

CLINICAL EDUCATION PROGRAM DOCTORAL DENTAL CLASS OF 2008

UNIVERSITY OF SOUTHERN CALIFORNIA
SCHOOL OF DENTISTRY
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INTRODUCTION

The proliferation of information, knowledge and techniques in oral health care delivery during the past century and its exponential continuation in this century requires schools of dentistry to educate oral health practitioners with well-developed problem-solving and clinical reasoning skills, with broad and rich knowledge bases from which information may be retrieved and applied as needed, and who are committed to self-directed, lifelong learning. The USC School of Dentistry utilizes the Problem Based Learning (PBL) pedagogy which supports an integrated four year curriculum of basic sciences, pre-clinical sciences and clinical sciences.

Clinical education at USCSD is based upon the concept that the education of the student should provide an opportunity to achieve total patient treatment in a manner closely approximating a private practice environment. On completion of the educational experiences, each student is required to achieve all **25 Doctoral Dental Competencies** developed by USCSD as the abilities of a new dental graduate ready for the general practice of dentistry.

Students are expected to perform a broad spectrum of care, to demonstrate competency in a variety of disciplines and to gain sufficient clinical experience to satisfy faculty that they can successfully practice general dentistry for the public. As students progress towards achieving the 25 competencies, they learn to provide emergency and comprehensive oral care for adult and child patients, including those with complex medical, dental and compromised social conditions, while integrating professional values with a multitude of dental treatment variables. In all cases, students must consistently demonstrate concern for patients' well being and display the demeanor expected of a health care practitioner. Students will be held responsible to be accountable and participate actively in patient requirement and retention.

This document describes the method by which pre-doctoral students of the USCSD program may assess the content of the program, their abilities and skills acquisition, and progression to competency. The Associate Dean of Academic Affairs and faculty will use these measures to determine students' readiness for graduation.

CLINIC STRUCTURE

GROUP PRACTICES: The class is divided into group practices, each with a faculty director who assists students in developing and managing their clinical practices in diagnosis and treatment planning, and with guidance in complete patient care.

VERTICAL TREATMENT TEAMS: Students are assigned to a Vertical Treatment Team (VTT) within the group practice consisting of two first year, two second year, two third year, and two fourth year dental students and two dental hygiene students. The fourth year students serve as “team leaders” and all students in a team are responsible for the comprehensive care of patients assigned to their team. In addition, a clinical faculty member serves as an Attending Dentist to mentor the VTT members and assist the Clinical Group Practice Director (GPD) in day to day patient care activities and student evaluation.

As a student progresses through the program, patient treatment and VTT responsibilities will increase in complexity with the consent of the Attending Dentist VTT mentor and Group Practice Director. Students begin new clinic experiences as “**team learners**” for various procedures, observing and assisting more experienced members of the VTT in delivering patient care. Students then serve as **primary care providers** in a progressively complex variety of procedures until assumption of VTT leadership roles as “**team leaders**”.

Students assume an active primary role in patient recruitment. Grades in Human Clinical Dentistry are given at the end of each trimester. Status reports on student accomplishment, completion of clinical rotations, and quality of performance are available for use by appropriate faculty and by the Student Evaluation Committee.

REQUIREMENTS

There are basic requirements for graduation. Students must:

1. Attend and participate in regularly scheduled Group Practice and VTT meetings
2. Contribute to and lead in the comprehensive care of patients within the VTT.
3. Contribute to and lead in building a successful practice within the assigned Group Practice.
4. Satisfactorily complete all clinic rotations.
5. Satisfy requirements of the Doctoral Dental Competencies.
6. Obtain broad clinical education by completing *multiple experiences in* Endodontics, Fixed Prosthodontics, Removable Prosthodontics, Operative Dentistry, Oral Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Special Patient Care.
7. Satisfactorily participate at appropriate levels within the VTT.

This Clinical Education Document represents the student’s responsibilities to complete the clinical experiences necessary to achieve the competencies. Both breadth of experience and quality of student clinical accomplishment are criteria for evaluation of competency. A student cannot do the minimum poorly and be considered to have achieved competency.

I. CLINICAL ACCOMPLISHMENT GUIDELINES

1. COMPREHENSIVE CARE OF PATIENTS

The student's objective is to contribute to the comprehensive care of all patients assigned to the Vertical Treatment Team. The team will work closely with the Attending Dentist VTT mentor and Group Practice Director to complete the treatment of patients. The student's progression towards competency in the *25 Doctoral Dental Competencies* is predicated upon the student's involvement in patient treatment involving the widest possible breadth of experience in dentistry throughout the eleven trimester program.

- All patient assignments are the responsibility of the Group Practice Director (GPD). Under no circumstances are patients to be transferred from student to student without the authorization of the GPD.
- Transfer cases should include full records, radiographs, casts, etc.
- Junior students must be prepared to continue treatment for their new patient with a thorough understanding of the condition and treatment needs of the patient.
- Senior student team leaders, D4s, will be given priority in assignment of treatment modalities for a given patient. Seniors are responsible for the coordination and delivery of complex comprehensive care patients in the VTT.
- Students are expected to complete the respective treatment plan for all of their patients. Extenuating circumstances, such as instances beyond a student's control, must be discussed with the GPD or VTT attending faculty member well in advance of the sign-out date for graduation.
- It is mandatory to maintain the periodontal maintenance therapy for all patients assigned to students in each VTT. Each individual student is responsible for the periodontal maintenance of the patients assigned to him/her. The senior students help the VTT members oversee the timely delivery of care for all patients assigned to the team. Recall notices will be generated each month for those patients due for continuing periodontal care.
- Students should have experience treating patients in all 4 categories of patient type as describe in the following list.
 - A. Patient Type 1
Patient requiring examination, data collection, prophylaxis only
 - B. Patient Type 2
Any Patient Type 1 with any combination of one sub-category of treatment.
 - C. Patient Type 3
Any Patient Type 1 with any combination of two sub-categories of treatment.
 - D. Patient Type 4
Any Patient Type 1 with any combination of three or more sub-categories of treatment.

The patient's needs may include all or some of the following sub-categories of treatment:

- Oral surgery
- Periodontics
- Orthodontics
- Oral facial pain
- Oral medicine and pathology
- Restorative dentistry, including operative dentistry, fixed prosthodontics and removable prosthodontics
- Endodontics

Comprehensive care of child and adult patients may be delivered at the School of Dentistry and at affiliated clinics during scheduled rotations.

2. CLINICAL ACTIVITY

In an effort to promote continuous progress toward competency achievement, students are expected to participate in all rotations and assignments established by the Office of Academic Affairs and their Group Practice Director. Students are expected to prepare for, to attend, and to participate in all clinic Pre-Sessions. Students may choose to attend other activities that would promote their attainment of one or more competencies with the approval of their Group Practice Director. USCSD has a mandatory clinic attendance policy. A copy of this policy is attached with this document.

- USCSD has a mandatory clinic attendance policy.
- Students are expected to attend and participate in all rotations and assignments established by the Office of Academic Affairs and their Group Practice Director.
- All comprehensive care patients are assigned to the Group Practice “on-call” by the Admissions Clinic Director and faculty.
- Students are responsible for the accuracy, completeness, faculty signatures and timely recording of all required documentation:
 - Daily Clinical Evaluations
 - Patient record
 - Computer Forms
 - Other documentation as required by other disciplines

(See Section II-1, Required Clinic Rotations, pp. 6 - 8)

3. PERFORMANCE EVALUATIONS

ALL students are required to pass specific clinical performance evaluations as indicated in this document. Both Junior and Senior Performance Evaluations exist and must be completed in the noted year of enrollment. Target trimesters and rotations for completion of performance evaluations are indicated and must be followed.

Specific performance evaluations are requirements of completion of various rotations, contribute to grades in Human Clinical Dentistry III and IV, and must be completed as indicated in order for students to progress to the next clinic rotation level.

(See Section III, Performance Evaluations, pp. 11 -13)

4. PATIENT ASSIGNMENT

The four (4) care levels of patient treatment are as follows:

Care Level I	Consult
Care Level II	Emergency Treatment
Care Level III	Limited Treatment
Care Level IV	Comprehensive Care

All Care Level IV (Comprehensive Care) patients are assigned to a group practice by the Admissions Clinic Director and the Group Practice Director is responsible for all patient assignments to Vertical Treatment Teams within the group practice.

Patients receiving treatment in the group practice are patients of the group practice and the School of Dentistry. The VTT will be expected to complete all necessary oral health care for patients of the team. The GPD and VTT mentor faculty will assist the VTT in acquiring the amount and breadth of clinical experience necessary to achieve the **25 Doctoral Dental Competencies** for timely graduation. It is the responsibility of the VTT to stay abreast of the needs and rotation schedules of its members, to participate in the effort of achieving the experiences necessary to meet the requirement of breadth of experience, and to complete all assigned treatment in a competent, caring, timely, and efficient manner.

(See Section II-2, Recommended Core Experiences, pp. 8 – 10)

5. PATIENT EVALUATION AND TREATMENT

Students are responsible for all patients assigned to the VTT regardless of the comprehensive or limited nature of the care required. They are responsible for being familiar with all aspects of their patients' health prior to the performance of any treatment. This includes reviewing verbally the updated written medical history with their patient. A dental history is also to be obtained both verbally and by reviewing the therapy record. Students are expected to be familiar with all of their patients' medical conditions and medications. This includes familiarity with the disease etiology, pathogenesis, oral manifestations, and dental treatment modifications. With regard to the patient's medications, students must be familiar with the duration of treatment, dosage, mode of action, drug interactions, and adverse reactions including oral side effects. Students are responsible for seeking any necessary references to learn about this material. Appropriate medical consultation/referral should be made when indicated. **On every visit, medical history changes must be reviewed and noted in the chart and vital signs are to be obtained and recorded.**

II. SPECIFIC GUIDELINES TO MONITOR ACCOMPLISHMENT

Required Clinic Rotations: Clinic experiences occur at the School of Dentistry and affiliated sites in the form of scheduled rotations. Rotations vary in content, objectives, length, and evaluation procedures. Students are expected to complete and pass all rotations in the scheduled trimester. Evaluations in clinic rotations are used in determining grades in Human Clinical Dentistry.

It is the prerogative of clinic faculty to schedule performance evaluations during rotations based upon student performance and experience. Clinic faculty may also recommend patient scheduling and sequencing of procedures which result in either multiple procedures being completed for a patient during a given clinic session or multiple patients being scheduled during a given clinic session. Clinic faculty may also determine if remediation is needed in the form of simulation laboratory exercises. Students who demonstrate rapid skill acquisition may be allowed to complete procedures with reduced numbers of faculty evaluation steps.

Recommended Core Experiences (ref. pp. 8 - 10) which occur during various required clinic rotations have been identified to aid faculty and students in evaluating student progression towards achieving the **25 Doctoral Dental Competencies**. Clinical experiences are sequenced to occur immediately following acquisition of skills in pre-clinical sessions.

1. PROGRESSION OF CLINICAL SKILLS & REQUIRED CLINIC ROTATIONS

<u>Trimester</u>	<u>Pre-clinical Skills</u>	<u>REQUIRED Clinic Rotations</u>	<u>VTT Activity</u>
I	Radiology Morphology	Screening/Radiology DOC CPR	None
II	Radiology Morphology	Screening/Radiology Physical Evaluation DOC Sealants	Interview/Assessment
III	Periodontics Restorative	Periodontics Screening/Radiology Admitting/Diagnosis DOC Sealants Local Anesthesia	Diagnosis/TX Plan

Year 1 Clinical Objective – Dental Hygiene Skill Set

<u>Trimester</u>	<u>Pre-clinical Skills</u>	<u>REQUIRED Clinic Rotations</u>	<u>VTT Activity</u>
IV	Restorative Pedodontics	Periodontics Restorative Oral Surgery Assisting	Assessment/Diagnosis Treatment Planning Periodontics
V	Restorative RPros (complete) Endodontics	Restorative Periodontics Oral Surgery Pedodontics RPros (complete)	Assessment/Diagnosis Periodontics Intra-coronal Restorative Pedodontics
VI	Fixed Pros (posterior)	Restorative Periodontics Pedodontics RPros (complete) Endodontics Emergency Inhalation Sedation	Periodontics Intra-coronal Restorative Endodontics RPros (complete) Pedodontics

Year 2 Clinical Objectives – Single Tooth, Single Tissue Skill Sets

VII	Fixed Pros (anterior) RPros (partial) Orthodontics	Restorative Periodontics Pedodontics Oral Surgery Endodontics RPros (complete/partial) Fixed Pros (posterior)	Periodontics Single Tooth Restorative (intra- & extra-coronal) Endodontics RPros (complete) Pedodontics
VIII	Surgical Perio	Restorative Periodontics Pedodontics RPros (complete/partial) Fixed Pros (anterior & posterior) Endodontics Oral Surgery Orthodontics	Fixed Pros (anterior & posterior) RPros (complete/partial) Endodontics Orthodontics Single Tooth Restorative (intra- & extra-coronal)

<u>Trimester</u>	<u>Pre-clinical Skills</u>	<u>REQUIRED Clinic Rotations</u>	<u>VTT Activity</u>
IX		All Restorative Periodontics Pedodontics Endodontics Oral Surgery LAC/USC Orthodontics Geriatrics Mobile Clinic Queens Care Mobile Union Rescue Mission	Begin VTT Leadership: Managing VTT Practice Treatment Planning Assignment of Therapy

Year 3 Clinical Objectives – Multiple Teeth, Multiple Tissues Skill Sets

X		Comprehensive Care Geriatrics Mobile Clinic Queens Care Mobile Union Rescue Mission	VTT Leadership: Managing VTT Practice Treatment Planning Assignment of Therapy
XI		Comprehensive Care Geriatrics Mobile Clinic Queens Care Mobile Union Rescue Mission	VTT Leadership: Managing VTT Practice Treatment Planning Assignment of Therapy

Year 4 Clinical Objectives – Clinical Competency

2. RECOMMENDED CORE EXPERIENCES

Students are expected to obtain a **breadth of experience with a high level of achievement** within each of the disciplines listed below. Opportunities will occur in the form of shared patient experiences within or between Vertical Treatment Teams during clinic rotations. Patient encounters, whether as a primary care provider or as a team learner will be accompanied by **documentation** in the form of daily clinical evaluations completed by clinic faculty and students indicating the procedures and the student's involvement in the procedures.

Students are responsible for the accuracy, completeness, faculty signatures, and timely recording of required documentation:

- Daily Clinic Evaluations
- Patient Record
- Computer Forms (primary care provider and team learner distinguished as specified by Associate Dean of Clinical Affairs)
- Other documentation, as indicated by various disciplines

Based on student performance, as measured through daily clinical evaluations, performance evaluations, and formal faculty reviews, students may be required to complete additional clinical procedures to achieve specific competencies

The Recommended Core Experiences listed below are to be completed by individual students serving as the **primary care provider** in the experience.

Clinical activities are defined as **summative events**. For example, multiple visits for the satisfactory completion of a single maxillary complete denture are credited as one clinical activity in Removable Prosthodontics.

Diagnosis/Treatment Planning (ADA Codes D0100 – D0999)

- 25 Oral Diagnosis/Physical Evaluations and full Treatment Plans in Trimesters VII – XI. A range of simple to moderate to complex cases is expected.
- Complete requirements for Radiology competency.

Endodontics (ADA Codes D3000 - D3999)

- 6 teeth (one anterior, one bicuspid, one molar) or more receiving root canal treatment (RCT) to include **diagnosis, RCT and restoration**
- An assortment of other experiences may include diagnosis of pain, direct and indirect pulp therapy, pulpotomy, endodontic surgery, vital and non-vital bleaching, and endodontic recall.

Fixed Prosthodontics (ADA Codes D6200 – D6999) and Operative Dentistry (ADA Codes D2000 - D2999)

- 1 patient for occlusal splint therapy
- Occlusal analysis and equilibration when necessary
- 2 cast post & cores or 2 preformed dowel post and core build-ups or one of each
- Six restorations of endodontically treated teeth
- A minimum of 20 units of anterior and posterior single indirect restorations in Operative Dentistry – 2000 Code
- A minimum of 10 units in Fixed Prosthodontics (FP), which MUST include at least one traditional Fixed Partial Denture. Implant crowns will be credited in FP – 6000 Code, NOTE: implants will have one procedure credit for the prep and surgical placement of the implant, AND one procedure credit for the cementation of the final restorations. THUS if a student is able to complete an implant procedure from initiation to cementation TWO procedure credits in the FP category will be earned. ALL Fixed Prosthodontic procedures started MUST be completed prior to sign-out for graduation. FP units in excess of 10 will be counted towards the Operative Dentistry requirement of 20.

- Assists have no value in satisfying competencies
- 125 clinical activities involving a wide range of experiences in operative dentistry involving services to single teeth to preserve or restore their health, form and function, in the major options of service remineralization, direct and indirect composite resin, amalgam, indirect porcelain and tooth colored non-porcelain, indirect cast and ceramometal. Pit and fissure sealants will NOT be counted towards this 125 procedure requirement.

Oral Surgery (ADA Codes D7000 - D7999)

- 25 patient procedures including diagnosis, exodontia, post-operative follow-up, and consultations

Orthodontics (ADA Codes D8000 – D8999)

- 1 patient begin and complete
- Rotation with Dr. Warkomski

Pediatric Dentistry

Students must attend all pediatric dentistry clinical rotations and accomplish 25 completed clinical experiences to include diagnosis, treatment planning, preventive restorative pulpal therapy, and exodontia.

- 6 patient assists
- Students will receive credit for all pediatric dental procedures performed at USCSD extra-mural clinics

Periodontics (ADA Codes D4000 – D4999)

- Manage and treat 10 periodontal cases. The student needs to demonstrate the ability to treat and manage 10 patients that require periodontal treatment (in addition to supportive periodontal therapy). 8 of the 10 cases should have a diagnosis of chronic or aggressive periodontitis. The clinical experience begins at periodontal examination and treatment planning, includes providing active periodontal care and periodontal maintenance, and ends after inactivation of the case or transferring the patient to another student upon graduation. To demonstrate the ability of the student to treat and manage patients, all cases should be under the care of the student (as the primary care provider) for at least 6 months and complete the treatments of phase 2 and phase 3.

The student also needs to have a cumulative clinical experience of

- 8 quadrants of periodontal maintenance therapy
- 8 quadrants of prophylaxis (applied to the requirement of prophylaxis outlined in the section “Prevention”)
- 8 quadrants of scaling and root planing with difficulty level 1
- 8 quadrants of scaling and root planing with difficulty level 2
- 4 quadrants of scaling and root planing with difficulty level 3

- Assist in 2 periodontal surgeries

Removable Prosthodontics (ADA Codes D5000 – D5899)

- A minimum of nine (9) arches to include
 - A minimum of 1 set of opposing maxillary and mandibular complete dentures, i.e. 2 dentures restoring a completely edentulous patient.
 - A minimum of 3 removable cast metal removable partial dentures, including a distal extension base (D5213, D5214, D5215)
 - The total number of complete dentures and cast metal framework partial dentures MUST equal at least 9.
- 2 treatment/interim partial dentures (D5211, D5212), These DO NOT count towards the 9 arch requirement in removable prosthodontics.
- 15 additional removable prosthodontic procedures to include prosthetic repairs, tissue condition, lab processed relines and/or rebases, interim partial dentures and denture adjustment procedures for a denture the student did not fabricate.

Prevention (ADA Codes D1000-D1999)

- A minimum of 60 total procedures to include the following
- A minimum of 25 pit and fissure sealants
- A minimum of 8 quadrants of adult prophylaxis
- A minimum of 5 child prophylaxis
- Topical fluoride treatments
- A minimum of 1 tobacco cessation intervention
- A minimum of 1 iatrosedation, anxiety intervention
- Nutritional counseling

III. PERFORMANCE EVALUATIONS

Each student is required to pass a series of Performance Evaluations during both the junior and senior years. The purpose of Performance Evaluations is to evaluate student knowledge, skill and behavior in a simulated practice environment in which the student provides oral healthcare independently. Performance Evaluations are normally completed on patients of the Vertical Treatment Team as a requirement of various clinic rotations. Student evaluation is completed by a minimum of two clinic faculty who grade independently.

Each discipline provides the student with the following:

- Description of the objectives of Performance Evaluations
- Criteria for timing/scheduling of Performance Evaluations
- Description of Performance Evaluations to include
 - + setting of the Performance Evaluation

- + type of Performance Evaluation
- + scheduling of Performance Evaluation
- Criteria for patient selection
- Criteria for student evaluation
- Remediation processes

Junior Performance Evaluations provide data from which judgments of student progress towards achieving various Clinical Competencies are made. Upon completion of specific Junior Performance Evaluations and with approval of the VTT faculty mentor and clinical faculty, the student may complete daily patient treatment in the skill area with fewer evaluation steps.

Senior Performance Evaluations provide data which contributes to the judgment of student achievement of various Clinical Competencies. Senior Performance Evaluations are completed without the intervention of a faculty member and student ability to self-assess is a significant criterion for passing.

Disciplines Requiring Performance Evaluations:

- Endodontics
- Fixed Prosthodontics and Operative Dentistry
- Removable Prosthodontics
- Oral and Maxillofacial Surgery
- Periodontics
- Oral Diagnosis
- Comprehensive Care – Group Practice Faculty Evaluation

1. JUNIOR PERFORMANCE EVALUATIONS

Endodontics

All endodontic procedures are reviewed in detail and are considered Performance Evaluations

Fixed Prosthodontics and Operative Dentistry

Patient procedures

- 1 amalgam restoration
- 1 composite restoration
- 1 cast preparation and provisional
- 1 cast cementation

Simulation procedures – all patient procedures are preceded by completion of the procedure on an extracted tooth or typodont with self-evaluation and review by examination faculty at least 24 hours before the scheduled patient procedure.

Oral & Maxillofacial Surgery

- Clinical simulation of patient emergencies

- Management of pain, hemorrhage, trauma, and infection

Oral Pathology/Oral Medicine

Cases in clinical oral pathology

Periodontics

- 1 junior competency exam in comprehensive treatment planning
- 1 junior competency exam for the use of ultrasonic instrumentation for scaling and root planing
- 1 junior competency exam in scaling and root planing.

Comprehensive Patient Assessment-Diagnosis and Treatment Planning

- 1 computer based patient assessment -- To be completed by the end of Trimester VI

2. SENIOR PERFORMANCE EVALUATIONS

Endodontics

Mock state dental board examination exercise

Fixed Prosthodontics and Operative Dentistry

Patient procedures

- 2 composite restorations
- 2 amalgam restorations
- 4 casting preparations, impressions, provisionals
- 2 casting cementations
- Mock Board – amalgam or composite restoration

Simulation examinations

- 3 FPD and anterior PFM preparations on typodont
- 3 amalgam restorations (preps and restorations) on extracted teeth

Oral Diagnosis/Physical Evaluation

Patient procedures

- 2 Data Collection Interviews
- 2 Case Presentations
- 2 Iatrosedation Interviews/Clinical Encounters
- 2 Tobacco Cessation Interviews in the cessation clinic for which students will sign up to complete

Oral & Maxillofacial Surgery

- Clinical simulation of patient emergencies
- Management of pain, hemorrhage, trauma, and infection

Oral Pathology/Oral Medicine

Cases in oral pathology

Periodontics

- 1 patient case – Patient Selection,
Patient Diagnosis
Scaling and Root Planing

Removable Prosthodontics

- Mock state dental board examination exercise

Comprehensive Patient Assessment

- 2 computer-based patient assessments (One during Trimester X and one during Trimester XI)

IV. DOCTORAL DENTAL COMPETENCIES

The USC School of Dentistry curriculum is described in terms of Competencies, a concept originally presented by Chambers and Gerrow.¹ The *25 USCSD Doctoral Dental Competencies* focus on outcomes leading to the creation of a graduate with desired skills and guide faculty in choosing and providing educational experiences which will lead to the development of graduates with those skills.

These 25 competencies are applicable to the pediatric, adolescent, adult, geriatric and medically compromised patient. These competencies define the expectations for all USC School of Dentistry graduates and achievement of competence in each of these areas is judged to prepare the graduate to become an entry level general practitioner. Each of the competencies has been defined with respect to core content required, breadth of clinical experience, specific sets of performance evaluations and development of clinical decision making skills. Assessments may be applicable to several different competencies and the completion of all assessments defining both individual and the entire set of competencies is necessary prior to graduation. The completion of only portions of the competency is not acceptable for consideration for graduation. The requirements to complete each of these 25 Competencies are listed in this Clinical Education Document.

In order to facilitate reading this list of statements, certain terms are predefined so they could be used in the document without repetitive definition. In situations where it is expected that the USCSD graduate will be able to, and likely to, actually perform the necessary procedures, the terms “perform”, “provide”, “restore”, or “treat” is used. In circumstances where the graduate may perform some treatment but is more likely to oversee treatment or refer, the term “manage” is used. The term “appropriate” is not used in these statements to eliminate repetitive verbiage.

¹ Chambers DW, Gerrow JD, Manual for developing and formatting competency statements, J Dent Educ 1994; 58:361-6

It is assumed that all knowledge, skills and procedures described will be performed for appropriate reasons, in appropriate circumstances, and in an appropriate manner.

GENERAL PROFESSIONAL COMPETENCY

1. Provide empathic care for all patients without discrimination.
2. Improve the oral health of individuals from diverse, disadvantaged, and “at risk” populations through diagnosis, treatment and education in a variety of practice settings.
3. Apply ethical, legal and regulatory concepts and principles to the provision and/or support of oral health care services.
4. Regularly assess one’s knowledge and skills, and seek additional information to correct deficiencies and enhance performance.

PRACTICE MANAGEMENT

5. Understand the differences between various models of oral health care delivery.
6. Understand and apply the principles and philosophies of practice management and use current technology to retrieve and organize professional information in order to function effectively as an oral health care provider.
7. Implement and monitor infection control and environmental safety programs according to current standards.

PATIENT CARE - Comprehensive Assessment, Diagnosis, and Treatment Planning

8. Perform a comprehensive diagnostic evaluation based upon the application of scientific principles, and current literature, with consultations as appropriate.
9. Assess patient goals, values and concerns to establish rapport, guide patient care, maintain oral health and monitor therapeutic outcomes.
10. Combine clinical and supporting data, with individual patient’s goals and values, and integrate multiple disciplines into individual, comprehensive, sequenced treatment plans with appropriate diagnoses, prognoses, and treatment alternatives.
11. Recognize the normal range of clinical findings and significant deviations that reflect oral pathology and that require monitoring, treatment or management.
12. Recognize oral manifestations of systemic disorders, as well as systemic complications of oral disease, and seeking consultations as needed.

PATIENT CARE - Comprehensive Treatment

13. Provide patient education and preventive procedures to maximize oral health.
14. Recognize periodontal disease, treating uncomplicated conditions, and referring complicated periodontal procedures.
15. Restore single defective teeth to optimal form, function and esthetics using direct and indirect restorations.
16. Restore edentulous spaces to optimal form, function and esthetics using fixed partial dentures, removable partial dentures, complete dentures or implant supported restorations.
17. Recognize pulpal and periradicular disease, treating uncomplicated conditions and referring complicated endodontic procedures.
18. Recognize indications for oral surgical procedures, treating uncomplicated conditions and referring complicated surgical procedures.
19. Recognize patients with occlusal and temporomandibular joint disorders, treating uncomplicated conditions and referring complicated cases.
20. Recognize needs for orthodontic treatment, performing uncomplicated procedures and referring complicated procedures.

PATIENT CARE - Medical and Dental Emergencies, Pain and/or Anxiety Control

21. Anticipate, detect and provide initial treatment and follow-up management for complications and medical emergencies that may occur during or as a result of dental treatment.
22. Recognize and manage pain, hemorrhage, trauma and infection of the orofacial complex.
23. Select and administer or prescribe pharmacological agents in the treatment of dental patients.
24. Manage patients with pain and/or anxiety using non-pharmacological methods.

PATIENT CARE - Communication

25. Communicate effectively, both orally and in writing, with colleagues, practitioners, staff, patients, and the public.

GENERAL PROFESSIONAL COMPETENCY

1. Provide empathic care for all patients without discrimination.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation

Daily Work Evaluations
Case Presentations

Clinical Decision-Making

Case Presentations
Comprehensive Care Delivery
Clinic Journal

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

GENERAL PROFESSIONAL COMPETENCY

2. Improve the oral health of individuals from diverse, disadvantaged and “at risk” populations through diagnosis, treatment and education in a variety of practice settings.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluations
- Case Presentations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

GENERAL PROFESSIONAL COMPETENCY

3. Apply ethical, legal and regulatory concepts and principles to the provision and/or support of oral health care services.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluations
- Case Simulations
- Case Presentations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- USC School of Dentistry Ethics Committee Evaluation

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

GENERAL PROFESSIONAL COMPETENCY

4. Regularly assess one's knowledge and skills, and seek additional information to correct deficiencies and enhance performance.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluation
- Case Presentations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PRACTICE MANAGEMENT

5. Understand the differences between various models of oral health care delivery.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

Daily Work Evaluation

Case Presentations

Computer based simulation exercise in practice management, CMDT 502ab

Junior Competency in Comprehensive Care Delivery Evaluations

Senior Competency in Comprehensive Care Delivery Evaluations

Junior Computer Based Patient Assessment

Senior Computer Based Patient Assessment

Clinical Decision-Making:

Junior Computer Based Patient Assessment

Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PRACTICE MANAGEMENT

6. Understand and apply the principles and philosophies of practice management and use current technology to retrieve and organize professional information in order to function effectively as an oral health care provider.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

Daily Work Evaluation

Case Presentations

Computer based simulation exercise in practice management, CMDT 502ab

Junior Competency in Comprehensive Care Delivery Evaluations

Senior Competency in Comprehensive Care Delivery Evaluations

Junior Computer Based Patient Assessment

Senior Computer Based Patient Assessment

Clinical Decision-Making:

Junior Computer Based Patient Assessment

Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PRACTICE MANAGEMENT

7. Implement and monitor infection control and environmental safety programs according to current standards

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Quality Assurance Audits of Clinical Activity
 - Infection Control Audits
 - SIP (Sterile Instrument Protocol) adherence in clinic
 - IMS records of student activity
- Daily Work Evaluation
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE ASSESSMENT AND DIAGNOSIS

8. Perform a comprehensive diagnostic evaluation based upon the application of scientific principles and current literature with consultations as appropriate.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Diagnosis and Treatment Planning Evaluations
- Daily Work Evaluations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessments
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE ASSESSMENT AND DIAGNOSIS

9. Assess patient goals, values and concerns to establish a rapport, guide patient care, maintain oral health and monitor therapeutic outcomes.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Quality Assurance

 - Patient Satisfaction Surveys

- Daily Work Evaluations

- Diagnosis and Treatment Planning Evaluations

- Junior Competency in Comprehensive Care Delivery Evaluations

- Senior Competency in Comprehensive Care Delivery Evaluations

- Senior Performance Evaluations

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessments

Clinical Decision-Making:

- Clinical Diagnosis and Treatment Planning in comprehensive care of patients

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessments

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT PLANNING

10. Combine clinical and supporting data with individual patient's goals and values and integrate multiple disciplines into individual, comprehensive, sequenced treatment plans with appropriate diagnoses, prognoses and treatment alternatives.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Quality Assurance

 - Patient Satisfaction Surveys

- Diagnosis and Treatment Planning Evaluations

- Daily Work Evaluations

- Junior Competency in Comprehensive Care Delivery Evaluations

- Senior Competency in Comprehensive Care Delivery Evaluations

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT PLANNING

11. Recognize the normal range of clinical findings and significant deviations that reflect oral pathology and that require monitoring, treatment or management.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluation
- Diagnosis and Treatment Planning Evaluations
- Junior Performance Evaluations
- Senior Performance Evaluations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT PLANNING

12. Recognize oral manifestations of systemic disorders, as well as systemic complications of oral disease, and seeking consultations as needed.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluation
- Diagnosis and Treatment Planning Evaluations
- Junior Performance Evaluations in Oral Pathology/Oral Medicine
- Senior Performance Evaluations in Oral Pathology/Oral Medicine
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

13. Provide patient education and preventive procedures to maximize oral health.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Quality Assurance

 - Patient Satisfaction Surveys

- Daily Work Evaluation

- Diagnosis and Treatment Planning Evaluations

- Junior Competency in Comprehensive Care Delivery Evaluations

- Senior Competency in Comprehensive Care Delivery Evaluations

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

14. Recognize periodontal disease, treating uncomplicated conditions, and referring complicated periodontal procedures.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluation
- Diagnosis and Treatment Planning Evaluations
- Periodontal Evaluation Forms
- Junior Performance Evaluations Periodontics
- Senior Performance Evaluations Periodontics
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Junior Performance Evaluation Periodontics
- Senior Performance Evaluation Periodontics
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

15. Restore single defective teeth to optimal form, function and esthetics using direct and indirect restorations.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation

- Daily Work Evaluations
- Diagnosis and Treatment Planning Evaluations
- Restorative Procedures Evaluation Forms
- Junior Performance Evaluations Operative Dentistry
- Senior Performance Evaluations Operative Dentistry
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making

- Junior Performance Evaluation Operative Dentistry
- Senior Performance Evaluation Operative Dentistry
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

16. Restore edentulous spaces to optimal form, function and esthetics using fixed partial dentures, removable partial dentures, complete dentures or implant supported restorations.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluations
- Diagnosis and Treatment Planning Evaluations
- Restorative Procedures Evaluation Forms
- Junior Performance Evaluations Fixed Prosthodontics
- Senior Performance Evaluations Fixed Prosthodontics
- Senior Performance Evaluations Removable Prosthodontics
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Junior Performance Evaluation Fixed Prosthodontics
- Senior Performance Evaluation Fixed Prosthodontics
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

17. Recognize pulpal and periradicular disease, treating uncomplicated conditions, and referring complicated endodontic procedures.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluation
- Diagnosis and Treatment Planning Evaluations
- Endodontic Procedures Evaluation Forms
- Senior Performance Evaluations Endodontics
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

18. Recognize indications for oral surgical procedures, treating uncomplicated conditions and referring complicated surgical procedures

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluations
- Diagnosis and Treatment Planning Evaluations
- Junior Performance Evaluations Oral Surgery
- Senior Performance Evaluation Oral Surgery
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Performance Evaluations Oral Surgery
- Senior Performance Evaluations Oral Surgery
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

19. Recognize patients with occlusal and temporomandibular joint disorders, treating uncomplicated conditions and referring complicated cases.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluations
- Diagnosis and Treatment Planning Evaluations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Diagnosis and Treatment Planning Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMPREHENSIVE TREATMENT

20. Recognize needs for orthodontic treatment, performing uncomplicated procedures and referring complicated procedures.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluations
- Diagnosis and Treatment Planning Evaluations
- Orthodontic Procedure Evaluations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Diagnosis and Treatment Planning Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

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PATIENT CARE: MEDICAL AND DENTAL EMERGENCIES, PAIN AND/OR ANXIETY CONTROL

21. Anticipate, detect and provide initial treatment and follow-up management for complications and medical emergencies that may occur during or as a result of dental treatment.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluation
- Junior Performance Evaluation Oral Surgery
- Senior Performance Evaluation Oral Surgery
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Junior Performance Evaluation Oral Surgery
- Senior Performance Evaluation Oral Surgery
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: MEDICAL AND DENTAL EMERGENCIES, PAIN AND/OR ANXIETY CONTROL

22. Recognize and manage pain, hemorrhage, trauma and infection of the orofacial complex.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluations
- Junior Performance Evaluations Oral Surgery
- Senior Performance Evaluations Oral Surgery
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Junior Performance Evaluations Oral Surgery
- Senior Performance Evaluations Oral Surgery
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: MEDICAL AND DENTAL EMERGENCIES, PAIN AND/OR ANXIETY CONTROL

23. Select and administer or prescribe pharmacological agents in the treatment of dental patients.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Daily Work Evaluation
- Diagnosis and Treatment Planning Evaluations
- Junior Competency in Comprehensive Care Delivery Evaluations
- Senior Competency in Comprehensive Care Delivery Evaluations
- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment
- Group Practice Faculty Evaluations

Clinical Decision-Making:

- Junior Computer Based Patient Assessment
- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: MEDICAL AND DENTAL EMERGENCIES, PAIN AND/OR ANXIETY CONTROL

24. Manage patients with pain and/or anxiety using non-pharmacological methods

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation:

- Quality Assurance

 - Patient Satisfaction Surveys

- Daily Work Evaluation

- Junior Performance Evaluation Oral Diagnosis/Physical Evaluation

- Senior Performance Evaluation Oral Diagnosis/Physical Evaluation

- Junior Competency in Comprehensive Care Delivery Evaluations

- Senior Competency in Comprehensive Care Delivery Evaluations

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessment

Clinical Decision-Making:

- Junior Computer Based Patient Assessment

- Senior Computer Based Patient Assessment

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

PATIENT CARE: COMMUNICATION

25. Communicate effectively, both orally and in writing, with colleagues, practitioners, staff, patients and the public.

Core Content

DPBL Courses, cases and case content are established by the Curriculum Committee and maintained by the USC School of Dentistry Office of Academic Affairs.

Breadth of Experience

Refer to Section II-1 Progression of Clinical Skills and Required Clinic Rotations, pp. 6 – 8; and Section II-2 Recommended Core Experiences, pp. 8 – 10.

Performance Evaluation

- Daily Work Evaluations
- Diagnosis and Treatment Planning Evaluations
- Case Presentations
- Junior Competency in Comprehensive Care Delivery Evaluation
- Senior Competency in Comprehensive Care Delivery Evaluation

Clinical Decision-Making

- Daily Work Evaluations
- Case Presentations

Determination of student competency in this area will be based on all of the learning, experience and performance parameters in the above lists. This information will be compiled in the USC School of Dentistry Office of Academic Affairs and a record for each student of the achievement of competency will be available. All students will be required to demonstrate achievement of this competency prior to graduation from the USC School of Dentistry.

This document was prepared by the Evaluation and Competencies Sub-committee of the Curriculum Committee with the assistance of representatives of each of the clinical disciplines, as well as the Associate Dean for Clinical Affairs, and the Associate Dean for Academic Affairs and Student Life. This document was approved by The Curriculum Committee.

**PROTOCOL FOR EVALUATION OF RECOMMENDED CORE CLINICAL
EXPERIENCES
REVISED APRIL 2, 2007
CLASS OF 2008**

The USC School of Dentistry DDS Academic Program is “competency-based” rather than “procedure-based.” Students are expected to perform a broad spectrum of care in order to demonstrate meeting the 25 competencies required for graduation. The following is the protocol that will be used to determine if a student has a sufficient breadth and depth of clinical experience to complete all competencies and to thereby be qualified for graduation. Students can choose either method A or B for their evaluation.

- A. Use the present evaluation criteria for Recommended Core Experiences (section II-2) as described in the Clinical Education Program Doctoral Dental Class of 2008, July 13, 2006.
- B. Use alternative evaluation criteria for Recommended Core Experiences as described below.

Alternative Criteria for evaluation of Recommended Core Clinical Experiences II-2

All students must demonstrate that they have obtained a sufficient breadth and depth of clinical experiences to complete all competencies and to thereby become qualified to graduate by meeting the following criteria:

1. Obtain a minimum total of **815 experience units** in the following areas (All procedures have a unit value based on approximately 1 unit/hour of treatment by an experienced senior dental student. See attached document for unit value of each clinical procedure by code #):

- a. Endodontics (ADA Codes D3000-D3999)
- b. Fixed Prosthodontics (ADA Codes D6200-D6999)
- c. Operative Dentistry (ADA Codes D2000-D2999)
- d. Removable Prosthodontics (ADA Codes D5000-DD5899)

2. Must accomplish a minimum amount of experience in each of the above areas as described below (a-g).

- a. Endodontics (ADA Codes D3000-D3999) - minimum of 6 teeth with at least 1 molar, 1 premolar & 1 anterior
- b. Fixed Prosthodontics (ADA Codes D6200-D6999) - minimum of 26 indirect procedures including at least 3 units of FPD
- c. Operative Dentistry (ADA Codes D2000-D2999) - minimum of 112 clinical direct or indirect restorative procedures.
- d. Removable Prosthodontics (ADA Codes D5000-DD5899)
 1. A minimum of 7 arches to include:
 - A minimum of 1 set of opposing maxillary and mandibular complete dentures, i.e. 2 dentures restoring a completely edentulous patient.
 - A minimum of 3 removable cast metal removable partial dentures, including a distal extension base (D5213, D5214, D5215)

- The total number of complete dentures and cast metal framework MUST equal at least 7.
- 2. 2 treatment/ interim partial dentures partial dentures (D5211, D5212). These DO NOT count towards the 7 arch requirement in removable prosthodontics.
- 3. 15 additional removable prosthodontic procedures to include prosthetic repairs, tissue condition, lab processed relines and /or rebases, interim partial dentures and denture adjustment procedures for a denture the student did not fabricate.

3. Must fulfill the recommendations for the following disciplines as described in the Clinical Education Program Doctoral Dental Class of 2008, July 13, 2006.
- a. Oral Surgery (ADA Codes D7000-D7999)
 - b. Pediatric Dentistry
 - c. Diagnosis/Treatment Planning
 - d. Prevention
 - e. Periodontics (ADA Codes D4000-D4999)

The Group Practice Director/Attending Dentist with the Associate Dean of Clinical Affairs will be responsible for insuring that each student has meet the breath of clinical experience as defined in this document.

Designated faculty in each discipline will be responsible for evaluating the quality of the care provided by each student. Quality of care will be determined based on previously established performance criteria. In all cases, students must consistently demonstrate concern for patients' wellbeing and display the demeanor expected of a health care practitioner.

4. Meet all block rotation requirements.
 5. Complete all treatment that has been started for all assigned patients.
- Completion of periodontal therapy means that the treatment has been completed through phase 3 (re-eval).