

**“MCP” DOCUMENT**

**(Minimum Procedural Experiences**

**Competency Examinations and the**

**Point Program Document)**

**For D/IS’19**

**January 2017**

The contents of this Document are assembled by the Office of Academic Affairs. The Associate Dean of Academic Affairs is responsible for pages 1-10. For questions on these pages, please see the Associate Dean of Academic Affairs, Nadeem Karimbux @ 617-636-6622 or email [Nadeem.Karimbux@tufts.edu](mailto:Nadeem.karimbux@tufts.edu). If you have any questions specific to the department information in this document, please see the Department Faculty listed in the box above that department. All departments are listed alphabetically. Faculty listed in the D/IS’19 MCP Document present this information in their first class.

**NOTE:**

* **THIS DOCUMENT IS SUBJECT TO CHANGE AT ANY TIME.**
* **Updates to this document are issued by email and placed on TUSK.**
* **A hard copy of the Student Clinical Achievement Logbook (SCAL) will be distributed. Electronic copies of the MCP Document and the SCAL are posted on TUSK.**

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**INTRODUCTION**

Welcome to the official start of the Group Practice Patient Care Clinical Program @ TUSDM (April of Year 2).

Tufts University School of Dental Medicine’s (TUSDM’s) Vision Statement is:

“**Patient centered education committed to excellence”**.

Students’ comprehensive care of patients is an integral part of that vision. To assess patient care and to educate students, a program should take into account:

1. **Minimum Clinical Experiences (number of procedures)**,
2. **Competency Examinations (independent student assessments)**,
3. **Points (all group practice patient proceduresare assigned point values).**

This document serves as a guideline to these measurements. The student must also accomplish other Department-specific required courses, rotations, seminars, and workshops. These are detailed in the Student Schedule. The point value assignments are detailed in the fee schedule.

**Clinic Preparation:**

Students prepare for each clinic session by studying the department manuals

describing the procedure(s) that they have scheduled for the patient. Department

faculty will ask students questions at the patient visit. This is part of the clinical

grade.

For patient procedures involving laboratory work made in advance, the laboratory

work should be seen by a faculty member beforethe visit.

**Goals and Objectives**

# Goals of the MCP program

The primary goal of the clinical program is that all students learn to provide comprehensive patient care.

This “MCP” document is designed to inform students of their clinical requirements for graduation.

The ultimate goal of the clinical experience is to graduate students who are competent to practice General Dentistry and successfully pass licensing examinations.

TUSDM defines a graduate of TUSDM by its **Competency Statements.** The TUSDM Competency Statements were completely revised in July 2013. The newly revised competency statements are listed in Appendix A of this document.

# Objectives of this document

1. To outline clearly the **Minimum Procedural Experiences** for all patient procedures.
2. To list the clinical procedures requiring **Competency** as defined by the TUSDM Competency Statements. Each Competency Statement represents the ability to perform a complex service or task independently. Each represents an integrated foundation of knowledge, understanding, skills and values.
3. To explain the **Point** values system that supports comprehensive patient care.
4. To present the “**Checkpoint”** that the student and the school will use to keep track of student clinical progress. The checkpoint also includes the timeline or semester in which each procedure should be accomplished.

The checkpoint guide contains all of the clinical experiences and competencies required for graduation. This information can be viewed in axiUm and in your clinical gradebook on TUSK as you complete your procedures.

**MINIMUM PROCEDURAL EXPERIENCES (MPE’S)**

One measure of experience is student’s performing a minimum number of specific procedures.

Department faculty have determined which procedures are necessary for a practicing general dentist to know for appropriate patient care. These are supported by the **Competency Statements for Tufts University School of Dental Medicine**. Performance of enough of these mandatory minimum **experiences** is necessary for the student to achieve enough skill to then **independently**perform a competency examination in that procedure.

In the Spring of 2016, the school transitioned to placing most MPE’s into axiUm.

Each student’s clinical progress in Minimum Procedural Experiences will be tracked in axiUm. There are some departments that will continue to track progress in the Clinical Gradebook on TUSK. The procedures tracked in the Clinical Gradebook will be identified in the SCAL (Student Clinical Achievement Logbook). The majority of these procedures are workshop related.

It is the student’s responsibility that MPE forms in axiUm are entered correctly and in a timely manner in order to receive credit for graduation.

**Summary:**

**Minimum Procedural Experiences = MPE’S = Minimum “number of completed procedures” in a department needed to graduate.**

**COMPETENCY EXAMINATIONS (CE’S)**

**Competency** is defined as the behavior expected of a beginning practitioner. This behavior **incorporates understanding, skill, and values in an integrated response.**

A **competency examination (CE)** is an outcomes assessment or measurement of the individual student’s ability to independently perform the procedure related to specific parameters or criteria. These have been developed to evaluate a student’s ability to perform the procedure **independent** of faculty input. CE’s are challenged once the student has completed enough experiences with the procedure and is ready to challenge the procedure independently and test his/her competency in the procedure.

TUSDM competency examinations fall into one of three types:

**I. Clinical Competency Examination (CCE)**

This is a competency examination done with a patientpresent. It can either be a case

presentation or a procedure.

Examples: The student performs a diagnosis and treatment planning procedure (case

presentation) with the patient and is observed/graded by department faculty, or the student performs a procedure (such as a composite restoration) on a patient.

**II. Simulated Patient Competency Examination (SPCE)**

This is a competency examination done on a **manikin**.

Example: The student performs a procedure, such as endodontic therapy, on a

manikin tooth.

**III. Simulated Clinical Competency Examination (SCCE)**

This is a **written, online or oral** competency examination that is composed of questions that are clinically based.

Examples: The student answers a series of written clinically based questions, such as in the Orthodontics competency examination, or the student answers a series of oral clinically based questions, such as in the Oral and Maxillofacial Surgery Oral Examination.

Clinical Competency Examinations are challenged during routine patient treatment in the group practices on the student’s own patients. The student simply requests at the beginning of the session that they would like to do this procedure as a competency examination. The school has transitioned from a paper-based evaluation for competencies to an electronic grading system that will be housed in axiUm.Completed CCE’s may be tracked in the SCAL (Student Clinical Achievement Logbook).

Most Simulated Patient Competency Examinations and Simulated Clinical Competency Examinations are scheduled for the student (see Student Schedule).

The goal is for the student to do several competency examinations during each semester.

Students may want to “put off” challenging a Competency Examination until they are “ready” or “find the perfect patient”. This practice is to be discouraged as it will lead to late graduation.

It is the student’s responsibility that CCE forms in axiUm are entered correctly and in a timely manner in order to receive credit for graduation.

**Summary:**

**Competency Examinations = “Tests” the student’s independent ability to perform complex procedures incorporating understanding, skill, and values in an integrated response.**

The Evaluation Module in axiUm and the Clinical Grade Book on TUSK is used to track each student’s clinical progress as each competency examination is completed.

**POINTS**

An important component of a **comprehensive care** program for patients is attaching value to every procedure that the student accomplishes for the patient. This encourages treating individual patient needs and not “requirements”.

Toward this end, **all group practice patient procedures** are given **value**. The name used for that value is **points**. All competency examinations and minimum procedural experiences have point values.

The clinical care experiences must total 1000 points. These points may be accomplished in any combination of clinical treatment procedures listed with a point value in the Clinical Procedure and Fee Schedule booklet.

The amount of clinical treatment performed by each student is reported as total points. Point reports are generated on a regular basis to allow students, faculty, and administrators to evaluate student progress (refer to the *Forms Section* of this document for a sample report). Repeated failure to keep up with the Checkpoint will result in serious consequences (See Student Handbook).

**Summary:**

**Points = “Value” attached to all clinical experiences.**

A work effort of 1000 points achieved in the Group Practice is used for evaluating minimum experience in patient care during the Group Practice clinical years (Third Trimester Year 2 and Years 3 and 4).

The point deadlines in Years 2, 3, and 4 are listed below.

August Break, Year 2: 15 points

October 15, Year 3: 50 points

Winter Break, Year 3: 100 points

Spring Break, Year 3: 225 points

August Break, Year 3: 400 points

Winter Break, Year 4: 700 points

Graduation: 1000 points

**GRADING**

**(THIS SECTION IS SUBJECT TO REVISION AT ANY TIME)**

Following is the policy that will be used to determine Department Clinical Grades:

1. All clinical grades starting in 2016 will be H, P, F.
2. **Competency Examinations:** Departments use competency examination grades in the determination of clinical grades on the transcript.
3. **Year 3 Clinical Grades:** Please see your Checkpoint for those competency examinations that are used in the determination of your Year 3 grades, which are due June 1 (July 1 for IS students).
4. **Failure to complete competency examinations required for Year 3 Clinical Grade before June 1:** The deadline for completion of required year 3 clinical competencies is June 1. For those required competencies that are not completed by that time, an “Incomplete” grade will be given. Students will have until Aug. 1 to complete the missing requirements at which time the Incomplete grade will be replaced with a grade of P irrespective of whether the student was eligible for an H.

Students failing to complete their year 3 requirements by August 1st will receive a failing clinical grade and will have to appear before the SPC and may not be promoted to year 4 status. Once the students have completed the missing competencies successfully a new grade will be calculated and placed on the transcript next to the original failing grade.

1. **Student Promotions Committee Deliberations:** Failures in competency examinations and failure to complete the required Year 3 competency examinations by the grade deadline of June 1 will jeopardize a student’s entry into Year 4, when considered with other low Year 3 course grades, clinical points, and National Board scores.
2. **Passing grades submitted by the June 1 (July 1 for IS) deadline:** No passing competency examination grade will be changed after June 1 (July 1 for IS).
3. **When Year 3 and Year 4 competency examinations are counted:** Year 3 competency examinations do not count in the determination of the Year 4 clinical grade. Year 4 competency examinations do not count in the determination of the Year 3 clinical grade.
4. **Year 4 Clinical Grade due date:** Year 4 grades are due May 1 of Year 4.
5. **Failure to complete competency examinations required for the Year 4 Clinical Grade before May 1:** Students failing to complete all required competencies by May 1 will receive a grade of “Incomplete” from the Dept. Once the missing competencies are completed, the student will receive a final clinical grade based on the average of the competencies. Students with unresolved Incomplete grades will not be able to clear the Dept. and graduate until all competencies are completed. Failure to complete the missing competencies by August break will result in the Incomplete grade being changed to a failing grade which will remain permanently on the transcript. Students are still required to complete the missing competencies, and when completed will receive a final grade to be placed on the transcript next to the failing grade.
6. **Graduation Clearance:** In order to clear for graduation, all Incomplete and/or failed competency examinations must be completed with a passing grade.

**Note: All Competency Examination Student Failures are kept track of in the axiUm evaluation module and the Student Clinical Gradebook on TUSK. This helps us keep track of the validity/reliability of the examinations and helps us identify and remediate students with multiple failures. If a student takes the competency examination on time (before grade due deadlines in Year 3 and 4) and fails the competency examination, the failure does not count in the determination of the final Department Clinical grade. If a student retakes a failed competency examination before the deadline, and passes the competency examination before the deadline, the passing grade replaces the failed grade.**

**Note: The grading and transcript grading are continuously undergoing revision.**

I. CLINICAL AFFAIRS

**Department Chair: Assistant Dean, Dr. Mary Jane Hanlon**

**Third Floor, Room 303A**

**Administrative Assistant: Wanda Johnson**

**Department Extension 6- 6791**

**Infection Control Administrator: Ms. Shannon Meloon Balletto**

**Fourth Floor, Room 435**

1. **QUALITY ASSURANCE**

1. Record Audits – Year 3 or Year 4

* Record audits are done independently of the predoctoral student by the students’ Practice Coordinator using axiUm
* One purple record audit as Minimum Procedural Experience (MPE) is done in Year 3 **(axiUm code MCaRA)**.
* One purple record audit is done as a Competency Examination (CE) in Year 4 **(axiUm code Ca01RA)**.

2. Post Treatment Examinations – Year 3 and Year 4

* Students must complete five Post Treatment Examinations as *documented* Minimum Procedural Experiences (MPEs) **(axiUm code MCa190)**. Two must be done in Year 3; three must be done in Year 4. However, every patient that a student treats must have a post treatment exit examination. It is mandatory that these exams be completed digitally in the patient’s axiUm record.
* Students must complete one Post Treatment Examination as a Clinical Competency Examination (CCE) in Year 4 **(axiUm code Ca0190)**.
* Students do the Post Treatment Examinations with their Practice Coordinators.

1. **INFECTION CONTROL**

1. Infection Control Audits - Year 3 and Year 4

* Students must have two Clinical Competency Examinations (CCEs) Audits in Infection Control **(axiUm code CaINFC)** conducted by Ms. Shannon Meloon Balletto and /or Infection Control Teaching Assistants: to be completed during year 3 and year 4. The Administrator may randomly assess students and provide feedback and remediation to ensure that infection control protocols are consistently implemented and complied with.

1. **CLINIC CONTRACT**

Students will sign the Student Clinic Contract before entering the clinic. Refer to the “Forms”Section of this document to review the “Student Clinic Contract”.

II. COMPREHENSIVE CARE DEPARTMENT

**Interim Department Chair: Dr. Charles Rankin**

**Fourth Floor, Room 416**

**Department Extension 6- 6814**

**Department Administrator Patty DiAngelis**

**Clinical Oral Diagnosis and Treatment Planning CE: Practice Coordinators**

**Head, Emergency Rotation: Dr. Patrick McGarry**

**Head, Division of Medicine: Dr. Kanchan Ganda**

**Head, Division of Nutrition & Oral Promotion: Dr. Carole Palmer**

**Head, Operative Division Dr. Peter Arsenault**

**Co-Head, Operative Division Dr. Ralph Fowler**

**A. DENTAL EMERGENCY**

Each student must take one Emergency case presentation Clinical Competency Examination in Year 4 during his or her assigned emergency rotation. There are 10 half-day sessions in Year 3 and 5 half-day sessions in Year 4.

**B. DIAGNOSIS AND TREATMENT PLANNING**

**NOTE:** The Practice Coordinators require **5 XMRT “PC” assists and 1 NPE assist in Year 2** before

you see your own patient in the summer trimester.

**1.** There are no minimum procedural experiences for diagnosis and treatment planning, because the student must do what is necessary for the number of new patients assigned to him/her.

**2. Year 3 – Clinical Competency Examinations - Case Presentations**

* Students must present **Three Diagnosis and Treatment Planning cases as Clinical Competency Examinations** to their Practice Coordinators. This includes financial discussion. Of these three, one is Evidence-Based Dentistry and one is Self-Assessment. Students must also present one medically compromised patient Clinical Competency Examination to Dr. Ganda or her delegate for grading. If the student is unable to find such a patient for this CE, Dr. Ganda or her delegate can assign the student a medically compromised patient. These patients must be completed without guidance or consultations. Students must also complete **One Self-Assessment of a Diagnosis & Treatment Planning** **Clinical Competency Examination** which must be reviewed by a Practice Coordinator. The grading is based on the medical/dental history, chief complaint, radiographic findings, recording of hard and soft tissue findings, interpretations of findings, and presentation of the diagnosis, treatment plan and informed consent to the patient.

The student will be tested for prescription writing plus assessment & management of common medicalemergencies, by Dr. Ganda during the presentation of the medically compromised

patient. Grading is based on a 1, 2, 3 score with a 1 being a failing score. The student must score 2 or above in each part in order to pass.

**C. Basic Science Clinical Science Spiral Seminar Series (BaSiCSsss) Presentation Competency Examination**

The Year 3 and Year 4 student must successfully complete the BaSiCSsss Presentation Competency Examination as follows:

YEAR 3: Working with their BaSiCSsss Cohort and assigned faculty, Year 3 students must present an Evidence-Based Patient Care Competency to their entire BaSiCSsss team of students and faculty. Using Evidence-Based Principles students must answer a clinical question stated clearly in PICO format. Students will be evaluated in each of the following areas: The Clinical question was stated clearly in PICO format; MESH terminology was presented and is focused; Literature search was complete and documented; Evidence was critically appraised; Summary statement was clearly presented; Treatment recommendation was consistent with evidence/reflection on treatment rendered based on new evidence. Students will be graded “Pass/Fail” based on how well they conducted their evidence-based review.

Year 4: Taking the role of Group Leader of their BaSiCSsss Cohort and working with their assigned faculty, Year 4 students must present a clinical case that they are currently treating to their entire group. As leader of his/her group, the Year 4 student must lead their team in the various components of his/her chosen case. Students will be graded using a 1, 2, 3, score in all of the following areas listed in the table below. Students must receive a minimum score of 18 in order to pass. The BaSiCSsss Self-Assessment Evaluation should be completed after the student’s presentation. Completion of this evaluation will be tracked in the Clinical Gradebook in TUSK. The evaluation is delivered with Qualtrics and can be accessed in the Team Folder in Box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | TOPIC AREA | AE | ME | BE |
| A | History, Examination, Diagnosis | 3 | 2 | 1 |
| Clinical and Radiographic Findings | 3 | 2 | 1 |
| Problems and Diagnosis | 3 | 2 | 1 |
| **Critical Thinking/Problem Solving: Problem Identification, interpretation.** | 3 | 2 | 1 |
| B | Treatment Options | 3 | 2 | 1 |
| Critical Thinking: Translation/application of patient medical/dental  information financial social items into treatment planning. | 3 | 2 | 1 |
| C | Presentation | 3 | 2 | 1 |
| Professionalism | 3 | 2 | 1 |
| Leadership | 3 | 2 | 1 |
| ***If a student receives a 1 in any category, it will constitute a failure.*** | | | | |

1. **MEDICINE**

**1. In Year 3 Medicine III Rotation (20 half-day sessions):**

**a. Medical Record Review *(MRR)* – Year 3**

The student must complete **One Medically Complex Patient (MCP) Medical Record Review Minimum Procedural Experience (MPE).** The student examines the medical record of a TMC medically compromised patient. The student must assess and present the patient’s medical history, physical findings, laboratory findings, medications, and the management of the patient. A theoretical serious dental problem (which requires dental surgical intervention at the time of hospitalization) is added.

Students work in groups of five for this. The student gives an **oral presentation** of the case.

**b. Problem-based learning – Year 3**

The student must complete **One Problem-Based Learning Minimum Procedural Experience (MPE**). Two medically compromised patient case stud ies are presented to the student. The student has 2-3 weeks to research the cases on Medline. Each student then independently gives an **oral presentation** of the two cases. The student’s clinical decision making, critical thinking and treatment planning skills are determined as they answer questions relating to clinical medicine, medications, medical status, medical history or treatment planning.

**2. In Clinic – Year 3**

The student must have **One** **Medically Compromised Patient Case Presentation** as a **Minimum**

**Procedural Experience** (prerequisite).The student evaluates medically compromised random

dental patients obtained from screening. The student obtains a medical history, does a physical examination, and evaluates the medications that the patient is taking. The student does a

comprehensive medical evaluation and establishes the dental management of the patient,

including determining which anesthetics, analgesics, and antibiotics can or cannot be used.

Prescription writing is part of this MPE. The student accomplishes this by participating in the

*Dental Record Review (DRR)* rotation, a part of the Medicine III associated rotations.

**4. CPR**

The student must do **Two CPR Simulated Patient Competency Examinations; One in Year 1 and One in Year 3.**

**5. Grading**

Medicine III exam grade is based upon student participation and evaluation of performance DURING SOME of the Rotations, as outlined below. Non-evaluated rotations are to be considered, EXPERIENCE GAINING rotations where you need to extract as much, to feel the gain! There is no written exam in Medicine III.

Total rotation assignment grades = 100 points. Note: 10 Points will be deducted from the final grade if the student fails to complete missed rotations in a timely manner.

Following are the breakdown of points for the specific graded Rotations:

1: Medical Record Review (MRR) with Dr. Ganda:

-           MRR Case analysis: 10 points

-           Prescription Writing: 5 points

-           Emergency scenario management during MRR: 5 points

**Total: 20 points**

2: Dental Record Review (DRR) with Dr. Ganda:

-           DRR Case analysis: 10 point

-           Prescription Writing: 5 points

-           Emergency scenario management during DRR:

**Total: 20 points**

3: Problem-based Learning (PBL) Rotation with Dr. Ganda:

-           PBL Case analysis: **10 points**

4: Clinical Research & Writing Rotation with Librarians:

-           Research paper: **10 points**

5: Sleep & TMD Rotation with Dr. Dhadwal:

-           Sleep Clinic & Temporomandibular Dysfunction (TMD) Clinic: **10 points**

6: Oral & Overall Health Rotation with Drs. Faraq & Desai:

-           Medically Complex Patient Case analysis: **10 points**

7: Oral Medicine Rotation with Dr. Papas:

-           Oral Medicine Clinic Rotation: **10 points**

8: Forensic Dentistry Rotation & Workshop with Dr. Cottrell:

-           Identification of the deceased by dental means, including the use of fragmented dental specimens and dental charts**: 10 points**

1. **NUTRITION AND ORAL HEALTH PROMOTION**

**1. Year 3 – Clinical Competency Examination**

Each student must complete **One Clinical Competency Examination (CCE).** The 3rd year grade for Nutrition and Oral Health Promotion will be a Clinical Competency Examination in Oral Health Promotion (OHP) / CAMBRA and this is conducted by Dr. Carole Palmer and Natalie Hagel.

The competency examination guidelines are as follows:

The dental student will:

* be assigned to a 1-2 month period in which the competency must be completed. Assignment will be made by practice group. It is the responsibility of the student to schedule the competency within this designated time period
* choose one of his/her patients with significant preventive needs (preferably ranked as “High Risk” on CAMBRA assessment) to use for the competency exam
* schedule a time to complete the competency with an OHP faculty member using a sign-up sheet on the bulletin board on the 4th floor hallway just past the *Comprehensive Care Department* offices. The patient must be present for the competency exam. Any general clinic patients qualify (adults, elders, or persons with special health care needs.) A dental student may NOT use another dental student as a patient. The optimum time to take the competency exam is after completion of the CAMBRA evaluation and the initial exam. A first visit is preferable, but a re-care appt. is also acceptable
* conduct the session :
* present the case to the faculty member by reviewing medical history, caries risk assessment (CAMBRA) findings, and proposed treatment plan.
* conduct the session:
  + - * Initial visit: determine patient knowledge, current home care and dietary habits, and skills. Provide appropriate education and guidance including use of CAMBRA materials, set goals, summarize

* + - * Recare Visit: review information, skills and changes from initial counseling, reinforce positive behaviors provide further information/guidance as needed
* be evaluated using a standardized clinical grading form in axiUm, to assess students’ knowledge of disease prevention, oral health promotion methods and materials, the appropriateness of the management plan, and interpersonal skills.

**Note:** details about this competency are sent by e-mail and listed on TUSK at :

<http://tusk.tufts.edu/view/course/Dental/1370>

**2. Year 4 –Simulated Clinical Competency Examination**

Each student must complete **One Simulated Clinical Competency Examination (SPEC)** in Oral Health Promotion (OHP) in Year 4. This consists of a written case report discussing the Oral Health Promotion needs and management of one of his/her patients.

**Note**: details about this competency are sent by e-mail and available on TUSK at:

<http://tusk.tufts.edu/view/course/Dental/1422>

1. **ORAL APPLIANCE**

Students must do **Two** oral appliances for bruxism/clenching (or other occlusal concerns) as

**Minimum** **Procedural Experiences** anytime in the third or fourth years.

## OPERATIVE DENTISTRY

**Year Three Requirements** Required

Competency Exams (CEs)

* Simulated Patient Class II Amalgam\* 1
* Simulated Patient Class III Anterior Composite\* 1

Minimum Procedural Requirements (MPEs)

* Amalgam/Composite Restorations 15

**Year Four Requirements**

Competency Exams

* Class II Amalgam 2
* Class III or IV Anterior Composite 2
* Class II Posterior Composite 2
* Preparation Approval for Operative Clinical Competency Exam (OCCE) 1
* Students must submit the Preparation Approval Form prior to the exam date.
* May also count as one of the Operative CEs above

Minimum Procedural Requirements

* Amalgam/Composite Restorations 25
* Bleaching (Arches) 2

1. **PRACTICE MANAGEMENT**

**NOTE:** The Curriculum Committee is adding a Practice Management minimum procedural experience and

a competency examination. Details will be provided when available.

1. **GRADING:**

***NOTE: If a decision is made to eliminate the third year grade due to the new progress/promotion scheme these percentages will be recalculated to be representative of a final grade.***

The 3rd year and 4th year ***Comprehensive Care*** Clinical Grades are based on the following calculations:

* **3rd year grade calculation =**

***50%*** Diagnosis and Treatment Planning (XMRT) Competency

***10%*** Medical Competency

***Infection Control Competency: To Be Determined***

***30% Operative***

***10%*** Oral Health Promotion (OHP) / CAMBRA Competency

* **4th year grade calculation =**

***25%*** BaSiCSsss Presentation

***15%*** Emergency Competency

***60%*** ***Operative***

\*Calculations for final H/P/F grades TBD and communicated.

# III. ENDODONTICS Department

**Interim Department Chair: Dr. Robert Amato**

**Eleventh Floor, Room 1159**

**Administrative Coordinator: Jennifer Mulligan**

**Dept Extension: 6-6796**

###### **A. ENDODONTIC ORIENTATION**

In Year 3, students are required to complete two (2) assists, one full clinic session (3 hours) in both the under-graduate and post-graduate clinics before being able to schedule and treat a patient in the undergraduate endodontic clinic.

The student becomes familiar with the proper undergraduate clinical protocol, including, but not limited to; forms, patient management, environmental conditions and observing a fellow pre-doctoral student working in the endodontic clinic.

The second endodontic assist must be performed in the postgraduate endodontic clinic before embarking on any clinical endodontic treatment. The pre-doctoral student observes more advanced endodontic instruments and techniques, thereby gaining a better understanding of proper treatment and technique.

Completion of the UG (axiUm code ME3UG) and PG (axiUm code ME3PGX) assists will be entered into axiUm by a faculty member/resident.

###### **B. MINIMUM ENDODONTIC PROCEDURES**

1. In Year 3, students are required to complete two (2) canals, and in Year 4 students are required to complete three (3) canals. Five (5) canals encompassing three (3) teeth is the total Clinical Minimum Procedural Endodontic Experience. It is suggested that the first tooth should be an anterior or a premolar tooth.

Endodontic **Forms 1 and 1A** will be graded, signed and kept on file by the endodontic instructor. Canal grading will be entered into the Clinical Gradebook in TUSK.

**Externship Rotations:** Endodontic treatment performed by the student, up to a maximum of *two (2)* canals will be accepted for credit as part of the canal requirements for minimum clinical procedures with the following guidelines:

a) the student must provide treatment in accordance with the clinical treatment standards of the TUSDM Endodontics Department

b) the student must provide proper documentation of the treatment as outlined in the CSL (Community Services Learning) course.

The externship “canals” will be entered into the Clinical Gradebook in TUSK to account for completion of total number of canals.

**Failure to meet these standards will nullify credit for procedures performed.**

2. In **Year 3 and Year 4**, students are required to complete an endodontic case difficulty assessment exercise. This evaluation is performed via a comprehensive review of the medical, dental and radiographic information of a patient’s tooth amenable to endodontic treatment and evaluates the student’s ability to critically evaluate the parameters necessary when considering the proper venue for treatment of an endodontic case.For the Year 3 MPE,an A/U grade will be entered into axiUm (**axiUm code ME0190**). For the Year 4 CE, an H/P/F grade will be entered into axiUm (**axiUm code CE19CD**).

3**.** In **Year 4**, students are required to complete an assist in the post-graduate endodontic clinic for one complete endodontic treatment (non-surgical; instrumentation and obturation). Completion of the assist will be entered into axiUm by the last faculty member/resident (**axiUm code ME3PG4**).

###### **C. COMPETENCIES**

1. Clinical Canal Endodontic Competency

* One of the canals treated in the Tufts Endodontic Clinic must be done as a Competency Examination. It is recommended that this should be done on a single canal tooth.

This one canal that serves as a competency clinical examination is included as one of the five (5) Clinical Minimum Procedural Endodontic Experience canals. Canal grading will be entered into the Clinical Gradebook in TUSK.

**2. Endo/FP Simulated Patient Clinical Competency Examination (SPCCE)**

* In **Year 3**, the student must attend ALL and pass ONE Simulated Patient Clinical Competency Examinations (SPCCE). This is given in the spring and summer sessions prior to **Year 4** and will be entered into the Clinical Gradebook in TUSK.

The passing of the CDCA or the Western Regional Board Simulation Exam may be used to complete the SPCCE endodontic experience if the student does not pass the required exam in Year 3. If a student does not pass the CDCA or the Western Regional Board Simulation Exam, an additional Simulated Patient Clinical Competency Examination (SPCCE) must be passed.

**3.** **One Six Month Recall Outcome Assessment**

* In **Year 4**, students must do one Outcome Assessment Six Month Recall Competency Examination. This is *performed at least six (6)* months after an endodontic treatment is completed. For this Clinical Competency Examination, the student examines and evaluates the patient to assess the endodontic, periodontal and restorative status of the completed endodontic procedure.

*The endodontic procedure must be performed on a patient on the student’s roster, but may have been completed by the same student or another undergraduate dental student* approximately six months prior.

Six month outcomes assessment appointments may be combined with other dental appointments in the student's practice schedule. The evaluation will be completed in axiUm and an H/P/F grade will be entered into axiUm by the faculty member/resident.

1. Case Difficulty Assessment

* In **Year 4**, students are required to complete one endodontic case difficulty assessment exercise CE. An H/P/F grade will be entered into axiUm by the faculty member/resident.

###### **E.** **ENDODONTIC GRADING**

**Year 3:**

***There is no Year 3 clinical grade in Endodontics*.**

Students must have completed the following required exercises:

1. Two (2) assists, one full clinic session (3 hours) in **both** the under-graduate and post-graduate clinics – **axiUm codes ME3UG and ME3PGX, respectively.**

2. Completion of the Minimum Procedural Experience of two (2) canals. The clinical cases are graded according to criteria outlined in **Form 1**, the completed Clinical Endodontic Grading Criteria. In addition, all endodontic cases require proper completion of Form 3 **- the Confirmation of Coronal Restoration after Endodontic Treatment Form**

*\*These grades count toward the student’s final senior grade – grades will be entered into the Clinical Gradebook in TUSK.*

3. One (1) Simulated Lab Endodontic Workshop or must pass CDCA or WREB in Year 4 – grades will be entered into the Clinical Gradebook in TUSK.

4. One (1) Endodontic Case Difficulty Assessment Exercise MPE - axiUm code ME0190.

**Year 4:**

**The final Year 4 clinical grade in Endodontics is based on:**

1. Completion of the Minimum Procedural Experience of three (3) canals (axiUm code ME33XX). The clinical cases are graded according to criteria outlined in Form 1, the completed Clinical Endodontic Grading Criteria. In addition, all endodontic cases require proper completion of Form 3 - the Confirmation of Coronal Restoration after Endodontic Treatment Form.

2. One clinical canal competency (axiUm code CE33XX). This clinical examination will be graded according to criteria outlined in Form 1A - Clinical Endodontics Competency Examination. \*This case counts toward the five (5) clinical canals necessary for credit.

3. One (1) Outcomes Assessment Competency Examination (6 month recall) - axiUm code CE190E.

1. One (1) completed Postgraduate Endodontic Assist (Instrumentation/Obturation) - axiUm code ME3PG4.
2. One (1) Endodontic Case Difficulty Assessment Exercise CE - axiUm code CE19CD.

Grading for Endodontic canals/workshop will be tracked in the Clinical Gradebook in TUSK. MPE’s and CCE’s will be track in axiUm.

\*Calculations for final H/P/F grades TBD and communicated.

**IV. DIAGNOSTIC SCIENCES DEPARTMENT**

**Interim Department Chair: Dr. Aruna Ramesh**

**Sixth Floor, Room 646D**

**Division Administrative Assistant: Cheryl Frost**

**Division Faculty: Dr. Tanya Wright**

**Head, Division of Oral Pathology: Dr. Mark Lerman**

**Head, Division of Oral Medicine: Dr. Athena Papas**

**Interim Head, Division of Craniofacial Pain: Dr. Shuchi Dhadwal**

**Head, Division of Oral Radiology: Dr. Rumpa Ganguly**

The OMFP and OMFR competency exam grades will be combined into Diagnostic Science Grade with a 50-50 distribution. This is H/P/F requiring a pass in each component to get a passing grade in Diagnostic Sciences. Honors in Diagnostic Science will require honors in the OMFP and the OMFR components.

1. **ORAL AND MAXILLOFACIAL PATHOLOGY (OMFP)**

Simulated Clinical Competency Examination

Each student must complete **one** **Simulated Clinical** **Competency Examination –** Oral mucosal and jaw diseasesin Year 3 as part of the Board Review II Course. This is H/P/F with a passing score of 70.

1. **ORAL AND MAXILLOFACIAL RADIOLOGY (OMFR)**

**1. Oral and Maxillofacial Radiology (OMFR) Rotations**

There are minimum procedural experiences that all students must meet while on assignment to the OMFR Rotations. If any of the following MPE’s are not met, the student receives an incomplete grade (I) for his/her Rotation, which is not removed until the MPE is met.

* The student must have completed IDP 2 and 3 (Preclinical Radiology Workshops) before commencing Oral and Maxillofacial Radiology Rotations. These workshops include preclinical radiography exercises performed on Dexter phantoms, clinical radiography session performed on a patient and systematic interpretation of radiographs.
* There are 2 half-day sessions for OMFR rotation in Year 2.
* All Year 3 OMF Radiology Rotations as listed in the student schedule must be

completed (7 half-day sessions).

* The objectives below must be completed before graduation. The rotation is designed to

provide ample opportunity for students to satisfy these items **if the student attends all assigned rotations.**

* Completion of all assigned radiography through 7 sessions. Each student must complete **one** **Oral Radiology technique based** **Competency Examination** during a rotationsession. This is a H/P/F exam
* Participation in all the OMFR rotation seminar sessions.

OMFR ROTATION SCHEDULE: The OMFR Rotation comprises of 45 –minute seminar sessions in the beginning of the session followed by Patient Radiography.

OMFR ROTATION SEMINAR Schedule

Mon: 1:00- 1:45pm : Group seminar I: Case based seminar including review of principles of radiographic Interpretation and generation of a Differential Diagnosis

Tues: 9:00- 9:45 am: Group seminar II: Radiographic technique review and image based written exercise on interpretation ofradiographic abnormalities, generation of differential diagnosis and recommendations; This exercise will prepare students for the written OMFR competency exam. A sample practice exam will be made available prior to the exam for review purposes.

Wed 1:00 – 1:45 pm: Group seminar III: Review of the image based exercise (seminar II)

Thurs 9:00- 9:45 : Group seminar IV: MiPACS review and Caries assessment exercise

Fri 1:00-1:45 pm: Advanced imaging: hands on training on navigation and interpretation of Cone Beam Computed Tomography

**3. Grading in OMFR:**

**Radiology Competency Exams**: **The 2 exams below will have a 50-50 distribution within the OMFR grade**

Each student must complete **one simulated Oral and Maxillofacial Radiology competency exam** on Radiographic interpretation. This exam will be delivered through Examsoft on an assigned date for the class. This is H/P/F with pass score of 70.

Each student must complete **one Clinical Radiographic technique competency exam** during Radiology rotation. This is graded H/P/F.

**Grading for Diagnostic Sciences will be tracked in the Clinical Gradebook on TUSK.**

**V. ORAL AND MAXILLOFACIAL SURGERY (OMFS) DEPT.**

**Department Chair: Associate Dean Dr. Maria Papageorge**

**Fifth Floor, Room 503**

**Department Administrator: Marilyn Peterson**

**Department Extension: 6-0843**

**Predoctoral Director: Dr. David Chang**

The Department of Oral and Maxillofacial Surgery has procedures and competency examinations that are performed during the students’ clinical rotation assignments (See Student Schedule).

1. **ROTATIONS**

**1. The students are assigned to OMFS clinical rotations:**

1. **15 half-day sessions** in **Year 3: 10 from September through April and 5 in the third year summer trimester** and
2. **5 half-day sessions** in **Year 4**.

**2. These rotations consist of a one-hour seminar followed by two hours of management of outpatient OMFS patients.** Material covered in these seminars will be tested in a written **Simulated Clinical Competency Examination and the Simulated Oral Competency Examination** in Year 4. Students must bring their own OMFS manuals to the seminars/rotations.

1. **COMPETENCY EXAMINATIONS AND MPE’S**
2. **Clinical Competency Examinations:** Students must complete at least ten extractions (MPEs). Students are required to complete five MPEs as a prerequisite to challenging the **Head and Neck Cancer Screening and Management of Patient Undergoing Exodontia** **Clinical Competency Examination**. Each student must successfully complete **Two Clinical Competency Examinations in Head and Neck Cancer Screening and Management of Patient Undergoing Exodontia (which is not counted towards the ten MPEs).**

This Clinical Competency Examination is graded on the criteria listed on the competency examination form. The grade is given as: 1= Below Minimum Expectation, 2= Meets Expectation, 3= Above Expectation. The grade is based on 4 parameters: Diagnostic Ability, Technical Performance, Patient Management, and Professionalism.If the examiner finds it necessary to terminate the examination in the patient’s interest or if the student is unable to complete the procedure, or if any of the above 4 parameters receives a grade of 1, the competencyis considered a failure and must be retaken.

Students are cautioned to select the patient carefully for the examination and to become familiar with the requirements for successful completion before attempting this clinical competency examination (details on grading criteria can be found on the OMFS Competency Examination forms). Since the students are evaluated based on competency, there is no minimum number of extractions per student (above the 10 extractions mentioned above).

1. **Minimum Procedural Experience in Sedation**

The student will be assigned to a mandatory session in **Year 4.**

**3. Minimum Procedural Experiences in Extractions**

All students have to complete ten extractions as Minimum Procedural Experiences (MPE’s). These must be completed by the end of Year 4.

**4. Clinical Competency Examination in Local Anesthesia**

All students must complete **two Clinical** **Competency** **Examinations in Local Anesthesia** technique and practice before graduation. The competency requires every student to administer local anesthesia in order to remove a maxillary AND a mandibular tooth. The student can accomplish this competency examination during the course of patient care in scheduled oral surgical rotations. This CE cannot be accomplished at the same time as one of the Dental Extraction CE’s. This competency must be completed by the end of Year 3.

**5. Clinical Competency Examination in Surgical Management of Soft Tissue**

Students have to perform this **one 3-part Soft Tissue Surgical Management Clinical Competency**

**Examination**. Part A is scheduled in the winter Year 3 seminar during the rotation.

The **one** **Soft Tissue Clinical Competency Examination** consists of **three parts**:

* 1. **Suturing Workshop (Part A)**
  2. **Clinical Suturing (Part B)**
  3. **Clinical Flap Management (Part C)**

A student must first pass Part A prior to Parts B and C. The student can then take Parts B and C in any order.

**6. Simulated Clinical Competency Examination - Written**

A written examination based on the seminar material will be scheduled in Year 4. This **Simulated Clinical Competency Examination** will cover all Seminar Topics discussed during the 3rd and 4th year Oral Surgery Clinical Seminars and Workshops.

**7. Simulated Clinical Competency Examination – Oral**

This is to test the students’ ability to verbally communicate their oral surgery knowledge to effectively treat patients. It draws on the knowledge base built from the didactic course, the topics/cases covered in Clinical Seminars and Workshops, and the experience gained in clinical rotations. This oral examination is scheduled during the students’ last week of rotation and covers all Seminar topics discussed during the Year 3 and Year 4 Oral and Maxillofacial Surgery Clinical Seminars and Workshops.

1. **GRADING**

**1. Year 3 Grade**

The Year 3 grade in OMFS is the didactic course grade – 100%.

**2. Year 4 Grade:**

The Year 4 grade will be based on the following:

a. Clinical Rotation/Seminar: 20%

b. Clinical Competency Examinations: 30%

c. Simulated Clinical Competency (Written) Examination: 20%

d. Simulated Clinical Competency (Oral) Examination: 30%

e. MPE in Sedation: P/F/H

f. 10 MPEs in Extractions: P/F/H

The Clinical Rotation/Seminar performance grade starts with the full 20%, and deductions will be given for incidents of tardiness, violation of clinical procedures/policy, unprofessional behavior, and other violation of departmental/school policy.

\*Calculations for finals H/P/F grades TBD and communicated.

**VI. ORTHODONTICS DEPARTMENT**

**Department Chair: Dr. Carroll Ann Trotman**

**Eleventh Floor, Room 1146**

**Department Administrator: Susan Basemera**

**Department Extension: 6-6887**

**Department Faculty: Dr. Lokesh Suri**

**Seminar: Dr. Jess Kane**

**A. YEAR 3 ROTATION**

During this three-day rotation, students are instructed in diagnosis and treatment planning, fixed appliance therapy,review of orthodontic diagnosis and cephalometrics. One hour in the rotation is spent in an interactive seminar of interdisciplinary treatment. There are 16 postgraduate orthodontic students to whom the predoctoral students are assigned. There are 24 part time faculty. In the Year 3 Orthodontics Rotation, there are now 4 hands-on patient check-offs that the student will accomplish sometime during the 3 rotation days (not all students may have all 4 experiences; all students have to accomplish at least 1 of these):

a. Tie/Untie a wire

b. Cut the distal end of an arch wire

c. Insert or adjust retainer

d. Bond/Debond bracket

**B. YEAR 3 SEMINAR – Interceptive Orthodontics**

Students must attend a three-hour seminar relating to diagnosis, treatment planning, and treatment modalities in space management for the patient in the mixed dentition stage of development. A range of subjects related to orthodontic issues for the family practitioner is reviewed.

**C. COMPETENCY EXAMINATION – YEAR 3**

During Year 3, students are required to take a **Simulated Clinical Competency Examination** during the Board Review II Course to test the following competencies. The student should have:

1. The ability to diagnose a malocclusion using the Angle Classification.
2. The ability to determine the skeletal pattern of a patient by looking at a sagittal headfilm.
3. The ability to differentiate between the normal and abnormal eruption pattern of the maxillary cuspid when seen on a panoramic radiograph.
4. The ability to evaluate the patient’s need for a space maintainer based upon the evaluation of a study cast and radiograph.
5. The ability to design a maxillary and mandibular space maintenance appliance.

**D. CASE-BASED SEMINAR – YEAR 4**

Each Year 4 student will be required to attend one case-based seminar. See student schedule.

**E. Orthodontic Consultation – Year 3 or Year 4**

In 2007, the Department of Orthodontics added a program whereby postgraduate orthodontic residents are assigned as consultants to the group practices. Starting in 2008-09, each student in their 3rd or 4th year, must have an orthodontic consult on one of their patients as a minimum procedural experience. The department has a form for this consultation.

Grading for Orthodontics will be tracked in the Clinical Gradebook in TUSK.

\*Calculations for final H/P/F grades TBD and communicated.

**VII. PEDIATRIC DENTISTRY DEPARTMENT**

**Department Chair: Dr. Cheen Loo**

**Eighth Floor, Room 893A**

**Department Administrator: Richard Leblanc. Eight Floor, Room 893A**

**Department Extension: 6-6971**

**Predoctoral Director: Dr. Rocio Saavedra, Room 842. Extension: 6-3425**

**A. ROTATIONS/SEMINARS**

From Year 2 through Year 4, students are required to rotate through the TUSDM 8th Floor Pediatric Clinic, Boston Public Schools (Off-Site), Community Health Centers (Off-Site), and CSL Externships (Off-Site: for those students who are assigned to a Pediatric CSL Externship site) in order to gain full clinical experience and confidence in treating pediatric patients. The Department monitors and balances the patient assignments weekly to ensure that all students complete the needed minimum procedures and competency examinations.

Students must complete all procedures on all pediatric patients assigned to them on all rotations. The graduation goals in pediatric dentistry listed below in the chart are intended as a *minimum* guideline only*.*

**1. TUSDM Pediatric Dentistry ROTATIONS (DHS-8)**

Students rotate in the Department of Pediatric Dentistry Clinic (DHS-8) for a total of 24 half-day sessions during Year 2, 3, and 4. In April 2008, night clinic was increased by two evenings so that all four nights are now open for patient care. Evening sessions have higher pediatric patient volume.

Year 2 students are assigned to 3 half-day sessions to assist in the Pediatric Dentistry Rotation at the end of Year 2. Students also have the opportunity to provide preventive treatment to patients (initial exam, recare, prophy/Fl and sealants).

Year 3 students are assigned to provide pediatric patient care for 12 half-day sessions. This includes a session in the Operating Room to observe a Full Mouth Rehabilitation under general anaesthesia with the postgraduate students.

During the 1st session of the rotation, students are required to attend 3 SEMINARS specifically focused on the pediatric dentistry patient. Discussions include Diagnosis and Treatment Planning, Radiographs, Infant Oral Health Care, Prevention (Oral Health Promotion), Pit and Fissure Sealants, Local Anesthesia, Restorative Treatment, Pulp Therapy (Pulpotomy), Behavior Management, Space Management and Dental Emergencies Trauma. Students must present an Evidence based dentistry competency piece by the end of their first rotation.

At end of their third year, the student will need to complete a Simulated Class I, II and Sealant Competency Examination in the simulation clinic room 1411.

Year 4 students provide patient care for 8-9 half-day sessions.

Patients are assigned to students in a manner to give them a wide range of experiences. Students are assigned to patients for the following procedures: Comprehensive Diagnosis and Treatment Planning, Infant Oral Health Care, Oral Prophylaxis, Fluoride Application, Pit and Fissure Sealants, Pulpotomy, Restorations, Stainless Steel Crowns. Students may also observe/assist postdoctoral students’ sedation, pulpotomy, and Stainless steel crown cases in the clinic.

During the rotation, all students are clinically evaluated and graded for their knowledge and clinical performance by the faculty. Students must be able to self-assess the procedure they are performing.

At the end of the fourth year, the student must complete 2 Simulated pulpotomy and Stainless steel crown competency examinations in the simulation clinic. In addition, they will be scheduled to complete a Simulated clinical competency examination in a form of 20 Multiple choice questions that cover the seminars taken in their third year rotation.

**2. Boston Public Schools Rotations (Off-Site)**

Effective summer 2008, Year 3,and Winter/Summer2010 Year 2, students are assigned 2-3 times to rotate off-site at Boston Public Schools for Examinations, Oral Health Promotion Sealants, Fluoride Varnish Application, and Diagnosis and Treatment Planning. These procedures are recorded in the TUSK Grading Book and count towards Graduation goals or MPE’s. BPS Details and schedule are provided in the student schedules.

**3.** **Community Health Center Rotations (Off-Site)**

Year 4, students rotate to CHC for all the procedures noted above. In addition, students provide care in stainless steel crowns, pulpotomies and extractions. There are three sites that are listed in the Student Directions of the Student Schedules.

**4. CSL Pediatric Externships (Off-Site: some students are assigned to Pediatric or Family Sites)** Pediatric Care at the Family and Pediatric CSL Externship sites are tracked and are all counted towards graduation goals in the minimum procedural experiences. Students who are assigned to adult CSL externship sites will have more DHS-8 and off-site (BPS, CHC) assignments.

**B. MINIMUM PROCEDURAL EXPERIENCES /COMPETENCY EXAMINATIONS**

The following chart summarizes the MPE’s and CE’s in Pediatric Dentistry (updated Sept 2016):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MPE’s | MPE O.R. Assist | Patient CE’s | Manikin CE’s | Simulated Clinical CE |
| Prophylaxis | 5 |  | 2 |  |  |
| Fluoride | 5 |  |  |  |  |
| Diagnosis and Treatment Plan | 5 |  |  |  |  |
| Prevention/OHP |  |  | 2 |  |  |
| Restorations | 3 |  | 2 | 2 |  |
| Sealants | 3 |  | 2 | 1 |  |
| Pulpotomy/PG assist | 1 |  |  | 2 |  |
| Stainless Steel Crown/PG assist | 1 |  |  | 2 |  |
| Simulated Patient Competency Examination |  |  |  |  | 1 |
| Simulated Clinical Competency Examination |  |  |  |  | 1 |
| Evidence Based Dentistry |  |  |  |  | 1 |
| Infant Oral Health | 1 |  |  |  |  |
| OR Observation | 1 |  |  |  |  |

1. In Year 3 or Year 4, the student must take **8 Clinical Competency Examinations** **on patients** (Competency examinations can be taken any time after: 5 Diagnosis and Treatment Planning procedures, 5 Prophylaxis procedures, 5 Fl treatments, and 5 sealants respectively.):

* **Two** Prevention/Oral Health Promotion Clinical Competency Examinations (Includes Prophylaxis and Fluoride)
* **Two** Diagnosis and Treatment Planning Case Presentations (Radiographs are required)
* **Two** Pit and Fissure Sealants on first permanent molars
* **Two** Restorations

These Competency Examinations can be taken anytime during any rotation assignment in DHS-8.

2. During Year 3 and Year 4, **seven** **Simulated Patient Competency Examinations** are taken on a mixed dentition manikin. The Year that these must be taken is indicated below:

* **One** Class I resin restoration on a first primary molar (Year 3, TBA),
* **One** Class II resin restoration on a second primary molar (Year 3, TBA),
* **One** pit and fissure sealant on a permanent molar (Year 3, TBA),
* **Two** Preparations and insertions of a stainless steel crown on primary molars (One in Year 4, TBA),
* **Two** Pulpotomies on primary molars, (One in Year 4, TBA).

3. During Year 4 the student also takes **One** **Simulated Clinical Competency Examination -** dates TBA .

1. **GRADING**

During the rotations, all students are clinically evaluated and graded for their knowledge, behavior and clinical performance by the faculty while treating patients.

1. Daily step sheets will no longer be used for the D’18 class. This will be graded on axiUm.
2. Daily Evaluation Module in Axium. Evaluation of the students will be recorded on axiUm during their rotation. Students are encouraged to keep a log during Off-Site Rotations.
3. Completed Daily Evaluation Log. These are daily Logs (logbook or Excel spreadsheet) that each student should track clinical progress in order to keep track of their Minimal procedures Experiences MPE’s.
4. Completion of assigned sessions of rotation: All rotation assignments are mandatory and must be made up in a timely fashion.

Competency examinations: To be graded on axiUm. Students must keep track of their CCE progress in the provided excel spreadsheet and/or in the student logbook

**Fourth Year Grade:** Clinical training in Pediatric Dentistry is provided in both Year 3 and Year 4 of the curriculum. The grade for the clinical training portion will be given at the end of Year 4. The grade will be based on Simulated and Clinical Competency Examinations and the Simulated Clinical Competency Examination SCCE.

\*Calculations for final H/P/F grades TBD and communicated.

**D. DHS-8 ROTATION GUIDELINES AND INFORMATION**

The DHS-8 Clinic schedule is as follows (see your individual student schedule):

Monday, Tuesday, Wednesday, Thursday, Friday:

9:00am – 12:00pm and 1:00pm – 4:00pm

Monday, Tuesday, Wednesday, Thursday: 4:30pm-7:00pm

During the first week of the Year 3 rotation and only for this first week of this rotation, students will participate in a seminar reviewing and discussing – with their ACTIVE participation – the principles of Pediatric Dentistry. **Seminar Location:** Waldemar Brehm Seminar Room# 839B.

On Tuesday a.m. and Thursday a.m. students willhave the opportunity to observe full mouth rehabilitation, including pulpotomies and stainless steel crowns, under general anesthesia at Tufts Medical Center.

As part of the rotations in the Pediatric Dentistry Clinic, students must complete a defined number of procedures (MPE’s) and competency examinations, which may include comprehensive diagnosis and treatment planning, oral prophylaxis, fluoride applications, infant oral health care, restorations, stainless steel crowns, pulpotomies,and pit and fissure sealants.

**VIII. PERIODONTOLOGY DEPARTMENT:**

**Department Chair, Dr. Bjorn Steffensen**

**Twelfth Floor, Room 1259**

**Department Adminstrator: Therese Kohlman**

**Department Extension: 6-6531**

**Predoctoral Program Director: Dr. Samuel Koo**

1. **MINIMUM PROCEDURAL EXPERIENCES/POINTS**

1. **16 quadrants of scaling and root planning:**

- Partial quadrant (1-3 teeth per quadrant), or

- Full quadrant (4 or more teeth per quadrant)

- 8 quadrants completed by April of Y3

- 16 quadrants total completed by May of Y4

2**. 4 Periodontal surgery assisting:** The procedure should be planned as “Periodontal surgical assisting” (D4113). This requirement may be fulfilled by coordinating the surgical therapy with a periodontal resident and participating in the treatment planning, surgical assisting. Students are encouraged to participate in treatment planning and postoperative assessment.

3. **6** **Gingivitis Case Completes:**

- Gingivitis Diagnosis

- Prophylaxis

- Follow-up

- Return the patient to clinical periodontal health

4. **4 Periodontitis Case Completes:**

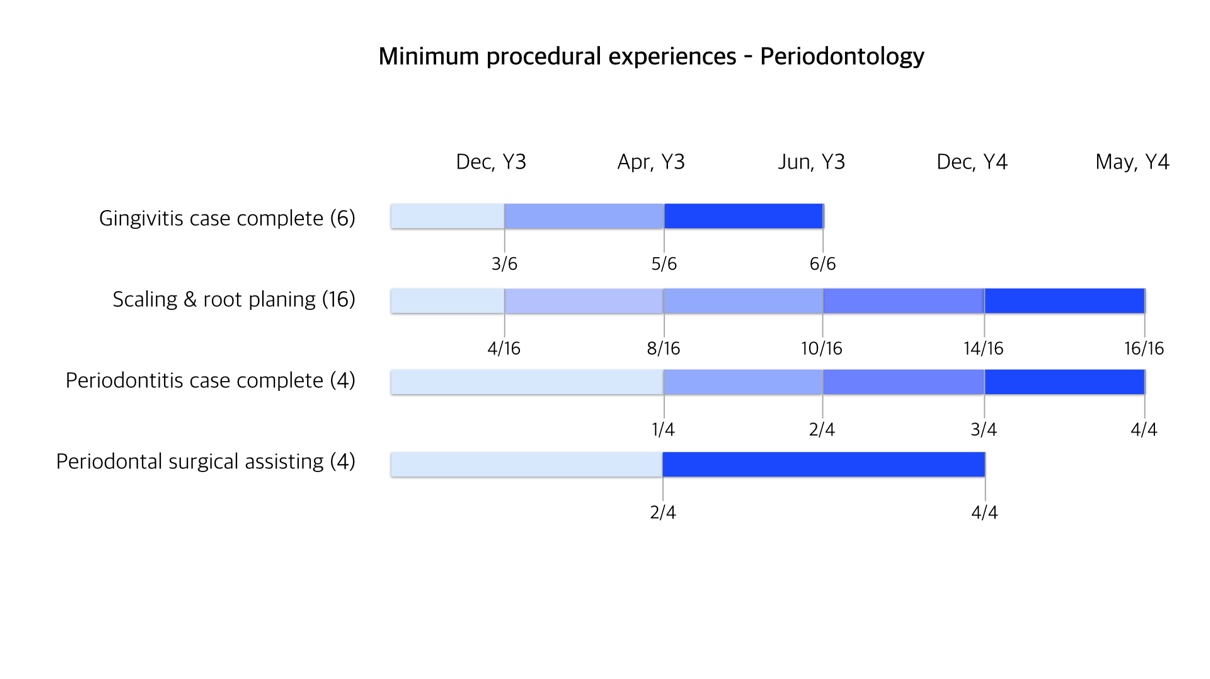
- Periodontitis Diagnosis

- 1 or more full quadrants (4 or more teeth per quadrant) or 2 or more of partial quadrants (3 or less teeth per quadrant) of scaling and root planning completed and/or at least one quadrant of periodontal surgery

- Follow-up and recare

- Return the patient to clinical periodontal health

- For periodontitis case that requires additional surgical therapy after initial periodontal therapy done by UG student, case complete will be granted once the case has been reevaluated, shown improvement compatible with nonsurgical therapy, referred and treatment planned by the PG perio resident.



1. **PREDOCTORAL POINTS FOR PERIODONTAL SURGERIES**

Predoctoral students are encouraged to provide periodontal surgical therapy for their patients of record in cooperation with postgraduate periodontal residents in the PG Periodontal Clinic on the twelfthfloor.

This can be done in a number of ways:

1. The student can refer the patient to a periodontal resident who will then assume total responsibility for the patient’s periodontal therapy. The patient is then referred back to the predoctoral student for his/her continued care.
2. The student can coordinate the surgical therapy with a periodontal resident and participate in the patient’s surgical therapy including all postoperative care.
3. The student can also do the surgery with designated periodontal faculty in Wed AM PG Perio Clinic, ("Pre-doctoral Comprehensive Periodontal Surgical Case Management" Program). This must be arranged in advance.

* Students may be eligible to perform the following periodontal surgeries for their own patients:
* Gingivectomy or gingivoplasty (D4210 or D4211)
* Gingival flap (Open flap debridement) (D4240 or D4241)
* Osseous surgery (D4261)
* Clinical crown lengthening, hard tissue (D4249)
* Distal or proximal wedge procedure (D4274)
* Each periodontal surgical procedure must be planned using the ADA code and it is eligible for 9 points upon successful completion.

Check the “Guidelines for Predoctoral Clinical Periodontology” for more details.

1. **CLINICAL COMPETENCY EXAMINATIONS**

COMPETENCY EXAMINATION LIST:

* Periodontal exam, diagnosis and treatment Planning CE #1 (1 required in Year 3)
* Adult prophylaxis CE (1 required in Year 3)
* Gingivitis case complete CE (1 required in Year 3)
* Periodontal exam, diagnosis and treatment planning CE #2 (1 required in Year 4)
* Scaling and root planing CE (1 required in Year 4)
* Periodontitis Case Complete CE (1 required in Year 4)

|  |  |  |
| --- | --- | --- |
| **Competency exam** | **Prerequisite** | **Deadline** |
| Periodontal exam, diagnosis and treatment planning CE #1 | D0150, Diagnosis of periodontitis, 8 or more teeth present (at least 3 being posterior teeth) in each arch | Dec., Y3 |
| Adult prophylaxis | After 3 gingivitis case complete | Apr., Y3 |
| Gingivitis case complete | After 5 gingivitis case complete | Apr., Y3 |
| Periodontal exam, diagnosis and treatment planning CE #2 | After 8 SCRP, D0150, Diagnosis of periodontitis, 8 or more teeth present (at least 3 being posterior teeth) in each arch | Dec., Y4 |
| Scaling and root planing | After 15 SCRP | May, Y4 |
| Periodontitis case complete | After 3 periodontitis case complete | May, Y4 |

SPECIAL INSTRUCTIONS:

Details, instructions and criteria are found on the individual competency forms. Students are cautioned to select the patient carefully for each competency examination and to become familiar with the requirements (see competency form and criteria) for successful completion before attempting any clinical competency examination.

1. **GRADING**

***NOTE: If a decision is made to eliminate the third year grade due to the new progress/promotion scheme these percentages will be recalculated to be representative of a final grade.***

**Year 3 clinical Periodontology grade is based on the competency exam grades of:**

* Periodontal exam, diagnosis and treatment planning #1
* Adult prophylaxis
* Gingivitis case complete

**Deadline for submission of Y3 Clinical Periodontology grade is June 01.**

**Year 4 clinical Periodontology grade is based on the competency exam grades of:**

* Periodontal exam, diagnosis and treatment planning #2
* Scaling and root planing
* Periodontitis case complete

**Deadline for submission of Y4 Clinical Periodontology grade is May 01.**

**PERIODONTAL ROTATIONS:**

Periodontal Rotation attendance is not factored into Clinical Grade.

A “Periodontal Rotation” session is: one half day clinic session in PG Perio.

Required Periodontal Rotations:

**Year 2:**  1 session if possible per schedule restrictions by end of Summer Trimester Year 2

**Year 3:**  (**8** required: 5 by end of Fall Trimester Year 3; 3 by end of Summer Trimester Year 3)

**Total Required in Years 2 / 3:** 9-10 (If possible 10 sessions would be ideal if scheduling allows the normal 5 by end of Summer Trimester Year 3)

\*Calculations for final H/P/F grades TBD and communicated.

**XI. PROSTHODONTICS DEPARTMENT**

**Department Chair: Dr. Hans Peter Weber, Second Floor, Room 220**

**Department Manager: Lisa Jordan, Room 226**

**Department Extension: 6-6585**

**Prosthodontics Division Head: Dr. Nopsaran “Nui” Chaimattayompol**

**Prosthodontics Assistant Division Head: Dr. Marcelo Suzuki**

**Director, Fixed Prosthodontics: Dr. Ekaterini Antonellou**

**Director, Implant Prosthodontics: Dr. Ali Muftu**

**Director, Removable Prosthodontics: Dr. Marcelo Suzuki**

## A. PROSTHODONTICS

**Year Three Requirements Required**

*Competency Exams*

* Alginate Impressions (Maxillary and Mandibular)^ 2
* Face Bow & Mounted Study Cast (Two Patients)^ 2
* *The arch must have at least one edentulous space. This is done as an in-office consult with*

*a department faculty member during diagnosis and treatment planning.*

*Minimum Procedural Requirements*

* Simulated Patient Parapost Workshop**\*** 1

**Year Four Requirements Required**

*Competency Exams*

* Crown & Bridge^ 2
* *A Mach II Die must be submitted with the form.*
* Simulated Patient Parapost**\*** 1
* Simulated Patient Endodontics/Fixed Prosthodontics**\*** 2
* *Northeast Regional Board (NERB) Simulation Patient Examination taken during the summer*

*of Year Three fulfills one requirement.*

* Simulated Patient Wax-Up^ 1
* Crown Impression^ 2
* Crown Insertion^ 2
* DNT for Partial Edentulism^ 1
* Lab Prescription^ 1
* Complete Dentures (CD) Parts 1-5^ 1-5
* Examination, Diagnosis and Preliminary Impression
* Border Molding and Final Impression
* Maxillo-Mandibular Records
* Esthetic & Functional Try-In
* Insertion

Note:

* For Crown & Bridge: you may choose to complete any of your CEs from your C&B MPEs.
* For Complete Dentures: you may choose to complete any of your CEs from your CD MPEs. We prefer that you choose the same tooth/arch on the same patient throughout your CE process.

**^Students must complete at least one MPE before starting a CE or CE track.**

***\*Scheduled***

Students may submit any combination of the following tracks to complete their RPD CE requirement.

* Removable Partial Dentures (RPD) Parts 1-5 – Traditional Track 4^ 1-5
* Examination, Diagnosis and Preliminary Impression
* Mounted Casts and RPD Framework Design
* Guiding Plane, Rest Seat Preparation and Final Impression
* Esthetic Try-In
* Insertion
* RPD Parts 1-4 – Model Track^ 1-4
* Examination, Diagnosis and Preliminary Impression
* Mounted Casts and RPD Framework Design (Simulated Patient)
* Guiding Plane, Rest Seat Preparation and Final Impression (Simulated Patient)
* Insertion (Online Exam)

**Different patients may be used for each part of a CE track.**

**^Students must complete at least one MPE before starting a CE or CE track.**

***\*Scheduled***

*Minimum Procedural Requirements*

* Prefabricated or Cast Post and Core 1
* RPD (Maxillary or Mandibular) 1
  + The metal-based RPD or polymer-based RPD such as a flexible partial denture and resin-based partial denture meets the eligibility for the current RPD MPE. However, if you provide care for a patient who needs a resin-based RPD, the RPD must have at least three (3) denture teeth replacements and a minimum of two (2) wrought wire clasps in order to qualify for the current RPD MPE.
* Simulated Patient Wax-Up 1
* Complete Denture (Arches) 3

*Any of the following count towards one complete denture MPE:*

* Interim
* Immediate interim
* Immediate conventional
* Definitive

**Year Four Requirements(continued)Required**

* Single Crowns, Onlays, Fixed Partial Dentures (FPD) and/or Implant-Supported Crowns…10
* Must be a combination of single crowns **and** onlays, FPD units **or** implant crowns. Onlays do not count as a variation.
* Selected teeth must have at least two surfaces of contact: one surface of interproximal contact (adjacent tooth could be either a natural or denture tooth) and one surface of occlusal contact (opposing tooth could be either a natural or denture tooth). Do not use a severely damaged or extensively restored tooth. A tooth with a parapost and core build-up is acceptable but not one with a cast post and core.
* Implant Requirement 1

*Any of the following count towards the implant requirement:*

* Implant Diagnosis Step Sheet
* Implant Crown or FPD
* Implant Overdenture

*Note:*

* **Predoctoral students do not place implants.**
* To receive credit for the Implant Diagnosis Step Sheet, the student must be present during their patient’s Stage I surgery. Failure to appear for this appointment will also result in a 5-point deduction. If the surgical template is not available at this appointment, the patient will be cancelled. If the student does not have an implant patient, the step sheet procedures can be completed with Dr. Nui using mounted diagnostic casts (“Mock” Exercise).
* CAD/CAM Restoration 1
* This restoration can be either a single crown or an implant abutment/restoration (Note: if you do a CAD/CAM crown, it will also count as a single crown MPE. However, if you do an implant CAD/CAM abutment, it will not count toward a crown MPE, but will fulfill a CAD/CAM restoration MPE).

GENERAL NOTES

* All requirements are patient-based unless marked “Simulated Patient.”
* Students must pass all competency exams (minimum score of 70) or they will be required to complete a makeup exam.
* Students may work towards completing their fourth year requirements during their third year **except** for scheduled fourth year requirements (e.g., Simulated Patient Parapost CE).

## C. GRADING - THIS SECTION TO BE REVIEWED

**NOTE: If a decision is made to eliminate the third year grade due to the new progress/promotion scheme these percentages will be recalculated to be representative of a final grade.**

The Year 3 clinical grade is an average of the following **competency exams**:

* Two Alginate Impressions (maxillary and mandibular)
* Two Face Bow & Mounted Study Casts (two patients)

Any students who have not submitted all of their Year 3 requirements by June 1 (IS students by July 1) will receive an incomplete clinical grade. After August 1, students who still have incomplete requirements will receive a failing clinical grade.

The Year 4 clinical grade is an average of the following **competency exams**:

* Two Crown & Bridge
* Simulated Patient Parapost
* Two Simulated Patient Endodontics/Fixed Prosthodontics (NERB may count as one)
* Simulated Patient Wax-Up
* Two Crown Impressions
* Two Crown Insertions
* DNT for Partial Edentulism
* Lab Prescription

\*Calculations for final H/P/F grades TBD and communicated.

**X. PUBLIC HEALTH & COMMUNITY SERVICE DEPARTMENT**

**Department Chair: Dr. Mark Nehring**

**Fifteenth Floor, Room 1534**

**Department Administrator: Christine Robertson**

**Department Extention: 6-3683**

**Adult Special Care Oral Health Program: Dr. Darren Drag**

**Geriatrics Oral Health Program: Dr. Hilde Tillman**

**Community Service Learning Externship Program: Dr. Cynthia Yered**

**A. SPECIAL CARE ROTATION AND COMPETENCY EXAMINATION**

Starting with the class of 06, there will be a rotation in Special Care. It is 5 days or 1 full week. It will be scheduled in Year 4. At the end of the week (Friday), students will do **one Special Care Simulated Clinical Competency Examination.** This CE will test the student’s ability to assess and managethe treatment needs of Special Care patients.

**Grading**

20% of the final grade is based on a written CE. The other 80% of the grade is derived by the evaluation of the student’s daily treatment of patients (including patient management, chairside manner, and ability to work with staff) and the student’s attitude and initiative.

**B. COMMUNITY SERVICE LEARNING EXTERNSHIP (CSLE) -ROTATION**

The CSLE Manual will be available on Word Press to students in January ofYear 3 following the introduction to the CSLE Program meeting.The CSLE process is constantly being re-evaluated. Sites and dates may change. The primary goal of the CSLE Program is Community Service Learning. There are 29 sites; 23 family sites (adult and pediatric patients), 4 adult patients only sites, and 2 pediatric sites. In addition to these sites, the United States Army has sites available for HPSP Students.

Students are required to:

* Attend the Introduction to CSLE Program meeting in January of Year 3.
* Attend the CSLE Forum in January of Year 3 to learn more information about the CSLE sites from the site preceptors.
* Attend the externship sites during all regular operating hours of the facility, even if it is a day TUSDM is closed due to holiday or otherwise.
* Not return to the TUSDM clinic during site-facility closures with the exception of the site being closed for the entire day. If, and only if, the site has no clinic all day, the student may return to the TUSDM clinic. If the student is scheduled to be at the externship site any part of the day, they may not return to TUSDM.
* Complete the online CSL course on TRUNK at least two weeks prior to beginning the CSLE rotation.
* Contact their preceptor and complete paperwork required by the CSLE prior to beginning the CSLE rotation. This includes background investigations, fingerprinting, immunization records and signing contracts.
* Attend the CSLE Pre-Externship Meeting prior to beginning the CSLE rotation.
* Complete and submit the “Pre-Externship Student Questionnaire” prior to beginning the CSLE rotation.
* Accurately record daily clinical accomplishments on the “Student Daily Log” on TUSK during the CSLE rotation.
* Treat patients during the externship rotation only if the CSLE preceptor or a licensed dentist employed by the site is present
* Complete the “Post-Externship Evaluation” and the Reflection Assignment within two weeks of returning from the externship rotation.

**Student Grades are determined using two evaluations:**

* 1. “Preceptor’s Overall Evaluation of Student Skills” form, an overall evaluation of the student during the five-week externship rotation and uses the following formula: Professionalism and Ethical Behavior 40%, Patient Management 30%, Clinical Skills 30%.

2.“Behavior and Professionalism Competency Examination”.

Both evaluations will be graded H/P/F.

Honors for the final CSLE grade will only be awarded if an Honors grade is received for both evaluations.

**C. GERIATRIC SEMINAR/ROTATION**

During Year 3, there are 2 half-day sessions for Geriatrics: a Tuesday afternoon Seminar and a Thursday afternoon Geriatric Center off-site Rotation.

You will be required to present a geriatric case during this seminar and the syllabus will contain important information to help you prepare the case. Here is the outline you will follow for your presentation:

Outline For Oral Presentation – Geriatric Seminar

1. Demographics: Name, Age, Living Status, and Ethnicity.
2. Medical History: Medical Findings, nutritional status, functional status assess disabilities in relation to activities of daily living (Barthel Index), and instrumental activities of daily living
3. Mental Status: Assess cognition: long term and short term memory. Signs of depression, signs of dementia, behavioral changes.
4. Medications: Dosage, side effects, interactions and the effect on dental management.
5. Oral Health Status: Chief complaint, oral findings, patient's expectations, and treatment plan.
6. Impacts: Impact of Medical, psychosocial, mental, physical, and financial statuses on restoration of oral health and maintenance of oral health.

**Each student must have a Geriatric Consultation with Dr. Hilde Tillman in their third year as a Minimum Procedural Experience.**

**ADDITIONAL GUIDELINES**

**FOR THE CLINIC**

**ATTENDANCE GUIDELINES**

# A. ROTATIONS/SEMINARS/WORKSHOPS ATTENDANCE

Students are required to attend all assigned rotations, seminars and workshops. Absences will be reported to the Office of the Associate Dean of Student Affairs. All missed rotations, seminars, and workshops must be made up. The policies for unexcused absences are outlined in the Student Handbook.

**B. ROTATION POLICY, GUIDELINES and PROTOCOL**

Rotations are clinical assignments that involve treating patients. They are: Geriatric Dentistry, Oral and Maxillofacial Surgery, Pediatric Dentistry, Emergency, Periodontology, Orthodontics and Postgraduate Prosthodontics. Students are required to attend the rotations to which they are assigned. When students find they have a conflict with a scheduled rotation, they may trade their assigned rotation with one of their classmates, but they must notify via e-mail the rotation director, the rotation administrator, and the Academic Affairs Program Coordinator, Sean Hopkins, of the swap. The e-mail must include the rotation being swapped, exact date and time of the rotation, the name of the student who agreed to trade rotations, and both students’ Axium provider numbers. The student agreeing to the swap must send a confirmation e-mail to the Academic Affairs Program Coordinator, who will record and track all swaps. Students are limited to six trades per year. Students who exceed this limit may be subject to disciplinary action. In situations when students believe they need to exceed the six trade limit, they must ask the Associate Dean for Student Affairs for approval. The Associate Dean for Student Affairs may grant approval only for the following reasons and only if documentation is presented:

* Personal or familial emergency or illness (does not include pets)
* Funerals
* PG interviews
* Court ordered appearances

In instances when the Associate Dean for Student Affairs grants permission for the additional swap, students must follow the protocol described above.

**Disciplinary Protocol for Violations of the Rotation Policy**

Students who miss a rotation, who arrive late for a rotation, who leave a rotation early, or who do not follow the swap protocol have violated the Rotation Policy. These transgressions are considered unprofessional behavior that compromises patient care. Therefore, rotation directors or rotation administrators must report these violations to Sean Hopkins.  Grievances will be filed with the Ethics, Professionalism, and Citizenship Committee (EPC), usually by the Associate Dean for Student Affairs. When a student **first** commits one of the selected violations noted above, a documented verbal warning may be given at discretion of the EPC chair in consultation with the Associate Dean for Student Affairs. All future violations warrant progressive discipline as follows:

* First Offense – A temporary letter from the EPC will be placed in the student file.
* Second Offense - A permanent letter from the EPC will be placed in the student file, and the student will not be eligible for OKU, Graduation and Senior Dinner Honors and Awards or the Incentive Program.

* Third Offense - The student will appear before the EPC for a hearing to consider dismissal. Violations are considered cumulative across categories; hence, when a student commits three different types of transgressions, the student will appear before the EPC for a hearing to consider dismissal.

When a student signs into a rotation and then leaves without participating in the rotation, the student has committed an act of fraud. Rotation directors or rotation administrators must report such violations to Sean Hopkins, and the Associate Dean for Student Affairs will file a grievance with the EPC. This violation warrants progressive discipline that requires the student to meet with the EPC. Based upon the student’s response to questions asked at the inquiry, the committee members will decide whether or not the student merits a temporary or permanent letter or suspension, and the student will not be eligible for OKU, Graduation and Senior Dinner Honors and Awards, or the Incentive Program. A subsequent act of fraud will result in the student appearing before the EPC for a hearing to consider dismissal.

Currently, there are 12 rotations:

Boston Public Schools (BPS)

Community Health Centers (CHC)

Emergency

Geriatrics

Oral and Maxillofacial Radiology

Oral and Maxillofacial Surgery

Orthodontics

Pediatric Dentistry

Periodontology

Medicine III

Special Care

CSL Externship

**C. SEMINAR/WORKSHOP GUIDELINES**

1. **Attendance @ Seminars/Workshops:** Attendance is mandatory on the student’s assigned date. Room sizes and equipment limit the availability of make-ups. Attendance must be taken by the Seminar/Workshop Head.
2. **Missed Seminars/Workshops:** Making up a missed seminar/workshop is mandatory. Students must continue to fill out an Absence Report with Academic Affairs. They must also see the Program Coordinator in Academic Affairs to arrange for a timely make-up (to attend one of the other offered sessions). If the student has missed the last seminar/workshop before graduation, it is up to the Seminar/Workshop Head to determine the form of the make-up. If the absence is unexcused and the Seminar is part of a Department grade, the grade is subject to a possible 15% deduction (same policy that is in existence for examinations).
3. Seminar/Workshop numerical Grades can be submitted based on a quiz or performance. These grades can be incorporated into the Department Grade on the transcript. The students would be told what percentage of the transcript grade came from the seminar/workshop.
4. See Clinical Absence Policy in the Student Schedule.

**E. CLINIC ATTENDANCE**

In Year 2 (April-August), all students are expected to attend for patient care activities as follows:

* 1. In April-May, one session per week
  2. In May-June, two sessions per week.
  3. In July, three sessions per week.

In Year 3 and 4, all students are expected to attend for patient care activities for 10 of 14 sessions per week.

Students are required to work in the clinic until the Friday in April at the end of the scheduled Year 4 academic program, regardless of their point total. For those who have not achieved all minimum procedural experiences, competency examinations and points by the Friday before the Spring break, attendance will be required until they are completed.

**F. SNOW DAYS-SCHOOL CLOSED**

When Tufts University announces that it is closed due to snow, this means that the Dental School is always closed for that entire day - including evening clinic.

**CLINICAL PROGRESS - CHECKPOINT**

In order to help students meet the patient care objectives, a checkpoint program has been established. This checkpoint program outlines the number of points, minimum procedural experiences, and competency examination(s) (CE’s) that should be *achieved by a given date*. Student point totals will be reviewed periodically.

A Checkpoint Chart has been developed that outlines all of the necessary checkpoints. It is included with this MCP document. All of the checkpoint targets will be used to evaluate students for promotion.

Students, who do not achieve the identified number of points, minimum procedural experiences and/or competency examinations by the deadline dates, may be conditionally promoted to the next semester. Remediation procedures will be in effect for students identified as seriously deficient and deficient.

Students who repeatedly fail to:

1. Make point minimums
2. Meet minimum procedural experience expectations
3. Meet competency examinations expectations
4. Attend rotations
5. Attend clinic sessions
6. Follow record management policies
7. Follow financial policies
8. Follow scheduling policies

will be formally reviewed by the Student Promotions Committee and may be directed to repeat the year or face a hearing for academic dismissal.

**YEAR 2 STUDENTS WITH COURSE FAILURES**

* Students who fail the Year 2 Crown and Bridge Course will not be allowed to start crowns or bridges on their patients until they have remediated and passed this course.
* Students who fail Year 2 didactic courses MAY risk not being able to enter the clinic in a timely fashion. Their clinic sessions may be limited to one per week (reduced schedule).
* Students who fail Year 2 didactic courses MAY be forced to begin remediation during the April spring break (i.e., they may not have a spring break).

Practice Coordinators will be informed of students with Year 2 failures so that they can modify their patient assignment and work load during periods of course remediation and study for the National Board Examination Part I.

**NATIONAL BOARD EXAMINATION PARTS I and II**

Year 2 students must take the National Board Part I Examination by January 31 of Year 2.

Students must take the National Board Examination Part II by January 31 of Year 4.

Board Reviews are mandatory.

**PERIODIC UPDATES/CHANGES**

Since the student evaluation process and the curriculum is continually under review, the number, and format of the present competency examinations, minimum procedural experiences and points may change. The School reserves the right to make changes in any portion of this document as the need arises with sufficient advanced notice. This document is approved annually by the Curriculum Committee and by the Executive Faculty Committee annually.

**APPENDIX A**

**Competency Statements**

**Procedure Codes with Point Values**

**MPE’s and CCE’s by Department with AxiUm Form Name and Code**

**Point Report**

**Report of Absence**

**Student Clinic Contract**



**COMPETENCY STATEMENTS FOR THE**

**CONTEMPORARY DENTAL GRADUATE**

**July 2013**

**Approved by Curriculum Committee**

**June 21, 2013**

**Approved by Executive Faculty**

**July 17, 2013**

**TUSDM GENERAL DENTIST PRINCIPLES**

The faculty at TUSDM believe that the general dentist must be:

1. Knowledgeable in biomedical, behavioral and oral health sciences and dental clinical care, and their interrelationship through evidence

2. A skilled communicator, health advocate and compassionate caregiver

3. A professional, behaving ethically and being a valuable member of a team

4. A life-long learner, improving based on practice and quality improvement principles

5. A knowledgeable member of the health care system, understanding its organization and economics and able to lead when indicated

The following competencies **(1)** have been updated in July 2013 as a part of the “Tufts 2020 Oral Health Curriculum”.

The competencies are to be applied toa diverse population of patients including children, adolescents, adults and geriatric and individuals with special needs **(2).**

The competencies have been organized into the following areas:

1. Diagnosis
2. Treatment Planning
3. Treatment
   1. Emergency Management
   2. Oral Health Promotion
   3. Prevention of Pain and Anxiety
   4. Malocclusion and Space Management
   5. Oral and Maxillofacial Surgical Therapy
   6. Oral and Maxillofacial Pathology and Radiology
   7. Endodontic Therapy
   8. Operative and Prosthetic Therapy
   9. Periodontal Therapy
4. Community Involvement
5. Practice Management
6. Ethics and Professionalism
7. Information Management and Critical Thinking

**1.1 Diagnosis (3):** Graduates must **(4)** be able to formulate differential, provisional and/or definitive diagnoses by collecting and interpreting findings from medical (to include information from the basic and biological sciences) and psychosocial histories, clinical and radiographic examinations and other diagnostic tests.

**2.1 Treatment Planning:** Graduates must be able to develop comprehensive, evidence-based, properly sequenced treatment plan(s) based on diagnosis and risk assessment. Comprehensive treatment planning may include coordination with other health careprofessionals.Plan(s) must address patient’s chief concern(s), disease control and reduce the risk of future disease. Graduates must be able to effectively communicate this information with the patient or parent/guardian including the risks and benefits of the treatment plan(s).

**3.1 Treatment, *Emergency Management*:** Graduates must be able to identify/diagnose, manage **(5)** and/or prevent oral, dental and medical emergencies.

**4.1 Treatment, *Oral Health Promotion*:** Graduates must be able to provide prevention, intervention and education of oral disease for a diverse population of patients of all ages and needs.

**4.2 Treatment, *Oral Health Promotion*:** Graduates must be able to collaborate with dental team members and other health care professionals to promote and attain maintenance of oral and oral-systemic health.

**5.1 Treatment, *Prevention of Pain and Anxiety*:** Graduates must be able to diagnose, prevent and manage orofacial discomfort and anxiety in the dental patient

**6.1 Treatment, *Malocclusion and Space Management*:** Graduates must be able to identify functional disorders involving the occlusion.

**6.2 Treatment, *Malocclusion and Space Management*:** Graduates must be able to diagnose and manage malocclusion in the primary, mixed and permanent dentition and be able to recognize **(6)** interferences in normal growth and development.

**7.1 Treatment, *Oral and Maxillofacial Surgical Therapy*:** Graduates must be able to manage and/or provide simple\* oral surgical care.

**8.1 Treatment, *Oral and Maxillofacial Pathology and Radiology*:** Graduates must be able to detect and describe abnormalities of soft and hard tissues; develop a differential diagnosis and; manage the patient’s care.

**9.1 Treatment, *Endodontic Therapy*:** Graduates must be able to manage and treat diseases of pulpal and periradicular origin.

**9.2 Treatment, *Endodontic Therapy*:** Graduates must be able to manage and perform **(7)** simple\* non-surgical endodontic treatment.

**10.1 Treatment, *Operative and Prosthetic Therapy*:** Graduates must be able tomanage and treat conditions of dental hard tissue and missing teeth using appropriate materials and techniques (including management of simple restorative implant procedures).

**11.1 Treatment, *Periodontal Therapy****:* Graduates must be able to manage and treat periodontal diseases.

**11.2 Treatment, *Periodontal Therapy****:* Graduates must be able to provide non-surgical periodontal therapy (including scaling and root planing) and provide and/or manage simple\* surgical care where necessary. *\* “simple” is defined by each specialty area*

**12.1 Community Involvement:** Graduates must be able to assume a leadership role in improving and advocating for oral health by: understanding **(8)** the resources available and the role and responsibilities of dentists, dental organizations and other health stake-holders in promoting oral health of the public and providing culturally competent care **(9).**

**13.1 Practice Management:** Graduates must have knowledge in managing a dental practice in a private/public setting, to include collaborating, communicating and coordinating with other members of the health care team to provide optimal health care for the patient.

**14.1 Ethics and Professionalism:** Graduates must be able to understand and manage the ethical, professional and legal issues of oral health care in a humanistic environment.

**15.1 Information Management and Critical Thinking:** Graduates must be able to acquire, integrate and apply information in a critical and scientific manner to assist in evidence-based patient care, using information technology where applicable.

**DEFINITIONS**

**(1) Competencies:** Written statements describing the levels of knowledge, skills and values required by the new graduates to begin independent, unsupervised dental practice (1).

**(2) Patients with special needs**: Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. (2)

**(3) Diagnosis:** Diagnosing means systematically comparing a comprehensive database on the patient with an **understanding** of dental and related medical theory to identify recognized disease entities or treatable conditions. The concept of diagnosis subsumes an **understanding** of disease etiology and natural history and a matching of disease entities to available therapies, their advantages and risks, and prognosis and side effects associated with these treatments and with lack of treatment. (1)

**(4) Must (must be able to):** Indicates an imperative need or a duty; an essential or indispensable item; mandatory. (2)

**(5)** **Manage:** Includes all actions performed by a health care provider that are designed to alter the course of a patient’s condition; such actions may include providing education, advice, treatment, treatment after consultation with another health care professional, communication with allied health professionals, referral of a patient to another health care professional and monitoring the treatment provided; it may also include providing no treatment or observation. (3)

**(6) Recognize (differentiate, identify):** Identify the presence of an entity or pattern that appears to have significance for patient **management.** Recognition is not as broad as **assessment** – assessment requires systematic collection and evaluation of data. Recognition does not involve the degree of judgment entailed by **diagnosis.** (1)

**(7) Perform** **(conduct, restore, treat, provide care, and develop):** When a procedure is performed, it is assumed that it will be done with reasonable speed and without negative unforeseen consequences. Quality will be such that the function for which the procedure was undertaken is satisfied consistent with the prevailing standard of care and that the practitioner accurately evaluates the results and takes needed corrective action. (1)

**(8) Understanding:** The residual cognitive **foundation knowledge** that is incorporated into **competency.** Understanding is more than broad knowledge of details: it is organized knowledge that is useful in performing the **competency.** (1)

**(9) Culturally competent care:** Health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients. (4)

1. Chambers Div Gerrow JD. “Manual for Developing and Formatting Competency Statements.”

Journal Dental Education. Vol 58 (5) 1994 p. 363-366

# 2. Definition of Terms Used in Accreditation Standards for Dental Education Programs

3. “ADEA Competencies for the New General Dentist.” Journal Dental Education, July 2012.

4. U.S. Department of Health and Human Services, Office of Minority Health

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Procedure Codes with Point Values** |  |  |
| **Code** | **Description** | **Discipline** | **Point Value** |
| D0103 | Salud Externship Points | Other | 85 |
| D0102 | Externship Points | Other | 75 |
| D2722 | Crown - resin, noble metal | CROWNS | 13 |
| D2740 | Crown - porcelain/ceramic subs | CROWNS | 13 |
| D2750 | Crown - PFM high noble metal | CROWNS | 13 |
| D2751 | Crown - PFM predom. base metal | CROWNS | 13 |
| D2752 | Crown - PFM noble metal | CROWNS | 13 |
| D2780 | Crown - 3/4 cast high noble mt | CROWNS | 13 |
| D2781 | Crown - 3/4 cast pred base mtl | CROWNS | 13 |
| D2782 | Crown - 3/4 cast noble metal | CROWNS | 13 |
| D2790 | Crown -Full cast high noble mt | CROWNS | 13 |
| D2792 | Crown -Full cast noble metal | CROWNS | 13 |
| D27CAD | Porcelain/ceramic substrate | CROWNS | 13 |
| D3330 | Endo therapy - molar | ENDO | 13 |
| D6210 | Pontic - cast high noble metal | FPROS | 13 |
| D6240 | Crown pontic-porcelain/noble | FPROS | 13 |
| D6241 | Pontic-porc fuse to base metal | FPROS | 13 |
| D6242 | Pontic-porc fuse to noble metl | FPROS | 13 |
| D6242S | Porc Fuse/noble metal - super | FPROS | 13 |
| D6245 | Pontic-porcelain/ceramic | FPROS | 13 |
| D6250 | Pontic-resin, high noble metal | FPROS | 13 |
| D6251 | Pontic-resin, predom base metl | FPROS | 13 |
| D6252 | Pontic-resin with noble metal | FPROS | 13 |
| D6720 | Crown - resin, high noble metl | FPROS | 13 |
| D6721 | Crown - resin, predom base mtl | FPROS | 13 |
| D6722 | Crown - resin, noble metal | FPROS | 13 |
| D6740 | Crown - porcelain/ceramic | FPROS | 13 |
| D6750 | Crown - porcelain to high nobl | FPROS | 13 |
| D6751 | Crown - porcelain to base metl | FPROS | 13 |
| D6752 | Crown - porcelain to noble mtl | FPROS | 13 |
| D6790 | Crown-full cast high noble mtl | FPROS | 13 |
| D6058 | Crown - Implant all ceramic | IMPLANT | 13 |
| D6059 | Crown - Implant High Noble | IMPLANT | 13 |
| D6060 | Crown - Implant Base Metal | IMPLANT | 13 |
| D6061 | Crown - Implant Noble | IMPLANT | 13 |
| D6062 | Crown Cast - Implant Hi-Noble Metal | IMPLANT | 13 |
| D6063 | Crown Cast - Impant Base Metal | IMPLANT | 13 |
| D6064 | Crown Cast - Implant Noble Metal | IMPLANT | 13 |
| D6065 | Implant - porc/ceramic crown | IMPLANT | 13 |
| D6066 | Implant - PFM,high noble metal | IMPLANT | 13 |
| D6067 | Implant -metal crwn,high noble | IMPLANT | 13 |
| D6068 | Abutment-retainer,porc/cer FPD | IMPLANT | 13 |
| D6069 | Abutment-ret,PFM FPD,high nobl | IMPLANT | 13 |
| D6070 | Abutment-ret,PFM FPD,base metl | IMPLANT | 13 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Procedure Codes with Point Values** |  |  |
| **Code** | **Description** | **Discipline** | **Point Value** |
| D6071 | Abutment-ret,PFM FPD,noble met | IMPLANT | 13 |
| D6072 | Abut-ret,cast metal-high noble | IMPLANT | 13 |
| D6073 | Abut-ret,cast metal-base metal | IMPLANT | 13 |
| D6074 | Crown retainer/porcelain/noble | IMPLANT | 13 |
| D6075 | Implant -retainer for cer. FPD | IMPLANT | 13 |
| D6076 | Implant - retainer for PFM FPD | IMPLANT | 13 |
| D6077 | Implant - ret, cast metal FPD | IMPLANT | 13 |
| D6053 | Implt over CD 2 stud attchmnt | IMPLANT | 12 |
| D6054 | Implt/abut denture, part edent | IMPLANT | 12 |
| D2544 | Onlay - metallic - 4 or more | INLAY/ONLAY | 12 |
| D2644 | Onlay - porc/cer - 4 or more | INLAY/ONLAY | 12 |
| D26448 | Onlay- Porc/Cer 4 or more Surf | INLAY/ONLAY | 12 |
| D2652 | Inlay - resin - 3 or more | INLAY/ONLAY | 12 |
| D2664 | Onlay - resin - 4 or more | INLAY/ONLAY | 12 |
| D26648 | Onlay- Resin Comp- 4 plus surf | INLAY/ONLAY | 12 |
| D5110 | Complete denture - maxillary | RPROS | 12 |
| D5120 | Complete denture - mandibular | RPROS | 12 |
| D5130 | Immediate denture - maxillary | RPROS | 12 |
| D5140 | Immediate denture - mandibular | RPROS | 12 |
| D5213 | Max partial - cast metal frame | RPROS | 12 |
| D5214 | Mand partial -cast metal frame | RPROS | 12 |
| D5225 | Max Flexible RPD | RPROS | 12 |
| D5226 | Mand Flexible RPD | RPROS | 12 |
| D5810 | Interim complete denture - Max | RPROS | 12 |
| D5811 | Interim complete denture -Mand | RPROS | 12 |
| D5860 | Overdenture - complete | RPROS | 12 |
| D5863 | Overdenture - complete maxillary | RPROS | 12 |
| D5865 | Overdenture - complete mandibular | RPROS | 12 |
| D3320 | Endo therapy - bicuspid | ENDO | 11 |
| D6211 | Pontic - cast predom base metl | FPROS | 10 |
| D2543 | Onlay - metallic - 3 surfaces | INLAY/ONLAY | 10 |
| D2643 | Onlay - porc/cer - 3 surfaces | INLAY/ONLAY | 10 |
| D2663 | Onlay - resin - 3 surfaces | INLAY/ONLAY | 10 |
| D3310 | Endo therapy - anterior | ENDO | 9 |
| D4114 | Perio Surgery Assessment | PERIOSURG | 9 |
| D6545 | Retainer, metal, resin bond FP | FPROS | 8 |
| D6548 | Retainer, porc/cera, bonded FP | FPROS | 8 |
| D2542 | Onlay - metallic - 2 surfaces | INLAY/ONLAY | 8 |
| D2620 | Inlay - porc/cer - 2 surfaces | INLAY/ONLAY | 8 |
| D2630 | Inlay - porc/cer - 3 or more | INLAY/ONLAY | 8 |
| D2642 | Onlay - porc/cer - 2 surfaces | INLAY/ONLAY | 8 |
| D2651 | Inlay - resin - 2 surfaces | INLAY/ONLAY | 8 |
| D2662 | Onlay - resin - 2 surfaces | INLAY/ONLAY | 8 |
| D2962 | Labial veneer, porcelain-lab | REST | 8 |

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|  | **Procedure Codes with Point Values** |  |  |
| **Code** | **Description** | **Discipline** | **Point Value** |
| D2610 | Inlay - porc/cer - 1 surface | INLAY/ONLAY | 7 |
| D2650 | Inlay - resin - 1 surface | INLAY/ONLAY | 7 |
| D9940 | Occlusal guard | ADJUNCT | 6 |
| D2530 | Inlay - metallic - 3 or more | INLAY/ONLAY | 6 |
| D0415 | Bact. studies for path. agents | DIAG | 5 |
| D3301 | Endo Assessment | ENDO | 5 |
| D0160 | Implant Consult | EXAMS | 5 |
| D0165 | Implant Diagnosis and Tx Plan | EXAMS | 5 |
| D2520 | Inlay - metallic - 2 surfaces | INLAY/ONLAY | 5 |
| D2390 | Resin-based comp crown, ant. | OPER | 5 |
| D2953 | Addl. cast post - same tooth | REST | 5 |
| D2961 | Labial veneer, resin-lab | REST | 5 |
| D5710 | Rebase complete max. denture | RPROS | 5 |
| D5711 | Rebase complete mand. denture | RPROS | 5 |
| D5720 | Rebase max. partial denture | RPROS | 5 |
| D5721 | Rebase mand. partial denture | RPROS | 5 |
| D5730 | Reline comp max - chairside | RPROS | 5 |
| D5731 | Reline comp mand - chairside | RPROS | 5 |
| D5750 | Reline comp max - laboratory | RPROS | 5 |
| D5751 | Reline comp mand - laboratory | RPROS | 5 |
| D5820 | Interim partial denture - Max | RPROS | 5 |
| D5821 | Interim partial denture - Mand | RPROS | 5 |
| D5861 | Overdenture - partial | RPROS | 5 |
| D5864 | Overdenture - partial maxillary | RPROS | 5 |
| D5866 | Overdenture - partial mandibular | RPROS | 5 |
| D9952 | Occlusal adjustment - complete | ADJUNCT | 4 |
| D0120 | Periodic oral evaluation | EXAMS | 4 |
| D0121 | Transfer Exam | EXAMS | 4 |
| D0150 | Comprehensive oral evaluation | EXAMS | 4 |
| D6950 | Precision attachment | FPROS | 4 |
| D2510 | Inlay - metallic - 1 surface | INLAY/ONLAY | 4 |
| D2161 | Amalgam - 4 or more surfaces | OPER | 4 |
| D2335 | Resin-based comp-4+surf, ant. | OPER | 4 |
| D2394 | Resin-based comp-4+surf, post. | OPER | 4 |
| D2952 | Cast post and core | REST | 4 |
| D2954 | Prefab post and core | REST | 4 |
| D5211 | Max. part denture - resin base | RPROS | 4 |
| D5212 | Mand Part denture - resin base | RPROS | 4 |
| D5740 | Reline max part - chairside | RPROS | 4 |
| D5741 | Reline mand part - chairside | RPROS | 4 |
| D5760 | Reline max part - laboratory | RPROS | 4 |
| D5761 | Reline mand part - laboratory | RPROS | 4 |
| D9972 | External bleaching - per arch | ADJUNCT | 3 |
| D2160 | Amalgam - 3 surfaces | OPER | 3 |

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|  | **Procedure Codes with Point Values** |  |  |
| **Code** | **Description** | **Discipline** | **Point Value** |
| D2332 | Resin-based comp-3 surf, ant. | OPER | 3 |
| D2393 | Resin-based comp-3 surf, post. | OPER | 3 |
| D4341 | Scaling/rt planing 4 or more | PERIONONSURG | 3 |
| D2960 | Labial veneer, resin-chairside | REST | 3 |
| D9941 | Fabrication of athl mouthguard | ADJUNCT | 2 |
| D9950 | Occlusion analysis-mountd case | ADJUNCT | 2 |
| D9951 | Occlusal adjustment - limited | ADJUNCT | 2 |
| D9970 | Enamel microabrasion | ADJUNCT | 2 |
| D2799 | Provisional crown | CROWNS | 2 |
| D3220 | Theraputic pulpotomy | ENDO | 2 |
| D6080 | Implant maintenance proc. | IMPLANT | 2 |
| D2150 | Amalgam - 2 surfaces | OPER | 2 |
| D2331 | Resin-based comp-2 surf, ant. | OPER | 2 |
| D2392 | Resin-based comp-2 surf, post. | OPER | 2 |
| D4320 | Intracoronal | PERIONONSURG | 2 |
| D4321 | Extracoronal | PERIONONSURG | 2 |
| D4355 | Full mouth debridement | PERIONONSURG | 2 |
| D4381 | Chemotherapy - per tooth | PERIONONSURG | 2 |
| D4910 | Periodontal maintenance | PERIONONSURG | 2 |
| D1110 | Prophy - adult | PREVEN | 2 |
| D1110.6 | Prophylaxis Adult | PREVEN | 2 |
| D1110.9 | Prophylaxis Adult | PREVEN | 2 |
| D2955 | Post removal | REST | 2 |
| D2970 | Temporary crown, fractured th | REST | 2 |
| D5862 | Precision attachment | RPROS | 2 |
| D5867 | Replace, part of semi-prec att | RPROS | 2 |
| D5875 | Mod of rem prosth after implnt | RPROS | 2 |
| D9910 | Applicate desensitizing medica | ADJUNCT | 1 |
| D9971 | Odontoplasty 1-2 teeth | ADJUNCT | 1 |
| D0123 | CAMBRA re-evaluation | DIAG | 1 |
| D3110 | Direct Pulp Cap | ENDO | 1 |
| D3120 | Indirect Pulp Cap | ENDO | 1 |
| D6997 | Porcelain Repair - Ant | FPROS | 1 |
| D6998 | Porcelain Repair - Post | FPROS | 1 |
| D2140 | Amalgam - 1 surface | OPER | 1 |
| D2330 | Resin-based comp-1 surf, ant. | OPER | 1 |
| D2391 | Resin-based comp-1 surf, post. | OPER | 1 |
| D2939 | Caries Control | OPER | 1 |
| D2940 | Sedative filling | OPER | 1 |
| D4342 | Scaling & Root Planing 1-3 | PERIONONSURG | 1 |
| D4920 | Unscheduled dressing change | PERIONONSURG | 1 |
| D1208 | Topical fluoride no prophy | PREVEN | 1 |
| D1310 | Nutritional counseling | PREVEN | 1 |
| D1330 | Oral hygiene instructions | PREVEN | 1 |

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|  | **Procedure Codes with Point Values** |  |  |
| **Code** | **Description** | **Discipline** | **Point Value** |
| D1351 | Sealant - per tooth | PREVEN | 1 |
| D1399 | Preventive Mouthguard | PREVEN | 1 |
| D2910 | Recement Inlay | REST | 1 |
| D2920 | Recement crown | REST | 1 |
| D2931 | Prefab SS crown - perm. tooth | REST | 1 |
| D2950 | Core buildup - including pins | REST | 1 |
| D2951 | Pin retention - per tooth | REST | 1 |
| D2999 | Unspecified restorative proc. | REST | 1 |
| D1121 | Denture Recall | RPROS | 1 |
| D5410 | Max. Complete Denture Adjust. | RPROS | 1 |
| D5411 | Mand. Complete Denture Adjust. | RPROS | 1 |
| D5421 | Max. Partial Adjustment | RPROS | 1 |
| D5422 | Mand. Partial Adjustment | RPROS | 1 |
| D5510 | Repair denture base | RPROS | 1 |
| D5520 | Replace teeth - per tooth | RPROS | 1 |
| D5610 | Repair resin denture base | RPROS | 1 |
| D5620 | Repair cast framework | RPROS | 1 |
| D5630 | Repair or replace broken clasp | RPROS | 1 |
| D5640 | Replace teeth - per tooth | RPROS | 1 |
| D5650 | Add tooth to existing partial | RPROS | 1 |
| D5660 | Add clasp to existing partial | RPROS | 1 |
| D5850 | Tissue conditioning - Max. | RPROS | 1 |
| D5851 | Tissue conditioning - Mand. | RPROS | 1 |

**MPE’s and CCE’s by Department with AxiUm Form Name and Code**

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| **DEPARTMENT** |  |  |  |
| **CLINICAL AFFAIRS** | **MPE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
|  | Post Treatment Exam (5) | MCa Post-Tx Exam | MCA190 |
|  | Record Audit | MCa Record Audit | MCARA\* |
|  | **CCE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
|  | **Infection Control Audit (2)** | **Ca Infection Control Audit** | **CAINFC\*** |
|  | **Post Treatment Exam** | **Ca Post-Tx Exam** | **CA0190** |
|  | **Record Audit** | **Ca Record Audit** | **CA01RA\*** |
| \*Department specific guidelines: Evaluations for these Clinical Affairs MPE’s and CCE’s will be recorded on paper forms then entered into axiUm by Faculty or Staff after completion. | | | |
| **COMPREHENSIVE CARE** | **MPE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
| Medicine III Medical Record Review | MCC Medicine III Med Rec Rev | MCMED1\* |
|  | Medicine III Problem Based Learning | MCC Medicine III PBL | MCMED2\* |
|  | Medicine III Medically Compromised Patient Case Presentation | MCC Medicine III Med Comp Pt | MCMED3\* |
|  | Oral Appliance (2) | MCC Oral Appliance | MC9940 |
|  | Amalgam Restoration | MCC Amal Resto | MC21XX |
|  | Composite Restoration  (40 Amalgam/Comp Resto) | MCC Comp Resto | MC23XX |
|  | Bleaching Arch (2) | MCC Bleaching Arch | MC9972 |
|  | **CCE’s** | **axiUm Form Name** | **axiUm Code** |
|  | **Diagnosis & Treatment Planning #1** | **CC DxTx Planning 1** | **CCTXP1** |
|  | **Diagnosis & Treatment Planning Self-Assessment #2** | **CC DxTx Planning 2 Self-Assess** | **CCTXP2** |
|  | **Diagnosis & Treatment Planning Evidence Based Dentistry #3** | **CC DxTx Planning 3 EBD** | **CCTXP3** |
|  | **Diagnosis & Treatment Planning Emergency #4** | **CC DxTx Planning 4** | **CCTXP4** |
|  | **Medical Consult** | **CC Medical Consult** | **CCMEDC** |
|  | **CAMBRA and OHP** | **CC Cambra and OHP** | **CCCAMB** |
|  | **Amalgam Restoration** | **CC Amalgam** | **CC21XX** |
|  | **Anterior Composite** | **CC Anterior Composite** | **CC233X** |
|  | **Posterior Composite** | **CC Posterior Composite** | **CC239X** |
|  | **Operative Clinical Competency Examination** | **Tracked in TUSK** |  |
|  | **Simulated Patient Class II Amalgam** | **Tracked in TUSK** |  |
|  | **Simulated Patient Class II Anterior Composite** | **Tracked in TUSK** |  |
|  | **BaSiCSsss Presentation CE** | **Tracked in TUSK** |  |
|  | BaSiCSsss Presentation | Tracked in TUSK |  |
|  | BaSiCSsss Self-Assessment - online | Tracked in TUSK |  |
|  | EBD BaSiCSsss | Tracked in TUSK |  |
| \*Department specific guidelines: Evaluations for Medicine III MPE’s will be recorded on paper forms and final grades will be entered into axiUm by Faculty or Staff after completion. | | | |
| **ENDODONTICS** | **MPE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
|  | UG Assist | MEndo UG Assist | ME3UG |
|  | PG Assist | MEndo PG Assist | ME3PGX |
|  | Year 4 PG Assist (Form 6) | MEndo PG Assist Yr 4 (Form 6) | ME3PG4\* |
|  | Canal (5) | MEndo Canal | ME33XX\* |
|  | Case Difficulty Assessment | MEndo Case Assessment | ME0190\* |
|  | **CCE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
|  | **Endo Canal** | **CEndo Endodontics Canal** | **CE33XX\*** |
|  | **Six Month Recall (Outcomes Assessment)** | **CEndo 6 month recall** | **CE190E\*** |
|  | **Case Difficulty Assessment** | **CEndo Case Difficulty Assess** | **CE19CD\*** |
|  | **Endo/Fixed Prosthodontics Simulated Patient CE (NERB Simulation Competency Examination) (2; NERB=1 CE)** | **Tracked in TUSK** |  |
| \*Department specific guidelines: Evaluations for these Endo MPE and CCE’s will be recorded on paper forms and final grades will be entered into axiUm by last Faculty member or Staff after completion. | | | |

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| **DIAGNOSTIC SCIENCES** | **CCE’s (# required)** |  |  |
| **Oral & Maxillofacial Pathology Simulated Clinical Competency Exam (SCCE) (1)** | **Tracked in TUSK** |  |
|  | **Oral & Maxillofacial Radiology Interpretation Simulated Scheduled, handout (1)** | **Tracked in TUSK** |  |
|  | **OMFR Clinical Radiographic Technique Competency Exam (1)** | **Tracked in TUSK** |  |
| **ORAL & MAXILLOFACIAL SURGERY** | **MPE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
| Extraction/Head and Neck Cancer Risk Screening (10) | MOMFS Exodontia/Cancer Screen | MO7140\* |
|  | **CCE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
|  | **Exodontia/Head and Neck Cancer Risk Screening (2)** | **COMFS Exodontia/Cancer Screen** | **CO7140** |
|  | **Local Anesthesia – Maxillary** | **COMFS Anes/Pain Control Maxi** | **COLAMX** |
|  | **Local Anesthesia - Mandibular** | **COMFS Anes/Pain Control Mand** | **COLAMN** |
|  | **Soft Tissue Clinical Suturing** | **COMFS Clinical Suturing** | **CO7SUT** |
|  | **Soft Tissue Clinical Flap Management** | **COMFS Flap Management** | **CO7FLP** |
|  | **Soft Tissue Clinical Competency Examination- (A) Suture Workshop** | **Tracked in TUSK** |  |
|  | **Oral Exam Simulated Clinical Competency Examination** | **Tracked in TUSK** |  |
|  | **Written Exam Simulated Clinical Competency Examination** | **Tracked in TUSK** |  |
|  | **Sedation Workshop** | **Tracked in TUSK** |  |
| \*Department specific guidelines:The number of Extractions in Oral Surgery needs to be noted and entered by Faculty. | | | |
| **ORTHODONTICS** | **MPE’s** |  |  |
|  | Ortho Consult | Tracked in TUSK |  |
|  | **CCE’s** |  |  |
|  | **Simulated Clinical Competency, Scheduled** | **Tracked in TUSK** |  |
|  | **Hands-on Patient Checkoff, Scheduled** | **Tracked in TUSK** |  |
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| **PEDIATRIC DENTISTRY** | **MPE’s (# required)** | **axiUm Form Name** | **axiUm Code** |
| Diagnosis and Treatment Planning (5) | MPedo DxTx Planning | MPD015 |
|  | Fluoride Treatment (5) | MPedo Fluoride Treatment | MPD120 |
|  | Infant Oral Health/Perinatal Oral Health Care | MPedo Inf/Perionatal Oral Care | MPD145 |
|  | Prophylaxis (5) | MPedo Prophy | MPD112 |
|  | Pulpotomy Assist | MPedo Pulpotomy Assist | MPD322 |
|  | Restoration (3) | MPedo Restoration | MPD23X |
|  | Sealant (3) | MPedo Sealant | MPD135 |
|  | OR Observation | MPedo OR Observation | MPD942\* |
|  | Stainless Steel Crown Assist | MPedo SS Crown Assist | MPD293 |
| Please note: On-site evaluations will be entered directly into axiUm. Off-site evaluations are handed into the Department and will be tracked in TUSK. | | | |

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| **PEDIATRIC DENTISTRY Cont.** | **CCE’s (# required)** | | **axiUm Form Name** | | **axiUm Code** | | |
| **Diagnosis and Treatment Planning (2)** | | **CPedo DxTx Planning** | | **CPD015** | | |
|  | **Prevention/OHP (2)** | | **CPedo Prevention/OHP** | | **CPD133** | | |
|  | **Pit and Fissure Sealants (2)** | | **CPedo Sealant** | | **CPD135** | | |
|  | **Operative Resin Restoration (2)** | | **CPedo Operative Resin** | | **CPD233** | | |
|  | **Evidence Based Dentistry (EBD)** | | **CPedo EBD** | | **CPDEBD** | | |
|  | **Simulated Patient Class I Resin Restoration Competency Examination** | | **Tracked in TUSK** | |  | | |
|  | **Simulated Patient Class II Resin Restoration Competency Examination** | | **Tracked in TUSK** | |  | | |
|  | **Simulated Patient Pit & Fissure Sealant Competency Examination** | | **Tracked in TUSK** | |  | | |
|  | **Simulated Patient Stainless Steel Crown (2)** | | **Tracked in TUSK** | |  | | |
|  | **Simulated Patient Pulpotomy (2)** | | **Tracked in TUSK** | |  | | |
|  | **Patient Simulated Clinical Competency Examination** | | **Tracked in TUSK** | |  | | |
| \*Department specific guidelines: Completion of Pedo OR Observation MPE and EBD CE will be recorded on paper forms and entered into axiUm by Faculty or Staff after completion. | | | | | | | |
|  | | | | | | | |
| **PERIODONTOLOGY** | **MPE’s (# required)** | | **axiUm Form Name** | | **axiUm Code** | | |
|  | Scaling and Root Planing (16) | | MPerio Scaling/Root Planing | | MP434X | | |
|  | Perio Case Complete (4) | | MPerio Case Complete | | MP4110 | | |
|  | Gingivitis Case Complete (6) | | MPerio Gingivitis Case Comp. | | MP4112 | | |
|  | Surgical Assist (4) | | MPerio Surgical Assist | | MP4113 | | |
|  | **CCE’s (# required)** | | **axiUm Form Name** | | **axiUm Code** | | |
|  | **Diagnosis and Treatment Planning (2)** | | **CPerio DxTx Planning** | | **CP4110** | | |
|  | **Adult Prophylaxis** | | **CPerio Adult Prophy** | | **CP1110** | | |
|  | **Gingivitis Case Complete** | | **CPerio Gingivitis Case Comp** | | **CP411G** | | |
|  | **Scaling and Root Planing** | | **CPerio Scaling/Root Planing** | | **CP434X** | | |
|  | **Perio Case Complete** | | **CPerio Perio Case Complete** | | **CP411P** | | |
| **PROSTHODONTICS** | **MPE’s (# required)** | | **axiUm Form Name** | | | **axiUm Code** |
|  | FPD (units) | | MPros FPD | | | MPr62X |
|  | Implant Supported FP (units) | | MPros Implant Supported FP | | | MPr601\* |
|  | Clinical Post and Core MPE | | MPros Clinical Post and Core | | | MPr697\* |
|  | Complete Denture Arch MPE (3) | | MPros Complete Denture Arch | | | MPr51X\* |
|  | Implant DNT MPE | | MPros Implant DNT | | | MPr602 |
|  | RPD MPE | | MPros RPD | | | MPr52X\* |
|  | Single Crown | | MPros Single Crown | | | MPr67X\* |
|  | Implant Overdenture | | MPros Implant Overdenture | | | MPr605\* |
|  | Simulated Patient Wax-Up | | Tracked in TUSK | | | Submit forms to Pros Dept |
|  | CAD/CAM Restoration | | Tracked in TUSK | | | Submit forms to Pros Dept |
| \*Department specific guidelines: Prosthodontics – Step cards will continue to be used.  1. If the procedure is completed on one patient, the Faculty will enter the evaluation at completion.  2. If partial steps are completed with multiple faculty members, Dr. Nui or Staff will enter the evaluation after completion. | | | | | | |
| **PROSTHODONTICS Cont.** | | **CCE’s (# required)** | | **axiUm Form Name** | | **axiUm Code** |
| **Alginate Impression Maxillary** | | **CPros Alginate Max Impression** | | **CPr47A** |
|  | | **Alginate Impression Mandibular** | | **CPros Alginate Mand Impression** | | **CPr47B** |
|  | | **Facebow and Mounted Study Cast (2)** | | **CPros Facebow/Mounted Cast** | | **CPr47C** |
|  | | **Crown & Bridge Prep/Temp (2)** | | **CPros Crown Prep/Temp** | | **CPr67A** |
|  | | **Crown Impression (2)** | | **CPros Crown Impression** | | **CPr67B** |
|  | | **Crown Insertion (2)** | | **CPros Crown Insertion** | | **CPr67C** |
|  | | **Diagnosis & Treatment Plan of Partial Edentulism (1)** | | **CPros DxTx Partial Edentulism** | | **CPr150** |
|  | | **Lab Prescription (1)** | | **CPros Lab Prescription** | | **CPrLAB** |
|  | | **Complete Denture Part 1 (1)** | | **CPros Complete Denture 1** | | **CPr51A** |
|  | | **Complete Denture Part 2 (1)** | | **CPros Complete Denture 2** | | **CPr51B** |
|  | | **Complete Denture Part 3 (1)** | | **CPros Complete Denture 3** | | **CPr51C** |
|  | | **Complete Denture Part 4 (1)** | | **CPros Complete Denture 4** | | **CPr51D** |
|  | | **Complete Denture Part 5 (1)** | | **CPros Complete Denture 5** | | **CPr51E** |
|  | | **Removable Partial Denture Part 1 (1)** | | **CPros Partial Denture 1** | | **CPr52A** |
|  | | **Removable Partial Denture Part 2 (1)** | | **CPros Partial Denture 2** | | **CPr52B** |
|  | | **Removable Partial Denture Part 3 (1)** | | **CPros Partial Denture 3** | | **CPr52C** |
|  | | **Removable Partial Denture Part 4 (1)** | | **CPros Partial Denture 4** | | **CPr52D** |
|  | | **Removable Partial Denture Part 5 (1)** | | **CPros Partial Denture 5** | | **CPr52E** |
|  | | **Removable Partial Denture Part 3 MODEL TRACK (Prep)** | | **CPros Partial Model 3** | | **CPr52X** |
|  | | **Removable Partial Denture Park 4 MODEL TRACK (Online Exam)** | | **CPros Partial Model 4** | | **CPr52Y\*\*** |
|  | | **Simulated Patient Parapost Workshop** | | **Tracked in TUSK** | | **Submit forms to Pros Dept** |
|  | | **Simulated Patient Parapost CE** | | **Tracked in TUSK** | | **Submit forms to Pros Dept** |
|  | | **Simulated Patient Endo/FP (2)** | | **Tracked in TUSK** | | **Submit forms to Pros Dept** |
|  | | **Simulated Patient Wax-Up** | | **Tracked in TUSK** | | **Submit forms to Pros Dept** |
| \*\*Department specific guidelines: When the Pros Model online exam is completed the faculty member will enter the final grade (P/F) into axiUm. | | | | | | |

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| **PUBLIC HEALTH AND COMMUNITY SERVICE** | **MPE’s** |  |  |
| Geriatric Consult | Tracked in TUSK |  |
|  | **CCE’s** |  |  |
|  | **Community Service Learning Externship (CSLE)** | **Tracked in TUSK** |  |
|  | **Special Care Rotation** | **Tracked in TUSK** |  |
| \*Department specific guidelines: Evaluations for all PHCS MPE and CCE’s will be recorded on paper forms and final grades will be entered into TUSK by the Faculty member or Staff after completion. | | | |

## Year 4

## March 26, 2015

## Class of 2015

**Descriptive Statistics**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | N | Minimum | Maximum | Point Average | Point Median | Standard Deviation |
| Class of 2015 Total Points | 189 | 434 | 1418 | 898.81 | 892.00 | 173.505 |
| Class of 2014 Total Points | 188 | 401 | 1587 | 870.76 | 858.00 | 158.515 |
| Class of 2013 Total Points | 192 | 435 | 1584 | 922.93 | 929.00 | 165.941 |

|  |  |  |
| --- | --- | --- |
| **Test Statisticsa** | |  |
|  | MannWhitney |  |
| Mann-Whitney U | 15668.000 |  |
| Wilcoxon W | 33434.000 |  |
| Z | -1.983 |  |
| Asymp. Sig. (2-tailed) | .047 | Results indicate that there is a statistically significant difference in Point Medians (p=.047) |
| Grouping Variable 2015 & 2014 | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Class of 2015 03/26/15  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Number of Students | Cumulative Frequency | Percent of Students | Cumulative Percent | | < or = 500 | 3 | 3 | 1.6 | 1.6 | | 501-600 | 8 | 11 | 4.2 | 5.8 | | 601-700 | 12 | 23 | 6.3 | 12.2 | | 701-800 | 28 | 51 | 14.8 | 27.0 | | 801-900 | 47 | 98 | 24.9 | 51.9 | | 901-1000 | 46 | 144 | 24.3 | 76.2 | | >1000 | 45 | 189 | 23.8 | 100.0 | | Total | 189 |  | 100.0 |  | | Class of 2014 03/27/14  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Number of Students | Cumulative Frequency | Percent of Students | Cumulative Percent | | < or = 500 | 1 | 1 | 0.5 | 0.5 | | 501-600 | 5 | 6 | 2.7 | 3.2 | | 601-700 | 18 | 24 | 9.6 | 12.8 | | 701-800 | 36 | 60 | 19.1 | 31.9 | | 801-900 | 57 | 117 | 30.3 | 62.2 | | 901-1000 | 38 | 155 | 20.2 | 82.4 | | >1000 | 33 | 188 | 17.6 | 100.0 | | Total | 188 |  | 100.0 |  | |

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**Clinical Years Absence Policy/Unblocking Students in AxiUm\***

Revised November 2011

Dear Students:

In order to be unblocked in Axium from a rotation, seminar, workshop, or scheduled competency exam, you must:

1. Fill out the absence report found outside Sean Hopkins, the Program Coordinator’s office (Room 1512F).
2. In order to receive an excused absence from a rotation, seminar, or workshop, you must provide documentation related to one of the approved reasons as indicated on the Student Absence Report.
3. Seeing a group practice patient is **not** an approved absence.
4. Unlike lecture courses, which you may be excused from without having to make up the session, workshops, seminars, competency exams and rotations **must** be made up.

Requests to unblock require the following procedure:

1. Students requiring unblocking must swap their assignment with a classmate. If you require assistance in identifying an eligible person to swap with, feel free to come and see the Program Coordinator, Sean Hopkins, who prepares the schedules (Room 1512F). He will identify those individuals whose schedules would permit the swap.
2. The student initiating the swap will then contact the eligible student(s).
3. The absence reports (one for absent student and one for any student swapping with the absent student) must be signed by the Rotation Head, Seminar Head, or Workshop Head and given to the Program Coordinator at least **one week in advance** of the missed date, unless it is a true emergency situation. In emergencies, please email/call or see Sean regarding the nature of your emergency and hand in the paperwork one week after the absence.
4. For all CSL Externship requests, first see Dr. Cynthia Yered and then notify the Preceptor. Dr. Yered will inform Sean Hopkins and the student will then be unblocked or blocked in AxiUm as requested.
5. If the Absence Request Form relates to Special Care Rotation, please email Dr. Drag directly ([Darren.drag@tufts.edu](mailto:Darren.drag@tufts.edu)) and be sure to copy Sean Hopkins on the email. Dr. Drag is rarely on campus and his approval is given via email. If you are requesting a location change you do not need to complete the form. If requesting a date change, the form must be filled out and follow normal protocol.

\*\*Paperwork MUST be submitted to the Program Coordinator, Sean Hopkins, in Room 1512F BEFORE it is turned into Student Affairs. You will not be unblocked in AxiUm if you do not complete this step.\*\*

Please note: if the student designated to swap already has a clinic patient booked on the date indicated, no unblocking will occur for either student until the patient is canceled (the student must take care of this cancellation with their DPA).

\*This policy is subject to change

*Please report all absences* ***one week in advance*** *if possible. Last minute emergencies (sickness, serious illness or death in immediate family) should be reported* ***within 24 hours*** *(by phone/email to Academic Affairs).* ***If this procedure is not followed, the student risks receiving point deductions.*****Excused/unexcused absences do not provide extension of time for calculation of 3rd/4th year clinical grades.**

Tufts University School of Dental Medicine – Office of Student Affairs

**Absence Request Form**

**Forms should be turned in to Sean Hopkins, Program Coordinator, in Room 1512F.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_ Provider Number: \_\_\_\_\_\_\_\_ Group Practice: \_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_ Date/Time of Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student or Designate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Absence:**

Emergency (including serious illness, death in immediate family or similar circumstances, such as weather advisory delays and flight cancellations) **Absence must be requested to Academic Affairs within 24 hrs via phone/email. Must provide proof, e.g. Notice of service.**

Personal Illness (Please include copy of doctor’s note if possible).

Interview(s) for PG Programs (please include copy or email of invitation letter).

Attendance at school meeting/event such as AADR, ASDA as school representative or poster presenter. Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_

Bates Day: Excused only if student is a poster presenter.

Weddings (excused absence only for own wedding/immediate family member’s wedding/wedding in which you’re in wedding party – please include a copy of the “save the date” or invitation. Note: this is limited to 2-3 days).

Jury Duty (please include copy of jury notification letter).

Religious Holiday. Please Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Dental Board Examination Parts I or II. (One day allowed for Part I/Two for Part II and you cannot miss a Tufts examination to take Board Examinations).

Other Licensing Examinations (e.g. Florida Boards) NOTE: You cannot miss a Tufts examination to take Board Examinations.

Other reason (please explain. Example: Elective evening Practice Management Seminar) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unapproved/Unexcused** absences include, but are not limited to:

1. Seeing a Group practice patient.

2. Hygiene work or job off-campus.

***Unexcused/unapproved absences may result in point deduction. See back of form for more information.***

**Please fill in all courses/rotations/seminars/workshops that you will miss/have missed and makeup date/time, as well as the student who is or has swapped with you:**

Course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Replacing You

Name Signature

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

Rotation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Makeup Date(s): \_\_\_\_\_\_\_\_\_\_\_

Seminar(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Makeup Date(s): \_\_\_\_\_\_\_\_\_\_\_

Workshop(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Makeup Date(s): \_\_\_\_\_\_\_\_\_\_\_

Signature of each Course Director/Rotation Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Course Director/Rotation Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-- FOR OFFICE USE ONLY –**

Processed by Academic Affairs (sign and print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved/Excused Absence  Unapproved/Unexcused Absence (point deduction form to be filed by Student/Academic Affairs)

**Instructions for Completing the Tufts Absence Request Form**

Please fill in the following items:

1. Fill out personal information on form.
2. **Reason for Absence**: Use this section to indicate with as much information as possible, why you are requesting the absence. If any proof is in email format, please forward to the Program Coordinator in Academic Affairs (Sean Hopkins, sean.hopkins@tufts.edu).
3. **Unexcused/Unapproved Absences**: Please note that seeing a group practice patient is NOT an excused absence. If you do not attend a rotation to see a group practice patient, you may incur a point deduction. This is to be decided by Associate Dean of Student Affairs. If you are a “no show” to any rotation, points **will** be deducted.
4. Fill in the Course/ Rotation/Workshop/Seminar being missed in the proper information field. Be sure to provide the make-up dates for any missed sessions. **Note**: If the make-up date is yet to be determined, you must make a note of it in this section. In these circumstances, the student will meet with the Program Coordinator in Academic Affairs to reschedule the missed session.
5. Be sure to include the name of the student swapping with you. **Note: The student who is swapping is also required to fill out an Absence Report Form in its entirety.**
6. **Signature of Course/Rotation Head: This is VERY IMPORTANT. Any forms handed in without this signature will be considered unapproved.** Email approval is also accepted. Instruct course/rotation head to email the Program Coordinator in Academic Affairs (Sean Hopkins, sean.hopkins@tufts.edu). The email will then be attached to the form. **It is the student’s responsibility to get the signature/ email approval.**
7. Upon completion of form, hand in form and additional paperwork to the Program Coordinator in Academic Affairs, Sean Hopkins on the 15th floor, suite 1512 office 1512F. Upon review and approval, the form is given to the Office of Student Affairs.



**Predoctoral Student Clinic Contract**

**2016 – 2017 Academic Year**

**Class of D’18**

As a student practitioner at Tufts University School of Dental Medicine, I realize that for me to be an effective, contributing team member it is critical that I respect and cooperate with my fellow team members, and that I know, understand and follow all of the School of Dental Medicine’s and Predoctoral Clinic’s policies and procedures.

I further understand that I will not be permitted to treat patients in the clinic until I sign this contract thereby specifically agreeing to the following:

1. I will act at all times in accordance with the school’s vision of Patient Centered Education Committed to Excellence.
   1. I will prioritize the interests and needs of my patients and the School of Dental Medicine.
   2. I will contribute as a team member to ensure the success of my group practice.
   3. I will schedule my appointments according to the appointment scheduling procedures.
   4. I will communicate with all individuals of the organization in a timely and professional manner.
   5. I realize I am responsible for reading my emails in a timely fashion.
2. It is my responsibility to read, understand and follow all of the School of Dental Medicine’s and Predoctoral Clinic’s policies and procedures including, but not limited to, those contained in:
   1. Infection Control Manual
   2. The MCP Document
   3. The Student Handbook
   4. Any and all subsequent versions, revisions, and updates of existing or new manuals, handbooks, handouts, documents and materials published throughout the year.
3. It is my responsibility to maintain the confidentiality of patient information and I agree to comply with any and all of the University or School of Dental Medicine’s Compliance, Privacy and Information Security policies and procedures.
4. I understand that my failure to abide by the policies and procedures will be addressed by the Assistant Dean of Predoctoral Clinic Administration or the Ethics, Professional and Citizenship Committee.

Student Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D. Number\_\_\_\_\_\_\_\_Group Practice\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE ASSISTANT DEAN OF PREDOCTORAL CLINIC ADMINISTRATION’S OFFICE , ROOM 303**

**IN ORDER TO INSURE THAT YOU MAY BEGIN TO SEE PATIENTS, THIS COMPLETED FORM AND ALL OF YOUR ASSISTS MUST BE COMPLETED AND RETURNED TO ROOM 303.**