture to a clinically acceptable level
- To fabricate a three unit provisional restoration with appropriate physiological contours

Criteria for evaluation:
- Occlusion
- Proximal Contacts
- Margin Integrity
- Anatomic Form, Embrasure Form, Esthetics
- Pontic Design and Tissue Contact; Connectors
- Density and Finish of Acrylic Resin
- Care of Soft Tissues and Cleanliness

Remediation: Departmental counseling

Competency assessed:
- replace missing teeth and surrounding oral tissues to proper form, function and esthetics (Maryland competency #20).

Contact person: Dr. Stuart D. Prymas
Exhibit 2-8.2 Competency Exam Manual on Blackboard

Restorative Dentistry 548
Fixed Prosthodomics
Clinical Examination: 3-unit fixed partial denture temporization of teeth #18 - #20

<table>
<thead>
<tr>
<th>Criteria:</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>F</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occlusion</td>
<td>6</td>
<td>4</td>
<td>-5</td>
<td>-8</td>
<td></td>
<td>(Intensity)</td>
</tr>
<tr>
<td></td>
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<td>(Location)</td>
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<td></td>
<td></td>
<td>(High)</td>
</tr>
<tr>
<td>Proximal Contacts</td>
<td>5</td>
<td>2</td>
<td>-4</td>
<td>-8</td>
<td></td>
<td>(Open)</td>
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<td>(Location)</td>
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<td></td>
<td></td>
<td>(Light)</td>
</tr>
<tr>
<td>Margin Integrity</td>
<td>6</td>
<td>4</td>
<td>-5</td>
<td>-9</td>
<td></td>
<td>(Bulky: #18-</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>#20-</td>
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<td>(Open: #18-</td>
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<td>#20-</td>
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<td></td>
<td>(Short: #18-</td>
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<td>#20-</td>
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<td></td>
<td>(Overhang: #18-</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>#20-</td>
</tr>
<tr>
<td>Anatomic Form</td>
<td>4</td>
<td>2</td>
<td>-3</td>
<td></td>
<td></td>
<td>(Embrasure form)</td>
</tr>
<tr>
<td>Embasure Form</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Cusp height/location/angle)</td>
</tr>
<tr>
<td>Esthetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Axial contour) (Esthetic form)</td>
</tr>
<tr>
<td>Pontic Design &amp;</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td></td>
<td>(Ridge contact)</td>
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<tr>
<td>Tissue Contact; Connectors</td>
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<td></td>
<td></td>
<td></td>
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<td>(Pontic form)</td>
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<td></td>
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<td>(Connector design)</td>
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<tr>
<td>Density and Finish of Acrylic</td>
<td>3</td>
<td>1</td>
<td>-2</td>
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<td></td>
<td>(Porosity)</td>
</tr>
<tr>
<td>Resin</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>(Surface finish)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td>(Polish)</td>
</tr>
<tr>
<td>Care of Soft</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td></td>
<td>(Velum: Abrasion/tear/debris)</td>
</tr>
<tr>
<td>Tissues &amp; Cleanliness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Cleanliness of typodont)</td>
</tr>
</tbody>
</table>

\[ +70 = \text{Total Points} \]

Eye, Hand, Lung protection:
Non-compliance = -1 / occurrence

Total Points: \[ \text{Grade: } \]

srexamt.nrb
### Restorative Dentistry 548

**Fixed Prosthodontics**

Clinical Examination: 3-unit fixed partial denture preparation of teeth #18-20

<table>
<thead>
<tr>
<th>Criteria</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>F</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occlusal Clearance</td>
<td>6</td>
<td>4</td>
<td>-5</td>
<td>-8</td>
<td></td>
<td>(#18) (#20) (Buccal: Over/Under) (Lingual: Over/Under) (Functional Cusp Bevel)</td>
</tr>
<tr>
<td>Finish Line</td>
<td>4</td>
<td>2</td>
<td>-3</td>
<td></td>
<td></td>
<td>(#18) (#20) (Form) (Location)</td>
</tr>
<tr>
<td>Axial Reduction</td>
<td>5</td>
<td>2</td>
<td>-4</td>
<td>-6</td>
<td></td>
<td>(#18) (#20) (Heavy/Light)</td>
</tr>
<tr>
<td>Taper/Retention &amp; Resistance Path of Draw</td>
<td>6</td>
<td>4</td>
<td>-5</td>
<td>-8</td>
<td></td>
<td>(Excessive Taper) (#18) (#20) (Orientation) (Undercut) (Common Path of Draw)</td>
</tr>
<tr>
<td>Care of Adjacent Tissues</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td></td>
<td>(Proximal Teeth) (Soft Tissue)</td>
</tr>
<tr>
<td>Maintenance of Anatomic Form</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td></td>
<td>(#18) (#20) (Preparation Height) (Cuspal Inclination)</td>
</tr>
<tr>
<td>Finish of Preparation</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td></td>
<td>(#18) (#20) (Sharp Line Angles) (Axial Walls) (Occlusal Margins) (Rough/Polished)</td>
</tr>
</tbody>
</table>

+1 + 70 - = 

Tygodont Equilibration:
- (Cuspids contact/Anterior contact)
- (Posterior tooth contacts/Stability)
- Non-compliance = -2

Tygodont teeth:
- (Damaged, prepared, restored teeth present = -1/tooth)

Eye, Hand, Lung protection:
- Noncompliance = -1 / occurrence

Total Points: 
Grade:
Competency examination: Year IV Fixed Partial Denture #19-21 – Mock Board Simulation
Exam  REST 548B

Prerequisites: Completion of REST 538B

Description of examination: Using a typodont covered with a facial shroud that is attached to a clinic chair, students prepare abutment teeth #19 and 21 for a three unit fixed partial denture (#19 abutment tooth is for an all cast metal cast retainer and # 21 is for a porcelain fused to metal retainer). In addition, students prepare # 9 for an all ceramic crown. As part of a mock NERB exam, students also complete a simulated endodontic procedure during the same time frame.

Type of examination: Demonstration – simulated patient / typodont

Grading: Grading is on a 0-100 scale with a minimal grade of 70 for passing. A failing grade is awarded if the cumulative grade is below a 70. Students must pass both preparations. A failed competency for either component must be re-taken and passed. The highest grade awarded for a retaken competency is a 70.

Competency objectives:
- To prepare simulated abutment teeth for a three unit fixed partial denture to a clinically acceptable level
- To fabricate an anterior tooth for an all ceramic restoration to a clinically acceptable level

Criteria for evaluation:
- Occlusal Clearance
- Finish Line
- Axial Reduction
- Taper/Retention and Resistance Path of Draw
- Maintenance of Anatomic Form
- Finish of Preparation
- Occlusion
- Proximal Contacts
- Margin Integrity
- Anatomic Form
- Pontic Design
- Density and Finish of Acrylic
- Care of Soft Tissues

Remediation: Departmental counseling

Competency assessed:
- 20. Replace missing teeth and surrounding oral tissues to proper form, function, and esthetics.

Contact person: Dr. Stuart D. Prymas
Exhibit 2-8.2 Competency Exam Manual on Blackboard

Mock NERB Examination: 3-unit fixed partial denture temporization of teeth #19 - #21

<table>
<thead>
<tr>
<th>Criteria</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occlusion</td>
<td>6</td>
<td>4</td>
<td>-5</td>
<td>-8</td>
<td>(Intensity)</td>
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<td>(Location)</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>(High)</td>
</tr>
<tr>
<td>Proximal Contacts</td>
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<td>2</td>
<td>-4</td>
<td>-8</td>
<td>(Open)</td>
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<td>(Location)</td>
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<td>(Dimension)</td>
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<td></td>
<td></td>
<td>(Light)</td>
</tr>
<tr>
<td>Margin Integrity</td>
<td>6</td>
<td>4</td>
<td>-5</td>
<td>-9</td>
<td>(Bulky: #19-,#21-)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>(Open: #19-,#21-)</td>
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<td></td>
<td></td>
<td>(Short: #19-,#21-)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Overhang: #19-,#21-)</td>
</tr>
<tr>
<td>Anatomic Form</td>
<td>4</td>
<td>2</td>
<td>-3</td>
<td></td>
<td>(Embrasure form)</td>
</tr>
<tr>
<td>Embrasure Form</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Cusp height/location/angle)</td>
</tr>
<tr>
<td>Esthetics</td>
<td></td>
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<td></td>
<td></td>
<td>(Axial contour) (Esthetic form)</td>
</tr>
<tr>
<td>Pontic Design &amp; Tissue Contact; Connectors</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td>(Ridge contact)</td>
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<td>(Pontic form)</td>
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<td></td>
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<td></td>
<td></td>
<td>(Connector design)</td>
</tr>
<tr>
<td>Density and Finish of Acrylic Resin</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td>(Porosity)</td>
</tr>
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<td></td>
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<td></td>
<td>(Polish)</td>
</tr>
<tr>
<td>Care of Soft Tissues &amp; Cleanliness</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td>(Velum: Abrasion/tear/debris)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Cleanliness of typodont)</td>
</tr>
</tbody>
</table>

Eye, Hand, Lung protection:
Non-compliance = -1 / occurrence

Total Points: ___________  Grade: _____

srexamt.nrb
Exhibit 2-8.2 Competency Exam Manual on Blackboard

Restorative Dentistry 548
Fixed Prosthodontics

Mock NERB Examination: 3-unit fixed partial denture preparation of teeth #19-21

<table>
<thead>
<tr>
<th>Criteria</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>F</th>
<th>F</th>
<th>Comments:</th>
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<tbody>
<tr>
<td>Occlusal Clearance</td>
<td>6</td>
<td>4</td>
<td>-5</td>
<td>-8</td>
<td></td>
<td>(#19) (#21) (Buccal: Over/Under)</td>
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<td></td>
<td>(Functional Cusp Bevel)</td>
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<tr>
<td>Finish Line</td>
<td>4</td>
<td>2</td>
<td>-3</td>
<td></td>
<td></td>
<td>(#19) (#21)</td>
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<td>(Form)</td>
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<td></td>
<td>(Location)</td>
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<tr>
<td>Axial Reduction</td>
<td>5</td>
<td>2</td>
<td>-4</td>
<td>-6</td>
<td></td>
<td>(#19) (#21)</td>
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<td></td>
<td></td>
<td></td>
<td>(Heavy/Light)</td>
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<td>Taper/Retention &amp; Resistance Path of Draw</td>
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<td>4</td>
<td>-5</td>
<td>-8</td>
<td></td>
<td>(Excessive Taper) (#19) (#21)</td>
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<td></td>
<td>(Orientation) (Undercut)</td>
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<td></td>
<td></td>
<td>(Common Path of Draw)</td>
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<tr>
<td>Care of Adjacent Tissues</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td></td>
<td>(Proximal Teeth)</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(Soft Tissue)</td>
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<tr>
<td>Maintenance of Anatomic Form</td>
<td>3</td>
<td>1</td>
<td>-2</td>
<td></td>
<td></td>
<td>(#19) (#21)</td>
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<td></td>
<td>(Preparation Height)</td>
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<td></td>
<td></td>
<td>(Cuspal Inclination)</td>
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<tr>
<td>Finish of Preparation</td>
<td>3</td>
<td>1</td>
<td>-2</td>
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<td></td>
<td>(#19) (#21)</td>
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<td></td>
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<td></td>
<td>(Sharp Line Angles)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(Axial Walls) (Occlusal Margins)</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Rough/Polished)</td>
</tr>
</tbody>
</table>

Provider #
G.P. #
Date: __/__/ 

Typodont Equilibration:
(Cuspids contact/Anterior contact)
(Posterior tooth contacts/Stability)
Non-compliance = -2

Typodont teeth:
(Damaged, prepared, restored teeth present = -1/tooth)

Eye, Hand, Lung protection:
Noncompliance = -1 / occurrence

Total Points: Grade:

srexamp.nrb
Competency Examination: Comprehensive treatment planning of a simulated patient case in the TXPL 528 course

Prerequisites: Passing grade in written examination of Part I of the didactic portion of TXPL 528 and satisfactory participation in three case seminars.

Description of the examination: The student will receive radiographs, clinical photos, medical, dental and social histories, patient’s chief complaint and information from clinical examination. The student will:
- Fill in blank areas on the diagnostic work sheet
- Write a draft treatment plan – phased, sequenced, with alternative treatment options and risk factors for oral disease addressed
- Write a letter to the patient including diagnoses, risk factors and problems, treatment alternatives with prognosis, time and cost of treatment and the patient’s home care responsibilities
- Answer questions related to the patient case

Type of examination: Three hours written examination

Grading: Numerical grading. The student must obtain a grade of 70% or above to pass the competency. A retake competency exam that is passed receives a grade of 70%.

Criteria for evaluation: The following criteria are evaluated:
- Diagnoses and treatment needs entered in blank boxes on the diagnostic worksheet
- Phasing and sequencing of the treatment plan, alternative treatment options included where relevant
- Risk factors for oral disease addressed in the treatment plan
- Treatment suggested is relevant to the patient case and placed in the correct phase of the treatment plan
- Patient letter includes all sections (diagnoses, risk factors and problems, treatment alternatives with prognosis, time and cost of treatment and the patient’s home care responsibilities) and the information in each section is relevant to the case
- Questions related to the patient case are answered satisfactorily

Remediation: A failed competency exam has to be retaken. Before the student may challenge this competency a second time he/she must meet with the course director to discuss weak areas and how to improve knowledge in such areas.

Competencies assessed:
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care
- Assess a patient’s medical, psychological and social histories as it relates to dental treatment
Assess the risk for and presence of caries and periodontal disease
Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations
Develop and implement interceptive strategies to control and prevent dental caries and periodontal diseases in individual patients
Interpret appropriate dental radiographs

Contact person: Dr. U. Arvidson Bufano, ubufano@umaryland.edu, 410-706-7047
Competency Examination #1: Comprehensive treatment planning of a clinical patient in the first semester of the TXPL 538 course. To be completed by a school day closest to December 15.

Prerequisites: Satisfactory performance on three previous treatment plan presentations. The patient for the first competency must have caries and a prosthodontic need to be diagnosed.

Description of the examination:
- The student will diagnose radiographs, and review medical, dental and social histories, patient’s chief complaint and information from the clinical data sheets derived from the clinical examination. The student will:
  - Demonstrate professionalism and proper infection control measures at all times.
  - Complete the diagnostic work sheet.
- Complete clinical data sheets 1 and 2, the periodontal status report, caries risk assessment, and a medical history update (if a transferred patient).
- Have mounted casts (if it’s possible to hand articulate).
- Recognize the need for and write a medical consult if needed.
- Write a draft treatment plan – phased, sequenced, with alternative treatment options and risk factors for oral disease addressed.
- Prepare a presentation explaining the radiographic findings, medical history, medications with any possible drug interactions or contraindications to dental treatment, diagnoses, risk factors and problems, treatment alternatives with prognosis, time and cost of treatment and the patient’s home care needs and responsibilities.
- Answer questions related to the patient case.

Type of examination: Oral/clinical

Grading: Numerical grading. The student must obtain a grade of 80% or above to pass the competency.

Criteria for evaluation: The following criteria are evaluated:
- Knowledge of medical and dental history; recognition of drug interactions.
- Correct mounting of casts (if applicable).
- Occlusion is assessed.
- Correct notations on diagnostic worksheets.
- Accurate recognition of decay on radiographs and clinically.
- Accurate recognition of the type of periodontal disease, when present, and the plan for appropriate treatment.
- Diagnoses and treatment needs recorded.
- Phasing and sequencing of the treatment plan with alternative treatment options included where relevant
- Risk factors for oral disease indicated and addressed.
An appropriate plan for dental health maintenance is proposed with appropriate oral health care aids.
Treatment suggested is relevant to the patient case and placed in the correct phase of the treatment plan.
Questions related to the patient case are answered satisfactorily.
Informed consent is obtained.
A detailed and accurate treatment note is written in the chart.

Remediation: A failed competency exam has to be retaken. Before the student may challenge this competency a second time, the student must write a paragraph explaining the deficiency with a plan to correct it. The paragraph will then be delivered to the course directors. A retake competency will must be taken but can only result in a grade of 80%.

Competencies assessed:
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care
- Assess a patient’s medical, psychological and social histories as it relates to dental treatment
- Assess the risk for and presence of caries and periodontal disease
- Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations
- Develop and implement interceptive strategies to control and prevent dental caries and periodontal diseases in individual patients
- Interpret appropriate dental radiographs
- Communicate with and provide care for a diverse population of patients
- Demonstrate self-assessment skills in maintaining competency
- Obtain informed consent for oral health therapies
- Secure a dental history that includes chief complaint, patient expectations, and past dental history
- Communicate effectively with other professionals regarding the care of patients
- Order, obtain, and interpret appropriate dental radiographs
- Differentiate normal from altered oral soft tissues and determine the need for additional diagnostic information

**Competency Examination #2:** To be completed on or before the school day closest to April 15. This competency must be completed on a patient that has caries, a prosthodontic need and two of the following needs: Oral surgery, endodontics, periodontics or orthodontics. All other requirements and guidelines for the first competency apply.

**Contact person:** Dr. Judith A. Porter, jporter@umaryland.edu, 410-706-2145.
Treatment Plan / Communication Competency

This can be done in junior or senior year. The students are now and will be trained in the future during the year 2 Behavioral Dentistry course in the behavioral and communication skills that are being judged in this competency. The form can be completed during the treatment plan presentation to the faculty. Dr. Grace and Anseloni will be glad to train any faculty that wishes their help and will also educate and re-assess any student whom the faculty member judges not to have competently presented the treatment plan to the patient. 17/20 is passing. Behavioral faculty will work with any student referred by other faculty.

**TREATMENT PLAN COMPETENCY FORM**

<table>
<thead>
<tr>
<th></th>
<th>+ = correctly done</th>
<th>- = incorrectly done or inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informed consent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>The patient was competent to understand (chronological age, mental capacity)</td>
<td></td>
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<tr>
<td>2.</td>
<td>All alternatives, including implication of no treatment were presented</td>
<td></td>
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<tr>
<td>3.</td>
<td>The benefits and hazards of all alternatives were given</td>
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<tr>
<td>4.</td>
<td>The patient was asked for feedback/ questions were actively solicited</td>
<td></td>
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<tr>
<td>5.</td>
<td>Patient understanding was verified</td>
<td></td>
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<tr>
<td><strong>Verbal Behavior</strong></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>The verbal presentation was understandable at the patient’s level</td>
<td></td>
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<tr>
<td>2.</td>
<td>An appropriate combination of open and closed ended questions were asked</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>No compound or biased questions were asked by student</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Appropriate audio/visual aids or handouts were used</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The presentation was direct and clear</td>
<td></td>
</tr>
<tr>
<td><strong>Non-verbal behavior</strong></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>The student was the proper distance from the patient (2-4 feet)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Proper eye contact</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Student appeared relaxed and at ease</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Facial and body language were appropriate</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The student showed appropriate interest in patient questions &amp; did not interrupt</td>
<td></td>
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<tr>
<td><strong>Overall</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Student’s concern and respect for patient was appropriate</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Student introduced faculty / assistants/etc. to patient</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Student was a good listener/responded to patient well before &amp; after app’t</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Student acted professionally</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Student dressed professionally</td>
<td></td>
</tr>
</tbody>
</table>
Course Syllabus for:

Treatment Planning III

Academic Year and Semester:

Fall 2009 / Spring 2010

Department:

HPP: Health Promotion and Policy

Course Prefix and Number:

TXPL 548

Course Director:

Robert R. Foreman, D.D.S.

Faculty Contacts
and Academic Assistance:

Dr. Robert R. Foreman, Course Director
Department of Health Promotion and Policy
Office 3207, tel. 410-706-3937, rforeman@umaryland.edu

Dr. Nisha G. Ghent, Assistant Course Director
Department of Health Promotion and Policy
Office 2210, tel. 410-706- , nghent@umaryland.edu

Dr. Ulla Arvidson Bufano, TP Curriculum Coordinator
Office 6312, tel. 410 706-7047, ubufano@umaryland.edu

Clinical Treatment Planning Faculty:  Treatment Planning Competencies  may only be

performed with the following faculty and in your GP:

Dr. Mostafa Tolba
Dr. Claudio Urquiga
Dr. Maggie Wilson
Dr. Robert Foreman
Dr. Judith Porter
Dr. George Williams
Dr. Shabrez Ahmed
Dr. Joyce Huey
Dr. Cecilia Velez
Dr. Se-Lim Oh
Dr. Nisha Ghent

Department Contact:

Ms. Carol Stillwell, Program Administrative Specialist,
Office 2, (410)706-7970, cas001@dental.umaryland.edu

Emergencies:

Please contact the Dean's Office at 410-706-7461.
Weather advisory, 410-706-8000, ext. 6-3368 (6-DENT)

Course Format:

Clinic, patient case studies and presentations, D2/D4 team TP exercise

Number of Credits:

2 credits

Class Location:

Clinic, Class room TBA

Resource Requirements:

Treatment Planning in Dentistry, Stefanac, S.J & Nesbit S.P Mosby 2001;
This course builds on information you have received and will be receiving, in other courses. Please refer to other lecture outlines and literature for additional materials.

Course Description:

Treatment Planning III is comprised of instruction/experience in comprehensive treatment planning, including two clinical competencies, senior case presentation, & a treatment planning exercise with the D2/D4 team.
Student Responsibilities: including attendance expectations:
The student will be expected to attend all Case Conference presentations (unless it conflicts with a block assignment or externship), prepare and present two treatment plan competencies and one outcome assessment competency, and prepare/develop a comprehensive TXP together with a D2 student.

Re-examination/Remediation:
1. In the event a Treatment Planning Competency Exam is failed the student is required to write a paragraph/page about the deficient area(s) and submit this to Dr. Foreman for approval before this competency can be challenged again. The treatment planning faculty will underline on the competency form (under NC=not competent) the specific deficiency needing further study. There are no maximum grade restrictions for a second challenge of a competency.

However, in the event a student fails a competency for the second time and then successfully retakes the competency on the third try (after the second written paragraph has been submitted to Dr. Foreman & approved) the assigned grade for this Competency will be no greater than the minimum passing grade: 70%.

2. If the Senior Case Presentation is failed and the student prepares and presents a new case the assigned grade will be no greater then the minimum passing grade: 70%.

3. In the event a senior student fails to work with a D2 student in completing a TPW and preparing a TXP, the D4 student will receive a 5% grade drop in TXPL 548.

4. A failed Outcome Assessment Competency may be re-taken. The maximum grade for a successfully completed re-take will be no greater than the minimum passing grade: 70%

According to Dental School guidelines, an unresolved grade of E will result in a permanent grade of F.

Grading and Evaluation:
20 % TXP Clinical Competency Exam #1
20 % TXP Clinical Competency Exam #2
25 % Outcome Assessment Competency on a geriatric/medically Compromised patient
25 % Senior Case Presentation
10 % Participation/attendance/quizzes in Case Presentations

100% Total

Possible grade drops:
If the D2/D4 team treatment planning exercise is not satisfactorily completed the student will receive a 5% grade drop.

Failure to meet any Deadlines will result in a maximum grade of 75% in any given section and may result in failure of that Portion of the course!

Failure to submit a signed contract in Blackboard by September 11 will result in a 5% grade drop.
Competencies:

This course will address competencies each student is required to master prior to completion of the course of study. Specifically, the content of this course will:

Provide a theoretical foundation for the following competencies:

- Demonstrate self-assessment skills in maintaining competency
- Obtain informed consent for oral health therapies
- Assess a patient’s medical, psychological and social history as it relates to dental treatment
- Secure a dental history that includes chief complaint, patient expectations, and past dental history
- Communicate effectively with other professionals regarding the care of patients
- Perform an exam of the hard and soft tissues of the head and neck
- Order, obtain, and interpret appropriate dental radiographs/images
- Assess the risk for and presence of caries and periodontal disease
- Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations
- Evaluate effectiveness of preventive, maintenance, and reparative therapies through assessment of treatment outcomes

Teach skills contributing to the following competencies:

- Utilize ethical reasoning in the practice of dentistry
- Communicate with and provide care for a diverse population of patients
- Utilize critical thinking and scientific knowledge in decision making processes involved in patient care
- Demonstrate self-assessment skills in maintaining competency
- Obtain informed consent for oral health therapies
- Assess a patient’s medical, psychological and social history as it relates to dental treatment
- Secure a dental history that includes chief complaint, patient expectations, and past dental history
- Communicate effectively with other professionals regarding the care of patients
- Perform an exam of the hard and soft tissues of the head and neck
- Order, obtain, and interpret appropriate dental radiographs/images
- Assess the risk for and presence of caries and periodontal disease
- Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations
- Develop and implement interceptive strategies to control and prevent dental caries and periodontal diseases in individual patients
- Differentiate normal from altered oral soft tissues and determine the need for additional diagnostic information
- Evaluate effectiveness of preventive, maintenance, and reparative therapies through assessment of treatment outcomes
- Comply with regulations related to patient confidentiality, infection control, hazard communications, radiation safety and medical waste disposal

Assess the following competencies

Communicate with and provide care for a diverse population of patients
- TXP competency exam

Utilize critical thinking and scientific knowledge in decision making processes involved in patient care
- Written report and oral presentation of patient case
- Comprehensive care treatment planning, TXP, competency exam
- Literature review for senior case presentation

Demonstrate self-assessment skills in maintaining competency
- Literature review for senior case presentations
- Outcome assessment competency exam

Obtain informed consent for oral health therapies
- Comprehensive care treatment planning, TXP, competency exam
- Literature review for senior case presentations

Assess a patient’s medical, psychological and social histories as they relate to dental treatment
- Comprehensive care treatment planning, TXP, competency exam

Secure a dental history that includes chief complaint, patient expectations, and past dental history
• Comprehensive care treatment planning, TXP, competency exam

**Communicate effectively with other professionals regarding the care of patients**
• Comprehensive care treatment planning, TXP, competency exam

**Order, obtain, and interpret appropriate dental radiographs**
• Comprehensive care treatment planning, TXP, competency exam

**Assess the risk for and presence of caries and periodontal disease**
• Comprehensive care treatment planning, TXP, competency exam

**Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations**
• Comprehensive care treatment planning, TXP, competency exam

**Develop and implement interceptive strategies to control and prevent dental caries and periodontal diseases in individual patients**
• Comprehensive care treatment planning, TXP, competency exam

**Evaluate effectiveness of preventive, maintenance, and reparative therapies through assessment of treatment outcomes**
• Comprehensive care outcomes assessment competency exam

**Comply with regulations related to patient confidentiality, infection control, hazard communications, radiation safety and medical waste disposal**
• Comprehensive care treatment planning, TXP, competency exam

**CRITERIA AND DEADLINES FOR COMPETENCIES AND REQUIREMENTS:**

1. Two Comprehensive Care TXP Competencies - (20%/Competency or 40% of total grade):

   **Due:** First is due December 15, 2009. Second is due March 12, 2010.

   However, it is recommended that you complete this competency early in the fall semester when you have a greater need to treatment plan new patients.

   This competency can only be completed with a GP manager. Competencies done with other faculty will not count as a competency.

   The Competency form (white) is in the forms’ box in the reception area and near/in the PCCs’ office.

   **Read the competency form before you attempt this competency!**

   You will receive a FAIL if any of the items listed under Not Competent applies to your treatment plan presentation. The Faculty will underline on the form the area you failed. **If you fail** you will have to submit a written paragraph(s) to Dr. Foreman explaining what you missed and how you have re-mediated your deficiency. You will not be able to challenge this competency again until Dr. Foreman has received and approved your written paragraph(s). There are no maximum grade restrictions for a second challenge of a competency.

   However, in the event a student **fails a competency for the second time** and then **successfully retakes the Competency on the third try** (after the second written paragraph has been submitted to Dr. Foreman and approved) the assigned grade for this competency will be no greater than the minimum passing grade: 70%.

**Patient Selection**

The patient case must include PERIODONTAL disease, a need for PROSTHODONTIC treatment involving an edentulous area and **at least one of the following disciplines**:

1. Oral Medicine (oral lesions or significant medical complications)
2. Endodontics
3. Oral Surgery
4. Orthodontics
5. Operative Dentistry

The casts must be mounted on a semi-adjustable articulator.

- Please note; this is an examination to determine the individual student’s competency in assessing, diagnosing and formulating a Treatment Plan. **NO specialty consultations are allowed prior to the Competency Presentation.** The exception to this rule is if the case requires systemic or acute treatment.
- If the manager finds that the student received assistance in formulating the Treatment Plan the student will receive an automatic failure for the Treatment Plan and be required to find another patient. The student will still be required to complete the presentation as a regular, non-competency treatment plan presentation.

2. **Comprehensive Care Outcome Assessment Competency: (25%)**

**Due: March 12, 2010.**

This assessment must be performed on a patient for whom you have completed all (or at least most) of the oral health treatment. This exercise is designed to assess your ability to evaluate your treatment outcomes. The following are the criteria for patient selection for this competency. Patient’s treatment must have at least three disciplines involved:

1. Patient may have had at least one prosthesis completed (fixed or removable)
2. Patient must be a mild (or greater) Periodontitis patient to count as a discipline.
3. Patient must not be a Complete/Complete denture patient.
4. Geriatric Patients (classified as a patient who is at least 65 years of age with modifications to treatment due to medical or psychological conditions), or a younger patient with a debilitating medical condition will also qualify as a “discipline” for purposes of this competency.

**This procedure may be performed during a recall examination (ideally – for you and the pt.):**

- **Prior to the appointment,** audit the record using the attached form. This form will be collected by the GP manager/faculty during the exam.
- **During the appointment** (after completing the self evaluation on the attached grading sheet) ask your GP manager to review your answers and perform a patient examination.
- **Upon completion of the exam,** the GP manager will take your grade sheet and review it with you (after your patient has been dismissed)
- **Should you require an additional exercise** the GP manager will inform you. The grade for a successfully completed re-take may be no greater than the minimum passing grade: 70%

**Sample Outcome Assessment Competency form below (and grading criteria):**

The form may be printed from BB or picked up in/near the PCCs’ offices. The GP manager will place the completed form in a folder in the PCC office. Make a copy for your records.
Comprehensive Care Outcome Assessment Competency  (D0170.9)

This competency evaluates your ability to assess treatment outcomes. Review the record of a completed patient case involving three disciplines. Examine the patient and assess the quality of care that was delivered. Your assessment will be compared with a faculty member’s. You may need up-dated radiographs, medical consults etc.

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Student</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is medical history completed and signed by patient?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Are current and updated entries made on medical history?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Was yearly blood pressure noted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have medical consults been written and completed by physician</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Examination (refer to blue sheet)</th>
<th>Student</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue , head and neck examination updated?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Charting updated (restorations, perio)?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Plans</th>
<th>Student</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the chief complaint addressed in a timely manner?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Was emergency care provided in a timely manner?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Has the proper phasing and sequencing been followed for dental treatment?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Have appropriate specialty consultations been obtained?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radiology</th>
<th>Student</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there appropriate radiographs to diagnose the patient’s oral health?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment outcomes / Corrective actions</th>
<th>Student</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have appropriate disease-control measures been prescribed and implemented?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Is the patient’s caries controlled? Is there recurrent caries around new restorations?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Is the patient’s periodontal disease stable?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Was prosthetic treatment successful?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Is the technical quality of care clinically acceptable in your opinion?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Is the patient satisfied with the treatment?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>Was treatment completed in a timely manner?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
<tr>
<td>If you could re-do the case, would you do anything differently?</td>
<td>Yes or S</td>
<td>No or U</td>
</tr>
</tbody>
</table>

Grading: 5% will be subtracted (from 100%) for each item (above and below) not satisfactorily evaluated.

How did the patient’s age and/or medical status influence the:

1. Treatment planning:

2. Implementation of the planned treatment:

3. Outcomes of the treatment provided:

Faculty signature and #:______________________________  Grade: _____%
4. **Senior Case Conference (25%)**  
   **Spring 2010**

Each senior dental student must present (oral presentation and written report) one of their own clinical patient cases. The presentation and the report will receive a formal evaluation accounting for 25% of the TXPL 548 grade. The Senior Case Conference Manual in Course Information on Blackboard has detailed information about this requirement.

4. **Participation/Attendance/quizzes in Case Conferences (10%)**: See Senior Case Presentation Manual in Blackboard under TXPL 548.

5. **D2/D4 Team Treatment Planning Exercise**
   **Deadline:** Preferably completed by December 11, 2009 but final deadline is April 09, 2010.

This exercise will give you the opportunity to, **together with your D2 team member**, review your own knowledge and skills in collecting patient information (history, chief concern, examination etc.), charting and developing a treatment plan. You will meet with the D2 student at least twice (or more if the patient fails or if the TPW takes more than one appointment):

1. TPW on one of your patients
2. After the appointment you will show the D2 student how to develop a treatment plan
3. TXP presentation to faculty (same patient as in the TPW appointment) or **if scheduling problems arise you may meet with the D2 student without the patient present to explain the final TXP.**

**Patient Selection:**

If you have not completed your senior TXP or perio TXP competencies, one of those patients may be a good choice. The patient case does not have to be complex – the D2 student needs to learn the process of treatment planning.

**Evaluation form for D4/D2 TXP exercise**

There is an Evaluation Form in a separate file in Course Information on BB. To avoid a 5% grade drop, please, fill in the information on the form, copy and paste it into the comments box and click ‘submit’. If you run into difficulties submitting this form on BB you may email it to Dr. Bufano. Please, add your own comments about the exercise!!!! Thanks.
Exhibit 2-8.3 OSCE - on site
University of Maryland Dental School at Perryville
First Year Curriculum
Dr. Gregory Zeller & Dr. Carroll-Ann Trotman
5/30/09

Strongly Recommended: Sunday Afternoon Check-In at Donaldson Brown

All five students will participate in the Monday and Thursday sessions, and the Friday afternoon sessions. Students will rotate either individually or in pairs/groups through the Tuesday, Wednesday, and Friday morning sessions. This rotation schedule will be finalized by Dr. Zeller (see Appendix).

Monday
8 AM to 1 PM: Perryville Overview and Orientation
- Tour facility
- UMDS Perryville goals, guiding principles, and organizational structure
- Sterilization, infection control, supplies, materials, stocking, and inventory control
- Practice management: EPR, clinical documentation, and business processes, including patient relations, scheduling, financial, and compliance
- Sovereign operation and introduction to other operatory equipment
- Imaging:
  - Radiology: CCD, PAN, CEPH, 3D, PSP, Romexis
  - Visible Light: Intraoral camera
- Lab: Digital and stone models
- Emergency procedures
- Patient abuse and neglect
- Academic technologies available, including VTEL and simulation possibilities
- Dental Hygiene Program at Perryville
- Roles and responsibilities of dental team members: Hygiene, dental assistants, front desk, administrator, CMS, case worker, residents, students, and attending faculty
- Hands on patient management (HOPM) with concept of “watch, do, teach”
- Economics of health care, access, and underserved patients
- Community partnerships and cultural sensitivity
- Relationship of dental primary care to medical care and quality of life issues
- Preventive dentistry issues and community outreach initiatives
- RWJ grant—Clinical portfolio and reflection
- Team building

1 PM until dinner: Personal Time—may participate in student clinical or academic activities.

Tuesday
8 AM to 1 PM: Perryville clinical activities with team huddles at 8:30 AM and 12:30 PM
  8:30 AM Huddle: Morning duties assigned and plan of the day outlined
  12:30 PM Huddle: Post game review and reflection
1 PM until dinner: Personal Time—may participate in student clinical or academic activities.
Wednesday
8 AM to 1 PM: Perryville clinical activities with team huddles at 8:30 AM and 12:30 PM
    8:30 AM Huddle: Morning duties assigned and plan of the day outlined
    12:30 PM Huddle: Post game review and reflection
1 PM until dinner: Personal Time—may participate in student clinical or academic activities.

Thursday
8 AM to 2 PM: Community outreach activities
2 PM until dinner: Personal Time—may participate in student clinical or academic activities.

Friday
8 AM to 1 PM: Perryville clinical activities with team huddles at 8:30 AM and 12:30 PM
    8:30 AM Huddle: Morning duties assigned and plan of the day outlined
    12:30 PM Huddle: Daily post game review and group reflection on Perryville experience
1 PM until dinner: Student review, reflection, and portfolio completion followed by
    Personal Time for student clinical or academic activities

Options: Students would have the option of checking out of Donaldson Brown after dinner on
Friday or staying until Saturday with check out on Saturday morning.
APPENDIX:

I. Sample Perryville Morning Clinical Activities by Day by Number of Students Assigned

<table>
<thead>
<tr>
<th>Morning Activity</th>
<th>Tue</th>
<th>Wed</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Desk (2hrs)/Sterilization (2 hrs)</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>HOPM/Radiology/Lab – where needed</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Each student will work at the front desk for two hours and in sterilization for two hours. Each student will work in HOPM/radiology/lab for eight hours.

II. Sample Weekly Clinical Activity Rotation Schedule by Day by Student

**Tuesday**

Front Desk (8-10:15 with attendance at 8:30 Huddle) - A
Front Desk (10:15-12:30) - B
Sterilization (8-10:15 with attendance at 8:30 Huddle) - B
Sterilization (10:15-12:30) - A
HOPM/radiology/lab (8-12:30 with attendance at 8:30 Huddle) - C,D,E
Morning Debrief Huddle (12:30) - All
Personal Time for clinical or academic activities (1 PM-Dinner) - All

**Wednesday**

Front Desk (8-10:15 with attendance at 8:30 Huddle) - C
Front Desk (10:15-12:30) - -
Sterilization (8-10:15 with attendance at 8:30 Huddle) - C
Sterilization (10:15-12:30) - -
HOPM/radiology/lab (8-12:30 with attendance at 8:30 Huddle) - A,D,E
Morning Debrief Huddle (12:30) - All
Personal Time for clinical or academic activities (1 PM-Dinner) - All

**Friday**

Front Desk (8-10:15 with attendance at 8:30 Huddle) - D
Front Desk (10:15-12:30) - E
Sterilization (8-10:15 with attendance at 8:30 Huddle) - E
Sterilization (10:15-12:30) - D
HOPM/radiology/lab (8-12:30 with attendance at 8:30 Huddle) - A,B,C
Morning Debrief Huddle (12:30) - All
Review, reflection, and portfolio completion followed by
Personal Time for clinical or academic activities (1 PM-Dinner) - All

On Monday and Thursday afternoons, students also have Personal Time, which may be used for clinical or academic activities.
Exhibit 2-9.2 Translational Research Conference Video

On Site
<table>
<thead>
<tr>
<th>Title</th>
<th>Term</th>
<th>Professor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy of Learning: It’s a Life Long Process (summer)</td>
<td>Summer 2009</td>
<td>Dr. Arasu Chellaiah</td>
</tr>
<tr>
<td>Advanced Biomedical Research</td>
<td>Fall 2009</td>
<td>Dr. Norman Capra</td>
</tr>
<tr>
<td>Advanced Treatment Planning and Surgical Technique in Periodontics</td>
<td>Fall 2009</td>
<td>Dr. Grishondra Branch-Mays</td>
</tr>
<tr>
<td>An Introduction to the Real World of Reimbursement Dentistry</td>
<td>Fall 2009</td>
<td>Dr. Wayne Silverman</td>
</tr>
<tr>
<td>Continuum of Quality Care: Health Outcomes for Persons with Neurodevelopmental Disabilities</td>
<td>Fall 2009</td>
<td>Dr. Mark L. Wagner</td>
</tr>
<tr>
<td>Dental Informatics and Analytics</td>
<td>Fall 2009</td>
<td>Dr. Gregory Zeller</td>
</tr>
<tr>
<td>Diagnosis Management of Temporomandibular Disorders</td>
<td>Fall 2009</td>
<td>Dr. Jerome Buxbaum</td>
</tr>
<tr>
<td>Facial Pain Diagnosis: Cases, Cases, Cases (fall)</td>
<td>Fall 2009</td>
<td>Dr. Edward Grace</td>
</tr>
<tr>
<td>Nutrition and Nutraceuticals for Dental Professionals</td>
<td>Fall 2009</td>
<td>Dr. Nasir Bashirelahi</td>
</tr>
<tr>
<td>Pediatric Dentistry (fall)</td>
<td>Fall 2009</td>
<td>Dr. Clemencia Vargas</td>
</tr>
<tr>
<td>Translational Conference Teaching Elective 1-4</td>
<td>Fall 2009</td>
<td>Dr. Richard Traub</td>
</tr>
<tr>
<td>Translational Conference Teaching Elective 5-8</td>
<td>Fall 2009</td>
<td>Dr. Mark Shirtliff</td>
</tr>
<tr>
<td>What is Possible and How Might We Build on That? Transforming What it Means to be a Dentist in the 21st Century</td>
<td>Fall 2009</td>
<td>Dr. Douglas Drewyer</td>
</tr>
<tr>
<td>Professional Development Experiences</td>
<td>Fall 2009 - Spring 2010</td>
<td>Dr. Sharon Gordon</td>
</tr>
<tr>
<td>The Joy of Learning: It’s a Life Long Process (spring)</td>
<td>Spring 2010</td>
<td>Dr. Arasu Chellaiah</td>
</tr>
<tr>
<td>Career Options, Practice Transitions, and Practice Management</td>
<td>Spring 2010</td>
<td>Dr. Robert Foreman</td>
</tr>
<tr>
<td>Esthetic Dentistry/Implants</td>
<td>Spring 2010</td>
<td>Dr. David Mazza</td>
</tr>
<tr>
<td>Facial Pain Diagnosis: Cases, Cases, Cases (spring)</td>
<td>Spring 2010</td>
<td>Dr. Edward Grace</td>
</tr>
<tr>
<td>Overview of Clinical Anesthesia and Sedation for Dentistry</td>
<td>Spring 2010</td>
<td>Dr. Marvin Leventer</td>
</tr>
<tr>
<td>Pediatric Dentistry (spring)</td>
<td>Spring 2010</td>
<td>Dr. Clemencia Vargas</td>
</tr>
<tr>
<td>The Million Dollar Practice: How to Build it &amp; Enjoy it</td>
<td>Spring 2010</td>
<td>Dr. Norman Bartner</td>
</tr>
<tr>
<td>Translational Part II: Dental Informatics</td>
<td>Spring 2010</td>
<td>Dr. Gregory Zeller</td>
</tr>
</tbody>
</table>
Exhibit 2-9.4 Perryville Fourth Year Curriculum

University of Maryland Dental School at Perryville
Fourth Year Curriculum
Dr. Gregory Zeller & Dr. Carroll-Ann Trotman
7/30/09

Strongly Recommended: Sunday Afternoon Check-In at Donaldson Brown

All fourth year students will participate in all sessions. Where applicable, individual rotation schedules will be finalized by Dr. Zeller. (See Appendix for sample rotation schedule.)

Monday

First Week

8 AM to Noon: Perryville Overview and General Orientation
- Tour facility
- UMDS Perryville goals, guiding principles, and organizational structure
- Sterilization, infection control, supplies, materials, stocking, and inventory control
- Practice management: EPR, clinical documentation, and business processes, including patient relations, scheduling, financial, and compliance
- Sovereign operation and introduction to other operatory equipment
- Imaging:
  - Radiology: CCD, PSP, PAN, Romexis, CEPH, 3D
  - Visible Light: Intraoral camera
- Lab: Digital and stone models
- Emergency procedures
- Patient abuse and neglect
- Academic technologies available, including VTEL and simulation possibilities
- Dental Hygiene Program at Perryville
- Roles and responsibilities of dental team members: Hygiene, dental assistants, front desk, administrator, CMS, case worker, residents, students, and attending faculty
- Year four role as” junior associates:” Hands on patient management (HOPM) with the concept of “watch, do, teach”
- Economics of health care, access, and underserved patients
- Community partnerships and cultural sensitivity
- Relationship of dental primary care to medical care and quality of life issues
- Preventive dentistry issues and community outreach initiatives
- RWJ grant—Clinical portfolio and reflection
- Team building

1 PM to 5 PM:
Specific Orientation: Radiology, Lab, EPR, HOPM

Second Week

8 AM to Noon:
Orientation Assistance and /or HOPM, including Radiology and Lab

1 PM to 5 PM:
Orientation Assistance and /or HOPM, including Radiology and Lab
Tuesday

First Week
8 AM to 5 PM: Perryville clinical activities as “junior associate” with team huddles at 8:45 AM and 4:15 PM
   8:45 AM Huddle: Morning duties assigned and plan of the day outlined
   4:15 PM Huddle: “Post-game” review and reflection

Second Week
8 AM to 5 PM: Perryville clinical activities as “junior associate” with team huddles at 8:45 AM and 4:15 PM
   8:45 AM Huddle: Morning duties assigned and plan of the day outlined
   4:15 PM Huddle: “Post-game” review and reflection

Wednesday

First Week
8 AM to 5 PM: Perryville clinical activities as “junior associate” with team huddles at 8:45 AM and 4:15 PM
   8:45 AM Huddle: Morning duties assigned and plan of the day outlined
   4:15 PM Huddle: “Post-game” review and reflection

Second Week
8 AM to 5 PM: Perryville clinical activities as “junior associate” as time permits with team huddle at 4:15 PM.
   4:15 PM Huddle: “Post-game” review and reflection

Thursday

First Week
8 AM to 5 PM: Perryville clinical activities as “junior associate” with team huddles at 8:30 AM and 4:30 PM
   8:45 AM Huddle: Morning duties assigned and plan of the day outlined
   4:15 PM Huddle: “Post-game” review and reflection

Second Week
8 AM to 5 PM: Perryville morning outreach activities followed by afternoon clinical activities as “junior associate” as time permits with team huddle at 4:15 PM.
   4:15 PM Huddle: “Post-game” review and reflection
Friday

First Week
8 AM to 5 PM: Perryville clinical activities as “junior associate” with team huddles at 8:45 AM and 4:15 PM
   8:45 AM Huddle: Morning duties assigned and plan of the day outlined
   4:15 PM Huddle: “Post-game” review and reflection

Second Week
8 AM to Noon: Perryville clinical activities with team huddle at 8:45 AM
   8:45 AM Huddle: Morning duties assigned and plan of the day outlined

Noon to 5 PM:
   Noon: Proceed to Donaldson Brown for concluding reflection.

Options: Students will have the option of checking out of Donaldson Brown after dinner on Friday or staying until Saturday with check out on Saturday morning.
APPENDIX:

Sample Year Four Perryville Student Activity Schedule

<table>
<thead>
<tr>
<th>First Week Morning Activity</th>
<th>Hours and Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Orientation</td>
<td>Mon 4**</td>
</tr>
<tr>
<td>Front Desk/Sterilization/Supply</td>
<td></td>
</tr>
<tr>
<td>HOPM, including Radiology and Lab</td>
<td>4 4 4 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Week Afternoon Activity</th>
<th>Hours and Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Orientation:</td>
<td>Mon 4**</td>
</tr>
<tr>
<td>Radiology, Lab, EPR, HOPM</td>
<td></td>
</tr>
<tr>
<td>Front Desk/ Sterilization/Supply</td>
<td>4 4 4 4</td>
</tr>
<tr>
<td>HOPM, including Radiology and Lab</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Week Morning Activity</th>
<th>Hours and Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Assistance</td>
<td>Mon 2*</td>
</tr>
<tr>
<td>Outreach</td>
<td></td>
</tr>
<tr>
<td>Front Desk/Sterilization/Supply</td>
<td>2* 4 4 4 4</td>
</tr>
<tr>
<td>HOPM, including Radiology and Lab</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Week Afternoon Activity</th>
<th>Hours and Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Assistance</td>
<td>Mon 2*</td>
</tr>
<tr>
<td>Front Desk/Sterilization/Supply</td>
<td></td>
</tr>
<tr>
<td>HOPM, including Radiology and Lab</td>
<td>2* 4 4 4 2*</td>
</tr>
<tr>
<td>Concluding Reflection at Donaldson Brown</td>
<td></td>
</tr>
</tbody>
</table>

Each student will spend eight hours in orientation during the first week.
Each student will work in Front Desk/Sterilization/Supply for four hours during the first week.
Each student will work in HOPM, including radiology and lab, for twenty eight hours during the first week.
Each student will spend four hours assisting with orientation during the second week.
Each student will work at Front Desk/Sterilization/Supply for up to two hours during the second week.
Each student will participate in at least four hours of outreach during the second week.
Each student will work in HOPM, including radiology and lab, for up to twenty six hours during the second week.
Each student will spend four hours in reflection during the second week.

*Students will work as a team from a “pool” during this session.
**All students will participate as a group in this session.
Office of the President and CEO

February 25, 2008

President
University of Maryland at Baltimore
660 West Redwood Street, Room 021
Baltimore, MD 21201-1627

Dear President Ramsay:

I am pleased to inform you that the Robert Wood Johnson Foundation has approved the following grant, which is being made under the Foundation’s program, Pipeline, Profession and Practice: Community-Based Dental Education:

Awardee: University of Maryland, Baltimore (College of Dental Surgery)
I.D.: 63809
Amount: $200,000
Purpose: Pipeline, Profession and Practice: Community-Based Dental Education
Project Information: Grant Period: March 1, 2008 through May 31, 2010
Project Director: Carroll Ann E. Trotman, B.D.S., M.A., M.S., 410-706-4751 (ctrotman@umaryland.edu)
National Program Contact: Deputy Director: Kim Cherise D’Abreu-Herbert, M.P.H., 212-304-6629 (kdh2002@columbia.edu)
Columbia University Center for Community Health Partnerships
630 West 168th Street, P&S Box 100
New York, NY 10032-3702
Program Director: Howard Leslie Bailit, D.M.D., Ph.D., 860-679-5487 (bailit@nsol.uchc.edu)
Program Director: Allan J. Formicola, D.D.S., M.S., 212-304-6418 (ajf3@columbia.edu)
RWJF Contact: Program Officer: Denise A. Davis, Dr. P.H., M.P.A., 609-627-5727 (ddavis@rwjf.org)
Grants Administrator: Stephen Theisen, 609-627-6044 (stheisen@rwjf.org)

The funds are to be used in accordance with the proposal, final budget, and the terms and conditions outlined in the Request for Project Support and Conditions of Grant, dated January 11, 2008. Our Chief Financial Officer and Treasurer will be sending information on reporting requirements and details regarding payment of this grant.
If you plan to use the Foundation's name or logo in publications or other communications, such as a news release, brochure, Web site, marketing or promotional materials, please send draft text and layout for our advance review to Linda Wright Moore (lmoore@rwjf.org) or Adam Coyne (acoyn@rwjf.org) in our Communications Department. Please allow us five days from the date we receive your request for response and approval.

We are privileged to welcome you again to the Foundation's family of grantees. We are enthusiastic about your project and wish you success as we embark together on this important endeavor to improve health and health care for all Americans and to make a difference in our lifetime.

Sincerely,

Risa Lavizzo-Mourey, M.D., M.B.A.

RLM: kap
cc: Carroll Ann E. Trotman, B.D.S., M.A., M.S.
    Howard Leslie Bailit, D.M.D., Ph.D.
    Allan J. Formicola, D.D.S., M.S.
    Dennis J. Paffrath
    Cheryl Williams-Smith
### Budget Worksheet Summary

**Pipeline, Profession & Practice: Community-Based Dental Education - Round 2**
**The University of Maryland, Baltimore**
Community-Based Dental Education: Serving the Dental Needs of the Citizens of the State of Maryland
Start Date: 04/01/2008
Duration: 27

<table>
<thead>
<tr>
<th>Period 1</th>
<th>RWJF Amount</th>
<th>FTEs</th>
<th>Non-RWJF Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category: Personnel</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Director/ Principal Investigator</td>
<td>$8,454</td>
<td>16%</td>
<td>$0</td>
</tr>
<tr>
<td>Project Staff</td>
<td>$2,137</td>
<td>12%</td>
<td>$0</td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>$1,515</td>
<td>10%</td>
<td>$4,544</td>
</tr>
<tr>
<td>Other Staff</td>
<td>$2,713</td>
<td>35%</td>
<td>$755</td>
</tr>
<tr>
<td>Fringe Benefits (28-13/15)</td>
<td>$1,926</td>
<td></td>
<td>$795</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$16,745</td>
<td></td>
<td>$6,094</td>
</tr>
</tbody>
</table>

| **Other Direct Costs** | | | |
| **Line Items** | RWJF | Non-RWJF Support |
| Office Operations | $424 | $350 |
| Comm. And Marketing | $1,250 | $850 |
| Travel | $750 | $2,850 |
| Meeting Expenses | $150 | $250 |
| Surveys | $800 | |
| Equipment | $319 | $1,125 |
| Project Space | $- | |
| **Subtotal** | $3,693 | $4,575 |

| **Purchased Services** | | | |
| **Line Items** | RWJF | |
| Line Items | $0 | |
| Consultants | $0 | |
| Contracts | $0 | |
| **Subtotal** | $0 | |

| **Indirect Costs** | | | |
| **Line Items** | RWJF | Non-RWJF Support |
| Indirect Costs | $2,453 | $1,280 |
| **Subtotal** | $2,453 | $1,280 |

| **Grand Total** | Period 1 | | |
| | $22,891 | $11,949 |

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<th>Period 2</th>
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<td>$25,597</td>
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| **Other Direct Costs** | | | |
| **Line Items** | RWJF | Non-RWJF Support |
| Office Operations | $900 | $800 |
| Comm. And Marketing | $2,900 | $452 |
| Travel | $3,000 | $500 |
| Meeting Expenses | $300 | $1,000 |
| Surveys | $800 | |
| Equipment | $1,200 | |
| Project Space | $- | |
| **Subtotal** | $9,100 | $7,252 |

| **Purchased Services** | | | |
| **Line Items** | RWJF | |
| Line Items | |
| Consultants | |
| Contracts | |
| **Subtotal** | |

| **Indirect Costs** | | | |
| **Line Items** | RWJF | Non-RWJF Support |
| Indirect Costs | $9,462 | $3,990 |
| **Subtotal** | $9,462 | $3,990 |

<p>| <strong>Grand Total</strong> | Period 2 | | |
| | $88,310 | | $37,239 |</p>
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<td>AEGD Clerkship (Dr. Douglas Barnes)</td>
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<td>Interest in Advanced General Dentistry program, good academic standing, and satisfactory progress toward completion of DDS requirements. Factors influencing selection include clinic productivity, clinic attendance, National Board scores, and progress toward competencies.</td>
<td>Clerkship includes full time assignment to the Advanced General Dentistry clinic in the spring semester. The Advanced General Dentistry clerkship is an innovative program that allows motivated students to develop beyond what the current four-year dental curriculum allows. Students are trained in advanced techniques - recent technologies in materials, patient and practice management; introduced to clinical research; prepare complex treatment plans; and perform a wide range of clinical procedures. The selected students will participate in the Advanced Education in General Dentistry curriculum. The Year IV student must complete their competencies required to graduate from dental school.</td>
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<td>DBMS/ Basic Sciences (Dr. Norman Capra)</td>
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<td>Interest and good standing.</td>
<td>This clerkship is intended to provide students an opportunity to conduct research in biomedical sciences under the guidance of a faculty mentor. Selection of this clerkship requires mutual agreement between the interested student and BMS faculty and is subject to approval by the department.</td>
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<td>DBMS/Research In Biomedical Sciences (for combined DDS/PhD students) (Dr. Norman Capra)</td>
<td>4</td>
<td>Satisfactory progress toward completion of DDS requirements.</td>
<td>This clerkship provides students with time to complete ongoing research and thesis preparation or conduct research related to the primary dissertation topic. Students will work with their dissertation mentors. Activities will include bench or bedside research, participation in seminars, journal clubs and other laboratory activities.</td>
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<tr>
<td>Extramural Geriatric Program/VA (Dr. Janet Yellowitz)</td>
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<td>Interest in older adults and the medically compromised; academic performance.</td>
<td>Clinically-based program providing care to medically compromised and older adult institutionalized and non-institutionalized dental patients. In-house seminar series on related topics included. Sites include: Baltimore VA, Levindale Hebrew Geriatric Center and other long term care facilities.</td>
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<tr>
<td>Clerkship (Faculty)</td>
<td># of Students</td>
<td>General Requirements</td>
<td>Description</td>
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<tr>
<td>General Practice Clerkship (Dr. Margaret Wilson)</td>
<td>3-4 (per participating GP)</td>
<td>Satisfactory progress toward completion of graduation requirements; above average academic performance; effective communication skills; interest in education.</td>
<td>Students will assist new juniors in acclimating to the clinic setting and provide guidance about logistics and patient management. Clerks will assist with impressions and other activities that reinforce vertical integration without impinging on faculty supervision and responsibility. Participation in departmentally sponsored calibration sessions; opportunity to provide treatment for patients with more complex treatment needs.</td>
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<tr>
<td>Implant Prosthodontics (Dr. Guadalupe Garcia)</td>
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<td>Demonstrated interest and ability in Prosthodontics and implant dentistry; high interest and motivation in esthetic dentistry; recommendation of Prosthodontics, Periodontics and Oral Surgery supervisors.</td>
<td>Lectures, seminars, journal club, case presentations and clinic. The student will be introduced to multiple fixed implant Prosthodontic procedures and techniques. Restoration of esthetically involved cases in the anterior zone and complex implant restorations will be treatment planned, surgery observed and restorations completed. CT scan evaluation/implant software analysis will be introduced.</td>
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<tr>
<td>Oncology &amp; Diagnostic Sciences (Dr. Timothy Meiller)</td>
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<td>Satisfactory progress in all areas toward completion of graduation requirements and interest in management of patients with oral diseases.</td>
<td>Clinical and laboratory/research opportunities are offered. Clinical: oral care of cancer patients (Greenebaum Cancer Center), diagnosis and management of oral lesions in the Oral Medicine clinic and experiences at the VAMC. Laboratory: experiences in research related to management of medically compromised patients.</td>
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<tr>
<td>Oral-Maxillofacial Surgery (Dr. Cynthia Idzik-Starr)</td>
<td>6-8</td>
<td>Satisfactory progress in all areas toward completion of graduation requirements; cumulative GPA of 3.0 or higher and minimum of B grades in all OMS courses.</td>
<td>Advanced exodontias and dentoalveolar surgery; one month hospital OMS; participate in seminars on office oral surgery; perform oral surgery of increasing difficulty; attend rounds with the oral maxillofacial surgery residents at Univ. of Maryland Hospital; attend surgical orthodontic and implant conferences with the postgraduate students; and attend selected operating room cases at the University of Maryland Hospital.</td>
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<tr>
<td>Clerkship (Faculty)</td>
<td># of Students</td>
<td>General Requirements</td>
<td>Description</td>
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<tr>
<td>Orthodontics (Dr. Frederick Preis) Students are expected to enroll for fall and spring.</td>
<td>5</td>
<td>GPA ≥ 3.2 and a sincere desire to know more about orthodontics and/or pursuing a career in clinical and/or academic orthodontics.</td>
<td>Participation in didactic seminars; clinical patient treatment; postgraduate rotation; research. In addition, students are exposed to the biomechanics of tooth movement, laboratory procedures including appliance construction and organizational dentistry. They participate in diagnosis and treatment planning via case presentations.</td>
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<tr>
<td>Orthodontics: Research &amp; Lab (Dr. Frederick Preis)</td>
<td>5</td>
<td>GPA ≥ 3.2 and previous research experience</td>
<td>Participation in didactic seminars; research; orthodontic laboratory; orthodontic simulation clinical exercise; extramural and intramural rotations.</td>
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<tr>
<td>Pediatric Dentistry (Dr. Clemencia Vargas) Students are expected to enroll for fall and spring.</td>
<td>12</td>
<td>Completion of junior requirements, above average clinical activity, and strong interest in Pediatric Dentistry.</td>
<td>Advanced clinical experiences (challenging healthy and handicapped patients); graduate seminars; extramural activities; preclinical teaching; independent project.</td>
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<tr>
<td>Removable Prosthodontics (Dr. Karen Faraone)</td>
<td>3</td>
<td>Satisfactory progress toward completion of graduation requirements; academic performance and interest.</td>
<td>Students will receive advanced training in removable prosthodontics. Teaching opportunities in the preclinical labs will be available as well as other experience for individual students.</td>
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<td>Special Patient Program (Dr. Valli Meeks) Students are expected to enroll for fall and spring.</td>
<td>7-8</td>
<td>Demonstrated interest in treating handicapped patients; superior clinical skills; above average academic performance.</td>
<td>Individually tailored clinical program providing care for special patients; significant surgery, prosthetics, and conscious sedation experiences available. Seminar series on related topics.</td>
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<tr>
<td>Treatment Planning (Dr. Judith Porter)</td>
<td>3-4</td>
<td>Academic performance; satisfactory progress toward completion of graduation requirements.</td>
<td>Tuesday and Thursday morning clinic sessions each week; providing access to care by screening and treatment planning pregnant patients in a funded program; attendance at scheduled seminars.</td>
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</table>
Exhibit 2-10.1 ADA Survey of Dental Education

On Site
## Exhibit 2-10.2

**ADEA Survey of Dental Seniors**  
Dental Experience and Curriculum

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* National data not available in 2004
### Exhibit 2-10.2
Survey of Dental Seniors
Dental Experience and Curriculum

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Dental Experience and Curriculum

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### Community Dentistry
- **Excessive**: 29.1% (9.0%) 9.2% (1.1%) 16.0% (25.3%) 21.7% (8.3%)
- **Appropriate**: 55.3% (73.0%) 74.8% (73.7%) 75.9% (11.0%)
- **Inadequate**: 15.5% (18.0%) 68.5% (21.7%)

### Ethics
- **Excessive**: 8.5% (7.8%) 13.5% (14.3%) 8.5% (5.0%)
- **Appropriate**: 74.6% (87.8%) 77.9% (86.3%) 70.0% (78.3%)
- **Inadequate**: 15.5% (4.2%) 4.9% (2.4%)

### Oral Pathology
- **Excessive**: 12.5% (6.5%) 5.8% (9.0%)
- **Appropriate**: 76.8% (84.5%) 87.5% (85.0%)
- **Inadequate**: 10.7% (9.0%) 6.9% (10.8%)

### Behavioral Science
- **Excessive**: 17.7% (21.0%) 18.4% (11.6%)
- **Appropriate**: 52.1% (65.9%) 68.3% (78.9%)
- **Inadequate**: 30.2% (13.0%) 13.3% (9.5%)

### Patient Evaluation
- **Excessive**: 21.5% (5.5%) 5.4% (4.2%)
- **Appropriate**: 69.8% (86.5%) 83.3% (83.2%)
- **Inadequate**: 8.7% (12.8%) 11.1% (5.0%)

### Radiology
- **Excessive**: 11.0% (7.3%) 7.5% (7.4%)
- **Appropriate**: 76.1% (86.5%) 87.5% (88.3%)
- **Inadequate**: 12.9% (6.2%) 5.0% (4.3%)

### Prevention/Oral Health
- **Excessive**: 13.7% (9.3%) 9.8% (6.3%)
- **Appropriate**: 70.8% (82.1%) 83.2% (88.4%)
- **Inadequate**: 15.5% (8.6%) 7.0% (5.3%)

### Hospital Dentistry
- **Excessive**: 46.2% (n/a) 4.8% (n/a)
- **Appropriate**: 45.9% (55.6%) 60.0% (n/a)
- **Inadequate**: 7.9% (n/a) 38.1% (n/a)

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<td>9.7% 12.6%</td>
<td>4.0% 7.2%</td>
<td>9.5% 9.8%</td>
<td>18.1% 10.1%</td>
<td>14.9%</td>
</tr>
<tr>
<td><strong>Medical Emergencies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive</td>
<td>21.8% 1.1%</td>
<td>2.8% 1.1%</td>
<td>3.3% 1.1%</td>
<td>16.0% 2.4%</td>
<td>1.2% 2.5%</td>
<td>1.1% 2.6%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Appropriate</td>
<td>74.9% 78.7%</td>
<td>76.3% 78.7%</td>
<td>80.6% 83.2%</td>
<td>81.0% 89.2%</td>
<td>90.1% 83.4%</td>
<td>80.0% 83.9%</td>
<td>75.2%</td>
</tr>
<tr>
<td>Inadequate</td>
<td>3.3% 20.2%</td>
<td>20.9% 20.2%</td>
<td>16.1% 15.8%</td>
<td>3.0% 8.4%</td>
<td>8.3% 14.1%</td>
<td>18.9% 13.5%</td>
<td>22.8%</td>
</tr>
<tr>
<td><strong>Implant Dentistry</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive</td>
<td>n/a n/a</td>
<td>3.0% n/a</td>
<td>3.2% 1.1%</td>
<td>42.8% 3.6%</td>
<td>n/a 3.1%</td>
<td>1.1% 3.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Appropriate</td>
<td>n/a n/a</td>
<td>46.6% n/a</td>
<td>51.3% 40.0%</td>
<td>54.5% 48.2%</td>
<td>53.6% 56.9%</td>
<td>44.2% 58.0%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Inadequate</td>
<td>n/a n/a</td>
<td>50.4% n/a</td>
<td>45.5% 58.9%</td>
<td>2.7% 48.2%</td>
<td>46.4% 40.0%</td>
<td>54.7% 38.8%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

* National data not available in 2004

ADEA Survey of Dental School Seniors

Updated: 3/3/2008
## Senior Exit Survey: 2005 - 2010

For each item, select the answer that corresponds to the word or phrase that describes how you feel about your **CLINICAL EXPERIENCES**

1. The clinic manual was a helpful reference to clinic policies.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>6 (6.25%)</td>
<td>31 (32.29%)</td>
<td>30 (31.25%)</td>
<td>20 (20.83%)</td>
<td>9 (9.38%)</td>
</tr>
<tr>
<td>2006</td>
<td>4 (3.92%)</td>
<td>41 (40.20%)</td>
<td>38 (37.25%)</td>
<td>16 (15.69%)</td>
<td>3 (2.94%)</td>
</tr>
<tr>
<td>2007</td>
<td>5 (5.10%)</td>
<td>29 (29.59%)</td>
<td>24 (24.49%)</td>
<td>18 (18.37%)</td>
<td>22 (22.45%)</td>
</tr>
<tr>
<td>*2008</td>
<td>2 (2.74%)</td>
<td>22 (30.14%)</td>
<td>26 (35.62%)</td>
<td>14 (19.18%)</td>
<td>9 (12.33%)</td>
</tr>
<tr>
<td>*2009</td>
<td>5 (4.72%)</td>
<td>35 (33.02%)</td>
<td>33 (31.13%)</td>
<td>21 (19.81%)</td>
<td>12 (11.32%)</td>
</tr>
<tr>
<td>**2010</td>
<td>1 (0.83%)</td>
<td>12 (10.00%)</td>
<td>49 (40.83%)</td>
<td>18 (15.00%)</td>
<td>40 (33.33%)</td>
</tr>
</tbody>
</table>

2. The clinic manual was a helpful reference to departmental requirements.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>8 (8.33%)</td>
<td>34 (35.42%)</td>
<td>25 (26.04%)</td>
<td>18 (18.75%)</td>
<td>11 (11.46%)</td>
</tr>
<tr>
<td>2006</td>
<td>5 (4.90%)</td>
<td>41 (40.20%)</td>
<td>34 (33.33%)</td>
<td>19 (18.63%)</td>
<td>3 (2.94%)</td>
</tr>
<tr>
<td>2007</td>
<td>4 (4.08%)</td>
<td>14 (14.29%)</td>
<td>20 (20.41%)</td>
<td>26 (26.53%)</td>
<td>34 (34.69%)</td>
</tr>
<tr>
<td>*2008</td>
<td>2 (2.74%)</td>
<td>19 (26.03%)</td>
<td>22 (30.14%)</td>
<td>18 (24.66%)</td>
<td>12 (16.44%)</td>
</tr>
<tr>
<td>*2009</td>
<td>5 (4.72%)</td>
<td>28 (26.42%)</td>
<td>29 (27.36%)</td>
<td>26 (24.53%)</td>
<td>18 (16.98%)</td>
</tr>
<tr>
<td>**2010</td>
<td>17 (14.17%)</td>
<td>57 (47.50%)</td>
<td>23 (19.17%)</td>
<td>18 (15.00%)</td>
<td>5 (4.17%)</td>
</tr>
</tbody>
</table>

3. I frequently referred to the clinic manual.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>2 (2.08%)</td>
<td>15 (15.63%)</td>
<td>31 (32.29%)</td>
<td>29 (30.21%)</td>
<td>19 (19.79%)</td>
</tr>
<tr>
<td>2006</td>
<td>3 (2.94%)</td>
<td>19 (18.63%)</td>
<td>37 (36.27%)</td>
<td>26 (25.49%)</td>
<td>17 (16.67%)</td>
</tr>
<tr>
<td>2007</td>
<td>4 (4.08%)</td>
<td>11 (11.22%)</td>
<td>17 (17.35%)</td>
<td>33 (33.67%)</td>
<td>33 (33.67%)</td>
</tr>
<tr>
<td>*2008</td>
<td>4 (5.48%)</td>
<td>14 (19.18%)</td>
<td>15 (20.55%)</td>
<td>20 (27.40%)</td>
<td>20 (27.40%)</td>
</tr>
<tr>
<td>*2009</td>
<td>6 (5.66%)</td>
<td>21 (19.81%)</td>
<td>25 (23.58%)</td>
<td>27 (25.47%)</td>
<td>27 (25.47%)</td>
</tr>
<tr>
<td>**2010</td>
<td>0 (0.00%)</td>
<td>7 (5.83%)</td>
<td>14 (11.67%)</td>
<td>29 (24.17%)</td>
<td>70 (58.33%)</td>
</tr>
</tbody>
</table>

4. I had the instruments I needed to treat my patients.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>8 (8.33%)</td>
<td>41 (42.71%)</td>
<td>21 (21.88%)</td>
<td>17 (17.71%)</td>
<td>9 (9.38%)</td>
</tr>
<tr>
<td>2006</td>
<td>8 (7.84%)</td>
<td>45 (44.12%)</td>
<td>27 (26.47%)</td>
<td>18 (17.65%)</td>
<td>4 (3.92%)</td>
</tr>
<tr>
<td>2007</td>
<td>5 (5.10%)</td>
<td>37 (37.76%)</td>
<td>25 (25.51%)</td>
<td>28 (28.57%)</td>
<td>3 (3.06%)</td>
</tr>
<tr>
<td>2008</td>
<td>11 (15.07%)</td>
<td>28 (38.36%)</td>
<td>16 (21.92%)</td>
<td>16 (21.92%)</td>
<td>2 (2.74%)</td>
</tr>
<tr>
<td>2009</td>
<td>14 (13.21%)</td>
<td>45 (42.45%)</td>
<td>22 (20.75%)</td>
<td>22 (20.75%)</td>
<td>3 (2.83%)</td>
</tr>
<tr>
<td>2010</td>
<td>6 (5.00%)</td>
<td>69 (57.50%)</td>
<td>28 (23.33%)</td>
<td>17 (14.17%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

5. The instruments I obtained were clean.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>19 (19.79%)</td>
<td>62 (64.58%)</td>
<td>13 (13.54%)</td>
<td>1 (1.04%)</td>
<td>1 (1.04%)</td>
</tr>
<tr>
<td>2006</td>
<td>14 (13.73%)</td>
<td>65 (63.73%)</td>
<td>18 (17.65%)</td>
<td>5 (4.90%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>31 (31.63%)</td>
<td>50 (51.02%)</td>
<td>16 (16.33%)</td>
<td>1 (1.02%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>25 (34.25%)</td>
<td>44 (60.27%)</td>
<td>3 (4.11%)</td>
<td>1 (1.37%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>33 (31.13%)</td>
<td>64 (60.38%)</td>
<td>8 (7.55%)</td>
<td>1 (0.94%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>35 (29.17%)</td>
<td>76 (63.33%)</td>
<td>9 (7.50%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

* In 2008 and 2009, survey wording was changed to specify "online clinic manual."
** In 2010, survey wording changed to specify "Tooth Wiki."
### Exhibit 2-10.3

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree (A)</th>
<th>Agree (B)</th>
<th>Neutral (C)</th>
<th>Disagree (D)</th>
<th>Strongly Disagree (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>10 (10.42%)</td>
<td>40 (41.67%)</td>
<td>23 (23.96%)</td>
<td>18 (18.75%)</td>
<td>5 (5.21%)</td>
</tr>
<tr>
<td>2006</td>
<td>13 (12.75%)</td>
<td>49 (48.04%)</td>
<td>21 (20.59%)</td>
<td>14 (13.73%)</td>
<td>5 (4.90%)</td>
</tr>
<tr>
<td>2007</td>
<td>4 (4.08%)</td>
<td>35 (35.71%)</td>
<td>24 (24.49%)</td>
<td>25 (25.51%)</td>
<td>10 (10.20%)</td>
</tr>
<tr>
<td>2008</td>
<td>7 (9.59%)</td>
<td>38 (52.05%)</td>
<td>13 (17.81%)</td>
<td>9 (12.33%)</td>
<td>6 (8.22%)</td>
</tr>
<tr>
<td>2009</td>
<td>10 (9.43%)</td>
<td>51 (48.11%)</td>
<td>18 (16.98%)</td>
<td>16 (16.98%)</td>
<td>9 (8.49%)</td>
</tr>
<tr>
<td>2010</td>
<td>8 (6.67%)</td>
<td>53 (44.17%)</td>
<td>30 (25.00%)</td>
<td>23 (19.17%)</td>
<td>6 (5.00%)</td>
</tr>
</tbody>
</table>

6 The prep-dispense area responded to my requests for additional instruments.

7 My requests for new patients were filled in a reasonable length of time.

8 The portfolio of patients assigned to me was about right to meet my learning needs.

9 Patients who had dental emergencies were appropriately managed.

10 The patient record was user-friendly and easy to understand.
<table>
<thead>
<tr>
<th>11</th>
<th>My participation in auditing patient records was a valuable experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>A</td>
<td>3 (3.13%)</td>
</tr>
<tr>
<td>B</td>
<td>29 (30.21%)</td>
</tr>
<tr>
<td>C</td>
<td>41 (42.71%)</td>
</tr>
<tr>
<td>D</td>
<td>17 (17.71%)</td>
</tr>
<tr>
<td>E</td>
<td>6 (6.25%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>I had opportunities to assume leadership roles.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>A</td>
<td>15 (15.63%)</td>
</tr>
<tr>
<td>B</td>
<td>56 (58.33%)</td>
</tr>
<tr>
<td>C</td>
<td>19 (19.79%)</td>
</tr>
<tr>
<td>D</td>
<td>6 (6.25%)</td>
</tr>
<tr>
<td>E</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>The senior GP Case Conference was a helpful learning experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>A</td>
<td>14 (14.58%)</td>
</tr>
<tr>
<td>B</td>
<td>51 (53.13%)</td>
</tr>
<tr>
<td>C</td>
<td>23 (23.96%)</td>
</tr>
<tr>
<td>D</td>
<td>8 (8.33%)</td>
</tr>
<tr>
<td>E</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>I was able to appoint my patients in a reasonable length of time.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>A</td>
<td>12 (12.50%)</td>
</tr>
<tr>
<td>B</td>
<td>57 (59.38%)</td>
</tr>
<tr>
<td>C</td>
<td>20 (20.83%)</td>
</tr>
<tr>
<td>D</td>
<td>7 (7.29%)</td>
</tr>
<tr>
<td>E</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15</th>
<th>Faculty coverage was adequate.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>A</td>
<td>5 (5.21%)</td>
</tr>
<tr>
<td>B</td>
<td>39 (40.63%)</td>
</tr>
<tr>
<td>C</td>
<td>17 (17.71%)</td>
</tr>
<tr>
<td>D</td>
<td>30 (31.25%)</td>
</tr>
<tr>
<td>E</td>
<td>5 (5.21%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16</th>
<th>I was able to use the latest technology during clinic experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>A</td>
<td>2 (2.08%)</td>
</tr>
<tr>
<td>B</td>
<td>13 (13.54%)</td>
</tr>
<tr>
<td>C</td>
<td>19 (19.79%)</td>
</tr>
<tr>
<td>D</td>
<td>47 (48.96%)</td>
</tr>
<tr>
<td>E</td>
<td>15 (15.63%)</td>
</tr>
<tr>
<td>Item</td>
<td>Year</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>17 I was able to use the latest treatment modalities during clinic.</td>
<td>2005</td>
</tr>
<tr>
<td></td>
<td>2006</td>
</tr>
<tr>
<td></td>
<td>2007</td>
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<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>2009</td>
</tr>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>18 I had ample opportunity to develop self-confidence in my patient care abilities.</td>
<td>2005</td>
</tr>
<tr>
<td></td>
<td>2006</td>
</tr>
<tr>
<td></td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>2009</td>
</tr>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>19 From my GP experience, I feel well-prepared to provide comprehensive care for patients.</td>
<td>2005</td>
</tr>
<tr>
<td></td>
<td>2006</td>
</tr>
<tr>
<td></td>
<td>2007</td>
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<tr>
<td></td>
<td>2009</td>
</tr>
<tr>
<td></td>
<td>2010</td>
</tr>
</tbody>
</table>

For each item, select the answer that corresponds to the word or phrase that describes the COURSES AND CURRICULUM.

<table>
<thead>
<tr>
<th>Item</th>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 I frequently referred to course manuals</td>
<td>2005</td>
<td>14 (14.58%)</td>
<td>42 (43.75%)</td>
<td>26 (27.08%)</td>
<td>8 (8.33%)</td>
<td>6 (6.25%)</td>
</tr>
<tr>
<td></td>
<td>2006</td>
<td>8 (7.84%)</td>
<td>44 (43.14%)</td>
<td>35 (34.31%)</td>
<td>13 (12.75%)</td>
<td>2 (1.96%)</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>8 (8.16%)</td>
<td>37 (37.76%)</td>
<td>25 (25.51%)</td>
<td>17 (17.35%)</td>
<td>11 (11.22%)</td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td>19 (26.03%)</td>
<td>37 (50.68%)</td>
<td>11 (15.07%)</td>
<td>5 (6.85%)</td>
<td>1 (1.37%)</td>
</tr>
<tr>
<td></td>
<td>2009</td>
<td>27 (25.47%)</td>
<td>52 (49.06%)</td>
<td>18 (16.98%)</td>
<td>8 (7.55%)</td>
<td>1 (0.94%)</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>32 (26.67%)</td>
<td>64 (53.33%)</td>
<td>18 (15.00%)</td>
<td>4 (3.33%)</td>
<td>2 (1.67%)</td>
</tr>
<tr>
<td>21 Course manuals were easy to understand.</td>
<td>2005</td>
<td>14 (14.58%)</td>
<td>46 (47.92%)</td>
<td>26 (27.08%)</td>
<td>7 (7.29%)</td>
<td>3 (3.13%)</td>
</tr>
<tr>
<td></td>
<td>2006</td>
<td>4 (3.92%)</td>
<td>47 (46.08%)</td>
<td>40 (39.22%)</td>
<td>9 (8.82%)</td>
<td>2 (1.96%)</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>7 (7.14%)</td>
<td>35 (35.71%)</td>
<td>31 (31.63%)</td>
<td>12 (12.24%)</td>
<td>13 (13.27%)</td>
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<tr>
<td></td>
<td>2008</td>
<td>10 (13.70%)</td>
<td>39 (53.42%)</td>
<td>17 (23.29%)</td>
<td>4 (5.48%)</td>
<td>3 (4.11%)</td>
</tr>
<tr>
<td></td>
<td>2009</td>
<td>17 (16.04%)</td>
<td>53 (50.00%)</td>
<td>25 (23.58%)</td>
<td>8 (7.55%)</td>
<td>3 (2.83%)</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>18 (15.00%)</td>
<td>68 (56.67%)</td>
<td>24 (20.00%)</td>
<td>7 (5.83%)</td>
<td>3 (2.50%)</td>
</tr>
</tbody>
</table>
### Exhibit 2-10.3

**Senior Exit Survey: 2005 - 2010**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
</tr>
<tr>
<td>22</td>
<td>I understood the course requirements and evaluation criteria for each of the courses.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2005</td>
<td>9 (9.38%)</td>
<td>52 (54.17%)</td>
<td>24 (25.00%)</td>
<td>8 (8.33%)</td>
<td>3 (3.13%)</td>
</tr>
<tr>
<td>2006</td>
<td>6 (5.88%)</td>
<td>57 (55.88%)</td>
<td>30 (29.41%)</td>
<td>9 (8.82%)</td>
<td>0 (0.00%)</td>
</tr>
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<td>2007</td>
<td>5 (5.10%)</td>
<td>29 (29.59%)</td>
<td>22 (22.45%)</td>
<td>23 (23.47%)</td>
<td>19 (19.39%)</td>
</tr>
<tr>
<td>2008</td>
<td>5 (6.85%)</td>
<td>27 (36.99%)</td>
<td>23 (31.51%)</td>
<td>14 (19.18%)</td>
<td>4 (5.48%)</td>
</tr>
<tr>
<td>2009</td>
<td>7 (6.60%)</td>
<td>42 (39.62%)</td>
<td>30 (28.30%)</td>
<td>22 (20.75%)</td>
<td>5 (4.72%)</td>
</tr>
<tr>
<td>2010</td>
<td>13 (10.83%)</td>
<td>60 (50.00%)</td>
<td>27 (22.50%)</td>
<td>20 (16.67%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

| 23 | The course schedules were accurate and easy to understand. |
| 2005 | 8 (8.33%) | 57 (59.38%) | 23 (23.96%) | 6 (6.25%) | 2 (2.08%) |
| 2006 | 7 (6.86%) | 66 (64.71%) | 25 (24.51%) | 3 (2.94%) | 1 (0.98%) |
| 2007 | 7 (7.14%) | 50 (51.02%) | 29 (29.59%) | 5 (5.10%) | 7 (7.14%) |
| 2008 | 10 (13.70%) | 39 (53.42%) | 16 (21.92%) | 5 (6.85%) | 3 (4.11%) |
| 2009 | 14 (13.21%) | 57 (53.77%) | 23 (21.70%) | 8 (7.55%) | 4 (3.77%) |
| 2010 | 13 (10.83%) | 69 (57.50%) | 23 (19.17%) | 13 (10.83%) | 2 (1.67%) |

| 24 | I understood how each course related to others in the curriculum. |
| 2005 | 6 (6.25%) | 55 (57.29%) | 27 (28.13%) | 7 (7.29%) | 1 (1.04%) |
| 2006 | 3 (2.94%) | 62 (60.78%) | 28 (27.45%) | 8 (7.84%) | 1 (0.98%) |
| 2007 | 3 (3.06%) | 45 (45.92%) | 34 (34.69%) | 9 (9.18%) | 7 (7.14%) |
| 2008 | 8 (10.96%) | 33 (45.21%) | 22 (30.14%) | 9 (12.33%) | 1 (1.37%) |
| 2009 | 12 (11.32%) | 46 (43.40%) | 33 (31.13%) | 14 (13.21%) | 1 (0.94%) |
| 2010 | 6 (5.00%) | 59 (49.17%) | 35 (29.17%) | 17 (14.17%) | 3 (2.50%) |

| 25 | Every topic I needed was covered in the curriculum. |
| 2005 | 4 (4.17%) | 39 (40.63%) | 34 (35.42%) | 17 (17.71%) | 2 (2.08%) |
| 2006 | 6 (5.88%) | 29 (28.43%) | 41 (40.20%) | 24 (23.53%) | 2 (1.96%) |
| 2007 | 4 (4.08%) | 34 (34.69%) | 39 (39.80%) | 9 (9.18%) | 7 (7.14%) |
| 2008 | 4 (5.48%) | 22 (30.14%) | 31 (42.47%) | 13 (17.81%) | 3 (4.11%) |
| 2009 | 6 (5.66%) | 35 (33.02%) | 40 (37.74%) | 21 (19.81%) | 4 (3.77%) |
| 2010 | 5 (4.17%) | 41 (34.17%) | 39 (32.50%) | 30 (25.00%) | 5 (4.17%) |

| 26 | The courses I took were given in the proper sequence. |
| 2005 | 5 (5.21%) | 59 (61.46%) | 24 (25.00%) | 7 (7.29%) | 1 (1.04%) |
| 2006 | 5 (4.90%) | 54 (52.94%) | 32 (31.37%) | 10 (9.80%) | 1 (0.98%) |
| 2007 | 5 (5.10%) | 54 (55.10%) | 32 (32.65%) | 6 (6.12%) | 1 (1.02%) |
| 2008 | 7 (9.59%) | 35 (47.95%) | 22 (30.14%) | 7 (9.59%) | 2 (2.74%) |
| 2009 | 9 (8.49%) | 52 (49.06%) | 31 (29.25%) | 11 (10.38%) | 3 (2.83%) |
| 2010 | 5 (4.17%) | 71 (59.17%) | 31 (25.83%) | 12 (10.00%) | 1 (0.83%) |

| 27 | As part of the coursework, I learned how to use the scientific method to assess basic science and clinical advances. |
| 2005 | 3 (3.13%) | 53 (55.21%) | 31 (32.29%) | 8 (8.33%) | 1 (1.04%) |
| 2006 | 6 (5.88%) | 44 (43.14%) | 44 (43.14%) | 7 (6.86%) | 1 (0.98%) |
| 2007 | 7 (7.14%) | 58 (59.18%) | 28 (28.57%) | 4 (4.08%) | 1 (1.02%) |
| 2008 | 5 (6.85%) | 34 (46.58%) | 25 (34.25%) | 7 (9.59%) | 2 (2.74%) |
| 2009 | 10 (9.43%) | 50 (47.17%) | 36 (33.96%) | 8 (7.55%) | 2 (1.89%) |
| 2010 | 6 (5.00%) | 63 (52.50%) | 35 (29.17%) | 13 (10.83%) | 3 (2.50%) |
### Exhibit 2-10.3

#### 28 I was expected to problem-solve in basic, behavioral, and clinical science coursework.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree (A)</th>
<th>Agree (B)</th>
<th>Neutral (C)</th>
<th>Disagree (D)</th>
<th>Strongly Disagree (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>7 (7.29%)</td>
<td>62 (64.58%)</td>
<td>20 (20.83%)</td>
<td>7 (7.29%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>7 (6.86%)</td>
<td>61 (59.80%)</td>
<td>27 (26.47%)</td>
<td>5 (4.90%)</td>
<td>2 (1.96%)</td>
</tr>
<tr>
<td>2007</td>
<td>7 (7.14%)</td>
<td>63 (64.29%)</td>
<td>23 (23.47%)</td>
<td>2 (2.04%)</td>
<td>3 (3.06%)</td>
</tr>
<tr>
<td>2008</td>
<td>7 (9.59%)</td>
<td>44 (60.27%)</td>
<td>17 (23.29%)</td>
<td>4 (5.48%)</td>
<td>1 (1.37%)</td>
</tr>
<tr>
<td>2009</td>
<td>12 (11.32%)</td>
<td>60 (56.60%)</td>
<td>27 (25.47%)</td>
<td>6 (5.66%)</td>
<td>1 (0.94%)</td>
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<tr>
<td>2010</td>
<td>9 (7.50%)</td>
<td>77 (64.17%)</td>
<td>27 (22.50%)</td>
<td>6 (5.00%)</td>
<td>1 (0.83%)</td>
</tr>
</tbody>
</table>

#### 29 When I experienced difficulty, additional help was available for instruction (clinical, didactic and/or lab).

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree (A)</th>
<th>Agree (B)</th>
<th>Neutral (C)</th>
<th>Disagree (D)</th>
<th>Strongly Disagree (E)</th>
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<tbody>
<tr>
<td>2005</td>
<td>14 (14.58%)</td>
<td>55 (57.29%)</td>
<td>19 (19.79%)</td>
<td>7 (7.29%)</td>
<td>1 (1.04%)</td>
</tr>
<tr>
<td>2006</td>
<td>16 (15.69%)</td>
<td>59 (57.84%)</td>
<td>24 (23.53%)</td>
<td>2 (1.96%)</td>
<td>1 (0.98%)</td>
</tr>
<tr>
<td>2007</td>
<td>12 (12.24%)</td>
<td>62 (63.27%)</td>
<td>20 (20.41%)</td>
<td>3 (3.06%)</td>
<td>1 (1.02%)</td>
</tr>
<tr>
<td>2008</td>
<td>14 (19.18%)</td>
<td>41 (56.16%)</td>
<td>16 (21.92%)</td>
<td>2 (2.74%)</td>
<td>0 (0.00%)</td>
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<tr>
<td>2009</td>
<td>12 (16.98%)</td>
<td>60 (56.60%)</td>
<td>24 (22.64%)</td>
<td>3 (2.83%)</td>
<td>1 (0.94%)</td>
</tr>
<tr>
<td>2010</td>
<td>13 (10.83%)</td>
<td>76 (63.33%)</td>
<td>28 (23.33%)</td>
<td>1 (0.83%)</td>
<td>2 (1.67%)</td>
</tr>
</tbody>
</table>

#### 30 Each course was important in preparing me to be a competent beginning general practitioner.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree (A)</th>
<th>Agree (B)</th>
<th>Neutral (C)</th>
<th>Disagree (D)</th>
<th>Strongly Disagree (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>8 (8.33%)</td>
<td>57 (59.38%)</td>
<td>22 (22.92%)</td>
<td>7 (7.29%)</td>
<td>2 (2.08%)</td>
</tr>
<tr>
<td>2006</td>
<td>4 (3.92%)</td>
<td>59 (57.84%)</td>
<td>23 (22.55%)</td>
<td>12 (11.76%)</td>
<td>4 (3.92%)</td>
</tr>
<tr>
<td>2007</td>
<td>4 (4.08%)</td>
<td>52 (53.06%)</td>
<td>28 (28.57%)</td>
<td>9 (9.18%)</td>
<td>5 (5.10%)</td>
</tr>
<tr>
<td>2008</td>
<td>9 (12.33%)</td>
<td>42 (57.53%)</td>
<td>15 (20.55%)</td>
<td>7 (9.59%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>12 (11.32%)</td>
<td>56 (52.83%)</td>
<td>22 (20.75%)</td>
<td>15 (14.15%)</td>
<td>1 (0.94%)</td>
</tr>
<tr>
<td>2010</td>
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<td>61 (50.83%)</td>
<td>22 (18.33%)</td>
<td>19 (15.83%)</td>
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</tbody>
</table>

#### 31 National Board review sessions were helpful.

<table>
<thead>
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<th>Year</th>
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<th>Neutral (C)</th>
<th>Disagree (D)</th>
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<td>7 (7.29%)</td>
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<td>2006</td>
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<td>24 (23.53%)</td>
<td>29 (28.43%)</td>
<td>30 (29.41%)</td>
<td>14 (13.73%)</td>
</tr>
<tr>
<td>2007</td>
<td>3 (3.06%)</td>
<td>25 (25.51%)</td>
<td>35 (35.71%)</td>
<td>24 (24.49%)</td>
<td>11 (11.22%)</td>
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<tr>
<td>2008</td>
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<td>6 (8.22%)</td>
</tr>
<tr>
<td>2009</td>
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<td>28 (26.42%)</td>
<td>27 (25.47%)</td>
<td>8 (7.55%)</td>
</tr>
<tr>
<td>2010</td>
<td>15 (12.50%)</td>
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<td>30 (25.00%)</td>
<td>8 (6.67%)</td>
<td>4 (3.33%)</td>
</tr>
</tbody>
</table>

#### 32 The amount of redundancy in the curriculum was appropriate.

<table>
<thead>
<tr>
<th>Year</th>
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<th>Agree (B)</th>
<th>Neutral (C)</th>
<th>Disagree (D)</th>
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<td>34 (35.42%)</td>
<td>20 (20.83%)</td>
<td>3 (3.13%)</td>
</tr>
<tr>
<td>2006</td>
<td>4 (3.92%)</td>
<td>35 (34.31%)</td>
<td>46 (45.10%)</td>
<td>14 (13.73%)</td>
<td>3 (2.94%)</td>
</tr>
<tr>
<td>2007</td>
<td>1 (1.02%)</td>
<td>42 (42.86%)</td>
<td>32 (32.65%)</td>
<td>21 (21.43%)</td>
<td>2 (2.04%)</td>
</tr>
<tr>
<td>2008</td>
<td>7 (9.59%)</td>
<td>38 (52.05%)</td>
<td>21 (28.77%)</td>
<td>5 (6.85%)</td>
<td>2 (2.74%)</td>
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<tr>
<td>2009</td>
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<td>29 (27.36%)</td>
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<td>18 (15.00%)</td>
<td>5 (4.17%)</td>
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</tbody>
</table>
For each item indicate your plans for future participation:

33. I plan to be involved in community service after graduation.

<table>
<thead>
<tr>
<th>Year</th>
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<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>27 (28.13%)</td>
<td>51 (53.13%)</td>
<td>17 (17.71%)</td>
<td>1 (1.04%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>34 (33.33%)</td>
<td>52 (50.98%)</td>
<td>14 (13.73%)</td>
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</tr>
<tr>
<td>2007</td>
<td>27 (27.55%)</td>
<td>54 (55.10%)</td>
<td>13 (13.27%)</td>
<td>4 (4.08%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>27 (36.99%)</td>
<td>43 (58.90%)</td>
<td>3 (4.11%)</td>
<td>0 (0.00%)</td>
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<tr>
<td>2009</td>
<td>38 (35.85%)</td>
<td>61 (57.55%)</td>
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<td>2010</td>
<td>40 (33.33%)</td>
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<td>7 (5.83%)</td>
<td>5 (4.17%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

34. I plan to be involved in professional organizations after graduation.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
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<td>8 (8.33%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>37 (36.27%)</td>
<td>56 (54.90%)</td>
<td>8 (7.84%)</td>
<td>1 (0.98%)</td>
<td>0 (0.00%)</td>
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<tr>
<td>2007</td>
<td>32 (32.65%)</td>
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<td>10 (10.20%)</td>
<td>1 (1.02%)</td>
<td>1 (1.02%)</td>
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<tr>
<td>2008</td>
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<td>40 (54.79%)</td>
<td>1 (1.37%)</td>
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<tr>
<td>2009</td>
<td>42 (39.62%)</td>
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<tr>
<td>2010</td>
<td>42 (35.00%)</td>
<td>66 (55.00%)</td>
<td>7 (5.83%)</td>
<td>5 (4.17%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

35. I would like to assume leadership positions in the profession and/or the community.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
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<td>29 (30.21%)</td>
<td>3 (3.13%)</td>
<td>1 (1.04%)</td>
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<tr>
<td>2006</td>
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<td>44 (43.14%)</td>
<td>31 (30.39%)</td>
<td>6 (5.88%)</td>
<td>1 (0.98%)</td>
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<tr>
<td>2007</td>
<td>20 (20.41%)</td>
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<td>27 (27.55%)</td>
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<td>19 (26.03%)</td>
<td>0 (0.00%)</td>
<td>1 (1.37%)</td>
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<tr>
<td>2009</td>
<td>24 (22.64%)</td>
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<td>24 (22.64%)</td>
<td>2 (1.89%)</td>
<td>1 (0.94%)</td>
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<tr>
<td>2010</td>
<td>23 (19.17%)</td>
<td>50 (41.67%)</td>
<td>33 (27.50%)</td>
<td>14 (11.67%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

For each item, select the answer that describes the School's electronic curriculum:

36. In basic science courses, the amount of time spent on electronic curriculum (Blackboard, web-based instruction, etc) was:

<table>
<thead>
<tr>
<th>Year</th>
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<th>Inadequate C</th>
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<td>7 (7.14%)</td>
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<td>2009</td>
<td>15 (14.15%)</td>
<td>88 (83.02%)</td>
<td>3 (2.83%)</td>
</tr>
<tr>
<td>2010</td>
<td>10 (8.33%)</td>
<td>109 (90.83%)</td>
<td>1 (0.83%)</td>
</tr>
</tbody>
</table>

37. In behavioral science courses, the amount of time spent on electronic curriculum (Blackboard, web-based instruction, etc) was:

<table>
<thead>
<tr>
<th>Year</th>
<th>Excessive A</th>
<th>Appropriate B</th>
<th>Inadequate C</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>10 (10.42%)</td>
<td>74 (77.08%)</td>
<td>12 (12.50%)</td>
</tr>
<tr>
<td>2006</td>
<td>15 (14.71%)</td>
<td>81 (79.41%)</td>
<td>6 (5.88%)</td>
</tr>
<tr>
<td>2007</td>
<td>15 (15.31%)</td>
<td>75 (76.53%)</td>
<td>8 (8.16%)</td>
</tr>
<tr>
<td>2008</td>
<td>7 (9.59%)</td>
<td>64 (87.67%)</td>
<td>2 (2.74%)</td>
</tr>
<tr>
<td>2009</td>
<td>14 (13.21%)</td>
<td>89 (83.96%)</td>
<td>3 (2.83%)</td>
</tr>
<tr>
<td>2010</td>
<td>13 (10.83%)</td>
<td>105 (87.50%)</td>
<td>2 (1.67%)</td>
</tr>
</tbody>
</table>
### Exhibit 2-10.3

**Senior Exit Survey: 2005 - 2010**

For each item, select the answer that corresponds to the word or phrase that describes how COMPETENT you feel in each of the following:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>38 In clinical science courses, the amount of time spent on electronic curriculum (Blackboard, web-based instruction, etc) was:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>5 (5.21%)</td>
<td>81 (84.38%)</td>
<td>10 (10.42%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>14 (13.73%)</td>
<td>83 (81.37%)</td>
<td>5 (4.90%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>12 (12.24%)</td>
<td>78 (79.59%)</td>
<td>8 (8.16%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>5 (6.85%)</td>
<td>64 (87.67%)</td>
<td>4 (5.48%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>12 (11.32%)</td>
<td>87 (82.08%)</td>
<td>7 (6.60%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>6 (5.00%)</td>
<td>109 (90.83%)</td>
<td>5 (4.17%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39 Utilize ethical reasoning in the practice of dentistry.

<table>
<thead>
<tr>
<th>Year</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>46 (47.92%)</td>
<td>44 (45.83%)</td>
<td>4 (4.17%)</td>
<td>2 (2.08%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>50 (49.02%)</td>
<td>46 (45.10%)</td>
<td>6 (5.88%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>48 (48.98%)</td>
<td>40 (40.82%)</td>
<td>9 (9.18%)</td>
<td>1 (1.02%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>46 (63.01%)</td>
<td>25 (34.25%)</td>
<td>2 (2.74%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>61 (57.55%)</td>
<td>39 (36.79%)</td>
<td>4 (3.77%)</td>
<td>2 (1.89%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>66 (55.00%)</td>
<td>48 (40.00%)</td>
<td>6 (5.00%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

40 Communicate with and provide care to a diverse population of patients.

<table>
<thead>
<tr>
<th>Year</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>43 (44.79%)</td>
<td>41 (42.71%)</td>
<td>9 (9.38%)</td>
<td>3 (3.13%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>47 (46.08%)</td>
<td>48 (47.06%)</td>
<td>7 (6.86%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>48 (48.98%)</td>
<td>40 (40.82%)</td>
<td>9 (9.18%)</td>
<td>1 (1.02%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>42 (57.53%)</td>
<td>28 (38.36%)</td>
<td>3 (4.11%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>57 (53.77%)</td>
<td>41 (38.68%)</td>
<td>5 (4.72%)</td>
<td>3 (2.83%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>51 (42.50%)</td>
<td>54 (45.00%)</td>
<td>13 (10.83%)</td>
<td>2 (1.67%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

41 Utilize critical thinking in decision making processes involved in patient care.

<table>
<thead>
<tr>
<th>Year</th>
<th>A</th>
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<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>30 (31.25%)</td>
<td>57 (59.38%)</td>
<td>6 (6.25%)</td>
<td>3 (3.13%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>39 (38.24%)</td>
<td>54 (52.94%)</td>
<td>9 (8.82%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>37 (37.76%)</td>
<td>47 (47.96%)</td>
<td>13 (13.27%)</td>
<td>1 (1.02%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>36 (49.32%)</td>
<td>32 (43.84%)</td>
<td>5 (6.85%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>49 (46.23%)</td>
<td>46 (43.40%)</td>
<td>8 (7.55%)</td>
<td>3 (2.83%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>46 (38.33%)</td>
<td>60 (50.00%)</td>
<td>13 (10.83%)</td>
<td>1 (0.83%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

42 Utilize scientific knowledge in decision making processes involved in patient care.

<table>
<thead>
<tr>
<th>Year</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>22 (22.92%)</td>
<td>53 (55.21%)</td>
<td>17 (17.71%)</td>
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<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>33 (32.35%)</td>
<td>54 (52.94%)</td>
<td>13 (12.75%)</td>
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<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>25 (25.51%)</td>
<td>58 (59.18%)</td>
<td>14 (14.29%)</td>
<td>1 (1.02%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>24 (32.88%)</td>
<td>41 (56.16%)</td>
<td>7 (9.59%)</td>
<td>1 (1.37%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>36 (33.96%)</td>
<td>55 (51.89%)</td>
<td>11 (10.38%)</td>
<td>4 (3.77%)</td>
<td>0 (0.00%)</td>
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<tr>
<td>2010</td>
<td>29 (24.17%)</td>
<td>68 (56.67%)</td>
<td>16 (13.33%)</td>
<td>7 (5.83%)</td>
<td>0 (0.00%)</td>
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</tbody>
</table>
### Exhibit 2-10.3

#### 43. Demonstrate self-assessment skills in maintaining competency.

<table>
<thead>
<tr>
<th>Year</th>
<th>Very Well Prepared</th>
<th>Well Prepared</th>
<th>Prepared</th>
<th>Somewhat Prepared</th>
<th>Totally Unprepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>31 (32.29%)</td>
<td>50 (52.08%)</td>
<td>12 (12.50%)</td>
<td>3 (3.13%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>33 (33.33%)</td>
<td>60 (58.82%)</td>
<td>8 (7.84%)</td>
<td>1 (0.98%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>29 (29.59%)</td>
<td>59 (60.20%)</td>
<td>10 (10.20%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>34 (46.58%)</td>
<td>36 (49.32%)</td>
<td>3 (4.11%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>46 (43.40%)</td>
<td>54 (50.94%)</td>
<td>4 (3.77%)</td>
<td>2 (1.89%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>35 (29.17%)</td>
<td>75 (62.50%)</td>
<td>10 (8.33%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

#### 44. Obtain informed consent for all oral health therapies.

<table>
<thead>
<tr>
<th>Year</th>
<th>Very Well Prepared</th>
<th>Well Prepared</th>
<th>Prepared</th>
<th>Somewhat Prepared</th>
<th>Totally Unprepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>37 (38.54%)</td>
<td>50 (52.08%)</td>
<td>7 (7.29%)</td>
<td>2 (2.08%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>38 (37.25%)</td>
<td>53 (51.96%)</td>
<td>9 (8.82%)</td>
<td>2 (1.96%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>42 (42.86%)</td>
<td>43 (43.88%)</td>
<td>11 (11.22%)</td>
<td>2 (2.04%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>32 (43.84%)</td>
<td>39 (53.42%)</td>
<td>2 (2.74%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>42 (39.62%)</td>
<td>57 (53.77%)</td>
<td>4 (3.77%)</td>
<td>3 (2.83%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>64 (53.33%)</td>
<td>49 (40.83%)</td>
<td>6 (5.00%)</td>
<td>1 (0.83%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

#### 45. Assess a patient’s medical, psychological and social history.

<table>
<thead>
<tr>
<th>Year</th>
<th>Very Well Prepared</th>
<th>Well Prepared</th>
<th>Prepared</th>
<th>Somewhat Prepared</th>
<th>Totally Unprepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>25 (26.04%)</td>
<td>57 (59.38%)</td>
<td>12 (12.50%)</td>
<td>2 (2.08%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>28 (27.45%)</td>
<td>61 (59.80%)</td>
<td>12 (11.76%)</td>
<td>1 (0.98%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>34 (34.69%)</td>
<td>51 (52.04%)</td>
<td>10 (10.20%)</td>
<td>3 (3.06%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>29 (39.73%)</td>
<td>40 (54.79%)</td>
<td>4 (5.48%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>40 (37.74%)</td>
<td>57 (53.77%)</td>
<td>7 (6.60%)</td>
<td>2 (1.89%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>41 (34.17%)</td>
<td>70 (58.33%)</td>
<td>8 (6.67%)</td>
<td>1 (0.83%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

#### 46. Secure a dental history that includes chief complaint, patient expectations, and past dental history.

<table>
<thead>
<tr>
<th>Year</th>
<th>Very Well Prepared</th>
<th>Well Prepared</th>
<th>Prepared</th>
<th>Somewhat Prepared</th>
<th>Totally Unprepared</th>
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<tbody>
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<td>2005</td>
<td>44 (45.83%)</td>
<td>44 (45.83%)</td>
<td>7 (7.29%)</td>
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<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>43 (42.16%)</td>
<td>51 (50.00%)</td>
<td>8 (7.84%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>43 (43.88%)</td>
<td>49 (50.00%)</td>
<td>5 (5.10%)</td>
<td>1 (1.02%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>48 (65.75%)</td>
<td>23 (31.51%)</td>
<td>2 (2.74%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>63 (59.43%)</td>
<td>39 (36.79%)</td>
<td>2 (1.89%)</td>
<td>2 (1.89%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>64 (53.33%)</td>
<td>51 (42.50%)</td>
<td>5 (4.17%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

#### 47. Communicate effectively with other professionals regarding the care of patients.

<table>
<thead>
<tr>
<th>Year</th>
<th>Very Well Prepared</th>
<th>Well Prepared</th>
<th>Prepared</th>
<th>Somewhat Prepared</th>
<th>Totally Unprepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>23 (23.96%)</td>
<td>53 (55.21%)</td>
<td>17 (17.71%)</td>
<td>2 (2.08%)</td>
<td>1 (1.04%)</td>
</tr>
<tr>
<td>2006</td>
<td>30 (29.41%)</td>
<td>57 (55.88%)</td>
<td>12 (11.76%)</td>
<td>3 (2.94%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>24 (24.49%)</td>
<td>58 (59.18%)</td>
<td>13 (13.27%)</td>
<td>3 (3.06%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2008</td>
<td>36 (49.32%)</td>
<td>33 (45.21%)</td>
<td>3 (4.11%)</td>
<td>1 (1.37%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>49 (46.23%)</td>
<td>48 (45.28%)</td>
<td>4 (3.77%)</td>
<td>5 (4.72%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>43 (35.83%)</td>
<td>62 (51.67%)</td>
<td>12 (10.00%)</td>
<td>2 (1.67%)</td>
<td>1 (0.83%)</td>
</tr>
</tbody>
</table>
### Exhibit 2-10.3

<table>
<thead>
<tr>
<th>Senior Exit Survey: 2005 - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td>48 Perform an exam of the hard and soft tissues of the head and neck.</td>
</tr>
<tr>
<td>49 Order appropriate dental radiographs.</td>
</tr>
<tr>
<td>50 Obtain appropriate dental radiographs.</td>
</tr>
<tr>
<td>51 Interpret appropriate dental radiographs.</td>
</tr>
<tr>
<td>52 Assess the risk for and presence of caries and periodontal disease.</td>
</tr>
<tr>
<td>53 Formulate a treatment plan and alternatives based on relevant findings and individual patient considerations.</td>
</tr>
</tbody>
</table>
### Exhibit 2-10.3

<table>
<thead>
<tr>
<th></th>
<th>Very Well Prepared</th>
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<th>Prepared</th>
<th>Somewhat Prepared</th>
<th>Totally Unprepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>39 (40.63%)</td>
<td>50 (52.08%)</td>
<td>6 (6.25%)</td>
<td>1 (1.04%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>41 (40.20%)</td>
<td>54 (52.94%)</td>
<td>5 (4.90%)</td>
<td>1 (0.98%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>34 (34.69%)</td>
<td>56 (57.14%)</td>
<td>6 (6.12%)</td>
<td>1 (1.02%)</td>
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</tr>
<tr>
<td>2008</td>
<td>37 (50.68%)</td>
<td>33 (45.21%)</td>
<td>3 (4.11%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>51 (48.11%)</td>
<td>48 (45.28%)</td>
<td>5 (4.72%)</td>
<td>2 (1.89%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>48 (40.00%)</td>
<td>61 (50.83%)</td>
<td>10 (8.33%)</td>
<td>1 (0.83%)</td>
<td>0 (0.00%)</td>
</tr>
</tbody>
</table>

54 Present a treatment plan and alternative plans to a patient.

<table>
<thead>
<tr>
<th></th>
<th>Very Well Prepared</th>
<th>Well Prepared</th>
<th>Prepared</th>
<th>Somewhat Prepared</th>
<th>Totally Unprepared</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
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55 Manage medical emergencies that occur in dental practice.

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<td>1 (0.98%)</td>
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56 Prescribe and administer pharmacologic agents for acute pain or dental anxiety.

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57 Manage and treat odontogenic infections.

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58 Develop strategies to control and prevent periodontal diseases in individual patients.

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59 Implement strategies to control and prevent dental caries in individual patients.
Senior Exit Survey: 2005 - 2010

**Exhibit 2-10.3**

<table>
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**60** Implement strategies to control and prevent periodontal diseases in individual patients.

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**61** Provide non-surgical treatment for patients with periodontal diseases ranging from gingivitis to moderate periodontitis.

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**62** Restore missing or defective tooth structure to proper form, function and esthetics.

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**63** Replace missing teeth and surrounding oral tissues to proper form, function and esthetics.

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**64** Manage pulpal disease and related periradicular pathology.

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<td>2008</td>
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**65** Differentiate normal from altered oral soft and determine the need for additional diagnostic information.
### Exhibit 2-10.3

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</table>

66 Perform minor alveolar and mucogingival surgery within the oral cavity.

67 Identify and manage space problems and simple malocclusions.

68 Evaluate effectiveness of preventive, maintenance, and reparative therapies through assessment of treatment outcomes.

69 Use standard precautions.

70 Comply with regulations regarding infection control.

71 Comply with regulations regarding hazard communications.
# Senior Exit Survey: 2005 - 2010

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<tr>
<td>2007</td>
<td>18 (18.37%)</td>
<td>40 (40.82%)</td>
<td>24 (24.49%)</td>
<td>11 (11.22%)</td>
<td>5 (5.10%)</td>
</tr>
<tr>
<td>2008</td>
<td>24 (32.88%)</td>
<td>20 (27.40%)</td>
<td>17 (23.29%)</td>
<td>6 (8.22%)</td>
<td>6 (8.22%)</td>
</tr>
<tr>
<td>2009</td>
<td>33 (31.13%)</td>
<td>29 (27.36%)</td>
<td>23 (21.70%)</td>
<td>13 (12.26%)</td>
<td>8 (7.55%)</td>
</tr>
<tr>
<td>2010</td>
<td>27 (22.50%)</td>
<td>50 (41.67%)</td>
<td>20 (16.67%)</td>
<td>15 (12.50%)</td>
<td>8 (6.67%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Exhibit different models of oral health care management and delivery.</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>27 (28.13%)</td>
<td>51 (53.13%)</td>
<td>15 (15.63%)</td>
<td>3 (3.13%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2006</td>
<td>28 (27.45%)</td>
<td>58 (56.86%)</td>
<td>11 (10.78%)</td>
<td>5 (4.90%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>29 (29.59%)</td>
<td>50 (51.02%)</td>
<td>12 (12.24%)</td>
<td>5 (5.10%)</td>
<td>2 (2.04%)</td>
</tr>
<tr>
<td>2008</td>
<td>32 (43.84%)</td>
<td>34 (46.58%)</td>
<td>7 (9.59%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2009</td>
<td>45 (42.45%)</td>
<td>46 (43.40%)</td>
<td>10 (9.43%)</td>
<td>5 (4.72%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2010</td>
<td>35 (29.17%)</td>
<td>59 (49.17%)</td>
<td>16 (13.33%)</td>
<td>7 (5.83%)</td>
<td>3 (2.50%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Have the skills to function as the leader of an oral health team.</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>27 (28.13%)</td>
<td>46 (47.92%)</td>
<td>17 (17.71%)</td>
<td>4 (4.17%)</td>
<td>2 (2.08%)</td>
</tr>
<tr>
<td>2006</td>
<td>29 (28.43%)</td>
<td>50 (49.02%)</td>
<td>20 (19.61%)</td>
<td>3 (2.94%)</td>
<td>0 (0.00%)</td>
</tr>
<tr>
<td>2007</td>
<td>30 (30.61%)</td>
<td>43 (43.88%)</td>
<td>18 (18.37%)</td>
<td>6 (6.12%)</td>
<td>1 (1.02%)</td>
</tr>
<tr>
<td>2008</td>
<td>32 (43.84%)</td>
<td>27 (36.99%)</td>
<td>11 (15.07%)</td>
<td>1 (1.37%)</td>
<td>2 (2.74)</td>
</tr>
<tr>
<td>2009</td>
<td>42 (39.62%)</td>
<td>40 (37.74%)</td>
<td>17 (16.04%)</td>
<td>5 (4.72%)</td>
<td>2 (1.89%)</td>
</tr>
<tr>
<td>2010</td>
<td>32 (26.67%)</td>
<td>63 (52.50%)</td>
<td>18 (15.00%)</td>
<td>5 (4.17%)</td>
<td>2 (1.67%)</td>
</tr>
</tbody>
</table>
The following questions relate to the didactic portion of the course.

1. How would you rate the audiovisual component(s) of the course (e.g., Mediasite lecture captures, PowerPoint slides, other online resources)?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither good nor disappointing)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

2. How would you rate the way the course was managed (e.g., scheduling, Blackboard organization, flow of topics)?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither good nor disappointing)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

3. How would you rate the correlation between what was taught and what was assessed via quizzes and exams?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither good nor disappointing)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

The following questions relate to the laboratory portion of the course.

4. How would you rate the quality of student-faculty interactions in the laboratory?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither good nor disappointing)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

5. How would you rate the amount of time available for completing the laboratory assignment(s)?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither good nor disappointing)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable
6. How would you rate the educational value of the laboratory assignment(s)?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither good nor disappointing)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

The following questions relate to the clinical portion of the course.

7. How would you rate the amount of time available for completing the clinical assignment(s)?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither good nor disappointing)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

8. How would you rate the correlation between what was taught and what you practiced in the clinic?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither positive nor negative)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

9. Overall, how would you rate the educational value of the clinical component of this course?
   a. 1=Very good
   b. 2=Good
   c. 3=Neutral (neither positive nor negative)
   d. 4=Disappointing
   e. 5=Very disappointing
   f. 6=Not applicable

Overall assessment

10. Overall, how would you rate this course?
    a. 1=Very good
    b. 2=Good
    c. 3=Neutral (neither good nor disappointing)
    d. 4=Disappointing
    e. 5=Very disappointing
    f. 6=Not applicable
Written comments

11. If you would like, describe some positive characteristics of the course.

12. If you would like, describe what should be improved in the course.
This survey is designed to evaluate clinical education for the <> Academic Year. Results will be used for quality assurance by department chairs and the administration. Results will also be used to improve the educational process for students and the provision of care for patients.

The following questions relate to all full- and part-time clinical faculty members in the <DEPARTMENT/DISCIPLINE DESCRIPTOR>. For each full- and part-time clinical faculty member listed, identify whether you have worked with that person at least twice during the <> Academic Year (including Summer, Fall, and Spring). For those with whom you have worked at least twice, please answer the corresponding questions. Remember, when you are evaluating these faculty members, select the answer that reflects clinical experiences only; didactic and other educational experiences are evaluated elsewhere.

This evaluation should take approximately 5-10 minutes to complete. Remember that completion of this evaluation is mandatory. If you have any questions, please contact Dr. Mark Macek, Office of Instructional Evaluation (mmacek@umaryland.edu) and/or Dr. Caroll Ann Trotman, Associate Dean of Curriculum and Academic Affairs (ctrotman@umaryland.edu).

Thank you for your attention to this important request. We appreciate your valuable input.
The following questions pertain to <faculty member’s name>.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Unable to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Remained accessible throughout the clinic session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Explained the basis for my grades</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was knowledgeable of departmental policies guidelines and clinic guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Helped me develop my own clinical judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Provided feedback in a professional manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Was one I sought out when I needed advice on a difficult case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list a few positive qualities that this faculty member exhibits in clinic.


If applicable, please list a few characteristics relating to clinical education that this faculty member should improve.


The following questions relate to individual faculty members who taught in the course, beginning with the course director(s).

1. Overall, Dr. John Doe (course director) was an effective educator.
   a. 1=Strongly agree
   b. 2=Agree
   c. 3=Neutral (neither agree nor disagree)
   d. 4=Disagree
   e. 5=Strongly disagree
   f. 6=Not applicable

2. If you would like, provide positive comments about this faculty member here.

3. If you would like, describe how this faculty member might improve. Note: Your use of professional/constructive language is greatly appreciated.
Clinical Demonstration Project: Group Practice Simulation (GPS)

Margaret B. Wilson, DDS, MBA
Gregory G. Zeller, DDS, MS
The Case for Change

The traditional, requirements-driven clinical education system, common in dental schools for decades, falls short of meeting students’ educational needs and patients’ treatment needs. In 1998, the Commission on Dental Accreditation implemented a new set of accreditation standards for dental education. Standard 5-2 states, “The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive patient care.” In response, many dental schools have adopted various models of education and have implemented a range of curricular changes. The University of Maryland faces the same challenges as other North American dental schools in striving to develop, implement and maintain a system to provide student-centered education in a patient-centered environment.

Vulnerabilities within the current system include:

- An over emphasis on requirements as the primary method for motivating students to perform in clinic potentially compromises comprehensive patient care, and is inconsistent with CODA standards.
- A segmented, discipline-driven approach to patient care can lead to fragmentation of patient care. This vulnerability is compounded when treatment occurs in a variety of physical locations. This concern will be accentuated in the new building where the care delivery will be further segmented and will occur in even more varied locations.
- A lack of faculty “ownership” and continuity in overseeing patient care makes it difficult for faculty to monitor patient care and student progress.
- The limitations of currently available metrics for measuring performance outcomes and quality indicators compound the challenge of monitoring patient care and student progress.
- The current system of clinical record keeping is complex, difficult to follow, inefficient, prone to error, and potentially compromises patient safety.

In developing the model for the demonstration project, we sought to:

- Focus on mission alignment (e.g., “…our graduates will be highly sought after…trusted source of care…top national ranking…”).
- Establish a generalist-business-ethical integrated model.
- Define expectations for students within the context of a clear institutional ethic, focusing on consistently providing high quality care.
- Enhance student learning outcomes and increase student productivity.
- Develop a program that is nationally/internationally recognized as an innovative implementation.

A consultant from the Robert H. Smith School of Business at the University of Maryland, College Park has played an important role in establishing the framework for this project, and will likely continue to provide insights as the project moves forward.
Group Practice Simulation (GPS)
“Real World Clinics for Real World Practice”

Vision:
Build a contemporary group general practice team to serve patients comprehensively and to learn, teach, develop and discover.

Mission:
The GPS will create an educational care delivery model that will produce exceptional providers, deliver patient-centered comprehensive care, and contribute to the scientific basis of education and patient care.

Goals:
1. Simulate a contemporary group general practice, applying scientific evidence in the clinical setting.
   a. Generalists plan and supervise comprehensive care delivery with referrals for specialty consultation and care.
   b. Specialists provide academic insight, consults and specialty care.
   c. Dental hygienists, dental assistants, receptionists, patient care coordinators, dental laboratory lab technicians and others function as practice team members.
   d. Students understand and apply business principles and practices in the context of social responsibility.
2. Foster a clinical environment where educational and patient care goals are aligned and student educational objectives support comprehensive care.
   a. Faculty re-focus educational and treatment expectations for students.
   b. Faculty and students redefine and utilize metrics for performance measures and for quality assurance.
   c. Students achieve core competencies and are also self-directed in pursuing individualized learning goals with faculty mentoring.
3. Enhance the continuity of patient care.
   a. Generalist faculty assumes primary and ultimate responsibility for patient care and for clinic workflow.
   b. Students provide care through integrated teams.
   c. Faculty and students assure delivery of safe, efficient, effective, and compassionate care in a timely manner.
4. Serve as an impetus for curriculum change by generating a bi-directional feedback loop between the preclinical and the clinical activities.
   a. Identify specific themes for faculty in-service updates.
   b. Increase communication between the basic and the clinical sciences.
   c. Use clinical data to drive the preclinical presentation of the materials, the behavioral, and the biological sciences.
5. Apply technology to support patient care, student learning, business management, and the evaluation of instruction.
   a. Implement clinical decision support at the point of care.
   c. Develop methods to measure, analyze, and improve educational, clinical, and business outcomes.
**Students:**
Current GP2 students will be assigned to the GPS. The number of students assigned to the GPS will be the same as assigned to the other three General Practices. While the GPS faculty supervision will emphasize coverage by general dentists in the GPS clinic, the core of the clinical procedures will be the same as that provided by their GP counterparts, who will be supervised more by discipline-specific faculty in locations throughout the new building.

Predoctoral students in the classes of 2007 and 2008 will provide care for their patients within the GPS, as will Dental Hygiene students in the class of 2007.

Predoctoral students in the classes of 2009 and 2010 and Dental Hygiene students in the class of 2008 will engage in vertically integrated preliminary clinical activities in much the same way as their GP counterparts.

**Patients:**
Patients who receive comprehensive care in the predoctoral program will be treated within the GPS. Patients currently assigned to students in the GP2 will “follow” those students into the GPS, where the students will continue to provide comprehensive care. Additional comprehensive care patients will be assigned to the GPS students and faculty through the current process. At the GPS student’s initial appointment with a new patient, a GPS faculty member will meet the patient and will verify that the patient’s overall treatment needs correspond with the student’s skill level and educational needs. This “secondary screening” could result in reassignment of the patient within or outside the GPS.

Emergency patients of GPS students will receive emergency care within the GPS. If the assigned student is not available, another GPS team member will provide the emergency care.

**Faculty:**
Faculty coverage in the GPS will be equivalent to or less than the faculty coverage in the three General Practices. However, the relative “mix” of generalists and specialists will be shifted toward more generalists, in concert with the GPS emphasis on the generalist model for patient care. Specialists will supervise patient care that would traditionally be referred to specialists in a private practice setting; specialists will also provide consults and discipline-based academic insight and content. Generalists will assume primary responsibility for overall patient care and management and for clinic workflow. Efforts will be undertaken to minimize the overall number of faculty participants, to facilitate team building, and to employ effective mentoring through the provision of adequate opportunity for faculty to become very familiar with the GPS students.

The initial development of the faculty coverage schedule is occurring, in collaboration with department chairs or their designees. (See Appendix.) Subsequent adjustments will occur based on faculty utilization and other factors, again in collaboration with department chairs or their designees.
Specialists will most likely have more active involvement with students who have less clinical experience and may be more dependent on the need for discipline-specific academic insight and reinforcement. Generally speaking, they will probably be more actively engaged with the junior team members than with the senior team members. This arrangement will also be influenced by the complexity of the patients’ treatment needs and by student specialty interest beyond the achievement of core competencies. Consistent with competency-based education, once students have successfully challenged competency examinations, the parameters for supervision will be appropriately modified.

While at this point there is no formal didactic course component anticipated for the GPS, the faculty will use group discussions as an effective setting for clinical case presentations. Discussion group scenarios will offer an efficient and effective use of student, faculty, and clinic time. Small group seminars and student learning teams are also anticipated for inquiry-driven learning, problem-based learning, and GPS projects. Student meetings with faculty mentors will also be required. All of these GPS activities will be factored into the qualitative evaluation of the GPS students.

Staff:
Allocation of support staff to the GPS will be equivalent to the staff allocation in the three General Practices. Staff will include a Patient Care Coordinator, receptionist, dental assistant, and dispensing clerk. A dental laboratory technician will also be added to facilitate coordination of routine and emergency patient care services requiring laboratory support. Additionally, the dental hygienists who provide recare services for the predoctoral program will be located within the GPS.

Patient treatment:
Patients will receive comprehensive care within the physical setting and under the direction of the faculty of the GPS. Some surgery and endodontics services will be provided within the GPS at the discretion of the faculty and in agreement with the department chairs, while more complex treatment will be provided within the specialty clinic area. Orthodontic and pediatric care will be provided within the specialty clinic areas.

The GPS will emphasize contemporary practice techniques and apply scientific evidence in a clinical setting. Where evidence-based treatment guidelines are available, they will be utilized. If evidence is not available, then the next most rigorous criteria available along the scale from clinical practice guidelines to clinical protocols to standard operating procedures will be utilized. Faculty, students, and staff will work on clinical calibration as well as an accompanying set of written documentation for the GPS.

Permeability:
The permeability of the GPS relative to the traditional program will also be monitored. This “permeability” aspect of the GPS deals with the interaction of the GPS students, faculty, staff, patients, and facilities with the students, faculty, staff, patients, and facilities in the other General Practices. This relationship will
require flexibility among all representatives of the School and will be determined as the daily interactions occur among the programs and individuals involved. Standard operating procedures will be developed as the GPS is implemented.

**Expectations of students:**
The educational goals for students will be aligned with patient care goals, in that the need for patient care is the “driver” of the system. While the traditional, numerical requirements will not be emphasized, emphasis will be placed on students being present and actively engaged in patient care for every clinic session assigned.

A matrix-type delineation of expectations for the student clinical portfolio will be developed by the GPS faculty and students. Parameters will be defined for the following:

- Completion of competencies, which will be the same as for all predoctoral students
- “Mix” of patient cases, degree of difficulty and complexity, and case completion
- Attendance, participation, and appointment utilization
- Productivity, using clinical activity units and completed procedures
- Interdisciplinary evaluations

Students will be expected to self-assess their progress in each of these areas, and to review their progress in individual monthly meetings with a designated GPS faculty member. The GPS faculty team will also periodically review the overall progress of each student.

Furthermore, students will establish individualized learning goals that transcend entry-level competency, track their own progress toward these goals, and periodically review progress in this area with their faculty mentor.

Some students in other General Practices may believe that the experience of the students in the GPS will be “easier” than their own experience “… spending extra time and struggling trying to schedule patients and finish requirements, when [the GPS students] only need to worry about coming to clinic.” As is apparent by the description of the GPS Project contained in this document, the GPS students will actually be challenged to deliver at least the same level of effort and results as the traditional program, albeit in a different manner and through a different process.

**Assessment of student performance:**
Emphasis will be placed on qualitative assessment, and quantitative measures will also be available, including all existing quantitative student measures currently available. With the exception of competencies, procedures will be graded on a P/F basis.

Each faculty member will be asked to maintain a daily log of clinical interactions with students, noting specific areas of educational activity. This log will initially be paper record, but will eventually transition to an online record that will be a component of the yet to be established student digital educational record.
Monitoring of student progress:
Each student will meet with GPS faculty to review the student’s portfolio of patients and clinical activities. The student will be responsible for self-identifying areas where additional educational or clinical experience is needed. Faculty mentors will guide the student and also serve to monitor student progress. The GPS faculty team will also periodically assess the progress of each student and of the overall GPS project.

Please note that coordination with classes, requirements, and grades will be determined by GPS faculty in concert with the course directors. It is anticipated that GPS students will initially attend all classes but that some GPS seminars may replace equivalent class activities such as case conferences. Requirements and incorporation of additional GPS quantitative and qualitative assessments into the requirements and grading for each course will be a matter for negotiation between GPS faculty and each course director.

Curriculum Feedback:
Educationally, the clinical experiences within the GPS will provide feedback for the basic, behavioral, and clinical sciences. Students’ logs of educational experiences, faculty teaching logs, and qualitative assessments will enable the GPS to provide feedback each semester to the Curriculum Committee and to course directors. Similarly, specific themes for faculty in-service updates can be identified.

Evaluation of GPS and Comparison with General Practices:
The GPS faculty, working with expert consultants, will develop reports and analysis tools to support and evaluate patient care, education, business operations, and research and development. The Dental School’s Director of Instructional Evaluation, the Executive Director of Clinical Affairs, consultants from College Park and others will play a key role in these evaluations and comparisons.

The GPS will be compared with the General Practices at the individual student level and at the practice level.

Students' evaluations of instruction will be compared across practices. Overall assessments of satisfaction for patients, students and faculty will be developed and used for comparison purposes, as well as for systematic improvement for all clinics. The satisfaction of other stakeholders may also be assessed as indicated and appropriate.

Educational outcomes will be evaluated by progress toward competencies and national benchmarks such as National Board examinations. Student performance indicators such as clinical productivity and progress toward achievement of competencies will be tracked and compared across practices.

Consistent with an overlying ethical-business model, the GPS team will deliver safe, efficient, effective, and compassionate patient care in a timely manner.
using sound business principles and practices. Students will fully engage in all learning and patient care activities as associates of the practice.

Practice performance outcomes, such as completed procedures, charges, and collections, and quality indicators, such as treatment failures and prosthetic remakes, will also be compared.

Role of Technology:
Technology will play a key role in facilitating the achievement of the vision, mission and goals of the GPS. As detailed above, the use of advanced technology will greatly enhance student learning and patient care. Furthermore, technology affords the opportunity to

- Measure cost, charges, access, quality, efficiency, and effectiveness both from the institutional “economics of teaching” perspective and from the GPS “business” perspective.
- Streamline the current paper-based record to enhance patient-centered care, to support care continuity, and to improve safety and productivity.
- Document the use of technology in the GPS.
- Pilot an electronic patient record as quickly as possible

Summary:
The GPS offers a model for change for the predoctoral clinics. The success of this model in achieving the stated goals hinges on the hard work and cooperation of students, faculty and staff as we strive to offer our students the educational experience they expect and our patients the care they deserve.
### Spring 2006 Faculty GP Coverage and Corresponding Proposed GPS Coverage
As of 8/31/06

<table>
<thead>
<tr>
<th>Type of faculty</th>
<th>Current weekly faculty coverage sessions*</th>
<th>Current Summary</th>
<th>Proposed GPS weekly faculty coverage sessions</th>
<th>Proposed Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Manager (HPP)</td>
<td>10</td>
<td>20 “generalists”</td>
<td>15</td>
<td>25-29 generalists</td>
</tr>
<tr>
<td>Operative (EPOD)</td>
<td>10</td>
<td></td>
<td>10-14</td>
<td></td>
</tr>
<tr>
<td>Prosthetics (EPOD)</td>
<td>6</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual Denture Clinic (EPOD)</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perio hygienist (Perio)</td>
<td>6</td>
<td>4</td>
<td>6-7 Perio</td>
<td></td>
</tr>
<tr>
<td>Periodontist (Perio)</td>
<td>8</td>
<td>2-3</td>
<td></td>
<td></td>
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<td>TOTAL</td>
<td>44</td>
<td>36-41</td>
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</tbody>
</table>

*Based on information from actual coverage schedule as provided by GP receptionists.

### Spring 2006 Faculty GP Coverage and Corresponding Current GPS Coverage

<table>
<thead>
<tr>
<th>Type of faculty</th>
<th>Current weekly faculty coverage sessions*</th>
<th>Current Summary</th>
<th>Current GPS weekly faculty coverage sessions</th>
<th>Current Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Manager (HPP)</td>
<td>10</td>
<td>20 “generalists”</td>
<td>15</td>
<td>25 generalists</td>
</tr>
<tr>
<td>Operative (EPOD)</td>
<td>10</td>
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<td>10</td>
<td></td>
</tr>
<tr>
<td>Prosthetics (EPOD)</td>
<td>6</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual Denture Clinic (EPOD)</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perio hygienist (Perio)</td>
<td>6</td>
<td>4</td>
<td>6 Perio</td>
<td></td>
</tr>
<tr>
<td>Periodontist (Perio)</td>
<td>8</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>44</td>
<td>36</td>
<td>36</td>
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</table>

*Based on information from actual coverage schedule as provided by GP receptionists.
### Exhibit 2-10.7

**Group Practice Simulation (GPS) Current Faculty Coverage Commitments**

<table>
<thead>
<tr>
<th>Day</th>
<th>C1 (Number of dental students in session)</th>
<th>C2 (Number of dental students in session)</th>
<th>C3 (Number of dental students in session)</th>
</tr>
</thead>
</table>

*Also includes optional space available clinic for juniors.
**Also includes optional space available clinic for seniors.

Patients will receive comprehensive care within the physical setting and under the direction of the faculty of the GPS. The equivalent of up to four sessions of coverage will be provided for GPS students through the Virtual Denture Clinic. Some Virtual Denture Clinic activity will be hosted in the GPS area. Some surgery and endodontics services will be provided within the GPS at the discretion of the faculty and in agreement with the department chairs, while more complex treatment will be provided within the specialty clinic area. Orthodontic and pediatric care will be provided within the specialty clinic areas.
### Group Practice Simulation (GPS) Current Faculty Coverage Commitments

<table>
<thead>
<tr>
<th></th>
<th>C1 (Number of dental students in session)</th>
<th>C2 (Number of dental students in session)</th>
<th>C3 (Number of dental students in session)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Levine&lt;br&gt;Urquiaga&lt;br&gt;Curley&lt;br&gt;Prymas&lt;br&gt;(36 + 7 DH)</td>
<td>Levine&lt;br&gt;Zeller</td>
<td>Levine&lt;br&gt;Zeller&lt;br&gt;(18** + 7 DH)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Bufano&lt;br&gt;Fried&lt;br&gt;(18, no juniors)</td>
<td>Strassler&lt;br&gt;Zeller&lt;br&gt;Osso&lt;br&gt;Fried&lt;br&gt;(36)</td>
<td>Strassler&lt;br&gt;Zeller&lt;br&gt;(18, no juniors)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Wilson&lt;br&gt;Urquiaga&lt;br&gt;Reidy or Park&lt;br&gt;Curley&lt;br&gt;(18**)</td>
<td>Urquiaga&lt;br&gt;George&lt;br&gt;Prymas&lt;br&gt;(36)</td>
<td>Urquiaga&lt;br&gt;George&lt;br&gt;(18*)</td>
</tr>
<tr>
<td>Thursday</td>
<td>Bufano&lt;br&gt;Urquiaga&lt;br&gt;Zeller&lt;br&gt;(18, no juniors + 7 DH)</td>
<td>? - Sub for Massey&lt;br&gt;Zeller&lt;br&gt;Park&lt;br&gt;(36)</td>
<td>Levine&lt;br&gt;Fried&lt;br&gt;(18, no juniors)</td>
</tr>
<tr>
<td>Friday</td>
<td>Manwaring&lt;br&gt;Urquiaga&lt;br&gt;Osso&lt;br&gt;(36)</td>
<td>Manwaring&lt;br&gt;Zeller&lt;br&gt;(18** +DH)</td>
<td></td>
</tr>
</tbody>
</table>

*Also includes optional space available clinic for juniors.

**Also includes optional space available clinic for seniors.

Patients will receive comprehensive care within the physical setting and under the direction of the faculty of the GPS. The equivalent of up to four sessions of coverage will be provided for GPS students through the Virtual Denture Clinic. Some Virtual Denture Clinic activity will be hosted in the GPS area. Some surgery and endodontics services will be provided within the GPS at the discretion of the faculty and in agreement with the department chairs, while more complex treatment will be provided within the specialty clinic area. Orthodontic and pediatric care will be provided within the specialty clinic areas.
The following measures will be used to formulate the course grade for each semester:

1. Attendance and Level of Participation
   a. Clinical – % attendance of student's available sessions per week
   b. Student level of clinical participation and involvement (with team approach emphasized) – Per log entries and faculty observations
   c. GPS mandatory meetings and other GPS non-clinical required activities – Adequate participation demonstrated by % attendance
      Note: All absences from mandatory meeting and required non-clinical activities must be excused. Attendance and level of participation will be reviewed by the student’s mentor.

   Points
   10 Clinical sessions attended/sessions available ≥67%, and adequate level of participation both in GPS clinical activities (demonstrated by log entries and faculty observations) and in GPS non-clinical activities (≥75% compliance)
   5 Clinical sessions attended/sessions available ≥50% to 66%, and adequate level of participation both in GPS clinical activities (demonstrated by log entries and faculty observations) and in GPS non-clinical activities (≥75% compliance)
   0 Clinical sessions attended/sessions available <50%, and/or inadequate participation in GPS clinical activities (demonstrated by log entries or faculty observations) or in GPS non-clinical activities (<75% compliance)*
   *Denotes a critical failure that will result in failure of the entire course for the semester.

2. Clinical Production
   a. Production $ at the end of each semester – From axiUm, reviewed by mentor.

   Points
   10 Production $ ≥75% of class average
   5 Production $ ≥50% to 74% of class average
   0 Production $ <50% of class average

3. Case Management
   a. Continuity of care and timely care: Each patient should be seen at least once every four weeks and students must follow the proper treatment sequence. – From axiUm and reviewed by mentor.
   b. Documentation: All forms must be completed, all progress notes must be completed, and all “planned”, “in process”, and “completed” procedures must be entered in axiUm. – Reviewed by mentor.

   Points
   10 Superior care continuity (≥75% compliance) with superior documentation (as determined by mentor)
   5 Adequate care continuity (≥50% to 74% compliance) with superior documentation (as determined by mentor) or superior care continuity (≥75% compliance) with adequate documentation (as determined by mentor)
Exhibit 2-10.8 GPS Course 2007-08 Evaluation Criteria

0 Inadequate care continuity (<50% compliance) and/or inadequate documentation (as determined by mentor)*
*Denotes a critical failure that will result in failure of the entire course for the semester.

4. Student Log for Self-Evaluation and Goals

Points
10 Regular daily log entries (>75% compliance) of superior quality (as determined by mentor)
5 Adequate daily log entries (>50% to 74% compliance) of superior quality or regular log entries (>75% compliance) of adequate quality (as determined by mentor)
0 Inadequate daily log entries (<50% compliance) and/or inadequate quality of entries (as determined by mentor)*
*Denotes a critical failure that will result in failure of the entire course for the semester.

5. Mentor Interaction and Evaluation
   a. Monthly student meetings with mentors will be documented both in the student log and in the faculty logs. All logs will be maintained on paper for 2007-2008. (Note: Faculty mentor logs will detail student assessment and goals, faculty self-assessment and goals, and evaluation of the GPS program by students and faculty. Faculty mentor logs will be discussed among mentors as required at the monthly mentor meetings. Monthly meeting for mentors will be also documented in the mentor faculty logs.)

Points
10 Regular meetings (>75% compliance) with superior mentor interaction (as determined by mentor)
5 Adequate meetings (>50% to 74% compliance) with superior mentor interaction (as determined by mentor) or regular meetings (>75% compliance) with adequate mentor interaction (as determined by mentor)
0 Inadequate meetings (<50% compliance) and/or inadequate mentor interaction (as determined by mentor)*
*Denotes a critical failure that will result in failure of entire course for the semester.

Clinical Educational Experiences
   b. Achieve GPS expected minimum completed clinical educational experiences by the end of senior year and, prior to the end of senior year, demonstrate adequate progress toward fulfillment of the GPS expected minimum completed clinical educational experiences (list below).* – New criteria, from axiUm and from log comments, reviewed by mentor.
   c. Clinical portfolio review – A new criteria, this is an overall evaluation of the student’s cumulative mix of clinical educational experiences and of the student’s plans for completion of the GPS expected minimum completed clinical educational experiences (list below). This clinical portfolio review will be compiled initially by student in the student log using axiUm data and chart review, and then will be reviewed by the student’s mentor. Prior to completion of GPS expected minimum completed clinical educational experiences by the end of second semester of senior year, adequate planning for the achievement of GPS expected minimum completed
clinical educational experiences must be demonstrated to the mentor as part of the clinical portfolio review. Inadequate planning for completion of the GPS expected minimum completed clinical educational experiences during any semester, as determined by the student’s mentor, could result in an incomplete grade or a failure.*

Points based on the average for graded GPS clinical procedures from axiUm:

- 50  2.8-3.0
- 45  2.6-2.79
- 40  2.4-2.59
- 35  2.2-2.39
- 30  2.0-2.19
- 0   < 2.0*

*Denotes a critical failure that will result in failure of the entire course for the semester.

GPS Expected Minimum Completed Clinical Educational Experiences

Note: These are the minimum required experiences and it is expected that students will exceed these minimums. Patient supply, distribution, and case management will be critical factors for success in fulfilling these necessary clinical educational experiences. In some cases, these minimums could be met through “equivalent educational experiences.”

1. Removable Prosthetics
   a. Complete required competency outcome assessments.
   b. Complete 2 complete dentures.
   c. Complete 2 cast removable partial dentures.
   Note: Treatment should be consistently scheduled by the student with the same faculty member for each patient. Cases may be treated in VDO or GPS.

2. Fixed Prosthetics
   a. Complete the clinical crown competency and one bridge experience. Please note that it is suggested that six crowns be completed for experience prior to the crown competency examination.
   b. Suggested procedure mix: 2 anterior crowns, 2 posterior crowns, some implant experience, an all ceramic crown experience, a survey crown experience, a gold or porcelain onlay experience, and a resin-bonded bridge experience.

3. Operative
   a. Complete required competency outcome assessments.
   b. Obtain at least the amount of quality points required to pass the operative courses.
   c. Suggested minimum mix of procedures:
      i. 20 anterior and posterior composites and amalgams, including 4 Class IIs (2 composites and 2 amalgams), 2 Class IVs, 4 Class IIs, 4 Class Vs (2 composites and 2 amalgams), 1 composite veneer, 2 pin amalgams or pin composites (these could be cores), and 1 post and core
      ii. Porcelain veneer experience, restoration of root caries, and fabrication of an occlusal guard

4. Periodontics
   a. Diagnose and treat eight periodontitis patients. These patients must have demonstrable supra- and subgingival calculus and must have a minimum of
eight teeth, located in two different quadrants, that have at least one probing depth per tooth greater than or equal to 4 mm.
b. Complete all required competency outcome assessments for PERI 538 and PERI 548 as follows:

**Class of 2008 Competency**
- Treatment Planning Competency III  
  Moderate to Advanced Periodontitis  
  Mock Board  
  Referral of Initial therapy patient to Co-therapy Care  
  Referral of 2 routine recall patients (after active therapy complete) to Sophomore team member  
  Four Surgical Assists  
  Periodontal Surgery Experience  
  Earn a minimum of 175 points

**December 15, 2007**
- December 21, 2007
- December 1, 2007
- October 17, 2007
- March 31, 2008
- April 26, 2008

**Class of 2009 Competency**
- Patient Education Competency (Part A)  
  (Part B)  
  Treatment Planning Competency I  
  Mild Periodontitis  
  Treatment Planning Competency II  
  Mild to Moderate Periodontitis  
  Treatment Planning Competency III  
  Moderate to Advanced Instrument Mastery competency  
  Scaling and root planing competency  
  Scaling Mock Board  
  Referral of 2 routine recall patients (after active therapy complete) to Sophomore Block (Senior Year only)  
  Complete all Surgical Assists (6 total)  
  Four Surgical Assist  
  Complete one (1) periodontal surgical experience  
  Earn a minimum of 175 points

**October 15, 2007**
- December 15, 2007
- May 17, 2008
- November 15, 2007
- April 15, 2008
- December 15, 2008
- May 17, 2008
- October 17, 2008
- March 26, 2009
- April 26, 2009

c. Demonstrate OHI, instrumentation (including piezo electric and regular scalers), probing, use of indices, evaluation of patient response to therapy, and surgery experience.
d. All patients, including the eight periodontitis patients, must have a Periodontal Status Report and/or evaluation of Initial Therapy (ITC) as may be appropriate.
e. GPS mentors and other designated GPS faculty may supervise procedures that will accumulate procedure points for the periodontal courses.

5. Diagnosis and Treatment Planning
   a. Demonstrate required capability in radiographic exposure and interpretation.
   b. Completed required treatment planning course competencies.
   c. Demonstrate required capability in diagnosis and treatment planning, including appropriate use of diagnostic tests, consultations, and referrals.
   d. Demonstrate proper treatment sequencing, case management, and documentation.

6. Endodontics
a. Complete all endodontic competency outcome assessments. In case of emergency only, teeth with access openings and pulpal debridement performed in GPS may be used for the subsequent endodontic experience to be performed with the endodontist. Competencies must be performed completely with the endodontist. After completion of the competency assessments, endodontic therapy may be performed in GPS.

b. Demonstrate the capability to manage patients with pulpal pain and endodontic emergencies, including performance of pulpectomies.

Semester GPS Comprehensive Care and Practice Management Course Grades

GPS students must demonstrate the appropriate level of clinical competence and productivity to the GPS faculty in all areas specified above, with emphasis also placed on a qualitative interdisciplinary evaluation. In addition, the student must demonstrate both satisfactory GPS participation and an adequate clinical portfolio, which must include successful completion of the GPS expected minimum completed clinical educational experiences or, prior to second semester senior year, adequate progress toward successful completion of the GPS expected minimum completed clinical educational experiences. An overall GPS faculty recommendation regarding student qualification for progression and graduation with regard to the GPS Courses will be based on all qualitative and quantitative factors available for consideration. Mentor feedback will be considered heavily. Semester course grades will be based on the following course point totals:

- A  90-100 points
- B  80-89 points
- C  70-79 points
- F  <70 points

Each student will also receive mentor feedback concerning their overall semester performance and grade. Note that critical failures, as denoted by an asterisk (*) in this document, will result in failure of entire course for the semester regardless of point total.

GPS Student Grades for Other Required Courses

For GPS student evaluation in clinical courses other than the GPS Comprehensive Care and Practice Management Courses, clinical competency outcome assessments, written course test results, and clinical care rendered will be used to determine the student’s grade for those courses as well as the student’s suitability for progression and graduation as related to those clinical courses. GPS students will have fewer contact hours in some clinical courses than other students and the grading for GPS students may be adjusted accordingly at the sole discretion of the course directors.

Please note that the following are required by other courses:

1. Complete all required competency outcome competency assessments. – Administered by Departments, may be reviewed by GPS mentor.
2. Complete all blocks, externships, and clerkships. – Administered by Departments, may be reviewed by GPS mentor for attendance.
3. Complete senior case presentation. – Administered through Treatment Planning Course by GP Managers, may be reviewed by GPS mentor.
The following measures will be used to formulate the course grade for each semester for CCPM 538 and CCPM 548:

1. **Clinic Attendance**
   a. Calculated as a percentage of the required number of sessions attended per week, based on axiUm report.
   b. Generally, for third year students, seven sessions are required per week; for fourth year students, ten sessions are required per week.
   
   
<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>10</td>
<td>100% attendance (or excused absences)</td>
</tr>
<tr>
<td>8</td>
<td>80% attendance (or excused absences)</td>
</tr>
<tr>
<td>7</td>
<td>70% attendance (or excused absences)</td>
</tr>
<tr>
<td>0</td>
<td>&lt;70% attendance (or excused absences)</td>
</tr>
</tbody>
</table>

   c. Attendance <70% denotes a critical failure, and could result in a failure of the course for the semester.
   d. Absences may be excused at the discretion of the faculty mentors, and will be tracked by the Patient Care Coordinator.

2. **Clinical Productivity**
   a. Based on production $ at the end of each semester, and comparison with class averages. Based on axiUm report and reviewed by mentor.
   
   
<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>10</td>
<td>&gt; class average</td>
</tr>
<tr>
<td>7</td>
<td>75-99% of class average</td>
</tr>
<tr>
<td>5</td>
<td>50-74% of class average</td>
</tr>
<tr>
<td>0</td>
<td>&lt;50% of class average</td>
</tr>
</tbody>
</table>

   b. Productivity <75% of class average denotes a critical failure, and could result in failure of the course for the semester.

3. **Patient and Case Management**
   a. Continuity and timeliness of care: Each patient should be seen at least once every four weeks and students must follow the proper treatment sequence. Based on axiUm reports and chart audits; reviewed by mentor.
   b. Management of patients’ financial accounts, according to Dental School policies. Based on PCC audits; reviewed by mentor.
   c. Recalls up to date. Based on axiUm reports; reviewed by mentor.

   
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<thead>
<tr>
<th>Score</th>
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<tr>
<td>10</td>
<td>Superior</td>
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<tr>
<td>7</td>
<td>Satisfactory</td>
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<tr>
<td>5</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>0</td>
<td>Unacceptable</td>
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</table>
A pattern of continual disregard for timeliness of care, management of finances according to School policy, and/or timely recalls denotes a critical failure, and could result in failure of the course for the semester.

4. Recordkeeping
   a. Documentation: All forms must be completed; all progress notes must be completed and signed by supervising faculty. All “planned”, “in process”, and “completed” procedures must be entered in axiUm. Based on axiUm reports and PCC audits of patient records (minimum of three per student, per semester); reviewed by mentor.
   b. Pre-prosthetic audits completed at appropriate sequence in treatment. Based on PCC audits; reviewed by mentor.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>10</td>
<td>Superior – complete record keeping, requiring little or no corrective action</td>
</tr>
<tr>
<td>7</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>5</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>0</td>
<td>Unacceptable</td>
</tr>
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</table>

c. A pattern of repeated, poor documentation that is not promptly addressed denotes a critical failure, and could result in failure of the course for the semester.

5. Meeting Attendance and Level of Participation
   a. Attendance at GPS meetings is required.
   b. Monthly mentor meetings - students will establish their own learning/educational goals, and discuss their goals with their mentors in monthly meetings. Students are also encouraged to meet with other GPS faculty with whom they work, to obtain additional feedback.
   c. Students are required to attend meetings as requested with PCC.

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<th>Score</th>
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<tbody>
<tr>
<td>10</td>
<td>Superior – attended all GPS meetings, met monthly with mentor, met with PCC upon request</td>
</tr>
<tr>
<td>7</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>5</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>0</td>
<td>Unacceptable</td>
</tr>
</tbody>
</table>

d. A pattern of unexcused absences from mandatory meetings denotes a critical failure, and could result in failure of the course for the semester.

6. Student Log for Self-Evaluation and Goals – E-Portfolio
   a. Students are expected to make regular entries into their log books (or in e-portfolios, when introduced). Minimally, students will make three entries per week.
   b. Log entries will be reflective, and focus on student learning from clinical experiences, related to patient care, interactions with patients, faculty and peers; and their own feelings of competency.

<table>
<thead>
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<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>10</td>
<td>Superior – more than three entries per week,</td>
</tr>
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</table>
Semester GPS Comprehensive Care and Practice Management Course Grades

GPS students must achieve satisfactory levels of performance in all areas delineated above, with emphasis also placed on a qualitative interdisciplinary evaluation. An overall GPS faculty recommendation regarding student qualification for progression and graduation with regard to the GPS courses will be based on all qualitative and quantitative factors available for consideration. Mentor feedback will be considered heavily. Semester course grades will be based on the following % of course points earned for the semester:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>90-100</td>
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<td>B</td>
<td>80-89</td>
</tr>
<tr>
<td>C</td>
<td>70-79</td>
</tr>
<tr>
<td>F</td>
<td>&lt;70</td>
</tr>
</tbody>
</table>

Each student will also receive mentor feedback concerning their overall semester performance and grade. Note that critical failures could result in failure of entire course for the semester, regardless of point total.

GPS Expectations

In addition to satisfying the requirements for the CCPM course as outlined above, GPS students are expected to:

a. Complete all competency examinations by established deadlines.

b. Meet all expectations of other courses.

c. Complete all required block assignments and externships.

d. Complete senior case presentation.

Clinical Educational Experiences

The GPS mentors will work with the each student to ensure that the student’s assigned patients have treatment needs representing a wide array of clinical experiences. The following list of clinical educational experiences will serve as a guide for the mentor in helping to shape the student’s “family” of patients, which will enable the student to meet the educational objectives of each course, while having a well-rounded clinical experience. While each student’s patient care experiences will be unique, it is anticipated that each student’s experiences will exceed these benchmarks in most – if not all - areas. Patient availability, assignment, and case management will be critical factors in this process. In some cases, it may be necessary for these educational experiences to be met through “equivalent experiences.” Additionally, students must meet all expectations delineated for other clinical courses.

c. A failure to maintain an up to date reflective log, denotes a critical failure, and could result in failure of the course for the semester.
1. Removable Prosthetics
   a. 2 complete denture units.
   b. 2 cast removable partial dentures
   Note: Treatment should be consistently scheduled by the student with the same faculty member for each patient. Cases may be treated in VDC or GPS.

2. Fixed Prosthetics
   a. 10 crowns – to include anterior and posterior crowns; all metal, PFM and all ceramic; implant restoration; gold or porcelain onlay; surveyed crown
   b. 1 bridge

3. Operative
   a. Suggested minimum mix of procedures:
      i. 20 anterior and posterior composites and amalgams, including 4 Class IIs (2 composites and 2 amalgams), 2 Class IVs, 4 Class IIIs, 4 Class Vs (2 composites and 2 amalgams), 1 composite veneer, 2 pin amalgams or pin composites (these could be cores), and 1 post and core
      ii. Porcelain veneer experience, restoration of root caries, and fabrication of an occlusal guard

4. Periodontics
   a. Diagnose, treat, and evaluate treatment for eight periodontitis patients.

5. Diagnosis and Treatment Planning
   a. Demonstrate required capability in radiographic exposure and interpretation.
   b. Demonstrate required capability in diagnosis and treatment planning, including appropriate use of diagnostic tests, consultations, and referrals.
   c. Demonstrate proper treatment sequencing, case management, and documentation.

6. Endodontics
   a. Utilize appropriate diagnostic tests in initial data collection and treatment planning.
   b. In case of emergency only, teeth with access openings and pulpal debridement performed in GPS may be used for the subsequent endodontic experience to be performed with the endodontist. Competencies must be performed completely with the endodontist. After completion of the competency assessments, endodontic therapy may be performed in GPS.
   c. Demonstrate the capability to manage patients with pulpal pain and endodontic emergencies, including performance of pulpectomies.
### ACCREDITATION 2010

#### Report Parameters

**Fiscal Years:** 2010 - 2006  
**Campus:** Baltimore

**Adult Age:** 21 years or older

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<th>Year 3</th>
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<th>Year 4</th>
<th>Year 3</th>
<th>Year 4</th>
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<td>1994</td>
<td>920</td>
<td>2127</td>
<td>928</td>
<td>2245</td>
<td>417</td>
<td>2253</td>
<td>391</td>
<td>2648</td>
<td>206</td>
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<tr>
<td>Number of unique geriatric patients screened (D0110.1 and/or D0110.2) by pre-doc students</td>
<td>340</td>
<td>152</td>
<td>329</td>
<td>160</td>
<td>412</td>
<td>62</td>
<td>371</td>
<td>54</td>
<td>436</td>
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<tr>
<td>Number of unique adult patients treatment planned (D9450) by pre-doc students</td>
<td>1914</td>
<td>647</td>
<td>1913</td>
<td>727</td>
<td>1718</td>
<td>594</td>
<td>1210</td>
<td>410</td>
<td>1528</td>
<td>490</td>
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<tr>
<td>Number of unique geriatric patients treatment planned (D9450) by pre-doc students</td>
<td>315</td>
<td>86</td>
<td>336</td>
<td>82</td>
<td>301</td>
<td>83</td>
<td>175</td>
<td>61</td>
<td>217</td>
<td>86</td>
</tr>
<tr>
<td>Number of unique child patients evaluated (D0150) by pre-doc students</td>
<td>347</td>
<td>190</td>
<td>583</td>
<td>264</td>
<td>587</td>
<td>376</td>
<td>625</td>
<td>590</td>
<td>299</td>
<td>205</td>
</tr>
<tr>
<td>Number of child patients treated by pre-doc students</td>
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<td>1070</td>
<td>1481</td>
<td>1184</td>
<td>1538</td>
<td>1218</td>
<td>1487</td>
<td>1510</td>
<td>994</td>
<td>945</td>
</tr>
<tr>
<td>Number of treatments performed on child patients by pre-doc students</td>
<td>5244</td>
<td>3786</td>
<td>6658</td>
<td>3885</td>
<td>5812</td>
<td>4045</td>
<td>5045</td>
<td>4810</td>
<td>6373</td>
<td>4847</td>
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<tr>
<td>Number of full denture procedures performed by pre-doc students</td>
<td>171</td>
<td>188</td>
<td>218</td>
<td>222</td>
<td>204</td>
<td>229</td>
<td>177</td>
<td>203</td>
<td>200</td>
<td>386</td>
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<tr>
<td>Number of full denture procedures performed on geriatric patients by pre-doc students</td>
<td>60</td>
<td>62</td>
<td>74</td>
<td>88</td>
<td>82</td>
<td>74</td>
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**DATA FOR PERRYVILLE CLINIC (OPENED 8/11/09)**

Report Parameters  
Fiscal Year: 2010  
Campus: Perryville  
Adult Age: 21 years or older  
Geriatric Age: 65 years or older

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### ACCREDITATION 2010

#### Report Parameters

**Fiscal Year:** 2006

**Campus:** Special Patient Clinic at Baltimore Campus

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Dental School Biomedical Science Teaching Faculty

List of Teaching Faculty of the Department of Oncology and Diagnostic Sciences

Dr. Louis Depaola, DDS, Professor
Dr. Mark Scheper, DDS, Assistant Professor
Dr. Linda Otis, DDS, Professor
Dr. Robert Foreman, DDS, School Assistant Professor
Dr. Raymond Lee, DDS, Clinical Associate Professor
Dr. Stephen Harden, DDS, Clinical Instructor
Dr. Ross Couwenhoven, DDS, PhD, School Assistant Professor
Dr. Renty Franklin, PhD, Professor
Dr. MaryAnn Rizk, PhD, Assistant Professor
Dr. Bernard Levy, DDS, Associate Professor
Ms. Jacqueline Dailey, MS, School Assistant Professor
Dr. Nisha Ganesh, DDS, Clinical Instructor
Dr. Joyce Huey, DDS, Clinical Assistant Professor
Dr. Gary Bauman, DDS, Clinical Associate Professor
Dr. Steven Pohlhaus, DDS, Clinical Associate Professor
Dr. Leslie Costello, PhD, Professor
Dr. Timothy Meiller, DDS, PhD, Professor
Dr. John Basile, DDS, Assistant Professor
Dr. Valli Meeks, DDS, School Associate Professor
Dr. Nasir Bashirelahi, PhD, Professor
Dr. Se-Lim Oh, DDM, School Assistant Professor
Dr. Isabelita Rambob, DDS, School Assistant Professor
Dr. Shabrez Ahmed, DDS, School Assistant Professor
Dr. Joseph Davidson, DDS, Clinical Professor
Dr. Robin Williman, DDS, Clinical Instructor
Dr. William Leboe, DDS, Clinical Associate Professor
Dr. Judith Porter, DDS, School Assistant Professor
Dr. Pei Feng, DMED, PhD, Professor
Ms. Dianna Weikel, MS, Clinical Associate Professor
Dr. Silvia Montaner, PhD, Associate Professor
Dr. Abraham Schneider, PhD, Assistant Professor
Dr. Byron Desbordes, DDS, Clinical Instructor
Dr. Li Mao, MD, Professor and Chairman
Dr. John Bowman, DDM, Clinical Associate Professor
Dr. Karen Garber, DDM, Clinical Associate Professor
Dr. John Brooks, DDS, Clinical Professor
Ms. Christine Wisnom, BS, Clinical Research Nurse
List of Teaching Faculty of the Department of Microbial Pathogenesis

Dr. Patrik Bavoil, Ph.D., Professor & Chair
Dr. Arasu Chellaiah, Ph.D., Adjunct Associate Professor
Dr. Cyril Enwonwu, DDS, Ph.D., Professor
Dr. Robert Ernst, Ph.D., Associate Professor
Dr. Ru-ching Hsia, Ph.D., Associate Professor
Dr. Glenn Minah, DDS, Ph.D., Professor
Dr. Graeme O’May, Ph.D., Research Associate
Dr. Diana Oram, Ph.D., Assistant Professor
Dr. Mark Shirtliff, Ph.D., Associate Professor
Dr. Mark Strauch, Ph.D., Associate Professor

List of Teaching Faculty of the Department of Neural and Pain Science

Dr. Vanessa Anseloni, PhD, Research Assistant Professor
Dr. Guang Bai, PhD, Research Assistant Professor
Dr. Norman Capra, MS, PhD, Professor
Dr. Man-kyo Chung, DDS, PhD, Assistant Professor
Dr. Dean Dessem, PhD., Associate Professor
Dr. Ronald Dubner, DDS, PhD, Professor
Dr. Edward Grace, DDS, Associate Professor
Dr. Joel Greenspan, PhD, Professor
Dr. Hiroaki Misono, MS, PhD, Assistant Professor
Dr. Norbert Myslinski, PhD, Associate Professor
Dr. Ke Ren, MD, PhD, Professor
Dr. Jin Ro, PhD, Associate Professor
Dr. Maureen Stone, PhD, Professor
Dr. Richard Traub, PhD, Professor
Dr. Feng Wei, MD, PhD, Research Associate Professor
Dr. Richard Wynn, PhD, Professor
### Exhibit 2-12.2

List and affiliation of non DS Faculty participating in biomedical science instruction at the Dental School

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<tr>
<th>Faculty name</th>
<th>Title</th>
<th>School/dept/division</th>
<th>Course</th>
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<th>Area of instruction</th>
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<td>Jan Cerny MD-PhD</td>
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<td>Svetlana Chapoval MD-PhD</td>
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<td>Alfredo Garzino-Demo PhD</td>
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<td>Andrei Medvedev PhD</td>
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<td>George Markelonis, PhD</td>
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<td>SOM/Anatomy &amp; Neurobiology</td>
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<td>Susan Dorsey, PhD</td>
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<td>Helen Jones-Parker</td>
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<td>Course Code</td>
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<td>Edward Moreton, PhD</td>
<td>Professor</td>
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<td>NPSC 521P</td>
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<td>Pharmacology of Cholinergic Nervous System</td>
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<td>Myron Weiner, PhD</td>
<td>Associate Professor</td>
<td>SOP/Pharmacotherapy</td>
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<td>Gary Buterbaugh, PhD</td>
<td>Professor</td>
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<td>Literature review &amp; Basic Searching Strategies</td>
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Exhibit 2-12.3

ADA Survey of Dental Education

On Site
### National Board Part I

#### Raw Score Data for Test Years 2008 - 2010

Administered annually February 1 - January 31

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11/4/2010
Department Faculty

Endodontics, Prosthodontics and Operative Dentistry

1) Bartner, Norman
2) Bradbury, John
3) Brennan, Mark
4) Chand, Priya
5) Driscoll, Carl
6) Faraone, Karen
7) Fouad, Ashraf
8) Fried, Ivan
9) Garcia, Guadalupe
10) Garrett, Pauline
11) Hack, Gary
12) Iddings, John
13) Inge Jr., Walter
14) Kaplan, Sarit
15) Levine, Eric
16) Limkangwalmongkol, Penwadee
17) Masri, Radi
18) Mays, Keith
19) Morgan, Andrea
20) Oates, Stephen
21) Prymas, Stuart
22) Scaggs, Gary
23) Schunick, Howard
24) Singer, Michael
25) Strassler, Howard
26) Swiec, ThuyTien
27) Tabacco, Michael
28) Tolba, Mostafa
29) Weir, Michael
30) Whitaker, George
31) Wood, Morton
32) Xu, Huakun

Periodontics

1) Aichelmann-Reidy, Mary
2) Branch-Mays, Grishondra
3) Hooper, Kenny
4) Osso, Diane
5) Phillips, Bradley
6) Reynolds, Mark
7) Sachs, Robert
8) Shiau, Harlan
### Exhibit 2-14.1

**PART II NATIONAL BOARD EXAMINATION DATA**

Administered annually May 1 - April 30

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Performance expressed as percentage comparison of correct responses

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Performance expressed as raw score comparison

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* Not reported in 2005, 2006, 2007

11/9/2010
## Exhibit 2-14.1

### PART II NATIONAL BOARD EXAMINATION DATA

Administered annually May 1 - April 30

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Exhibit 2-17.1 Dental School Clinic Manual

Available On Site
Exhibit 2-21.1

Dental School Clinical Grade Sheet

(Electronic Form in Axium)

Available On Site
Dear Incoming Students:

As you are already aware, the Dental School requires all incoming DDS and DH students to purchase a laptop to access educational materials and for taking exams electronically. We will be purchasing a laptop for you and this cost will be reflected on your bill for tuition and fees. The laptop will be provided to you at orientation the first week of school.

The basic system has been selected for you based on your needs during your years at the Dental School and is required for all students. The University has gotten special pricing from the vendor so you can be assured that it is the very best deal. MS Office and Symantec Antivirus software will be preinstalled on your laptop. The $160 charge for this software (representing more than $300 in savings) will be added to your fall 2010 statement of tuition and fees. A back-up copy of the software will be distributed to you during orientation.

Financial Aid:

- Your total financial aid budget (amount you are authorized to borrow) will include the cost of the laptop.

Use of your laptop:

- Use of your laptop or any computing device using the campus network is governed by the University of Maryland, Baltimore (UMB) Information Technology Acceptable Use Policy (http://www.umb.org/cits/policies/responsible_use.html) As a UMB student, it is your responsibility to read, understand and comply with this policy.

Maintenance of your laptop:

Your laptop comes with a four-year factory warranty, four-year complete care coverage, technical support and a loaner program. If you experience difficulties with your system, these are the options:

- Your system will be re-imaged to the original state at the time of purchase and security updates will be installed. You will be responsible for backing-up your own files.

- If your system has a problem that requires technical support but your laptop is functional, you will continue to use your laptop until the part is arrives. Once the part is available, you will receive a loaner until you computer is repaired. After your laptop is repaired, you can return your loaner as soon as possible and pick up your own laptop. (Please note that the loaner program is only available to active students with the required laptop, still under warranty.)

- If your system is unusable, we will supply you with a loaner until your laptop is repaired.
May 25, 2010

- Technical support *only* covers applications that are required as part of your dental educational program.
- If you are off-site and require technical support, you can call the vendor for support under the factory warranty.

If, after reading all of the above information very thoroughly, you have questions, you may contact:

- **Financial Aid** – UMB Office of Financial Aid, 410-706-7347
- **Software and laptop maintenance** – Dental School Help Desk, 410-706-2084

Most sincerely,

Kent Buckingham  
Director  
Office of Information Technology

Carroll Ann Trotman, BDS, MA, MS  
Associate Dean for the Office of Academic and Student Affairs  
Professor, Department of Orthodontics