STATE UNIVERSITY SYSTEM OF FLORIDA

Board of Governors, State University System of Florida
REQUEST TO OFFER A NEW DEGREE PROGRAM
In Accordance with BOG Regulation 8.011
(Please do not revise this proposal format without prior approval from Board staff)

Florida Atlantic University	**Fall 2025**
Institution Submitting Proposal	Proposed Implementation Term
College of Dentistry (Newly Created)	**College of Dentistry**
Name of College(s) or School(s)	Name of Department(s)/Division(s)
Dentistry	**Doctor of Dental Medicine (DMD)**
Academic Specialty or Field	Complete Name of Degree
51.0401	
Proposed CIP Code (2020 CIP)	

The submission of this proposal constitutes a commitment by the university that, if the proposal is approved, the necessary financial resources and the criteria for establishing new programs have been met prior to the initiation of the program.

Date Approved by the University Board of Trustees	**President's Signature Date**
Board of Trustees Chair's Signature Date	**Provost's Signature Date**

PROJECTED ENROLLMENTS AND PROGRAM COSTS

Provide headcount (HC) and full-time equivalent (FTE) student estimates for Years 1 through 5. HC and FTE estimates should be identical to those in Appendix A – Table 1. Indicate the program costs for the first and the fifth years of implementation as shown in the appropriate columns in Appendix A – Table 3A or 3B. Calculate an Educational and General (E&G) cost per FTE for Years 1 and 5 by dividing total E&G by FTE.

Implementation Timeframe	HC	FTE	E&G Cost per FTE	E&G Funds	Contract & Grants Funds	Auxiliary/ Philanthropy Funds	Total Cost
Year 1	45	45	2590150	116,556,750	0	0	116556750
Year 2	90	90					
Year 3	158	158					
Year 4	248	248					
Year 5	293	293	128283.28	37587000	0	0	37587000

Additional Required Signatures

I confirm that I have reviewed and approved Need and Demand Section III.F. of this proposal.

Signature of Equal Opportunity Officer

Date

I confirm that I have reviewed and approved Non-Faculty Resources Section VIII.A. and VIII.B. of this proposal.

Signature of Library Dean/Director

Date

Introduction

I. Program Description and Relationship to System-Level Goals

A. Describe within a few paragraphs the proposed program under consideration, and its overall purpose, including:
- **degree level(s)**
- **majors, concentrations, tracks, specializations, or areas of emphasis**
- **total number of credit hours**
- **possible career outcomes for each major (provide additional details on meeting workforce need in Section III)**

The degree program will be housed in the newly-created College of Dentistry on the Boca Raton campus. The purpose of this advanced degree program is to produce general dentists who will provide comprehensive, culturally-safe, person-centered oral health care for patients of all ages and abilities by working in teams with other health care providers including medical doctors to support the overall health of individuals and communities, with a special emphasis on the underserved.

The FAU College of Dentistry will confer the degree of Doctor of Dental Medicine (DMD) to its graduates, through an accredited program under the Commission on Dental Accreditation (CODA) to practice dentistry in the United States. Normally no internship or residency is required following graduation thus graduates are expected to be practice-ready upon leaving FAU.

The DMD degree does not customarily include majors, concentrations, tracks, or specializations, and there is no intention for the FAU program to do so. However, this program proposes to have an emphasis on graduating oral health care providers who are especially well equipped to practice in underserved locations, with diverse populations, and in interprofessional teams in partnership with MDs. The total number of credit hours required is 198.

Students could enter specialty training or directly into practice at the time of graduation. They could practice in private dental offices including solo or group practice, in corporate dental settings, in the public health service, the military or in dental academia. However, it is hoped that many would seek to practice in community health centers that serve low-income and rural populations that have a shortage of health care providers.

B. If the proposed program qualifies as a Program of Strategic Emphasis, as described in the Florida Board of Governors 2025 System Strategic Plan, please indicate the category.

- **Critical Workforce**
  - ☐ Education
  - ☒ Health
  - ☐ Gap Analysis

- **Economic Development**
  - ☐ Global Competitiveness
  - ☐ Science, Technology, Engineering, and Math (STEM)

☐ **Does not qualify as a Program of Strategic Emphasis.**

II. Strategic Plan Alignment, Projected Benefits, and Institutional Mission and Strength

A. **Describe how the proposed program directly or indirectly supports the following:**
- **System strategic planning goals (see link to the 2025 System Strategic Plan on the [New Program Proposals & Resources](#) webpage)**
- **the institution's mission**
- **the institution's strategic plan**

FAU's proposed Doctor of Dental Medicine supports the SUS Strategic plan 2025 Goals for the state universities by

- **Increasing the number of graduate degrees awarded in an area of strategic emphasis**
- **Increasing the number of graduate degrees awarded in STEM and Health**
- **Strengthening the quality and recognition of commitment to community and business engagement**
- **Increasing levels of community and business engagement**
- **Increasing community and business workforce**

The program aligns with Florida Atlantic University's mission as "a multi-campus public research university that pursues excellence in its missions of research, scholarship, creative activity, teaching, and active engagement with its communities." Dentistry and oral health care is an important component of overall health and well-being, and the D.M.D. will support excellence in teaching and active engagement with our communities throughout the region of South Florida and our state. Traditionally, doctoral-level professional schools are also major hubs for research and scholarship activities, attracting faculty members who are externally funded to explore and develop cutting edge clinical practices and techniques in addition to investigating broader complex health equity and policy issues. Accordingly, the D.M.D. and the new College of Dentistry reinforces the University's continued focus on becoming nationally recognized for the highest levels of impactful research and inquiry.

Additionally, this program supports FAU's *Strategic Plan for the Race to Excellence, 2015-2025*, which incorporates a "Health Aging" pillar that is broken out into such topics as "Health and wellness," "Geriatrics and aging in place," and "Health policy, health equity, and health economics." This topics are essential to FAU's plan to focus on community health matters, so that even the most traditionally underserved populations throughout the state can have access to high-quality healthcare including dental medicine.

B. **Describe how the proposed program specifically relates to existing institutional strengths. This can include:**
- **existing related academic programs**
- **existing programs of strategic emphasis**
- **institutes and centers**
- **other strengths of the institution**

FAU is well positioned in the present time to launch a new Doctor of Dental Medicine, given the growing institutional strengths under the umbrella of the FAU Health Network. In addition to

standardized patient clinical program requirements, dental care clinic experiences will be operationalized initially in the Broward, Palm Beach, and Martin counties with full and affiliate faculty members similarly to clinical rotations provided by our College of Medicine and College of Nursing. The college will partner with public and private partners in the FAU Health Network (see below). The College of Dentistry is an essential component of FAU Health Network's mission to best serve the growing population of Florida.

FAU Health Network aims to best serve the healthcare needs of the population of the region and of Florida through education and research integration and interprofessional practice. The Boca Raton campus currently houses 7 colleges related to health sciences (e.g. biomedical engineering, medicine, nursing, psychology, social work). The proposed dental school is the next natural progression of this coalition of collaboration. In addition, FAU Health Network with work collaboratively with the region's 12 dental hygiene programs to provide additional clinical rotation opportunities—also impacted by shortage of dentists in the region. The ability to find and retain adequate preceptors is becoming evermore challenging for the dental allied health providers. These programs benefit directly from connectivity to a dental school and will also help FAU reduce the cost of clinical support personnel.

FAU will continue to expand the partnerships for its dental network throughout the state in its mission to provide a supply of dentists to Florida's dental HPSAs (Health Professional Shortage Areas) throughout Florida.

c. **Provide the date the pre-proposal was presented to the Council of Academic Vice Presidents Academic Program Coordination (CAVP ACG). Specify whether any concerns were raised, and, if so, provide a narrative explaining how each concern has been or will be addressed.**

The pre-proposal was submitted to BOG staff and reviewed by the CAVP ACG at the September 7, 2022 meeting. No objections to the proposed dental program at FAU were expressed by any institution. Support from much of the SUS for the dental program that we described in the pre-proposal was strong. Several commented that if this program was planned correctly, it could become a national model for addressing the serious need for dentists in rural and urban HPSAs (Health Professional Shortage Area).

That being said, collectively, the group supplied feedback that collectively rose to the level of **concern**, and therefore is required to be addressed in this document. The group felt that ours was a very important initiative that need to be planned properly and carefully. Below are the areas of concern from the discussion.

1) The timeline for admission of the first class should be reconsidered. This is based on the list of things that would need to be accomplished prior to admission—hiring of faculty, staff and administrators, designing and seeking approval of new curriculum, securing funding and space, seeking CODA accreditation, establishing community partnerships, etc. We were also cautioned to be careful with the timing of the rollout with respect to SACSCOC reaffirmation (substantive change restrictions) and the impact on moving to a new accreditor.

2) Document a well-developed funding model. Even with the significant philanthropic support, having so much funding tied to an LBR seems problematic without knowing the LBR is approved and if approved, without knowing the exact amount that will be awarded. What is FAU going to do if the LBR is not approved? Is there a contingency plan? It was highly recommended that we demonstrate multiple paths to funding the program.

3) If a main focus of the program is to solve the disparity of geographic distribution of dentists, and it was agreed that this is the most serious need for dentists in Florida, how are we going to guarantee that our graduates will work in dental HPSAs? The literature discusses incentivization programs like loan forgiveness, scholarships, etc for graduates to entice them to work in these areas, but evidence is highly mixed on the success of such programs. It was recommended that we design a plan to recruit students who are from HPSAs and/or from diverse populations. These graduates are more likely to return to the underserved areas. Incentivization plus recruiting strategies should be considered. What is the plan? This is crucial to the success of the program.

4) The group enthusiastically recommended the creation of a *network* of support that is state focused to show that FAU is committed to solving the dental HPSA problem Florida-wide. How do we best meet the needs of the state and how will we build the team to do that? The group recommended that the items below be resolved prior to submitting the final proposal for BOG review.
   a) Establish feeder programs throughout the state to supply students living in dental HPSAs. Obtain letters that support articulation agreements with institutions within or near HSPAs. UWF, UCF and FAMU spoke up as possible schools of interest in working with FAU if the program is approved. Institutions like this could become important feeders of students to the program who are more likely to be inclined to return to work in the geographic areas of concern.
   b) Establish strong community partners for support of the FAU program. Community partners may be a source of resources to support the program, provide spots for clinical training, etc. FAU needs to do a broad community needs assessment in the state to determine areas of early partnership to help shape the proposal. Obtain agreements with communities and hospitals and

practices within those communities. Develop a large network of support.

D. In the table below, provide a detailed overview and narrative of the institutional planning and approval process leading up to the submission of this proposal to the Board office. Include a chronology of all activities, providing the names and positions of both university personnel and external individuals who participated in these activities.

- **If the proposed program is a bachelor's level, provide the date the program was entered into the APPRiSe system, and, if applicable, provide narrative responding to any comments received from APPRiSe.**
- **If the proposed program is a doctoral-level program, provide the date(s) of the external consultant's review in the planning table. Include the external consultant's report and the institution's responses to the report as Appendix B.**

The stimulus for the creation of this degree program was a series of meetings and forums with FAU leaders and various health leaders in the South Florida community. Additionally, some Florida legislators were eventually brought into the conversation. The fact that no dental program was attached to a major public research university in the South Florida area became an important focus of the FAU health initiative. This lead to the creation of an LBR (and CIP) to focus on building the dental program at FAU and the discussions with BOG staff on the timeframe and process required to create the program. Assisting FAU personnel in the planning for the program, was Hanover Research for a broad feasibility marketing analysis, ECGMC Research team, Dr. Joel Berg (former Dean of the dental program at the University of Washington and President of Execudent) and an Dr. Bruce Rotter who prepared the external consultant report. Dr. Rotter is a recently retired Dean from Southern Illinois University's School of Dental Medicine.

After preparation of the proposal, the document moved through the regular FAU committee processes until final approval by the FAU Board of Trustees.

Planning Process

Date	Participants	Planning Activity Description
Spring-Summer 2022	BOT Chair, FAU President, Legislators, South Florida Health Leaders	Meetings/Summits on the FAU Health Initiative and its Network
August 2022	Russ Ivy, BOG Office Staff: Disraelly Cruz, Dr. Christy England	Communication with BOG staff about process and timeline for submission for BOG approval.
August 23, 2022	FAU Board of Trustees	Vote by FAU BOT to revise accountability plan to include DMD Dentistry
August 23, 2022	FAU Provost Office/BOG Staff	Resubmission of FAU Accountability Plan through DRS
August 23-September 7, 2022	Hanover Reearch	Program Feasibility Assessment Overview
August 24, 2022	Russ Ivy	Submitted Pre-proposal for DMD Dentistry in ARTS
August 29-September 14, 2022	Russ Ivy, College of Medicine Staff, Dr. Joel Berg (Execudent)	Preparation of Request to offer a New Degree Program proposal packet.
September 7, 2022	Russ Ivy, CAVP Academic Coordinating Group	Presentation and Discussion of Pre-proposal
September 13, 2022	Board of Governors	Consideration of FAU revised Accountability Plan
Mid September, 2022	External Consultant	Review of proposal draft and creation of the consultant report.
September 14, 2022	Provost Staff	Submit Proposal packet to Graduate Programs Committees, Academic Budget and Planning, Faculty Senate Steering, Faculty Senate Members, FAU BOT Members for perusal.
September 19, 2022	Board of Trustees	LBR discussion and vote
September 19, 2022	Board of Trustees	Capital Improvement Plan Discussion and Vote
September 21, 2022	FAU Graduate Programs Committee	Proposal packet review/vote
September 21, 2022	FAU Graduate Council	Proposal Packet review/vote
September 22, 2022	Academic Budget and Planning	Proposal Packet review/vote
September 22, 2022	Faculty Senate Steering	Proposal Packet review/vote
September 23, 2022	Faculty Senate	Proposal Packet review/vote
September 23, 2022	FAU BOT	Proposal Packet review/vote

September 26, 2022	Provost Office/BOG	Submission of Packet to BOG staff
October 2022	SACSCOC	Begin Discussions with SACSCOC about timing of accreditation of the DMD
October 2022	CODA	Begin Discussions with CODA about accreditation steps
November 9-10, 2022	Board of Governors	Discussion and vote on approval of DMD.

E. **Provide a timetable of key events necessary for the implementation of the proposed program following approval of the program by the Board office or the Board of Governors, as appropriate, and the program has been added to the State University System Academic Degree Program Inventory.**

Events Leading to Implementation

Following approval of the DMD and approval of the LBR and Capital Improvement Plan, FAU will go through the process of preparing for the first incoming class. We will spend approximately 30 months going through the process of hiring faculty and administrators, planning, designing and constructing space to accommodate the start of the program, creating the curriculum and taking it through the FAU approval process, going through the accreditation process, marketing and recruiting the inaugural class, creating the administrative policies and governance structure of the management of the program and getting approval for the creation and naming of the College.

Date	Implementation Activity
November 2022	Establish COD Advisory Board
November 2022	Establish Dental Education Leadership Education Committee.
December 2022	Set Up ADEA-AADSAS Account as pre-cursor to CODA accreditation
January-March 2023	Create College of Dentistry and secure naming of the College.
January-May 2023	Design first and second year coursework of the program and seek approval through University Graduate Programs Committee and Faculty Senate.
January-May 2023	Identify Office/Space Needs and Work with Space Committee to identify areas for DMD prior to construction of new building.
January-May 2023	Recruit Dean of the College
May-August 2023	Design third and 4th year coursework of the program.
September - October 2023	Create administrative and governance policies for the program and College
May-August 2023	Minor Project Scope for Renovations and development of budget
September-November 2023	Seek approval of 3rd and 4th year coursework through University Graduate Programs Committee and Faculty Senate.
September-December 2023	Recruit Leadership of the College: Associate Dean for Academic and Student Affairs, Director of Admissions, Associate Dean for Finance and Administration
September 2023-December 2023	A/E *CM and Design Phase for Remodel of Space including IT Infrastructure
January 2024-July 2024	Construction Phase for Remodel
January 2024-July 2024	Recruit Remaining Leadership of College: Associate Dean for Research, Director of Student Engagement, Director of Assessment, Evaluation and Analytics and Department Chairs
January2024-July 2024	Develop Marketing Strategies and Recruitment Plan for Students, Develop Admission Guidelines and Materials
January 2024-December 2024	Recruit Faculty
January 2024-December 2024	Add to the Community partner network statewide for clinical sites, etc.
June 2024-August 2025	Seek Approval for SACSCOC Substantive Change
June 2024	Submit CODA Documents for Initial Accreditation
August 2024-August 2025	Begin New Building Construction Process-A/E Selection, CM Selection, Design Phase

August 24, 2025	First Day of Instruction

Institutional and State Level Accountability

III. Need and Demand

A. Describe the workforce need for the proposed program. The response should, at a minimum, include the following:

- **current state workforce data as provided by Florida's Department of Economic Opportunity**
- **current national workforce data as provided by the U.S. Department of Labor's Bureau of Labor Statistics**
- **requests for the proposed program from agencies or industries in your service area**
- **any specific needs for research and service that the program would fulfill**

According to the American Dental Association, Health Policy Institute Analysis 2022, the supply of practicing dentists in the U.S. has risen yearly from 163,409 in 2001 to 201,929 in 2021. The overall national accessibility to dentists in the same period has risen from 57.34 working dentists per 100,000 population in the U.S. in 2001 to 60.84 per 100,000 population in 2021. Florida has made progress in increasing the supply of dentists in the state during the 2001 to 2021 period from 9,098 to 11, 668, and in improving the working dentists per 100,000 population statistic from 49.25 in 2001 to 53.57 in 2021. **However, Florida still ranks 31st in the nation (50 states plus District of Columbia) by this measurement**.

https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpidata_supply_of_dentists_2021.xlsx?rev=5a77b55be401470483e65011fbca7c18&hash=791602EB2E5A91F065BBC975ACBCBDC2

An undersupply of dentists, particularly in rural areas means that patients end up in the hospital emergency room, which are not staffed with dental experts and create unneccarily high costs to the health care system. *"In 2019, Florida hospitals billed more than $624 million dollars for preventable ER visits and hospital admissions associated with painful oral health conditions. Taxpayers bear the brunt of these high bills as Medicaid paid for 40% of the visits."* https://www.gainesville.com/dental-care-barriers-florida

Hanover Research Report

FAU commissioned Hanover Research to conduct an employment and student demand market feasibility study for the DMD. Key findings from the *Academic Program Assessment* (Appendix I) were as follows.

--Degree conferral trends indicate above average demand for Doctor of Dental Medicine (DMD) programs in Florida.

The number of relevant degree completions, in aggregate, increased at annualized rates of 1.7 , 2.1 percent and 2.4 percent in the state, region, and nation between 2016 and 2020. There are

only three institutions offering a DMD degree in Florida: Nova Southeastern University, the University of Florida, and the Lake Erie College of Osteopathic Medicine, though Lake Erie reported no conferrals last year.

--Labor market demand indicators are positive, and analysis of demographic changes reinforce the likelihood of future growth.

Statewide employment of dentists is projected to increase by 9.9 percent through 2031. (This rate is slightly below the average rate of growth for all occupations, but still significant). As Baby Boomers age out of the working population, industry reports indicate that the number of retiring dentists will exceed the number of dentists graduating from dental school.

Notably, the U.S. Bureau of Labor Statistics identifies Florida as one of the top five states in terms of number of dentists. *However, Florida, with its large and growing population of retirees, can expect to see demand for the dental industry services increase, as retirees tend to need more serious and more frequent dental care than members of the general population.*

Hanover further finds that growth in dentist positions is projected to increase by 9.9 percent in Florida, 6.2 percent in the Southeast, and 3.1 percent nationally through 2031. These rates are slightly less than the projected growth rates for all professions, but still significant. *Florida in particular is expected to need dentists with projected demand in Florida being double demand in the region and triple demand in the nation.*

Some National and State Challenges for the Dental Industry

According to [Oral Health in Rural Communities Overview - Rural Health Information Hub](#), The lack of adequate accessibility of dental professionals is frequently cited as a cause of oral health disparities that exist in rural America. Contributing factors to the shortage include:

- Limited slots in dental schools
- The growing trend of specialization in dental care
- A large number of dentists retiring
- An unwillingness of providers to work in rural areas

[Oral Health in Rural Communities Overview - Rural Health Information Hub](#)

Limited Slots in Florida Dental Schools

According to the American Dental Education Association 2021 annual report to program directors, the University of Florida (UF) has a current enrollment rate of 86% as it pertains to in-state residency status. This is reflective of their longstanding history with their college of dentistry, and highly competitive environment, as UF currently only admits 5% of the students that apply to their program. More than 600 in state applicants are denied admission and are forced to either seek enrollment at a private institution or go out of state. Additionally, the average GPA of **all applicants** to UF is 3.6 and have a DAT Academic Average of 20. This is compared to the national demographics for accepted students of 3.57 and a DAT of 18.5 based on the 2019 ADEA data.

Similarly, Nova Southeastern University (NSU), a private university in Florida, has an acceptance rate of 5% as well into its DMD program. The private school of osteopathic medicine, Lake Erie College of Osteopathic Medicine (LECOM) also has a college of dentistry located in Florida (Bradenton) offering the DMD. With over 3,300 applicants and a 3% acceptance rate the statistics for LECOM are staggering. Both NSU and LECOM accepted students notably outpace the national demographics, further demonstrating the low acceptance rates are likely driven by both the lack of availability and affordability.

The unique acceptance rates of UF, NSU and LECOM are dramatic compared to a national average acceptance rate of 20% of applicants. The notable difference in acceptance rates demonstrate the lack of availability for a financially viable option and the ultra-competitive landscape due to the limited number of student spots offered within the state. Florida has an abundance of highly qualified applicants forced to receive their dental school education out of state—or not at all. Providing another in state option will be a welcomed harbor for aspiring dental health providers.

Specialization in Dental Care vs. General Dentistry

While the majority of dental school graduates still pursue general dentistry, some argue that this is due to the limited number of specialy residency programs available to them in areas like orthodontics, endodontics, etc. The ADEA published a study in 2019 that examined career paths of dental students.
https://www.adea.org/uploadedFiles/ADEA/Content_Conversion_Final/deansbriefing/2019-20_ADEA_Snapshot_of_Dental_Education.pdf
Due to the higher salaries in specialty fields of dentistry, more students may opt in this direction in the future if the number of residency/clinical slots available to them for training grow.

Aging Dentist Population

The population of dentists in the U.S. is also aging. In 2001, 27% of the working dentists were 55 or older. By 2021 that percentage had risen to 36.1%. There is some concern about not only replacing those dentists as they retire, but also that older dentists (like other health professionals) tend to reduce their weekly working hours as they age, therefore reducing the number of patients seen.
https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0421_1.pdf?rev=aa1f41177af94613a74a307adc11f2f0&hash=8F66BABF02828DB2E9A6D5D53908F2DD

According to Hanover Research (Appendix I), nationally, the number of retiring dentists will exceed the number of dental school graduates. Industry reports emphasize that the impending wave of retirements will exacerbate the need for new dentists. Notably, Florida is among the five states with the highest employment of dentists. It is also one of the top states with the highest concentration of jobs for dentists. In a recent five-year projection, IBISWorld predicted that industry revenue will grow at an annualized rate of 2.3 percent to $181.3 billion. Demand for industry services will come disproportionality from older adults, who tend to need more serious and more frequent dental care as they age. In addition, the expansion of dental care through Medicaid will enable low-income adults to access the care they need in greater numbers.

**Regional Disparity of Dental Services in Florida**

The Rural Health Information Hub charts health care shortages in the U.S., including areas of

low numbers of dental health providers. According to the [Academy of General Dentistry](#), approximately 1,470 dentists provide care to about 1.5 million Americans in dental health professional shortage areas (HPSAs), or parts of the nation where dental care is hard to access. The need is more significant in rural HPSAs than other areas of the country. Indeed, middle and high income communities in urban and suburban settings are at or near saturation point. Future industry growth will occur in rural areas, inner cities, and lower income areas.

The ADA conducted a [study](#) on access to dental care. [Results](#) show that there continues to be a need for additional dentists in rural areas. The maldistribution of the current dental workforce poses a [significant challenge for access to care](#) and reinforces the need for additional dental practitioners in both inner cities and rural areas.

Below are graphics (https://www.ruralhealthinfo.org/states/florida/charts) that illustrate the *Dental Health HPSA* problem in the state of Florida. It is important to note that the definition from this source includes the dental workforce broadly (dentists, hygenists, etc).
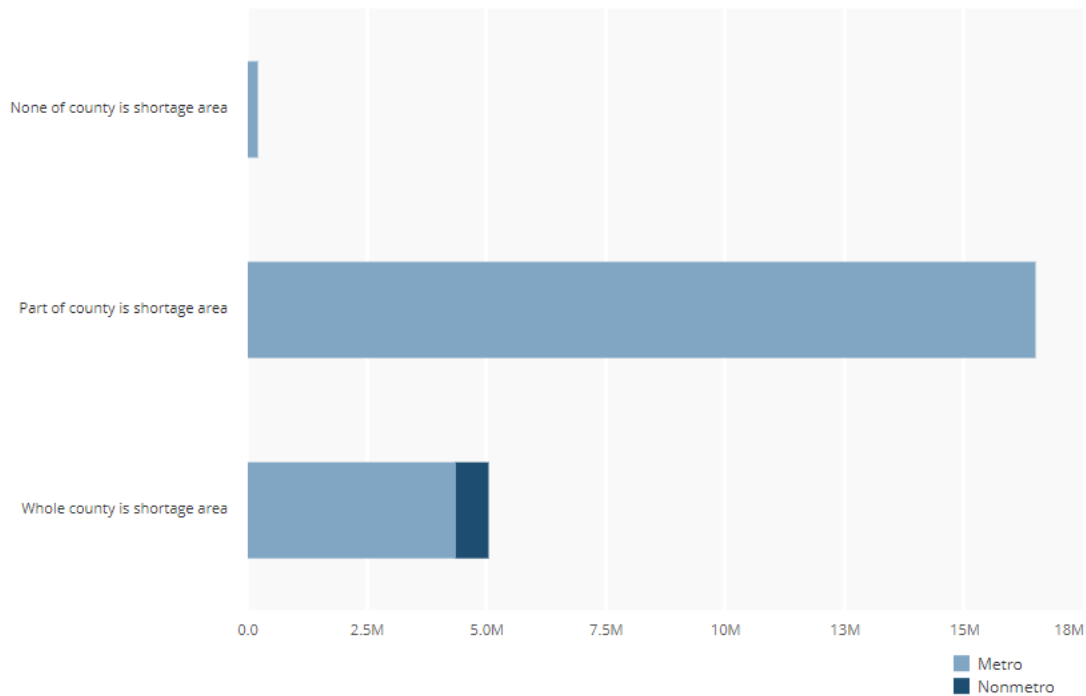

Health Professional Shortage Areas: Dental Care, by County, 2022 - Florida
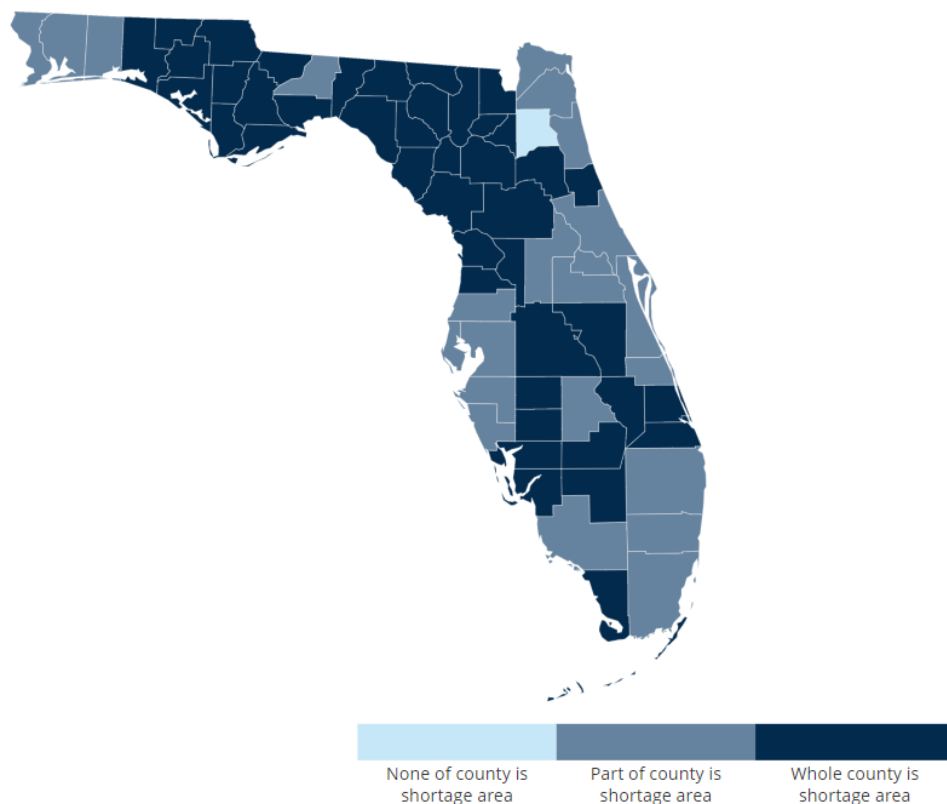
Source: data.HRSA.gov, July 2022.

The graphic below shows the population of Florida with respect to Dental HPSAs (Health Professional Shortage Areas). Again, this graphic is for dental health care professionals broadly. The majority of Floridians live in areas of shortage of dental care providers.

Population in Dental Health HPSAs (Health Professional Shortage Area) for Metro and Nonmetro Counties, 2022 - Florida

None of county is shortage area

Part of county is shortage area

Whole county is shortage area

0.0   2.5M   5.0M   7.5M   10M   13M   15M   18M

■ Metro
■ Nonmetro

Source: data.HRSA.gov, July 2022.

Regional Disparity of Practicing Dentists in Florida

An examination of licensed Florida dentists per 100,000 population by county suggests problems in equity of access to dental care within the state.
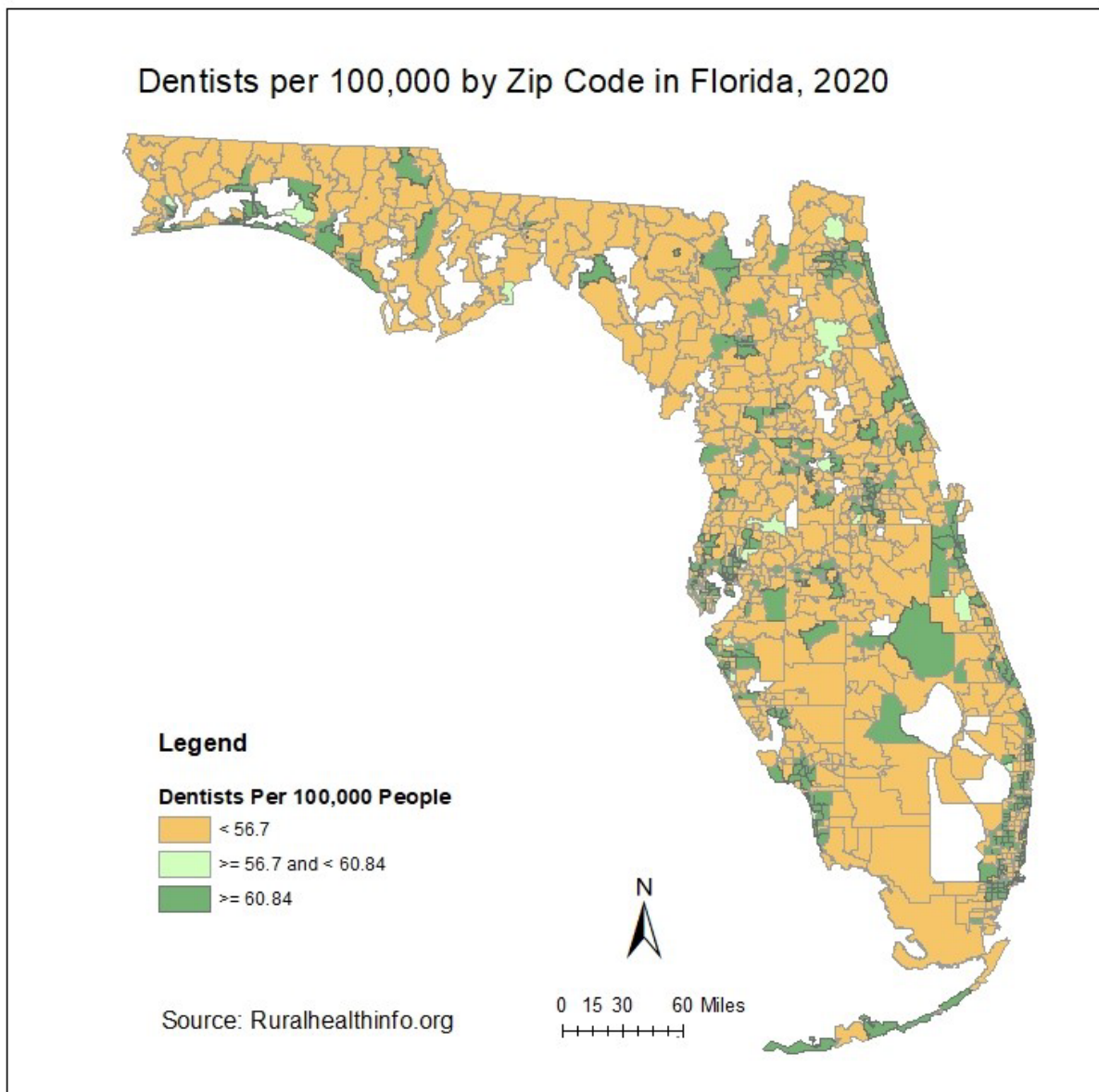https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalIndNoGrp.DataViewer&cid=326
Only 11 of the 67 counties in Florida have rates at or above the U.S. average, while an additional 2 have rates at or above the Florida average (see map below). This leaves 54 counties in Florida with less than average access to dental care in the state.

Dentists per 100,000 by County in Florida, 2020-21
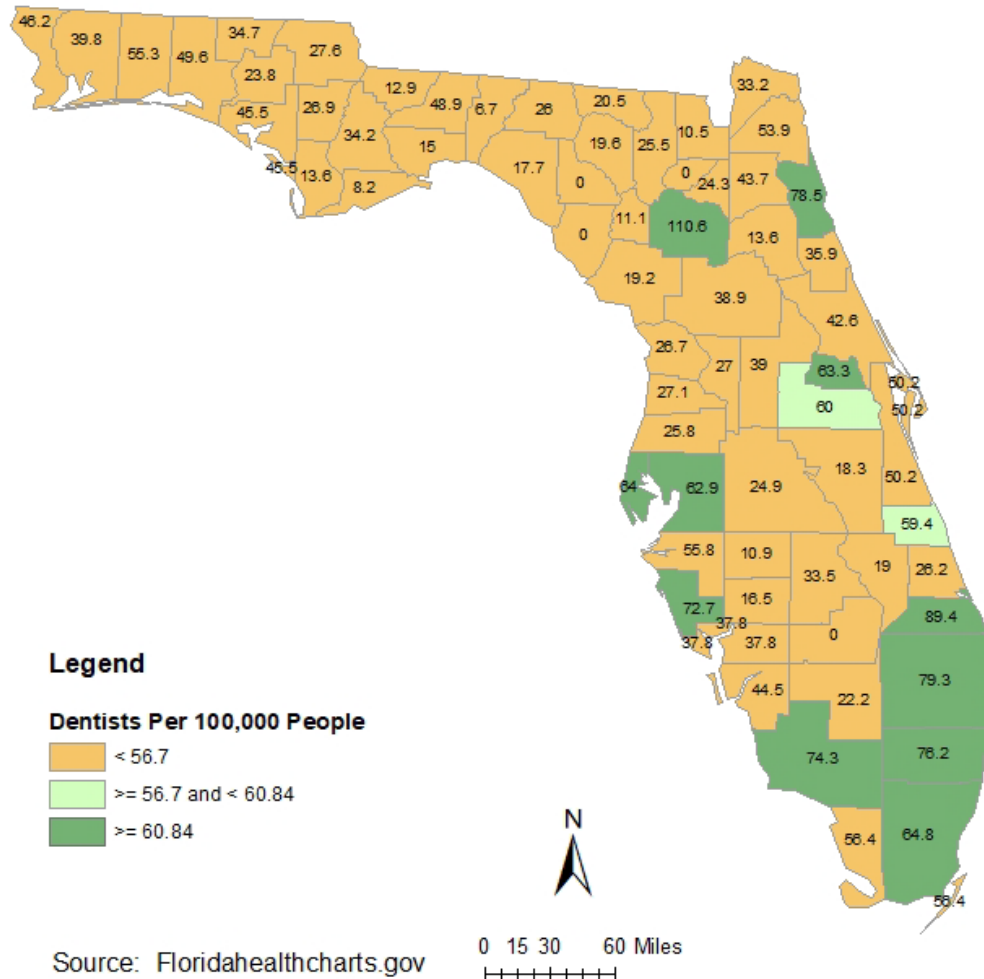
It is important to note that even looking at this data at the county level masks areas that are underserved. Counties with relatively higher numbers of dentists per 100,000 people may still have areas within them that are underserved. The map below shows the same variable but at the zip code level. Some of these zipcodes with lower values may of course simply be more residential, but it is important to remember that some of the zip code areas are concentrated in the poorer parts of the county with possible accessibility issues to other parts of the same urban area or county.

Dentists per 100,000 by Zip Code in Florida, 2020

Legend

Dentists Per 100,000 People

▨ (orange)	< 56.7
▨ (light green)	>= 56.7 and < 60.84
▨ (dark green)	>= 60.84

Source: Ruralhealthinfo.org

N

0 15 30   60 Miles

Florida has in the recent past ("Health Access Dental License" SB 1296/HB 1461) even allowed dentists licensed out of state to practice in settings for underserved populations in both urban and rural areas to help with the disparity in accessibility to dental care. In 2014, more than 163,000 Floridians visited the emergency department for a dental-related issue at a cost of more than $234 million (https://wusfnews.wusf.usf.edu/health-news-florida/2020-02-06/allowing-out-of-state-dentists-to-practice-in-florida-could-help-reach-more-in-need-dental-group)

The Florida Dental Association also requested $773,000 from the state budget to fund Florida's dental student loan repayment program (Florida Statute 381.4019), to help dentists practice in public health programs and serve low-income patients in designated rural and underserved areas. Governor DeSantis signed into law HB 843 in support of the loan repayment program in 2019 (https://wusfnews.wusf.usf.edu/health-news-florida/2019-06-26/dental-student-loan-repayment-program-signed-into-law). The program is in statute to support 10 new dentists each year for up to five years for $50 thousand per year loan repayment (https://www.floridatoday.com/story/opinion/2019/02/13/how-fix-floridas-shortage-dentists-

Yet in spite of all of these efforts, the disparity still exists, particularly rural vs. urban/suburban.

The majority of dentists in Florida with active licenses practice in urban areas as defined by the USDA's urban classifications. Newly licensed practitioners, expressed as having an original license date between 2012-2022 largely practice in metropolitan areas, but are less likely to establish a primary practice location in a non-urban area than those licensed more than 10 years ago. Thus, the regional disparity of dentists in Florida could become greater in Florida as the non-urban dentists approach retirement.

Number of Licensed Dentists by Geographic Location in Florida (Metropolitan vs. Non-Metropolitan)
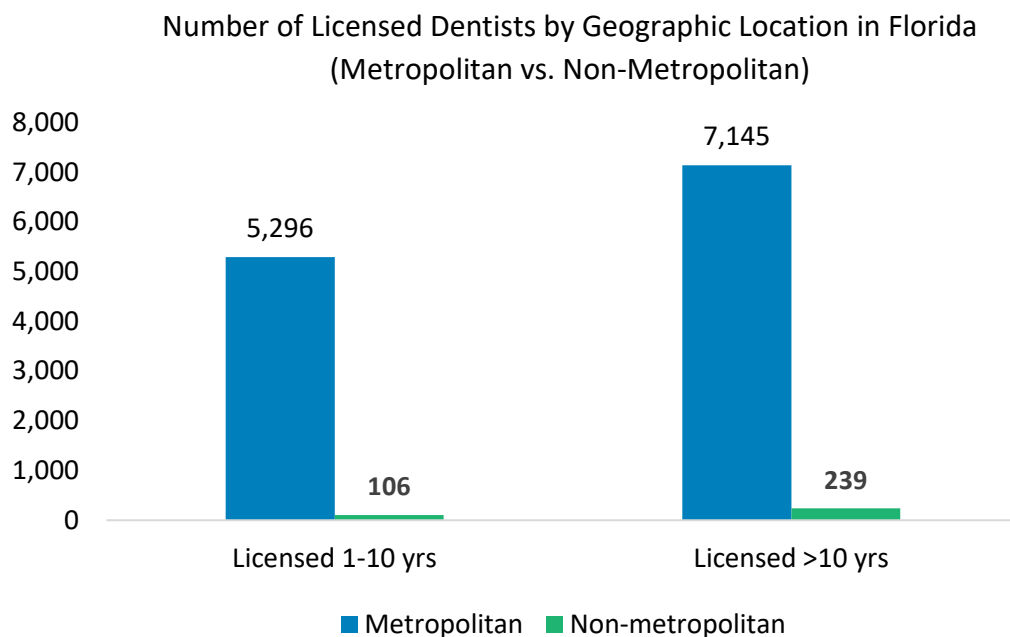
Source: 1) Health Care Practitioner Data Portal - Florida Department of Health, 2) USDA Economic Research Service – Urban Influence Codes.

One of the recommendations from the *Academic Program Assessment* (Appendix I) conducted for FAU by Hanover Research supports the main goal of the proposed program.

"There is a growing need for dentists, but this does not occur evenly across the state. Middle and high income communities in urban and suburban settings are at or near saturation point. There is a need for qualified dentists in dental health professional shortage areas (HPSAs) across Florida. These areas are often rural and lower-income. FAU should partner with non-profits in underserved communities to enable students to conduct their clinical rotations in those communities. Doing so will yield many benefits, allowing FAU to serve the community, practice clinical skills, potentially draw outside funding, and encourage students to practice in rural Florida, where demand will be highest."

Diversity of Dentists in the U.S.

Research has shown that health care providers, including dentists, from diverse backgrounds are more like to practice in underserved areas.

https://jada.ada.org/article/S0002-8177(21)00095-7/fulltext?_ga=2.267235022.1584264463.1662221043-1405720035.1662221043

Diversity of dentists in the US. has improved over the past 15 years, but is still not reflective of the diversity in the U.S. population in general. In 2005, 79.8% of working dentists were white (67% of the U.S. population total was white at that time), but by 2020, 70% of working dentists were white (60% of the U.S. population total was white at that time). The largest gain in dentist diversity was in the Asian population (11.8% in 2005 rising to 18% in 2020 with a corresponding change from 4.2% to 5.6% of the total U.S. population in general. The Hispanic plus African American population of dentists grew at a much smaller rate, from 7.9% in 2005 to 9.7% in 2020, while the total population of those groups summed rose from 26.6% to 30.8%., respectively. The African American dental population of dentists has remained relatively stagnant.
https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0421_1.pdf?rev=aa1f41177af94613a74a307adc11f2f0&hash=8F66BABF02828DB2E9A6D5D53908F2DD

B. Provide and describe data that support student demand for the proposed program. Include questions asked, results, and other communications with prospective students.

FAU works with students who desire to apply for all professional health programs through the Pre-health Professions Office (http://science.fau.edu/student_services/pre_health/index.php) housed within the Charles E. Schmidt College of Science. The primary mission of the office is to be a source of support and guidance for all undergraduate students, post-baccalaureate students and alumni of FAU interested in pursing careers in the health professions. The office helps students prepare and submit their application packets. The numbers of students reaching out to the office have continued to grow during its 25+ years of existence (see table below).

Academic Year		Number of students with PRHP Attribute (GPA 3.0+)
2017-2018 **Total number 1175**	New PRHP Returning PRHP	666 509
2018-2019 **Total number 2693**	New PRHP Returning PRHP	989 1704
2019-2020 **Total number 3791**	New PRHP Returning PRHP	1593 2198
2020-2021 **Total number 4695**	New PRHP Returning PRHP	1693 3002
2021- 2022 **Total number 5347**	New PRHP Returning PRHP	1706 3641

Data provided by FAU's IEA

Pre-Health Professions advising and support staff serve a diverse group of students and majors within the university, and are located across the three major FAU campuses: Boca, Jupiter, and Davie. The Pre-Health Professions team is led by the Senior Associate Dean in the College of Science and the Director of Pre-Health Advising. Currently the Office includes five academic

advisors in addition to one support staff member and work study student support. The Pre-Health Office works collaboratively with multiple FAU offices and departments to ensure a cohesive network of support for the Pre-Health and Pre-Dental student population, this network includes: admissions, registrar, first-generation office, University Advising Services, career services, multiple colleges, and other resources. Notably, the Pre-Health Professions Office advising staff work with and advise **twelve Pre-Health Student Organization** including the **Pre-Dental Student Organization** with a membership of ~200 students.

Pre-Health Professions students (including Pre-Dental students) are not required to major in science, hence the Pre-Health Professions team offers academic support that includes a parallel plan for undecided students and those who are part of the College of Science Career Changer Certificate pathway. Throughout each semester and the academic calendar, the Pre-Health Professions Office provides essential and critical information to Pre-Health Professions students to ensure timely graduation and to enable them to be competitive applicants to medical and dental schools, etc. These concierge services include but are not limited to: the management of required courses for dental programs, leadership experience, shadowing placement, Pre-Health Professions week activities and networking events, continuing education, MCAT and DAT preparation and support, and certificate courses to give FAU students a competitive edge in each application cycle. The Pre-Health Professions Office provides workshops (the basics and beyond the basics) for all pre-health students, facilitates placement in summer enrichment programs, and helps connect students to research opportunities among faculty members throughout the university and across disciplines.

Since its inception over 25 years ago, the **College of Science Pre-Health Professions (PHP) Committee** has been successfully assisting students in gaining admission into medical and dental schools, etc., of their choice. The PHP Committee members include medical practitioners, faculty, and staff from across FAU. The principal aim of the PHP Committee is to help each FAU student develop a realistic view of their potential for a specific health professions career, and then to create a uniquely tailored preparation plan (for each student) that will lead to the successful attainment of their intended health career goals. To that end, the Director of the Pre-Health Professions Office, maintains a liaison with all Florida Health Profession Graduate Programs within the State of Florida, as well as many out-of-state programs, and is qualified to provide students with a clear insight into basic requirements and acceptance factors for entering a wide range of programs such as Pre-Dental programs.

Each year, from May through November, the Pre-Health Professions Office assists over 150 students through the application (to medical, dental schools, etc.) process. The Office offers multiple services for assisting students in terms of the application process: Committee Letter Packet, Individual Packet Upload, Mock and MMI interviews, personal statement and application preparations (APPS), and alumni & graduate assistance.

The Pre-Health Professions Office tracks data on FAU students who interview with the PHP Committee and are admitted into medical, dental, physician assistant, optometry, pharmacy, and veterinary programs each year. On average, the acceptance rate (to dental, medical, and veterinary programs, etc.) for students that interviewed with the PHP Committee is approximately 75%+. Note: the past two years were impacted due to the COVID-19 pandemic (see table below) and loss of staff.

APPLICATION CYCLE	INTERVIEWED BY FAU's PHP	ACCEPTED (medical, <u>dental</u>, PA,	Percent

	COMMITTEE* (and applied)	pharmacy, podiatry, optometry, and veterinary)	
2022-2023			
2021-2022	32	27	85%
2020-2021	60	46	76%
2019-2020	55	42	76%
2018-2019	62	45	72%
2017-2018	63	46	73%
2016-2017	60	37	62%
2015-2016	81	53	65%
2014-2015	72	60	83%
2013-2014	47	32	68%
2012-2013	81	70	86%

*The above numbers of applicants do not include students who used Pre-Health Professions Office services to upload their applications packets but did not interview with the PHP Committee.

The creation of a College of Dentistry at FAU will bring new faculty research mentors to FAU who will partner with undergraduate research students in a similar way to the existing College of Medicine model. Dentistry is a service-focused profession, and dental school admits demonstrate a commitment to serving the community. This fits well with the established relationship with the College of Medicine model and the FAU Health Network ecosystem with affiliated professionals in the service area providing opportunities for shadowing, volunteering, and professional mentorship as well as partnerships to observe patients and provide care to underrepresented populations. The Pre-Health Professions Office offers a for credit **Medical Internship Course** that is already supporting such shadowing opportunities and placement to our Pre-Health students both in medical and dentistry fields, etc.

Additionally, with the creation of a dental program at FAU, the institution will expand our successful medical pipeline programs and education initiatives to include and stimulate interest in dentistry among the best and brightest students through our intiatives with the Wilkes Honors College, FAU High School, Star MD which is targeted to athlete/scholars and our Medical Scholars partnership with FAMU. We will be able to take advantage of the fact that FAU has the most diverse student body in the SUS and help add to the diversity of dentists in the state. http://med.fau.edu/newsandevents/CoM%20Medical%20Pipeline%20Programs%2012.6.16.pdf

Data supplied by the office for the period of Fall 2015-Spring 2022 indicated that 58 FAU students used the services of the office to apply to dental programs throughout Florida and the U.S., and 39 of those students were accepted into dental programs. The school that accepted and enrolled most of the FAU applicants during the period was Nova Southeastern University (14), with the University of Florida a distant second (7 students). The remainder of the accepted students (18) enrolled at institutions in state at Lake Erie Dental College (3) or out of the state of Florida with Virginia Commonwealth and Midwestern University most common.

Three institutions in Florida report dental student enrollment data to the ADA : Lake Erie College, Nova Southeastern University and the University of Florida. Below is application and enrollment information for 2021. https://www.adea.org/data/students/

	Lake Erie	Nova Southeastern	U. Florida
Applications	3599	2282	1553

Total In-State Applications	670	665	685
Total First Year Enrollment	105	126	93
Total In-state First Year Enrollment	27	81	89

The above shows that 108 in-state Florida students enrolled in one of the two private dental programs in Florida in 2021. That coupled with the number of students who leave the state for other dental programs indicates that the demand for dental seats in the state of Florida programs is much more than the seats provided by the University of Florida. According to the 2020-21 Survey of Dental Education - Academic Programs, Enrollment and Graduates. (May 2021). Commission on Dental Accreditation (CODA), between 2010 and 2020, 930 students graduated with the DMD from the University of Florida and 1388 from Nova Southeastern University.

A broader pattern is obtained by perusal of the *2020-21 Survey of Dental Education, American Dental Association, Health Policy Institute* (https://coda.ada.org). 58% of Florida's dental students leave the state for training. The outmigration of dental students from the state totaled 292 (out of 505 first year dental students from Florida) during the period of the survey. The national average of outmigration of dental students (leaving their own state for training in another state) in the U.S. was 44% during the same time period, with important state comparisons of 42% for California, 36% for Texas and 20% for New York. Students who train in Florida are more likely to stay in Florida. The top 12 schools enrolling dental students from Florida are given below from the source above.

Top 12 Schools Training Students From Florida

University	Total Students From Florida
University of Florida	83
Nova Southeastern University	96
LECOM College of Dental Medicine	34
Tufts University	33
New York University	25
University of Pennsylvania	15
University of Louisville	13
University of Detroit Mercy	13
Howard University	11
University of Maryland	11
University of Alabama	10
Boston University	9

The survey indicates that 65% of Florida dental students receive their training at private institutions as compared to a national average of 49%. The cost of attendance at private

institutions is usually considerably higher than public institutions. Note that within Florida, the current annual tuition and fee rate for the dental program at Lake Erie College is $58,310 (https://lecom.edu/dental/sdm-tuition-fees/) and the annual tuition and fee rate for the dental program at Nova Southeastern is $48, 215 (https://dental.nova.edu/aegd/tuition.html). This compares to a rate of $41, 720 annual tuition and fees for the dental program at the University of Florida https://admissions.dental.ufl.edu/financial-aid/d-m-d/budgets-cost-of-attendance-d-m-d/. Thus, having another dental program at an SUS institution could save qualified students $25,000-$66,000 in earning their credentials to practice dentistry.

The big question of course is how will we generate student demand to practice dentistry in underserved areas, particularly more rural counties. While one cannot guarantee that graduates will chose that path, examples suggest that programs that combine incentives to graduates (such as tuition benefits, guaranteed employment offer contracts, funding for residency, etc) in exchange for a certain number of years of practice in underserved areas, coupled with an intentional recruitment plan of students who have a tie to these communities and are more likely to settle and practice in those communities, can see wins. FAU philanthropic efforts for the College of Dentistry would be focused on raising funding to provide such incentives. Additionally, FAU would work to create rural training rotations so that there are clinical opportunities for dental students and dental residents to be exposed to underserved areas. CODA (the accrediting body for dental education) data suggests that for a class size of 80 to 100 students each year (our eventual target), the average number of patient visits annually would be in the range of 32-39 thousand. FAU would ensure that many of the clinical rotations would occur in underserved areas.

C. Complete Appendix A – Table 1 (1-A for undergraduate and 1-B for graduate) with projected student headcount (HC) and full-time equivalents (FTE).
- **Undergraduate FTE must be calculated based on 30 credit hours per year**
- **Graduate FTE must be calculated based on 24 credit hours per year**

In the space below, provide an explanation for the enrollment projections. If students within the institution are expected to change academic programs to enroll in the proposed program, describe the anticipated enrollment shifts and impact on enrollment in other programs.

Florida Atlantic University (FAU) aims to create a new college of dentistry and to offer the Doctor of Dental Medicine (DMD) program starting in 2025. We plan to admit 45 students in year 1 and have a staggered increase to 90 students over 4 years with a total enrollment of 350 students once fully enrolled (assuming attrition). Once we achieve desired class size, we anticipate the majority of students will come from public colleges and universities within the state of Florida.

Based on Appendix A – Table 1-B, the projected distribution of 71% of all students in the DMD program will be Florida residents, with 61% graduating from a Florida public college or university. This data mirrors the FAU college of medicine enrollment distribution currently, with 75% of entering student identifying as residents of Florida. This number (once full enrollment was achieved) has increased slightly each year. We would expect a similar trend with the college of dentistry.

FAU is proudly recognized as a Hispanic-Serving Institution. Clearly demonstrated in other professional programs (college of medicine, engineering, and nursing notably), FAU not only attracts under represented members of the community into the health science and engineering programs, we have an outstanding record of retaining these individuals within our local community and state—with more than 50% of our professional program graduates remaining in Florida. We would endeavor in a similar manner with the College of Dentistry to ensure a comparable outcome.

D. Describe the anticipated benefit of the proposed program to the university, local community, and the state. Benefits of the program should be described both quantitatively and qualitatively.

Qualitatively— The proposed program will benefit the university and local community by growing the reputation of Florida Atlantic University, also delivering returns on the state's investments in FAU as a growing national university with a uniquely-competitive advantage as an institution that is incredibly diverse and also producing high levels of research activity. In recent years, FAU has become one of the nation's highest ranked institutions for social mobility (No. 36 in *US News and World Report*), diversity (No. 12 in *Diverse: Issues in Higher Education* for degrees awarded to African Americans*,* and Top 50 in both *The Chronicle of Higher Education Almanac*'s Campus Diversity Index and *US News and World Report*'s Campus Ethnic Diversity Index), student success (Top 3 in Degree Completion from *Association of Public and Land-grant Universities* and Top 5 from *Eduventures*), and in overall national ranking (No. 72 in *Washington Monthly* among private and public institutions and No. 140 in *US News and World Report* among top public schools). These accolades will continue to grow in number and in impact with the establishment of a new dentistry program.

Quantitatively— The primary educational outcomes of the proposed programs include student enrollment and graduation numbers. The primary workforce outcomes include the number and percentage of students who successfully pass the National Board Dental Examination Boards (Part 1 and 2) and enter the dental workforce in the underserved areas of Florida. This program would increase the number of dental graduates and will recruit students likely to stay in the region and develop ties to the community that increases this likelihood. The expected returns on investment (ROI) include increases in the number of health care employees added to the workforce, including the regional and state of Florida workforce.

E. If other public or private institutions in Florida have similar programs that exist at the four- or six-digit CIP Code or in other CIP Codes where 60 percent of the coursework is comparable, identify the institution(s) and geographic location(s). Summarize the outcome(s) of communication with appropriate personnel (e.g., department chairs, program coordinators, deans) at those institutions regarding the potential impact on their enrollment and opportunities for possible collaboration in the areas of instruction and research.

The proposed college of dentistry would confer a Doctor of Medicine in Dentistry degree. The corresponding six-digit CIP Code for such programs (including Doctor of Dental Surgery) is 51.0401. The National Center for Education Statistics characterizes this instructional program as stated below:

CIP Code 51.0401; Title: Dentistry (DDS, DMD).

A program that prepares individuals for the independent professional practice of dentistry/dental medicine, encompassing the evaluation, diagnosis, prevention, and treatment of diseases, disorders, and conditions of the oral cavity, maxillofacial area, and adjacent structures and their impact on the human body and health. Includes instruction in the basic biomedical sciences, occlusion, dental health and prevention, oral pathology, cariology, operative dentistry, oral radiology, principles of the various dental specialties, pain management, oral medicine, clinic and health care management, patient counseling, and professional standards and ethics.

There are only three institutions in the state of Florida that offer this degree program: the University of Florida (UF), Nova Southeastern University (NSU), and Lake Erie College of Osteopathic Medicine (LECOM). Only UF is a public school, with NSU and LECOM both private institutions.

As described in the enrollment projections (III. C.) very little to no impact is anticipated for the three organizations in regards to enrollment. Currently all three institutions have an extraordinarily high application rate, very low acceptance rate, and well above the national average applicant credentials. The abundance of supply and scarcity of availability will have very little to no impact to the overall demand for the programs within the state.

As for opportunities to collaborate, Nova Southeastern University, although a private institution, is the closest geographically at 45 minutes from the FAU main campus. FAU has contacted NSU's leadership (dean of the college of medicine) and would seek opportunities to provide joint educational opportunities as appropriate. These would include grand rounds, journal club, invited speakers and other non-classroom learning. A potential collaboration with research is also being explored. This would lean toward a basic science focus in the first 5 years, but evolve to a translational scope as well.

As part of the State University System (SUS) of Florida, FAU would seek a mentoring institution relationship with The University of Florida (UF). The UF college of dentistry is highly regarded due to its longstanding and preeminent dental sciences programs. Accordingly, FAU has requested and received a letter of support for this application. Geography will drive the focus on specific collaborations. As stated in II.C., research being the most likely.

Collaborations with LECOM would be most challenging. LECOM was originally chartered in Pennsylvania in 1992 and has an expansion campus in Bradenton, Florida that is located nearly 4 hours from the FAU campus in Boca Raton, Florida; however, LECOM's primary teaching site is in at their Lake Erie, Pennsylvania location. Given the differences in organizational structure and constraints, both NSU and UF seem more likely collaborators. However, FAU will continue to include LECOM in conversations to identify any opportunity to work together in the dental health professional community.

Communications:

University of Florida—Email obtained from UF Provost showing no objection to the program (Appendix D)

Nova Southeastern University—Have reached out twice and not received a response. We will continue to start a dialogue with them for possible cooperation.

<u>Lake Erie College of Osteopathic Medicine</u>—Have reached out, but not received a response.

F. Describe the process for the recruitment and retention of a diverse student body in the proposed program. If the proposed program substantially duplicates a program at FAMU or FIU, provide a letter of support from the impacted institution(s) addressing how the program will impact the institution's ability to attract students of races different from that which is predominant on the FAMU or FIU campus. The institution's Equal Opportunity Officer shall review this Section of the proposal, sign, and date the additional signatures page to indicate that all requirements of this section have been completed.

The College of Dentistry will contribute to FAU's strong tradition of promoting diversity and inclusion (highlighted in the FAU Strategic Plan for the Race to Excellence 2015-2025) by promoting diversity and inclusiveness in the curriculum and through our efforts to recruit a diverse and inclusive body of students, faculty, and staff.

Diversity among dental students: In order to achieve the COD's goal of admitting, training, and graduating a diverse student body, the COD admissions process will emphasize a holistic approach in evaluating dental school applicants. The totality of the applicant's academic and personal journey is reviewed and considered during the admissions process. The COD will track diversity outcomes for the race/ethnicity and socioeconomically disadvantaged backgrounds to monitor the success of our pathway programs.

It has been well documented in healthcare that groups historically underrepresented and/or for low-income backgrounds more often care for underserved populations [1], [8], [15] Specifically, greater proportions of healthcare professional school graduates who are women and self-identify as underrepresented are more likely to practice in underserved regions [17, 28, 41] . These considerations are thus essential as we serve the need for the State of Florida. To do this, the COD may emulate pathway programs established by the Schmidt College of Medicine (COM) at FAU.

COM has pipeline programs within the local community with Title 1 schools and with the FAMU – FAU MSP. The former focuses on the recruitment of socioeconomically disadvantaged middle and high school students (predominantly Hispanic and Black) into healthcare careers. This highly successful program has engaged more than 2,270 middle and high school students from 2015-2018, with all high school graduates pursuing higher education in the healthcare field. The latter, a partnership with FAMU, one of the largest Historically Black Colleges/Universities, focuses on the recruitment of high school seniors into an eight-year Bachelor of Science-MD program, where accepted students complete their bachelor's degree at FAMU and are provided a conditional admission to the COM. Both programs have demonstrated success in increasing the number and diversity of individuals entering the healthcare workforce and both programs have had continuous and sufficient financial and personnel support. The programs are funded by the COM, the school district and philanthropic sources. The overall success of diversity initiatives and pipeline programs in the recruitment of medical students is reflected in the composition of the medical student body: 23 (9%) Black/AA; 35 (14%) Hispanic; 66 (26%) socioeconomically disadvantaged. We predict similar can be done in the COD.

Diversity among Faculty and Staff: The COD faculty and staff recruitment processes will comply with FAU guidelines for the achievement of a diverse university community, and the

COD's recruitment practices will focus on attracting a qualified and diverse pool of candidates with particular attention to candidates from underrepresented racial and ethnic groups. The COD will strive to support the promotion of all faculty through academic ranks, tenure application and opportunities for growth and development as leaders at the College, University and national level. The COM and the COM's ODI will work closely with FAU's HR and OEIC to ensure that faculty and staff searches yield a diverse candidate pool who are treated equitably. FAU has a formal anti-discrimination/anti-harassment regulation, Regulation 5.010, in use and publicly available online. Faculty and staff are provided training on this regulation during their orientation process to FAU. Medical students receive information on this regulation and the processes.

IV. Curriculum

A. Describe all admission standards and all graduation requirements for the program. Hyperlinks to institutional websites may be used to supplement the information provided in this subsection; however, these links may not serve as a standalone response. For graduation requirements, please describe any additional requirements that do not appear in the program of study (e.g., milestones, academic engagement, publication requirements).

Admission Standards

Admission to the program is expected to be highly competitive, as at all US dental schools. Applications for admission would be made through the American Dental Education Association (ADEA) Associated American Dental Schools Application Service (ADEA AADSAS®), the centralized application service for all U.S. dental schools (https://www.adea.org/GoDental/The_application_to_dental_school__ADEA_AADSAS.aspx)

Required prerequisites for a successful application would include:

- Dental Admission Test. Applicants must take the exam no later than September of the year preceding the one in which they hope to enter the College of Dental Medicine. Scores must be no more than three years old at the time of application.
- A bachelor's degree from a college or university located in the United States or Canada and accredited by a regional accrediting agency.
- The following prerequisite courses. All prerequisites must be graded credits earned at a college or university located in the United States or Canada and accredited by a regional accrediting agency.
    - Two semesters ((three quarters) of English, literature, or writing
    - Two semesters (three quarters) of biology with lab,
    - Two semesters (three quarters) of general chemistry with lab,
    - Two semesters (three quarters) of organic chemistry with lab and
    - Two semesters (three quarters) of physics with lab.
    - Credits earned in Study Abroad programs are acceptable if they appear on the transcript of a regionally accredited college or university along with the number of credits awarded for each course.
    - AP credit may be used for some of the requirements but in those cases, it is expected that the student will take higher-level courses in that discipline.
    - Online courses will be considered on a case-by-case basis and preference will be given to applicants who have done the majority of their preparation at the senior college level.
    - Courses that are recommended but not required for admission include mathematics, biochemistry, cell and molecular biology, genetics and statistics.
- At least 6 cumulative months of full-time employment in any field
- At least 100 cumulative hours of meaningful community service
- A demonstrated interest in, and knowledge of, oral health care
- Letters of reference: either one composite letter of evaluation written by the predental/premedical advisory committee at the applicant's school, or three individual letters from faculty members who have taught the applicant. At least two of the letters should be from a professor that has taught the applicant in the sciences, and one from a non-science professor who has taught the applicant and can adequately speak to both their academic readiness and personal suitability for the pursuit and practice of dentistry.
- A background security check that reveals no felony record.

- US citizenship or permanent residency of the United States
- Favorable interview

Important experiences and attributes in an applicant include:

- Evidence of
  - perseverance and resilience
  - high ethical standards
  - maturity and the ability to self-assess
  - good organizational skills
  - leadership skills
  - manual dexterity skills, through hobbies or other activities
- Broad life experiences
- A demonstrated commitment to diversity and/or underserved populations

Other experiences and attributes that may be considered include:

- A record of shadowing oral health care professionals
- Research experience
- Experience in public health projects
- Scholarships and awards
- Other achievements such as participation in organized sports, music, etc.
- A record of overcoming significant life challenges
- Participation in enrichment programs, post-baccalaureate programs, summer health professions educations programs, etc.

Requirements for Graduation

To graduate with a DMD, students at the FAU College of Dental Medicine must satisfactorily complete all of the following:

1. All required courses in the predoctoral curriculum.
2. All required clinical rotations in the predoctoral curriculum.
3. The U.S. Integrated National Dental Board Examination (INDBE)
4. All required Entrustable Professional Activity and competency assessments of the FAU College of Dental Medicine. In case of failure, no more than 3 attempts of any of these assessments will be permitted during any academic year.
5. A global assessment of clinical professional activities and judgement requiring an in-house cumulative OSCE, the DL-OSCE, or a 3-month rotation in a community clinic performing dental care in a competent manner. In case of failure, no more than 3 attempts will be permitted during the academic year of graduation.

DLOSCE COMPOSITION IS
- Restorative 24%
- Prosthodontics 19%
- Oral Path, pain mgt, TMD 13%
- Medical emergencies and Rx 11%
- Perio 10%
- Oral Surg 9%
- Endo 8%
- Ortho 6%
- Dx and Tx planning are in all topics
- All topics must also include patients of all ages + medically complex + with disabilities

---

The exam is all about clinical decision-making in "the tasks of dentistry", applying the factual knowledge from dental education to patient care, but does not ask questions directly about the recall of facts.

The tasks of dentistry and how they were derived are described in the ***DLOSCE Technical Report*** of the JCNDE at https://jcnde.ada.org/~/media/JCNDE/pdfs/DLOSCE_Technical_Report.pdf?la=en.

B. Describe the specific expected student learning outcomes associated with the proposed program and include strategies for assessing the proposed program's learning outcomes. If the proposed program is a baccalaureate degree, include a hyperlink to the published Academic Learning Compact and the document itself as Appendix C.

Required Entrustable Professional Activity assessments of the College of Dentistry

Graduates of the College of Dentistry must demonstrate their ability to independently perform the following professional activities to community standards at the level of a beginning general dentist, before graduation. These professional activity assessments include all the competency assessments required by the Commission on Dental Accreditation (CODA).

Expected Learning Outcomes for Dental Medicine

	Description of Learning Outcome	**Assessment Method(s)** • *OSCE = OSCE* • *Portfolio = PFO* • *Multiple choice exam = MCQ* • *Patient-based assessment = PAT** • *Simulated patient-based assessment = SIM** **These may be Entrustable Professional Activities (EPA) Assessments or conventional competency assessments.*
EPA 1:	**Gather a history and perform a physical examination** 1.1 Identify the patient's chief complaint and its associated signs and symptoms. 1.2 Collect, assess, and interpret the patient's medical, dental, medication, and psychosocial	**OSCE, PFO, MCQ, PAT** **OSCE, PFO, MCQ, PAT** **OSCE, PAT, SIM**

	history, and other relevant records. 1.3 Examine and assess the patient, including the head, neck, oral cavity, accessible oropharynx, visible skin, and other relevant and appropriate areas, and the patient's vital signs. 1.4 Interpret the clinical findings, distinguishing abnormal findings that require follow-up from those within the range of normal findings.	**OSCE, PFO, MCQ, PAT, SIM**
EPA 2:	**Formulate and prioritize a differential diagnosis** 2.1`Estimate the most likely disease process and tissue of origin for the condition 2.2 Develop a prioritized differential diagnosis 2.3 Select a working diagnosis	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**
EPA 3:	**Recommend and interpret common diagnostic and screening tests** 3.1 Order appropriate diagnostic tests and imaging based on the differential and working diagnosis. 3.2 Interpret the results of the diagnostic tests and imaging to select the most likely diagnosis, and if necessary order further appropriate diagnostic tests and imaging. 3.3 Use the results of the tests to decide the most likely diagnosis and whether this is a final diagnosis.	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, PAT** **OSCE, PFO, MCQ, PAT, SIM**
EPA 4:	**Formulate a comprehensive or problem-oriented treatment plan** 4.1 Diagnose and establish a prognosis for oral and maxillofacial diseases and conditions. 4.2 Identify the rationale for and select appropriate clinical procedures	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM** **PFO, PAT, SIM**

	4.3 Establish a comprehensive person-centered treatment plan for the management of dental findings	OSCE, PAT, SIM
	4.4 Perform an assessment of the outcome of a comprehensive treatment plan and establish an appropriate plan for the maintenance of the patient's oral condition.	
EPA 5:	**Obtain informed consent for tests, procedures, or treatment plans** 5.1 Educate, counsel, and communicate effectively with the patient and/or their surrogate decision-maker using health literacy principles to facilitate the process of shared decision-making about treatment plans, health promotion, and disease prevention.	**OSCE, PFO, MCQ, PAT, SIM** **PAT, SIM**
	5.2 Achieve informed consent for the test, treatment plan or procedure	
EPA 6:	**Prescribe, administer, or recommend appropriate medications** 6.1 Prevent and alleviate patient fear, pain, or distress during dental procedures, using appropriate behavioral techniques, local anesthesia, and minimal-level conscious sedation.	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**
	6.2 Assess risk for, prevent, detect, and manage substance abuse and dependency, including referral to other appropriate health care providers as appropriate.	**OSCE, PFO, MCQ, PAT, SIM**
	6.3 Assess risk for, prevent, and manage complications arising from the use of therapeutic and pharmacological agents in patient care.	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PAT, SIM**
	6.4 Choose appropriate pharmacological agents to treat oral and maxillofacial conditions and pain, exhibiting vigilance about the possibility of future dependency.	
	6.5 Prescribe or administer appropriate medications	

EPA 7:	**Document a clinical encounter in the patient record** 7.1 Write a clinical note in SOAP format. 7.2 Maintain patient records in accordance with jurisprudence and ethical requirements 7.3 Use current information technology methods to identify, record, store, and transmit patient information in a secure and private manner	**OSCE, PAT, SIM** **OSCE, PAT, SIM** **OSCE, PFO, PAT, SIM**
EPA 8:	**Form clinical questions and retrieve evidence to advance patient care** 8.1 Use critical thinking and problem-solving skills to assess and communicate the validity of lay health-related literature 8.2 Locate and critically assess new advancements in research, technology and treatment with regard to their use in evidence based patient care. 8.3 Critically assess emerging trends in economics, society, and health care to anticipate and accommodate their impact on the provision of oral health care. 8.4 Evaluate and utilize available and emerging laboratory, clinical, informational and other resources to facilitate patient care, practice management, and professional development. 8.5 Evaluate literature and the conduct of research for consideration of sex and gender 8.5 Integrate and apply basic science concepts and current medical knowledge to patient care through critical thinking and clinical problem solving.	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ** **OSCE, PFO, MCQ** **OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ** **OSCE, PFO, MCQ, PAT, SIM**
EPA 9:	**Send or receive a patient consultation or referral.** 9.1 Recognize and acknowledge one's own scope of competent and licensed oral health care practice, and refer patients as needed to other health professionals for care that falls outside this scope. 9.2 Identify when a patient requires consultation	**PFO, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**

	with or referral to a member of a different health profession. 9.3 Perform and document effective referrals and consultations to other health professionals, and follow up in a timely manner	**OSCE, PFO, PAT, SIM**
EPA 10:	**Recognize and manage urgent or emergent oral and medical conditions** 10.1 Recognize urgent or emergent medical problems and initiate evaluation and management. 10.2 Recognize urgent or emergent dental problems, including but not limited to acute pain, hemorrhage, trauma, and infection of the oral and maxillofacial complex, and initiate evaluation and management.	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**
EPA 11:	**Perform general procedures of a dentist.** 11.1 Use an effective person-based interprofessional health care team approach to promote, maintain, and maximize the patient's oral and systemic health, including the prevention and treatment of disease. 11.2 Assess risk for, prevent, diagnose, and manage the following diseases and conditions at the level of a general dentist by surgical, medical, or minimally invasive techniques, preventive appliances or techniques, direct or indirect restorations, partial or complete removable prostheses, implant-retained crowns or implant-retained prostheses as appropriate, including delegation to other appropriate health care providers, consultation or referral to specialists as appropriate: A. pulpal and periradicular diseases B. diseases and conditions of dental hard tissues, including dental caries C. periodontal diseases and conditions D. oral mucosal diseases and conditions E. oral soft tissue diseases and conditions F. salivary gland diseases and conditions G. diseases and conditions of the jaws, including their hard and soft tissues	**OSCE, PFO, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**

	H. diseases and conditions of the masticatory muscles	**OSCE, PFO, PAT, SIM**
	I. diseases and conditions of the TMJ and masticatory muscles	**OSCE, PFO, PAT, SIM**
	J. pain conditions of the oral and maxillofacial region	
	K. occlusal conditions	**OSCE, MCQ, PAT, SIM**
	L. complete edentulism	
	M. partial edentulism	**OSCE, PAT, SIM**
	N. esthetic concerns related to dentition, jaws, and supporting tissues	**OSCE, PFO, MCQ, PAT, SIM**
	O. oral manifestations of systemic disease	
	11.3 Assess risk for, prevent, detect, and manage patient abuse and neglect, including notification of authorities.	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**
	11.4 Assess risk for, prevent, detect, and manage nutritional deficiencies or excesses that affect the oral and maxillofacial region, including referral to other appropriate health care providers as appropriate.	**OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**
	11.5 Communicate with insurers about procedures using procedure codes and diagnosis codes	
	11.6 Conduct the practice of dentistry in accordance with the ethical and legal requirements and standards of the profession and the jurisdiction.	
	11.7 Adhere to standard precautions for infection control for all clinical procedures.	
	11.8 Communicate case design to laboratory technicians and evaluate the resultant restoration or prosthesis.	
	11.9 Screen patients for systemic and psychiatric diseases and appropriately manage their care, including referral to other members of the health care team.	
	11.10 Treat patients at all stages of life, including children and geriatric patients.	
	11.11 Assess and manage the oral health care of patients with special needs.	
	11.12 Incorporate consideration of sex and gender	

	into decision making 11.13 Assess and manage the oral health care of patients with medically complex conditions.	
EPA 12:	**Collaborate as a member of an interprofessional team** 12.1 Provide care in an interprofessional team, delegating professional responsibilities according to each team member's individual competency and licensure 12.2 Provide oral healthcare in multiple models of oral health care delivery. 12.3 Communicate medical information clearly and effectively in both written and oral form to other members of the healthcare team. 12.4 Identify and address ethical and legal concerns in clinical practice and in research, recognizing different value systems while adhering to ethical standards.	**OSCE, PFO, MCQ, PAT, SIM** **PAT** **OSCE, PFO, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**
EPA 13:	**Lead the oral health team** 13.1 Organize and prioritize tasks and effectively manage time in a clinical setting. 13.2 Demonstrate leadership skills that enhance team functioning, the learning environment, education, research and patient care. 13.3 Demonstrate professional behaviors toward patients, families, and members of healthcare teams. 13.4 Apply the basic principles and philosophies of practice management to oral healthcare 13.5 Lead the oral health care team, delegating professional responsibilities according to each team member's individual competency and licensure. 13.6 Manage, coordinate and supervise the activity of allied dental health personnel. 13.7 Use information technology to optimize teaching, learning, research and patient care. 13.8 Conduct practice related business activities and financial operations in accordance with sound business practices and jurisprudence (e.g., OSHA	**PAT** **PAT** **PAT** **PAT** **PAT** **PAT** **OSCE, PFO, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**

	and HIPAA)	
	13.9 Demonstrate knowledge of the basic principles of organization and finance for a variety of healthcare delivery systems	
EPA 14:	**Encourage a team culture of safety and improvement, and identify system failures.** 14.1 Lead critical discussions of issues related to oral and general health with clinical teams. 14.2 Use the principles of continuous process improvement to self-assess and continuously improve one's own clinical abilities in oral health care and in interprofessional practice. 14.3 Demonstrate a commitment to life-long learning including developing reflective practices, recognizing personal limitations, and giving and responding to feedback to improve performance. 14.4 Use the principles of continuous process improvement to assess and continuously improve clinical operations and procedures. 14.5 Prioritize personal health and wellness practices and develop effective coping strategies to maintain physical and mental health, seeking assistance as needed. 14.6 Recognize and respond to situations involving ethical and jurisprudence considerations 14.7 Develop a catastrophe preparedness plan for the dental practice. 14.8 Apply quality assurance, assessment and improvement concepts to improve outcomes. 14.9 Identify, correct, and report common sources of medical errors and apply models for quality improvement.	**PAT, SIM** **PFO, PAT** **PFO, PAT** **PAT** **PFO, PAT** **OSCE, PFO, PAT, SIM** **PFO, PAT, SIM** **OSCE, PFO, PAT, SIM** **OSCE, PFO, MCQ, PAT, SIM**
EPA 15:	**Work collaboratively to improve public health.** 15.1 Collaborate with dental team members and other health care professionals to improve health literacy, promote health, and manage disease in communities. 15.2 Model service to patients and communities to enhance the well-being of others and to advocate for vulnerable groups and those with limited access to healthcare. 15.3 Evaluate and implement systems of oral	**PFO, PAT** **PFO, PAT** **OSCE, PFO, PAT, SIM**

	health care management and delivery that will address the needs of patient populations served.	
EPA 16:	**Provide culturally competent and culturally safe health care** 16.1 Cooperate with patients, communities, and colleagues from diverse backgrounds 16.2 Foster a clinical atmosphere that welcomes diversity 16.3 Demonstrate an awareness of how personal beliefs, values, emotions and tolerance of ambiguity influence behaviors with others and responses to difficult situations 16.4 Demonstrate effective adaptation of communication skills to the needs of the patient, the sensitivity of the information discussed, and the nature of the situation. 16.5 Establish appropriate relationships with patients, respecting their values, privacy and dignity. 16.6 Demonstrate patient advocacy with respect to sex and gender	**OSCE, PFO, PAT, SIM** **PFO, PAT** **PFO, PAT** **PFO, PAT** **PAT** **PFO, PAT**

Pre-clinical Curricular Goals:

1. Describe the normal structure and function of the human body
2. Describe in detail the normal structure and function of head and neck.
3. Draw the detailed anatomy of each deciduous and permanent tooth.
4. Explain the three-dimensional movements and interrelationships of the teeth, jaws, and TMJ during normal mastication and occlusion.
5. Explain the various causes of disease states, and describe the molecular, structural, and physiological alterations that underlie these states, with special attention to dental caries and periodontal disease.
6. Explain the molecular basis of cancer and the major events that occur from tumor initiation to metastasis.
7. Describe the changes that occur to organs and organ systems throughout development and aging.
8. Demonstrate knowledge of the principles underlying normal behavior and psychopathologic disorders.
9. Demonstrate knowledge of sex and gender specific health

10. Describe the mechanisms of action, side effects, and interactions of major therapeutic agents.
11. Describe the principles of prevention and the non- pharmacological approaches to disease and symptom management.
12. Describe population specific factors that affect disease prevention, incidence, treatment, and outcomes, and apply this information to patient care.

C. If the proposed program is an AS-to-BS capstone, provide evidence that it adheres to the guidelines approved by the Articulation Coordinating Committee for such programs, as outlined in [State Board of Education Rule 6A-10.024](). Additionally, please list the prerequisites, if any, and identify the specific AS degrees that may transfer into the proposed program.

☒ **Not applicable to this program because it is not an AS-to-BS Capstone.**

D. Describe the curricular framework for the proposed program, including the following information where applicable:
- **total numbers of semester credit hours for the degree**
- **number of credit hours for each course**
- **required courses, restricted electives, and unrestricted electives**
- **a sequenced course of study for all majors, concentrations, tracks, or areas of emphasis**

The Integrated Patient-Focused Curriculum is based on the principle that oral healthcare skills and knowledge are acquired best in a setting that simulates their use in future practice as closely as possible. Therefore, this curriculum is founded in the context of patient care through patient case studies that bring theory to life, and the early introduction of clinical skills in authentic settings. We provide our students with a stimulating, supportive and collegial learning environment featuring:

- An early introduction to patient care
- Continuity relationships with patients and dental clinics
- Longitudinal integrated clerkship modules in the third year
- Entrustable Professional Activity (EPA) assessments to guide safe clinical progress and build student confidence
- Integrated competency assessments
- A small class size

The FAU College of Dentistry integrates the following threads throughout all years of the curriculum:

- Ethics, Professionalism and Professional Identity (EPP)
- Life-Long Learning and Discovery (LLD)
- Patients of All Ages and Abilities (PAAA)
- Communication, Compassion and Collaborative Care (CCC)
- Clinical Leadership and Safety (CLS)
- Skills For Health (SFH)

The foundational science curriculum integrates key disciplines like anatomy, physiology, pharmacology and pathology throughout the courses. Teaching methods include problem-based learning, with a balance of small group sessions and independent study, supplemented by labs, clinical correlations, simulations, and lectures focusing on core concepts rather than lists of facts.

The clinical curriculum in years 1 and 2, Foundations of Dental Medicine and Surgery, includes sessions that concentrate on professionalism skills as well as dental techniques. Aspects of professionalism include ethics, cultural competency, and communication skills. Head and neck anatomy, dental anatomy and occlusion are preparatory to beginning preclinical training. Patient history taking, interviewing, and examination are taught and practiced using standardized and simulated patients. Students begin to build their surgical skills in predental simulations using artificial teeth, simulation units, and virtual patients before beginning care of live patients.

In the second term of year 1, they start to learn about the specialized pathology of the hard and soft tissues of the oral and maxillofacial region, and an evidence-based approach to choosing and performing specialized diagnostic procedures such as the head and neck exam, periodontal exam, oral cancer screening, and radiographs. They also learn to administer local anesthesia.

Starting in the summer semester in year 1, students develop doctor/patient relationships with patients under the supervision of their dentist preceptors in the dental school clinics that provide care to the under-served in Palm Beach County.

In year 3, students begin their intensive participation in longitudinally integrated clinical clerkships where they learn about and practics the major areas and specialties of dentistry under the close supervision of specialists. Small groups of students are assigned to work with selected specialists in interdisciplinary teams for an extended period, rather than completing short discipline-specific clerkships in random order, and then not practicing those clinical skills again in 3rd year. In this way they glean some of the most important benefits of regular clerkships - small group size, close interpersonal interactions between classmates and faculty, concentrated attention to a dental specialty, and first-hand experience of clinical teamwork.

Throughout year 3, students are provided with opportunities to participate in community health projects, research, and to take elective courses. They have the opportunity to begin preparing for two important national exams, the Integrated National Dental Board Examination and the Dental Licensure OSCE. This is also the period in which students begin applying for specialty programs, and they may choose to complete a limited number of externships in their chosen specialty.

At the end of year 3, students have completed core clerkships practicing clinical skills on assigned patients in Oral & Maxillofacial Surgery, Oral Medicine, Periodontics, Endodontics, Prosthodontics, Pediatric Dentistry, and Restorative Dentistry, and also practiced their clinical skills in dental informatics, dental emergencies, implant dentistry, Oral & Maxillofacial Radiology, Oral & Maxillofacial Pathology, oral diagnosis, treatment planning, geriatric dentistry, and care of patients with special needs

During year 4, students make a major transition. So far, they have worked on their patients under the supervision of dental specialists in the clinics of the College of Dental Medicine. Now they shift to working with general dentists and interprofessional health care teams in community health clinics in the region, which can involve travel and extended periods away from the main campus. These service learning rotations form the bulk of their senior dental experience, giving them real-life experience in the authentic settings they are being prepared for. They spend time working closely with and assisting the MDs and nurses to learn limited primary care skills, and the rest of the time providing general dentistry care to their own roster of patients under the supervision of preceptor dentists at the site. Their patient experiences are monitored and if there

is not a sufficient number of more sophisticated and demanding procedures at their site, they are brought back to the main campus site periodically to work with in the school clinics, where they are assigned more advanced cases to round out their clinical experiences.

By the time of graduation, students have a balance of specialist-driven and community-based clinical experiences, a broad range of dental skills, basic primary care skills, and extended experiences working with underserved communities. They will have demonstrated their competency in all required aspects of dentistry and graduate ready to serve diverse communities and people in under-served regions of Florida.

The total number of credits required in the program is 198. A sequenced course of study is provided in Appendix L.

E. Provide a brief description for each course in the proposed curriculum.

Year 1: Semester 1 – Fall

DEN5010 – Interdisciplinary Service Learning I (0)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, function as a health information resource and work effectively within community service organizations.

DEN5013 – Foundations Of Professionalism (2)

This course provides an orientation to the new dental student and establishes the foundation for the development of an emotionally healthy and ethically competent general dentist. The new student is oriented to a variety of studying and coping skills to maintain emotional health and productive learning and also learns the rules and regulations governing academic and professional behavior. The student will also learn about the ethical principles impacting the dental profession and how to apply these principles to ethical dilemmas.

DEN5100C – Gross Anatomy (4)

Basic macroscopic anatomical structure and functions of the human body, with emphasis on the head and neck will be presented thorough lectures, laboratory dissections and discussion sessions. This information serves as the foundation for understanding normal functions of the head, neck and oral structures as well as disorders related to those structures.

DEN5121 – Biochemistry, Molecular & Cellular Biology (4)

Topics including structural biology, cellular organization and communication cell division, regulation of metabolic processes and gene structure and function will introduce students to aspects of advanced molecular and cellular biology and associated biochemical processes. These topics are designed to serve as foundation knowledge for course to follow in later semesters in tissue and organ structure and function, and general pathology.

DEN5210 – Developmental Biology and Psychosocial Issues over the Lifespan (3)

Developmental biological and psychosocial foundation knowledge across the life span will be presented in this course. Focus will be placed on the basic biology of normal growth and development of the head, neck and oral tissue as well as the relevant biological and psychosocial issues associated with normal changes over the life-span that are relevant to oral health and the practice of dentistry. This course is a pre-requisite for DEN 5221C, Oral Health Management and Psychosocial Issues Over the Lifespan in semester two.

DEN5404C – Dental Anatomy and Stomatognathics (2)

This course acquaints the student with morphologic components of the natural dentition including essential vocabulary and details of the anatomy of teeth and the relationship of anatomic structures to caries formation and tooth restoration.

DEN5505C – Introduction to Clinical Care (1)

This course is designed to provide foundational information in clinical care for novice dental students. Areas of patient safety, risk management, infection prevention, standardized clinical practices, information security, and emergency preparedness are applied by students to prepare them for clinical person-centered care.

DEN6301C – Fundamentals of Oral & Maxillofacial Radiology (2)

The biology of radiation and radiation safety in dentistry along with radiologic techniques for procuring, exposing and developing dental films.

Year 1: Semester 2 – Spring

DEN5010 – Interdisciplinary Service Learning I (1)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, function as a health information resource and work effectively within community service organizations.

DEN5120C – Physiology (5)

This course provides foundation knowledge on the structure and normal function of the major body systems including the cardiovascular, pulmonary, renal, gastro-intestinal, endocrine and neurological systems. The relationship of structure to normal function is presented with emphasis on components important to a dentist as a dental patient's case manager and to the prevention, diagnosis, and treatment of oral diseases. In addition, this course will provide the fundamental knowledge to support the understanding and appreciation of the interrelationships of systemic and oral health.

DEN5126C – Histology (2)

Basic microscopic anatomical structure and functions of the head, neck, teeth and various organ systems will be presented in lectures, microscope work, and discussion sessions. This information serves as the foundation for understanding normal structure and functions provided

in physiology as well as disorders related to those structures provided in pathology.

DEN5127 – Infectious Diseases (4)

Providing the foundation knowledge of etiologic agents responsible for infectious diseases important to the general practice of dentistry. Oral infectious diseases are emphasized. The course includes content on microbiology, virology, periodontology, and cariology, as well as systemic and oral diseases with both classical descriptive content and modern molecular biological aspects such as recombinant technology to create new vaccines.

DEN5221 – Oral Health Management and Psychosocial Issues over the Lifespan (2)

This course emphasizes the management of a patient's oral health focusing on behavioral and sociological issues across the lifespan. It builds on previous biological and psychosocial foundation knowledge that directly impacts the practice of dentistry and the achievement and maintenance of oral health in patients. The course includes an overview of the principles of gerontology including the biological, sociological, and psychological aspects of aging; the changing demographics in the U.S. society; and their implications for the dental profession.

DEN5405C – Preclinical Operative Dentistry I/Biomaterials (4)

This course introduces fundamental concepts related to dental caries, its prevention, diagnosis and appropriate management. Emphasis is also placed on the biomaterial science and clinical application of composite resin restorative materials. Minimally invasive dentistry will be stressed, and principles of ergonomics and infection control as it relates to clinical dentistry will be introduced. The course is based on lectures and laboratory exercises in order to support the development of motor skills, self-evaluation and clinical judgment using a rational scientific basis.

DEN5502C – Cariology and Preventive Dentistry (2)

This course introduces fundamental concepts related to dental caries, its prevention, diagnosis and appropriate management. Emphasis is also placed on the preventive aspects of other oral diseases as well as on dental public health and nutritional sciences.

DEN6015 – Professionalism In Patient Care and Practice Management I (0)

This course is the third in a series of courses designed to provide instruction, coach and mentor students in professionalism as they attain competency in patient care. This course spans semesters 2 – 5 and supports the student's progressive development in appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

Year 2: Semester 3 – Summer

DEN6001 – Introduction to Evidence-based Dental Practice (1)

This course introduces the student to evidence-based dentistry (EBD), which is the process of integration of the best research evidence with clinical expertise and patient values.

DEN6011 – Interdisciplinary Service Learning II (0)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN6015 – Professionalism In Patient Care and Practice Management I (0)

This course is the third in a series of courses designed to provide instruction, coach and mentor students in professionalism as they attain competency in patient care. This course spans semesters 2 – 5 and supports the student's progressive development in appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN6128 – Host Defense (3)

This course covers the structure and normal function of the major body systems with emphasis on components important to a dentist as a dental patient's case manager and to the prevention, diagnosis, and treatment of oral diseases. It also continues with the knowledge necessary to understand and appreciate the interrelationships of systemic and oral health.

DEN6213C – Fundamentals of Occlusion (3)

This course covers topics related to the knowledge of dental materials used for impression making, cast making and basic concepts of dental occlusion. The student will develop an understanding of ideal occlusion form and function.

DEN6350 – General Pathology (4)

General Pathology is a course that concerns the cause and the manifestations of diseases that affect the human body of relevance to dentistry.

DEN6407C – Preclinical Operative Dentistry II (3)

This course will involve the use of silver amalgam to treat teeth injured by decay from simple, single surface lesions to extensive lesions.

DEN6705L – Public Health Rotation (0)

This course utilizes experiential service learning in schools to expand students' understanding of the scientific and theoretical basis and practical application of clinical and population-based oral

health surveillance, oral health promotion, and oral disease prevention.

Year 2: Semester 4 – Fall

DEN6011 – Interdisciplinary Service Learning II (0)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN6015 – Professionalism In Patient Care and Practice Management I (0)

This course is the third in a series of courses designed to provide instruction, coach and mentor students in professionalism as they attain competency in patient care. This course spans semesters 2 – 5 and supports the student's progressive development in appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN6251 – Science and Clinical Management of Dental Pain (2)

This course provides understanding of orofacial dental pain and integrates knowledge concerning the nature, mechanisms, and pharmacological treatment of pain.

DEN6351 – Oral Pathology (3)

Fundamentals of basic disease processes affecting the head and neck regions; classification of disease of the oral and perioral regions according to clinical or radiographic appearance.

DEN6408C – Preclinical Operative Dentistry III (3)

This course focuses primarily on esthetic materials and methods of tooth restoration, direct and indirect. This course also reviews the preparation and restoration of Class II amalgams.

DEN6412C – Preclinical Fixed Prosthodontics I (2)

To lay the foundation for fixed prosthodontics by using the knowledge of dental materials, jaw motion, anatomy and physiology along with the correlation and coordination of knowledge and skills from every area of dentistry.

DEN6421C – Periodontic Treatment Planning and Disease Control (2)

Review of the information on etiology and pathogenesis of periodontal disease. Students will be introduced to data gathering, diagnosis of periodontal diseases, establishing prognoses, treatment planning and the steps in the first phase of periodontal therapy. Skill development laboratory sessions will focus on oral hygiene skills and motivation of patients, root preparation procedures, and evaluation of phase 1 treatment.

DEN6430C – Principles of Endodontics (1)

This course is designed to teach pulp and periapical pathology, endodontic diagnosis, the treatment of teeth with various levels of pulpal involvement and the principles of non-surgical endodontic therapy.

DEN6460C – Prosthodontic Treatment of the Edentulous Patient (2)

Art and science of the treatment of edentulous patients. Knowledge and techniques required to treat patients with a minimum of complications both physiological and psychological. Knowledge and technical skills (clinical and laboratory) required in the diagnosis and treatment of edentulous patients.

DEN6705L – Public Health Rotation (0)

This course utilizes experiential service learning in schools to expand students' understanding of the scientific and theoretical basis and practical application of clinical and population-based oral health surveillance, oral health promotion, and oral disease prevention.

Year 2: Semester 5 – Spring

DEN6011 – Interdisciplinary Service Learning II (1)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN6015 – Professionalism In Patient Care and Practice Management I (1)

This course is the third in a series of courses designed to provide instruction, coach and mentor students in professionalism as they attain competency in patient care. This course spans semesters 2 – 5 and supports the student's progressive development in appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN6250C – Pain and Anxiety Control in Dental Patients (1)

This course acquaints the undergraduate with the academic aspects of administration of local anesthetics, inhalation analgesia, and anxiety control.

DEN6260 – Oral Medicine and Pharmacotherapeutics (2)

This course describes the diseases of the organ-systems that have an impact on dental therapy, the clinical pharmacology of physician prescribed drugs and drug interactions, and the clinical therapeutics for treatment of oral region disease processes.

DEN6262 – Principles of Pharmacology (2)

This course describes the basic principles of pharmacokinetics and pharmacodynamics, with an emphasis on dental applications. Several clinical correlations are also included.

DEN6302C – Introduction to Clinical Diagnosis and Treatment Planning (3)

This course prepares the student to conduct a thorough history and appropriate clinical examination of an adult dental patient, make diagnostic decisions based on collected data, formulate a problem list and properly sequence treatment modalities. The didactic and clinical components are designed to increase the integration of foundation knowledge, improve clinical thinking skills, and encourage decisions based on evidence-based principles.

DEN6415C – Preclinical Fixed Prosthodontics II (2)

A laboratory and lecture course covering topics related to patient treatment with fixed ceramonmetal restorations.

DEN6432C – Basic Endodontic Therapy (2)

This course is designed to teach basic non-surgical endodontic procedures (access, biomechanical preparation and obturation) on extracted human teeth.

DEN6440 – Introduction to Oral Surgery (Part I) (1)

This course introduces the student to general principles and specific information which must be mastered in order to treat persons requiring dentoalveolar surgery.

DEN6705L – Public Health Rotation (1)

This course utilizes experiential service learning in schools to expand students' understanding of the scientific and theoretical basis and practical application of clinical and population-based oral health surveillance, oral health promotion, and oral disease prevention.

Year 3: Semester 6 – Summer

DEN6508C – Essentials of Clinical Care (1)

This course is designed to review, reinforce and prepare students for entry into clinical patient care in the FAU-COD TEAMs Clinics. Essential foundational concepts and skills in dentistry will be reviewed. Clinic procedures and protocols including emergency preparedness, associate group dynamics, and patient assignment as they relate to patient management and care will also be emphasized in this course.

DEN7012 – Interdisciplinary Service Learning III (0)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN7016 – Professionalism In Patient Care and Practice Management II (0)

The course introduces student dentists to basic concepts of clinical patient care. This includes

didactic material, clinical rotations, and integration into the FAU-COD Philosophy of Patient Care and the mechanics of patient management. Successful completion is required before advancement to the patient care portion of the program. The goal of the course is to assist in the transition from the didactic and preclinical portion of the curriculum with the ultimate goal of developing competent dentists. Competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN7413C – Removable Partial Prosthodontics: Principles & Techniques (2)

Basic principles in treating the partially edentulous patient with removable restorations. Students will learn the physical and biomechanical characteristics of removable partial denture components, formulate designs of these restorations, materials involved in fabricating a RPD and the skills to fabricate.

DEN7417C – Orofacial Pain (1)

This course will provide the student with a review of functional anatomy related to the differential diagnosis of orofacial pain conditions. Clinical correlation and application will be achieved through lecture, laboratory, and clinical exposure regarding the diagnosis and management of temporomandibular disorders and orofacial pain.

DEN7450C – Orthodontics for the General Practitioner (1)

This course is designed to teach the dental student how to identify orthodontic problems in children and adults, and how to appropriately manage these problems by referral, observation or treatment. The laboratory component of this course will prepare the student to fabricate and activate specific types of orthodontic appliances which are suitable for use in the general practice.

DEN7452C – Fundamentals of Pediatric Dentistry (3)

Treatment of the child patient as it relates to treatment planning, soft tissue evaluation, preventive dentistry, behavior management, treatment of the handicapped, child abuse, pulp treatment, trauma, oral surgery, and restorative techniques.

DEN7744L – Clinical Operative Dentistry 1 (2)

This course applies the foundation knowledge learned in the operative dentistry preclinical curriculum by introducing the beginning student to the prevention, management and restoration of dental caries on assigned patients.

DEN7761L – Oral Diagnosis/Medicine & Treatment Planning I (0)

This course provides the clinical opportunity for student dentists to develop interviewing, diagnosis and basic treatment planning skills on assigned patients.

DEN7762L – Clinical Radiology 1: Radiographic Technique (0)

The student will expose, mount, and critique radiographic surveys for assigned patients; develop

appropriate judgment and reasoning to declare a radiograph clinically acceptable as outlined by "criteria of radiographic acceptability"; and demonstrate proper radiation hygiene, infection control techniques, and appropriate patient management.

DEN7805L – Clinical Oral Surgery I (0)

This course brings together the knowledge gained from previous oral surgery courses. The student will assume a participatory assistant role in clinical oral surgery procedures and will attain competence in specific peri-operative procedures.

DEN7834L – Comprehensive Periodontal Treatment 1 (2)

This course applies the foundation knowledge learned in the periodontic preclinical curriculum by introducing the beginning student to diagnosis and treatment of gingival and periodontal diseases and the evaluation of initial therapy and continuing supportive periodontal therapy on assigned patients.

Year 3: Semester 7 – Fall

DEN7012 – Interdisciplinary Service Learning III (0)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN7016 – Professionalism In Patient Care and Practice Management II (1)

The course introduces student dentists to basic concepts of clinical patient care. This includes didactic material, clinical rotations, and integration into the FAU-COD Philosophy of Patient Care and the mechanics of patient management. Successful completion is required before advancement to the patient care portion of the program. The goal of the course is to assist in the transition from the didactic and preclinical portion of the curriculum with the ultimate goal of developing competent dentists. Competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN7319 – Dental Care for the Geriatric Patient (1)

This course will examine clinical topics in geriatric oral medicine, focusing on disease patterns in the elderly, and the interrelationship of multiple diseases in individual older patients. Comprehensive patient assessment, changes in pharmacokinetics and pharmacodynamics with age will be discussed and how these factors impact your dental care for the geriatric patient.

DEN7411C – Overview of Implant Dentistry (2)

Curriculum provides basic knowledge concerning biological and scientific basis for implant treatment, including patient evaluation, diagnosis, treatment planning, implant selection, implant

surgery, post surgical care, implant prosthodontic procedures and maintenance protocols. Course goals include development and understanding of the history and past status of implant dentistry, scientific basis of implant-host relations, and diagnosis, treatment planning, and treatment along with maintenance procedures.

DEN7422C – Periodontal Surgery for the General Practitioner (1)

Objective of the course is to define the role of the contemporary general dentist in the treatment or referral or postoperative care of the periodontal patient who requires surgical therapy.

DEN7441 – Introduction to Oral Surgery (Part II) (1)

This course introduces the student to assessment of surgery for impacted teeth, preprosthetic surgery, biopsies, and the diagnosis and treatment of odontogenic infections.

DEN7443L – Hospital Dentistry (1 for students on rotation)

A four-day hospital rotation designed to orient the dental student to procedures and protocol related to hospital dentistry.

DEN7735L – Clinical Endodontics 1 (1)

The endodontic clinical curriculum is designed to create a clinician skilled with the scientific knowledge and current, state-of-the-art, techniques to adequately perform endodontic therapy in the twenty-first century.

DEN7745L – Clinical Operative Dentistry 2 (3)

This course applies the foundation knowledge learned in the operative dentistry preclinical curriculum by introducing the beginning student to the prevention, management and restoration of dental caries on assigned patients.

DEN7761L – Oral Diagnosis/Medicine & Treatment Planning I (1)

This course provides the clinical opportunity for student dentists to develop interviewing, diagnosis and basic treatment planning skills on assigned patients.

DEN7762L – Clinical Radiology 1: Radiographic Technique (1)

The student will expose, mount, and critique radiographic surveys for assigned patients; develop appropriate judgment and reasoning to declare a radiograph clinically acceptable as outlined by "criteria of radiographic acceptability"; and demonstrate proper radiation hygiene, infection control techniques, and appropriate patient management.

DEN7805L – Clinical Oral Surgery I (1)

This course brings together the knowledge gained from previous oral surgery courses. The student will assume a participatory assistant role in clinical oral surgery procedures and will attain competence in specific peri-operative procedures.

DEN7819L – Clinical Orthodontics 3 (1)

Evaluation of orthodontic needs and treatment planning strategies for the treatment of mixed and adult dentitions will be discussed in an interactive forum.

DEN7825L – Clinical Pediatric Dentistry 1 (1)

Introductory comprehensive dental care of the pediatric dental patient.

DEN7835L – Comprehensive Periodontal Treatment 2 (3)

This course applies the foundation knowledge learned in the periodontic preclinical curriculum by introducing the beginning student to diagnosis and treatment of gingival and periodontal diseases and the evaluation of initial therapy and continuing supportive periodontal therapy on assigned patients. DEN 7834 is a prerequisite course.

DEN7845L – Clinical Prosthodontics 1 (3)

This course applies the foundation knowledge learned in the prosthodontic preclinical curriculum by introducing the beginning student to the restoration and replacement of missing teeth by prosthodontic techniques . DEN 7845 is a prerequisite course.

Year 3: Semester 8 – Spring

DEN6416C – Basic Sciences Review (2)

This course provides a systematic approach to the review of the basic biomedical and anatomical sciences in preparation for entrance into the clinical education program.

DEN7012 – Interdisciplinary Service Learning III (1)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN7017 – Professionalism In Patient Care and Practice Management III (0)

The course introduces student dentists to basic concepts of clinical patient care. This includes didactic material, clinical rotations, and integration into the FAU-COD Philosophy of Patient Care and the mechanics of patient management. Successful completion is required before advancement to the patient care portion of the program. The goal of the course is to assist in the transition from the didactic and preclinical portion of the curriculum with the ultimate goal of developing competent dentists. Competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN7433 – Evidence-based Endodontics (1)

This course brings together the knowledge gained from previous endodontic courses. This will broaden the ability to analyze diagnostic data, identify and plan a broad scope of endodontic treatment and to relate this treatment to other disciplines utilizing an evidence-based approach utilizing critical thinking to facilitate clinical decision making.

DEN7442 – Overview of Advanced Oral and Maxillofacial Surgery (1)

This course familiarizes the student with the procedures most commonly provided by oral and maxillofacial surgeons. Technique is not taught; the student is made aware of procedures available to patients through referral.

DEN7443L – Hospital Dentistry (1 for those on rotation)

A four day hospital rotation designed to orient the dental student to procedures and protocol related to hospital dentistry.

DEN7717C – Clinical Use of Dental Materials (1)

This course focuses on the development of the relationships between properties and composition of six categories of dental materials which are most often used in dental practice. Each sub-objective will allow the student to describe the effect of variations in the manufacturer's recommended manipulation procedures for a given material system on potential clinical outcome, basing the decision on the fundamental physical, chemical and mechanical properties of each specific material.

DEN7736L – Clinical Endodontics 2 (1)

The endodontic clinical curriculum is designed to create a clinician skilled with the scientific knowledge and current, state-of-the-art, techniques to adequately perform endodontic therapy in the twenty-first century.

DEN7746L – Clinical Operative Dentistry 3 (3)

This course applies the foundation knowledge learned in the operative dentistry preclinical curriculum by introducing the beginning student to the prevention, management and restoration of dental caries on assigned patients.

DEN7762L – Clinical Radiology 1: Radiographic Technique- Class of 2014 (1)

The student will expose, mount, and critique radiographic surveys for assigned patients; develop appropriate judgment and reasoning to declare a radiograph clinically acceptable as outlined by "criteria of radiographic acceptability"; and demonstrate proper radiation hygiene, infection control techniques, and appropriate patient management.

DEN7766L – Oral Diagnosis/Medicine & Treatment Planning 2 (0)

This course provides the clinical opportunity for student dentists to develop interviewing, diagnosis and basic treatment planning skills on assigned patients.

DEN7805L – Clinical Oral Surgery I (1)

This course brings together the knowledge gained from previous oral surgery courses. The student will assume a participatory assistant role in clinical oral surgery procedures and will attain competence in specific peri-operative procedures.

DEN7826L – Clinical Pediatric Dentistry Grad. (1 for students on rotation)

Observation of and assistance in advanced pediatric dental care in unique clinical environments.

DEN7836L – Comprehensive Periodontic Treatment (3)

This course applies the foundational knowledge learned in the periodontics preclinical curriculum by introducing the beginning student to diagnosis and treatment of gingival and periodontal diseases and the evaluation of initial therapy and continuing supportive periodontal therapy on assigned patients. DEN 7835L is a prerequisite course.

DEN7846L – Clinical Prosthodontics 2 (3)

This course applies the foundation knowledge learned in the prosthodontic preclinical curriculum by introducing the beginning student to the restoration and replacement of missing teeth by prosthodontic techniques . DEN 7845 is a prerequisite course.

DEN8263 – Advanced Oral Medicine and Clinical Pharmacology (1)

This course is designed to enhance students' competency in assessment and management of medically complex patients. Using a case-based approach, student will independently assess the medical and dental aspects of selected patients, review medications, potential drug interactions and generate mock prescriptions. Competency assessment will include student presentations of case reviews to peers and faculty group leaders. This advanced course builds on foundation knowledge gained from courses DEN6262, Principles of Pharmacology, and DEN6260, Oral Medicine.

DEN8303 – Advanced Radiologic Interpretation (1)

The series of topics on radiographic diagnosis is designed to reinforce the concept that radiographic data assists in the assignment of patient abnormalities into general categories of conditions: developmental, trauma, inflammation, and neoplasia. This method should help you develop differential diagnostic impressions when conditions other than caries and periodontitis are present.

Year 4: Semester 9 – Summer

DEN7017 – Professionalism In Patient Care and Practice Management III (1)

The course introduces student dentists to basic concepts of clinical patient care. This includes didactic material, clinical rotations, and integration into the FAU-COD Philosophy of Patient Care and the mechanics of patient management. Successful completion is required before advancement to the patient care portion of the program. The goal of the course is to assist in the transition from the didactic and preclinical portion of the curriculum with the ultimate goal of developing competent dentists. Competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary

for life-long learning.

DEN7443L – Hospital Dentistry (1 for students on rotation)

A four day hospital rotation designed to orient the dental student to procedures and protocol related to hospital dentistry.

DEN7766L – Oral Diagnosis/Medicine & Treatment Planning 2 (1)

This course provides the clinical opportunity for student dentists to develop interviewing, diagnosis and basic treatment planning skills on assigned patients.

DEN7826L – Clinical Pediatric Dentistry Grad. (1 for students on rotation)

Observation of and assistance in advanced pediatric dental care in unique clinical environments.

DEN8019 – Interdisciplinary Service Learning IV (0)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN8352 – Advanced Differential Diagnosis (1)

Comprehensive oral diagnostic science subject matter requiring problem-solving strategies; integration of oral medicine, oral pathology and oral radiology disciplines.

DEN8423 – Periodontics in General Practice (1)

Objective of the course is to provide the student with a comprehensive approach to the practice of periodontics as a general practitioner, stressing inter- and multidisciplinary treatment of complex cases.

DEN8708L – Community Dentistry I (2)

Application of principles of community dentistry, management, interpersonal relations, communications, prevention, professionalism, and decision making in the clinical care of patients at both the parent institutions and extramural sites. This clinical course emphasizes the integration of knowledge and skills necessary to practice dentistry effectively and efficiently.

DEN8719C – Selection of Clinical Dental Materials (1)

This course entails small group discussions with a faculty member on biomaterial science concepts. Faculty-student interactions are designed to answer clinical-relevant questions regarding product selection and use. The seminars provide opportunities for students to review current evidence and to raise questions on product use, efficacy and sustainability.

DEN8737L – Clinical Endodontics 3 (1)

The endodontic clinical curriculum is designed to create a clinician skilled with the scientific knowledge and current, state-of-the-art, techniques to adequately perform endodontic therapy in the twenty-first century.

DEN8747L – Clinical Operative Dentistry 4 (3)

This course builds upon the application of foundation knowledge in operative dentistry to a more advanced student and enhances performance skills in the continuing development and demonstration of competency in this discipline.

DEN8765L – Clinical Radiology 2: Radiographic Interpretation (0)

The student will demonstrate a thorough knowledge of radiologic normal anatomy; complete a radiologic interpretation/consult on all baseline radiologic surveys including a description of any observed abnormality(s) of the dentition, supporting structures, the temporomandibular joints, and the paranasal sinuses concluding with a differential diagnosis/impression when appropriate.

DEN8767L – Clinical Oncology and Oral Pathology (1 for students on rotation)

The student will become familiar with specialized oral care for cancer patients, attend head and neck tumor conferences and demonstrate recognition and management of oral pathologic diseases.

DEN8809L – Advanced Oral Surgery (0)

This course applies the knowledge gained from previous clinical and didactic courses. The student will learn to perform oral surgery within the scope of general dental practice, obtain hospital orientation, and manage dental emergencies.

DEN8827L – Clinical Pediatric Dentistry 2 (1)

Intermediate comprehensive dental care of the pediatric dental patient.

DEN8837L – Comprehensive Periodontal Treatment 4 (3)

This course builds upon the application of foundation knowledge in periodontics to a more advanced student and enhances performance skills in the continuing development and demonstration of competency in this discipline.

DEN8857L – Clinical Prosthodontics 3 (3)

This course applies the foundation knowledge learned in the prosthodontic preclinical curriculum by introducing the beginning student to the restoration and replacement of missing teeth by prosthodontic techniques . DEN 7845 is a prerequisite course.

Year 4: Semester 10 – Fall

DEN7826L – Clinical Pediatric Dentistry 2 (1 for students on rotation)

Observation of and assistance in advanced pediatric dental care in unique clinical environments.

DEN8018 – Professionalism In Patient Care and Practice Management IV (0)

The course introduces student dentists to basic concepts of clinical patient care. This includes didactic material, clinical rotations, and integration into the FAU-COD Philosophy of Patient Care and the mechanics of patient management. Successful completion is required before advancement to the patient care portion of the program. The goal of the course is to assist in the transition from the didactic and preclinical portion of the curriculum with the ultimate goal of developing competent dentists. Competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN8019 – Interdisciplinary Service Learning IV (0)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN8321 – Dental Practice Management (2)

Changes in economic factors, the delivery system, payment processes and the demand for dental care within different segments of the population require future dentists to develop effective management and business skills. This course focuses on six fundamental areas of management necessary for successful dental practice.

DEN8709L – Community Dentistry II (2)

Application of principles of community dentistry, management, interpersonal relations, communications, prevention, professionalism, and decision making in the clinical care of patients at both the parent institutions and extramural sites. This clinical course emphasizes the integration of knowledge and skills necessary to practice dentistry effectively and efficiently.

DEN8738L – Clinical Endodontics 4 (1)

The endodontic clinical curriculum is designed to create a clinician skilled with the scientific knowledge and current, state-of-the-art, techniques to adequately perform endodontic therapy in the twenty-first century.

DEN8748L – Clinical Operative Dentistry 5 (3)

This course builds upon the application of foundation knowledge in operative dentistry to a more advanced student and enhances performance skills in the continuing development and demonstration of competency in this discipline.

DEN8765L – Clinical Radiology 2: Radiographic Interpretation (1)

The student will demonstrate a thorough knowledge of radiologic normal anatomy; complete a radiologic interpretation/consult on all baseline radiologic surveys including a description of any observed abnormality(s) of the dentition, supporting structures, the temporomandibular joints,

and the paranasal sinuses concluding with a differential diagnosis/impression when appropriate.

DEN8767L – Clinical Oncology and Oral Pathology (1 for students on rotation)

The student will become familiar with specialized oral care for cancer patients, attend head and neck tumor conferences and demonstrate recognition and management of oral pathologic diseases.

DEN8768L – Oral Diagnosis/Medicine & Treatment Planning 3 (0)

This course provides the clinical opportunity for student dentists to develop interviewing, diagnosis and basic treatment planning skills on assigned patients.

DEN8809L – Advanced Oral Surgery (1)

This course applies the knowledge gained from previous clinical and didactic courses. The student will learn to perform oral surgery within the scope of general dental practice, obtain hospital orientation, and manage dental emergencies.

DEN8828L – Clinical Pediatric Dentistry 3 (1)

Advanced comprehensive dental care of the pediatric dental patient.

DEN8838L – Comprehensive Periodontial Treatment 5 (3)

This course builds upon the application of foundation knowledge in periodontics to a more advanced student and enhances performance skills in the continuing development and demonstration of competency in this discipline. DEN 8837 is a prerequisite course.

DEN8858L – Clinical Prosthodontics 4 (4)

This course applies the foundation knowledge learned in the prosthodontic preclinical curriculum by introducing the beginning student to the restoration and replacement of missing teeth by prosthodontic techniques . DEN 7845 is a prerequisite course.

DEN8960L – Clinical Examination 2 (0)

This examination is a 2.5-day written, laboratory and clinical examination involving laboratory and patient examinations and a written examination of the Florida State dental laws and rules.

Year 4: Semester 11 – Spring

DEN8018 – Professionalism In Patient Care and Practice Management IV (1)

The course introduces student dentists to basic concepts of clinical patient care. This includes didactic material, clinical rotations, and integration into the FAU-COD Philosophy of Patient Care and the mechanics of patient management. Successful completion is required before advancement to the patient care portion of the program. The goal of the course is to assist in the transition from the didactic and preclinical portion of the curriculum with the ultimate goal of developing competent dentists. Competent dentists demonstrate appropriate patient management skills, professionalism and integrity in the delivery of dental care, and critical thinking necessary for life-long learning.

DEN8019 – Interdisciplinary Service Learning IV (1)

This course will provide student experience in an integrated service-learning framework. Students will be expected to demonstrate the ability to: work with an interdisciplinary team, communicate effectively, understand social and cultural factors that influence patients, recognize ethical dilemmas one faces as a dental health professional, and work effectively within community service organizations.

DEN8462 – Advanced Topics in Prosthodontics (1)

Advanced information and treatment modalities for complete and partially edentulous patients with special problems. Concepts and theories such as resilient liners, implants, cast gold occlusal surfaces, cast metal base dentures; also an introduction to maxillofacial prosthetics and management of patients with palatal anomalies.

DEN8710L – Community Dentistry III (2)

Application of principles of community dentistry, management, interpersonal relations, communications, prevention, professionalism, and decision making in the clinical care of patients at both the parent institutions and extramural sites. This clinical course emphasizes the integration of knowledge and skills necessary to practice dentistry effectively and efficiently.

DEN8739L – Clinical Endodontics 5 (1)

The endodontic clinical curriculum is designed to create a clinician skilled with the scientific knowledge and current, state-of-the-art, techniques to adequately perform endodontic therapy in the twenty-first century.

DEN8749L – Clinical Operative Dentistry 6 (2)

This course builds upon the application of foundation knowledge in operative dentistry to a more advanced student and enhances performance skills in the continuing development and demonstration of competency in this discipline.

DEN8767L – Clinical Oncology and Oral Pathology (1 for students on rotation)

The student will become familiar with specialized oral care for cancer patients, attend head and

neck tumor conferences and demonstrate recognition and management of oral pathologic diseases.

DEN8768L – Oral Diagnosis/Medicine & Treatment Planning 3 (1)

This course provides the clinical opportunity for student dentists to develop interviewing, diagnosis and basic treatment planning skills on assigned patients.

DEN8809L – Advanced Oral Surgery (1)

This course applies the knowledge gained from previous clinical and didactic courses. The student will learn to perform oral surgery within the scope of general dental practice, obtain hospital orientation, and manage dental emergencies.

DEN8839L – Comprehensive Periodontal Treatment 6 (2)

This course builds upon the application of foundation knowledge in periodontics to a more advanced student and enhances performance skills in the continuing development and demonstration of competency in this discipline.   DEN 8838 is a prerequisite course. Upon completion of this course, all required clinical competencies will be successfully completed in periodontics.

DEN8859L – Clinical Prosthodontics 5 (3)

This course applies the foundation knowledge learned in the prosthodontic preclinical curriculum by introducing the beginning student to the restoration and replacement of missing teeth by prosthodontic techniques . DEN 7845 is a prerequisite course.

DEN8960L – Clinical Examination 2 (1)

This examination is a 2.5-day written, laboratory and clinical examination involving laboratory and patient examinations and a written examination of the Florida State dental laws and rules.

Electives

Electives are courses designed to allow dental students the opportunity to vary their curriculum according to individual interests. Electives are intended to supplement, not to replace any part of, the core curriculum.

Requirements

Each student is required to complete a minimum of 60 clock hours (6 credit hours) of approved elective courses.

AVAILABLE TO COHORT	COURSE TITLE	CREDITS	SCHEDULE, ROTATION, INDEPENDENT STUDY
2DN, 3DN and 4DN	Using Tech to Support Teaching	1-3 (variable)	Independent Study
2DN, 3DN and 4DN	Oral Surgery Interest Group	1	Scheduled
2DN, 3DN and 4DN	Evidence Based Dentistry	1	Scheduled
2DN, 3DN and 4DN	Mentored Research in Community	1	Independent Study

AVAILABLE TO COHORT	COURSE TITLE	CREDITS	SCHEDULE, ROTATION, INDEPENDENT STUDY
	Dentistry		
2DN, 3DN and 4DN	Mentored Research in Oral Biology	1	Independent Study
3DN and 4DN	Mentored Research in Orthodontics	1	Independent Study
3DN and 4DN	Mentored Research in Operative Dentistry	1	Independent Study
3DN and 4DN	Mentored Research in Oral Medicine	1	Independent Study
3DN and 4DN	Mentored Research in Periodontics	1	Independent Study
3DN and 4DN	Mentored Research in Prosthodontics	1	Independent Study
3DN and 4DN	Spanish in Dentistry	1	Scheduled
3DN and 4DN	Topics in General Dentistry	1	Scheduled
3DN and 4DN	Dental Extramural Elective	1	Independent Study
3DN and 4DN	Private Practice Experience	1	Independent Study
4DN	Dental Emergency Management	1	Rotation
4DN	Oral Medicine/ Pathology Clinic Observation	1	Independent Study
4DN	Digital Dentures	1	Independent Study
4DN	Clinical Orthodontics	3	Scheduled
4DN	Integrating Digital workflow in Implant Dentistry	1	Rotation
4DN	Advanced Digital Dental Photography	1	Scheduled

F. For degree programs in medicine, nursing, and/or allied health sciences, please identify the courses that contain the competencies necessary to meet the requirements identified in <u>Section 1004.08, Florida Statutes.</u> For teacher preparation programs, identify the courses that contain the competencies necessary to meet the requirements outlined in <u>Section 1004.04, Florida Statutes</u>.

☐ **Not applicable to this program because the program is not a medicine, nursing, allied health sciences, or teacher preparation program.**

1004.08   Patient safety instructional requirements. Each public school, college, and university that offers degrees in medicine, nursing, or allied health shall include in the curricula applicable to such degrees material on patient safety, including patient safety improvement. Materials shall include, but need not be limited to, effective communication and teamwork; epidemiology of patient injuries and medical errors; medical injuries; vigilance, attention, and fatigue; checklists and inspections; automation, technological, and computer support; psychological factors in human error; and reporting systems.

Although woven throughout FAU's proposed curriculum, patient safety is an overt component of the student's education right from the start. Beginning with the Interdisciplinary Service Learning where students expected to demonstrate the ability to work with an interdisciplinary team. They learn how to communicate effectively in a clinical environment while developing an understanding of social and cultural factors that influence patients. They also learn how to function as a health information resource and work effectively within community service organizations—affecting public safety, not just individual.

Moving into Foundations of Professionalism, provides an orientation to the new dental student and establishes the foundation for the development of an emotionally healthy and ethically competent general dentist. Learning the rules and regulations governing academic and professional behavior are essential for patient safety. The new student is oriented to a variety of studying and coping skills to maintain emotional health and productive learning promoting an awareness of vigilance, attention and fatigue. The student will also learn about the ethical principles impacting the dental profession and how to apply these principles to ethical dilemmas. Again, ensuring the wellness of the patient, their and their team's safety.

In curriculum such as Introduction to Clinical Care students are provided foundational insturction in clinical care focused in the areas of patient safety, risk management, infection prevention, standardized clinical practices, information security, and emergency preparedness are applied by students to prepare them for clinical person-centered care. This early introduction to checklists, automation, technological challenges and reporting system is repeated each year throughout the learner's dental school experience, building and expanding the knowledge. These pillar items are recurring through the student's four years of school as cumulative coursework. Additionally, as each clinical subtopic is taught, a construct occurs regarding effective communication and teamwork, patient care technology, standardization of care to minimize patient errors, and maximizing the care delivery to the patient. Furthermore, in meeting CODA guidelines we will exceed the state expectations set forth in Section 1004.08 of the Florida Statutes.

G. Describe any potential impact on related academic programs or departments, such as an increased need for general education or common prerequisite courses or increased need for required or elective courses outside of the proposed academic program. If the proposed program is a collaborative effort between multiple academic departments, colleges, or schools within the institution, provide letters of support or MOUs from each department, college, or school in Appendix D.

Much of the coursework in the program will be newly developed. Utilizing the FAU medicine faculty for common course work between COD and COM students, however, will be essential for years one and two. Specifically, faculty in the college of medicine are well equipped and able to provide instruction in the following:

Foundations of Professionalism Gross Anatomy Biochemistry, Molecular and Cellular Biology Developmental Biology and Psychosocial Issues Physiology Histology Infectious Diseases

The addition to the faculty course assignments will require expanding the faculty full time equivalent (FTE) with appropriate remuneration or adding incremental personnel. FAU will monitor enrollment to ensure sufficient section offerings are available. A letter of support from the Dean of the College of Medicine at FAU is included in Appendix D.

H. Identify any established or planned educational sites where the program will be offered or administered. If the proposed program will only be offered or administered at a site(s) other than the main campus, provide a rationale.

The degree program will be offered on the Boca Raton campus only.

I. Describe the anticipated mode of delivery for the proposed program (e.g., face-to-face, distance learning, hybrid). If the mode(s) of delivery will require specialized services or additional financial support, please describe the projected costs below and discuss how they are reflected in Appendix A – Table 3A or 3B.

The degree program will be offered through face-to-face instruction only.

J. Provide a narrative addressing the feasibility of delivering the proposed program through collaboration with other institutions, both public and private. Cite any specific queries made of other institutions with respect to shared courses, distance/distributed learning technologies, and joint-use facilities for research or internships.

Over the past 6 months FAU Health leadership met with over 350 institutions, spanning healthcare entities and community partners in the area for the purpose of integration and collaboration. The college of dentistry has been a foundational component of these plans. Specifically, the following institutions already have an existing collaboration that will be expanded to include the college of dentistry.
- Palm Beach Atlantic University
- Broward College
- Palm Beach State College

Additionally, FAU recognizes that Nova Southeastern University in Broward County was formed over 25 years ago. Although a private institution, FAU has reached out to their leadership and would seek opportunities to provide joint educational ventures as appropriate. These would include grand rounds, journal club, invited speakers and other non-classroom learning. A potential collaboration with research is also being explored. This would lean toward a basic science focus in the first 5 years, but evolve to a translation scope as well.
Due to geography, such collaborations with the University of Florida (UF) will be evaluated, but due to the distance will necessitate strategic partnerships in niche areas to ensure that it is sustainable and useful for both parties. As part of the State University System (SUS) of Florida, FAU would seek more of a mentoring institution relationship with UF, as their college of dentistry is highly regarded due to its longstanding and preeminent dental sciences programs. Furthermore, UF is ranked number 5 nationally for research. The nature of research from an operational, financial and organizational perspective offers the most likely opportunities to work in both parallel and tandem, making research an obvious area for an integrated collaboration. FAU has a diverse catchment area, providing opportunity to expand the patient demographic and enrollment opportunities for new and existing UF studies.

Initial discussions have begun with other SUS intuitions regarding a pipeline program for their students. As part of the CAVP ACG pre-proposal discussion on September 7, 2022, UWF, UCF and FAMU all expressed interest in a partnership with the FAU COD. A pipeline program would include pre-dentistry student workshops, research opportunities, mentoring relationships and the opportunity to do a visiting internship. This would enhance the offerings for students within the SUS, provide an opportunity for students to have meaningful exposure to a diversified portfolio of health career opportunities, and position them well to be a highly desired candidate for dental school in what is a very competitive.

Lastly, in partnership with Harbor Branch Oceanographic Institute (HBOI), FAU would develop a combined FAU/HBOI program for oral health cancer research. This work would specifically function in collaboration with Esther Guzmán, PhD, Research Professor for Cancer Cell Biology at HBOI. This alignment of common interests allows the two programs to exponentially amplify their work and efforts toward addressing a need of the community. Additionally, at HBOI, Amy Wright, PhD, Research Professor for Natural Products Chemistry and Pharmacognsy, leads nationally recognized and extramurally funded novel research utilizing natural oceanic products

for a variety of healthcare conditions. Working together, we would expand the program through aligning resources to provide strategic dental science research. Building on the tremendous success of HBOI, the College of Dentistry would significantly shorten their path to providing a meaningful research experience for their students.

K. Describe any currently available sites for internship and/or practicum experiences. Describe any plans to seek additional sites in Years 1 through 5.

☐ **Not applicable to this program because the program does not require internships or practicums.**

Leveraging the FAU existing Undergraduate and Graduate Medical Education consortium partners as it relates to clinical rotations for the College of Medicine, the College of Dentistry will be well equipped to provide substantial practicum experiences. By tacking on to these agreements, the college of dentistry could provide rotations for:

- Caridad Center
- Cleveland Clinic Florida
- Jupiter Medical Center
- Tenet Healthcare
- West Palm Beach Veterans Affairs Healthcare System
- Memorial Healthcare System
- Health Care District of Palm Beach County
- Broward Health
- Baptist Health South Florida (including Bethesda Hospital and Boca Raton Regional Hospital)

Notably, the Caridad Center, the Health Care District of Palm Beach County and the West Palm Beach Veterans Affairs Healthcare System provide substantial ambulatory oral health care for both routine and complex dentistry. These rotations would well sustain the program in the initial two years of implementation as FAU completes its clinical build out. As mentioned earlier in this proposal, FAU will work to expand clinical rotation sites into rural and underserved communities statewide to address the regional disparity of accessibility to dentists in the state. By year three of the program, the college of dentistry could also provide rotations within its own clinical structure—but continuing to maintain the affiliations as stated before. Other targeted rotations (pediatric, oral and maxillofacial surgery, orthodontics, etc.) could be supplemented through strategic relationships with community providers. This will allow FAU to rapidly expand to the full complement of dental students and quickly build clinical volume to ensure a meaningful educational opportunity.

V. Program Quality Indicators - Reviews and Accreditation

A. List all accreditation agencies and learned societies that would be concerned with the proposed program. If the institution intends to seek specialized accreditation for the proposed program, as described in <u>Board of Governors Regulation 3.006</u>, provide a timeline for seeking specialized accreditation. If specialized accreditation will not be sought, please provide an explanation.

Dental schools operating within the United States utilize the Commission on Dental Accreditation (CODA) as their regulating agency for accreditation. CODA has two application processes, one for programs that are fully operational with enrollment and the other for programs that are developing and do not currently have enrolled students. Fully operational programs seeking CODA accreditation are generally schools that were previously accredited and have lost their accreditation. With an overwhelming prevalence dental schools seek initial accreditation prior to enrolling their first student. Likewise, FAU would seek accreditation before enrollment as a program without enrolled students.

This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s).

The accreditation process for FAU would require notification of our intent to seek accreditation. Prior to that notification, we would need to set up an ADEA AADSAS account (at least one year before, but not more than 3 years before applying for accreditation). In parallel, we would provide notification to SACSCOC for a Substantive Change. SACSCOC accreditation maintenance is essential to FAU.

Once FAU has established the ADEA account, we would then request and complete the CODA application and gather essential documents for Initial Accreditation. As stated above, Initial Accreditation Awarded (or follow up visit scheduled) must occur before inaugural class commences in order for graduates to matriculate from an accredited program. Otherwise, graduates would be required to apply for an advanced standing dental education program at an accredited school before being license eligible by all states except Minnesota, Maine, Ohio and South Dakota as indicated via the ADA's detailed <u>licensure requirements by state</u>.

The application for initial accreditation of a dental or dental-related program is considered complete when the program has demonstrated the potential to meet the Accreditation Standards and when the required criteria, as applicable, have been adequately addressed and documented in the application.

FAU would be required to appoint a dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, by the time the application is submitted and at least six (6) months prior to a projected accreditation site visit. Should the dean/program director/program administrator change during the application review, FAU must notify the Commission immediately and a delay of six (6) months for a projected site visit (should one have been directed) will be applied.

FAU must demonstrate an ability at the time of application to comply with the discipline-specific

accreditation standards related to institutional accreditation. A strategic plan and outcomes assessment process, which will regularly evaluate the degree to which the program's stated goals and objectives are being met, must be developed and documented, including the program's expected measures for student/resident/fellow achievement and schedule for ongoing program review.

Long and short-term financial commitment of FAU to the program must be documented and is sufficient to support the program's stated goals and objectives during development and long-term. Letter of support from FAU must be included with application for accreditation. For any support from entities or affiliates outside of FAU, contractual agreements should be drafted and signed providing assurance that a program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities has adequate support. FAU must document that support from outside entities does not compromise its authority as the sponsor of the program and submit with accreditation application.

Policies related to student/resident/fellow admission process and due process procedures are developed and documented prior to initial accreditation visit. Application must also include FAU's explanation of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. The curriculum must be mapped for all years of the program, including documentation of all competencies that will be required in each course. Curriculum materials for each course in all years of the program must be presented and include general and specific course and instructional objectives, learning activities, evaluation instruments (including, as applicable, sample tests, quizzes, and grading criteria). All evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed and included.

In addition, CODA will require FAU to provide a projection of the number, qualifications, assignments. Appointment dates of faculty must be developed and demonstrate sufficiency to support the program during both the development and long-term. The program must provide evidence of availability of adequate faculty and a hiring plan.

FAU's initial accreditation application must also include a class schedule(s) for all years noting how each class will utilize the facility are developed and provided, including a mapping of facility utilization when the program is in full operation must be completed before accreditation. If the capacity of the facility does not allow all students/residents/fellows to be in laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how students/residents/fellows will spend laboratory, pre-clinical and/or clinical education sessions has been developed and must be shared prior to initial accreditation visit.

As applicable, formal diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and clinical facilities, and equipment needs are to be developed in support the anticipated enrollment date and provided by FAU along with its application for accreditation. An equipment procurement timeline and/or construction timeline must be developed and documented to support the anticipated enrollment date prior to initial accreditation visit.

Upon completion of this comprehensive process, FAU will submit initial application to CODA. This will trigger a site visit. Following completion of the visit FAU will be notified in writing regarding the outcome. Failure to meet accreditation status before enrolling the first student is important, but not essential. CODA will revisit the program in 6-12 months, depending on the findings and can then issue initial accreditation. This does impact the ability to recruit the most competitive students should accreditation not be achieved—however, does not preclude FAU

from beginning its college of dentistry and obtaining full accreditation status.

FAU hopes to attain CODA accreditation by Fall 2025.

B. Identify all internal or external academic program reviews and/or accreditation visits for any degree programs related to the proposed program at the institution, including but not limited to programs within academic unit(s) associated with the proposed degree program. List all recommendations emanating from the reviews and summarize the institution's progress in implementing those recommendations.

The FAU Schmidt College of Medicine would be the most closely (and only) related academic program to the proposed College of Dentistry. Accordingly, we anticipate similar successes due to this alignment. Of course, we also expect similar challenges; however, having a collaborating partner unit to work with in addressing these items is a significant benefit.

Below is a screenshot of the actual LCME determination of compliance with accreditation standards based on the February 16-19, 2020 site visit (full report also attached as Appendix K). As demonstrated by the below, FAU Schmidt College of Medicine was in compliance with all standards with the exception of Standard 10 (item 5 is in compliance, with monitoring).

I.   LCME DETERMINATIONS OF COMPLIANCE WITH ACCREDITATION STANDARDS

Standard	LCME Determination
Standard 1: Mission, Planning, Organization, and Integrity	C
Standard 2: Leadership and Administration	C
Standard 3: Academic and Learning Environments	C
Standard 4: Faculty Preparation, Productivity, Participation, and Policies	C
Standard 5: Educational Resources and Infrastructure	CM
Standard 6: Competencies, Curricular Objectives, and Curricular Design	C
Standard 7: Curricular Content	C
Standard 8: Curricular Management, Evaluation, and Enhancement	C
Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	C
Standard 10: Medical Student Selection, Assignment, and Progress	NC
Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	C
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services	C

C = Compliance, CM = Compliance with a Need for Monitoring, NC = Noncompliance

Below indicates the only unsatisfactory elements driving the Noncompliance rating. Specifically to the NC rated elements, the initial screening process for applicant review and the failure of the college of medicine to specify the tuition policy as it pertains to refunds of payment for health or disability insurance were the items cited.

III. ACCREDITATION ELEMENTS IN WHICH THE PROGRAM'S PERFORMANCE IS UNSATISFACTORY

Element	LCME Finding
Element 10.2 (final authority of admission committee)	The initial screening of applicants is performed by a single staff member in the Office of Admissions without faculty involvement. This screening is reported to be holistic but is performed without clear criteria, charge, and oversight from the Admissions Committee.
Element 12.2 (tuition refund policy)	The tuition refund policy does not include information about refunds of payments for health or disability insurance.

These items have been fully addressed as to the LCME's satisfaction and no longer requires monitoring. Both the remediation and the LCME's response are represented below (fully documents are also attached).

On October 12-14, 2021 the LCME reviewed the status report of FAU's Schmidt College of Medicine (response attached) and determined compliance with all 12 standards.

Standard	LCME Determination
Standard 1: Mission, Planning, Organization, and Integrity	C
Standard 2: Leadership and Administration	C
Standard 3: Academic and Learning Environments	C
Standard 4: Faculty Preparation, Productivity, Participation, and Policies	C
Standard 5: Educational Resources and Infrastructure	C
Standard 6: Competencies, Curricular Objectives, and Curricular Design	C
Standard 7: Curricular Content	C
Standard 8: Curricular Management, Evaluation, and Enhancement	C
Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	C
Standard 10: Medical Student Selection, Assignment, and Progress	C
Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	C
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services	C

C = Compliance, CM = Compliance with a Need for Monitoring, NC = Noncompliance

Standards all received rating of Compliance. LCME and FAU are continuing to monitor Element 3.3, which relates to diversity/pipeline programs and partnerships. Also attached is the most recent status report detailing the current and ongoing actions of FAU as related to Element 3.3 demonstrating progress towards Compliance status.

C. For all degree programs, discuss how employer-driven or industry-driven competencies were identified and incorporated into the curriculum. Additionally, indicate whether an industry or employer advisory council exists to provide input for curriculum development, student assessment, and academic-force alignment. If an advisory council is not already in place, describe any plans to develop one or other plans to ensure academic-workforce alignment.

To date, the proposal has largely been driven by directives from the accrediting body CODA. An Advisory Board (AB) will be formed immediately after degree program approval to guide the FAU leadership in the short run (in the formative phases of the COD), and the COD leadership once they are put in place, in perpetuity.

The AB will serve to advise on various State of Florida constituent interests in the FAU COD. Composition on the Board will include:

- **Leadership of Organized Dentistry (Florida Dental Association, Local Dental Society, etc.)**
- **Florida Dental Business Executive**
- **Underrepresented Minority Pre-Dentistry Study from FAU (TBD)**
- **Practicing Dentist in Florida**
- **Leadership of an FQHC in Florida**
- **A Florida resident dental patient who resides locally and may benefit from the FAU COD**
- **A current Dental Student from FAU COD, once the program begins**

The AB will advisory FAU leadership on many aspects of the COD program that will improve quality, including, but not limited to:

- **Curriculum**
- **Admissions process and standards**
- **Recruitment of URM**
- **Community engagement and service**
- **Clinical management and Faculty practice**
- **Development and Alumni Affairs**

The FAU leadership initially will convene the AB and hold meetings as needed, but not less than once per year. Once a Founding Dean is named for the FAU COD, the AB should convene at the request of the Dean and should meet no less than twice annually.

VI. Faculty Participation

A. Use Appendix A – Table 2 to identify existing and anticipated full-time faculty who will participate in the proposed program through Year 5, excluding visiting or adjunct faculty. Include the following information for each faculty member or position in Appendix A – Table 2:
- **the faculty code associated with the source of funding for the position**
- **faculty member's name**
- **highest degree held**
- **academic discipline or specialization**
- **anticipated participation start date in the proposed program**
- **contract status (e.g., tenure, tenure-earning, or multi-year annual [MYA])**
- **contract length in months**
- **percent of annual effort that will support the proposed program (e.g., instruction, advising, supervising)**

This information should be summarized below in narrative form. Additionally, please provide the curriculum vitae (CV) for each identified faculty member in Appendix E.

As we plan to admit 45 students in year 1, FAU is projecting a staggered increase to 90 students over 4 years with a total enrollment of 350 students once fully enrolled (assuming attrition). Accordingly, it will be essential for us to recruit and hire faculty. We anticipate needing 30 additional faculty in year 1, with the expectation of expanding to 40 full time equivalent faculty by year 5.

Based on other colleges of dentistry and the local market we expect that in total approximately 50% of the new faculty will be assistant professors, 30% will be associate professors and 20% will be full professors. We assume that several of the assistant professors may have outstanding clinical practice experience, but may be new to academics. Accordingly, their academic rank may not be fully reflective of the considerable value they will bring to our students. Associate professor level and above will be more aligned with the traditional pathway for an academic educator. All will have obtained the minimum credential of DMD or DDS, possess a Florida dental license without restrictions, and meet the requirements of participation set forth by the Department of Health and Human services as it relates to the Centers for Medicare and Medicaid Services (CMS).

In addition to the recruited faculty, we anticipate collaboration with the college of medicine to support common elements between the programs, including instruction and research. These faculty members will provide both a functional role as well as mentoring to the new college's faculty and leadership. By establishing a partnership relationship from the beginning sets the expectation for the two colleges to work in tandem, sharing space and other resources. This allows the college of dentistry and medicine a unique opportunity to providing a comprehensive education for all learners.

The proposed faculty complement will allow us to achieve the criteria set forth by CODA for full-time, qualified "core faculty" as described by the accreditation standards, as well as leadership to develop and deliver a high quality DMD curriculum in accordance with CODA specifications. Using the CODA definition of an FTE, the prescribed student-faculty ratio for instruction preclinically and clinically in the predoctoral program—subtracting out

administrators, biomedical scientists, and those who have other teaching responsibilities such as shared responsibilities with the college of medicine (e.g. anatomy), is not to exceed 10:1 and should accommodate the requirements of clinical instruction (70 percent or more by core faculty).

All faculty will be appointed for 12 months, following the segement requirements of the program. Their effort, other than for crossdisciplinarity purposes will be singularly focused on the programs within the college of dentistry. An inaugural dean will be hired as part of the administrative leadership. Other faculty leadership roles will be in addition to their instructional and clinical assignments and are included in Table 2 Faculty Participation. Their rank may vary based on the market; however, they are accounted for in the overall number of faculty and salary expense.

B. Provide specific evidence demonstrating that the academic unit(s) associated with the proposed program have been productive in teaching, research, and service. Such evidence may include trends over time for average course load, FTE productivity, student HC in major or service courses, degrees granted, external funding attracted, and other qualitative indicators of excellence (e.g., thesis, dissertation, or research supervision).

Most similar to and will be closely linked to the college of dentistry, the college of medicine (COM) clearly demonstrates the productive academic environment facilitated at FAU. We would envision the college of medicine's faculty and operational structure to mimic and be intertwined with the college of dentistry through various means including an advisory role as it is formed, a collaborator for interdisciplinary research and academics, as well as a permanent partner for health sciences learning far beyond that benefits both medical and dental school students. Accordingly, to provide evidence demonstrating that this unit has indeed been productive in teaching, research and service we first outline the structure set forth in the COM to provide a scholarly environment for faculty. At the department level, the Chairs commit effort for each faculty member to engage in research/scholarship as designated in his/her effort allocation, setting the expectation at the onset of employment.

The biomedical science (BMS) department, which represents the COM's largest research division, has formal mentoring programs to support faculty development in research. The Mentoring Program is mandatory and is designed to align faculty development with the Promotion and Tenure policy. The Advisory Program is optional and is designed to sustain faculty performance to meet the ever-evolving nature of science. The BMS department provides opportunities for faculty to obtain bridge and pilot funding during a gap in funding or to collect preliminary data to enhance extramural grant applications. At the college level, the COM hosts a Medical Education Scholarship Workgroup monthly, which focuses on developing our faculty as medical education scholars and researchers, along with offering collaborative mentorship opportunities from study design through publication.

At the university level, FAU supports all colleges with the Division of Research (DOR). This group has sponsored workshops from the AAMC MERC Program for all interested faculty. Collectively, these efforts are increasing the pool of highly qualified faculty mentors while garnering a 2.85 fold increase in extramural research funding awarded in the last three years. The COM provides a supportive environment for research and scholarly work for students that has been steadily improving since the College's inception. In response to student feedback and AAMC GQ data, the COM established a Research and Scholarship Committee that represents

the driving force behind the growth of student research activities using three modalities (i.e., workshops, summer research platforms, and online courses).

The Office of Research recruits highly qualified faculty members to serve as mentors and solicits involvement from our affiliate faculty members and local community of physicians. A series of 3 workshops are offered to introduce Year 1 students to research and to prepare them for summer research experiences. In addition, three research platforms were established to organize and facilitate student participation in research activities. The "Fast Track" platform allows students to join an existing research project that has regulatory approval already in place. The "Specialty Track" platform offers students an opportunity to develop their own project in collaboration with a qualified faculty mentor. The "External Track" platform permits students to participate in research activities at other institutions. The

Office of Research and OSA work collaboratively to collect and distribute information regarding both internal and external research opportunities and information regarding available funding sources. As a result of these efforts, COM students reported an increase in research participation on the AAMC GQ that is approaching the national average: 2016 (66.7% vs. 74.1%), 2017 (64.2% vs. 77.3%), 2018 (71.0% vs. 78.8%) and 2019 (75.9% vs. 80.9%). Additionally, the ISA revealed satisfaction for students in Years 1-3 who have experienced the increased research opportunities (97%, 85%, 92%), versus Year 4 students (72%). Further evidence of growing student participation in research include: 1) a 40.5% increase in the number of research abstract submissions for the Annual FAU Medical Student Research and Scholarship Day between AY2015-16 and 2018-19, and 2) 95% of Year 1 students participated in summer research in AY2019-20.

Scholarly productivity among faculty in the COM continues to increase in quality and quantity. All faculty above 0.5 FTE have the expectation to participate in research or scholarly activities, with dedicated time and goals outlined in their annual assignment. These activities are tracked and considered as part of the annual evaluation process. Faculty who struggle to achieve this expectation receive a formative performance improvement plan, with additional mentoring from their Department Chair and the OFA. The COM offers all faculty participation in a Medical Education Scholarship Workgroup, mentoring programs, and faculty development specific to research and scholarship to help faculty meet, and often exceed set expectations. Collaborative efforts among faculty continue to provide opportunities for junior faculty to develop research and scholarship skills. Faculty have increased the number of peer-reviewed publications achieved by the COM each year, while growing its presence and reputation at national meetings. The most significant research advances have been among faculty in the BMS Department, where there has been a 2.85 fold increase in extramural research funding to support their efforts, and increasing output of peer-reviewed manuscripts and presentations.

The COMCC is the central curriculum committee charged with the responsibility for the curricular CQI process including reviewing, evaluating, and making policy recommendations for the medical education program as a whole, including curricular design and development, methods of pedagogy, methods of student assessment, and setting standards for student academic and professional achievement, based on the medical education mission of the COM. We would design a similar structure for the college of dentistry.

The COMCC works in coordination with (2) subcommittees, the CIPEC and LRC who report to the COMCC to meet its charge. The CIPEC facilitates the review of the curriculum as a whole, including 1) monitoring curriculum content to identify gaps, redundancies, and appropriate sequencing, 2) ensuring integration of content within periods of study (horizontal integration)

and across years (vertical integration), 3) monitoring student learning outcomes and approaches to student assessment, and 4) monitoring program evaluation data.

The LRC provides input and feedback on library collections, technology services, and policies that facilitate utilization of technology in teaching, learning, and scholarship. COMCC and CIPEC meet monthly and are comprised of ex-officio, appointed (based on role), and elected faculty members. The LRC meets quarterly and is comprised of ex-officio, appointed (based on role) and, faculty/staff members as codified in the COM bylaws. The COMCC votes and approves all changes to the curriculum based on the ongoing, pre-scheduled, comprehensive review of curriculum, data, and outcome reports in order to continually and effectively manage and enhance the curriculum. Multiple examples in the committee minutes provide evidence that the final authority of the COMCC is being appropriately and successfully exercised including the development and launch of small group Diagnosis and Reasoning Rounds during Year 3 Academic Half Day and revision of the biostatics component of our curriculum. AAMC GQ is at or above the national average for overall student satisfaction with the quality of their medical education: 2016 (93.3% vs. 90.1%), 2017 (90.9% vs. 89.9%), 2018 (88.9% vs. 89.3%) and 2019 (96.1% vs. 89.2%).

The COM educational program objectives have been linked to course and clerkship learning objectives and are used to guide curriculum planning, select and apportion curriculum content, review and revise the curriculum, evaluate curricular outcomes and guide program evaluation. The COM purchased an AAMC compatible LMS/mapping software (DaVinci Education/LEO) for its enhanced ability to serve as both a scheduling and mapping system for our curriculum and to ensure every teaching session would be captured. The COM developed a systematic, ongoing CQI process for the curriculum which includes an annual review of the education program objectives, mapping every session, course/clerkship, and program objective in our curricular map and reviewing all student outcomes and evaluation data for every course, clerkship, year, and phase. This annual review and revision process is designed to ensure alignment, vertical and horizontal integration and identify gaps and redundancies in the curriculum. Program, course and clerkship evaluations are also reviewed and revised annually. Again, this methodology for evaluation, focusing on a CQI process would be well aligned with the structure and requirement for accreditation, student success and dental education overall.

The faculty directors of courses, clerkships, and threads with content expertise develop course, clerkship, and thread objectives and individual session objectives and assessments which must be reviewed and approved by the COMCC. The COMCC, in coordination with its subcommittee CIPEC, reviews units and phases of the curriculum, the curriculum as a whole and identified interrelated LCME elements according to a predetermined schedule. For the college of dentistry, similar processes could occur with CODA as the foundation for determining the essential elements.

The curriculum review process includes an annual review of the medical education program objectives and outcomes, and annual reports of each required course, clerkship and thread. Beginning in January 2020, a revised LCME element and triennial phase review process will begin for the pre-clerkship (Years 1 and 2), clerkship (Year 3), and post-clerkship (Year 4) phases of the curriculum. This scheduled curricular review process allows for a comprehensive review of the entire curriculum as a whole to be performed continuously over a 3-year cycle. In addition, the COMCC and CIPEC may assign an Ad Hoc workgroup to work on topics/issues/concerns/innovations. The workgroup will then conduct their research and analysis,

develop proposals and report back to the COMCC for discussion and approval of any proposed curricular changes.

Curriculum committees and workgroups have use of the full four-year curriculum map. They review the education program objectives, outcomes and student evaluation data as part of the annual review and revision process to ensure alignment, vertical and horizontal integration and to identify gaps and redundancies in courses/clerkships and in years/phases of the curriculum. The results are used by the COMCC and course/clerkship leadership to inform needed change. The OPEA provides data, tools and resources to support the reviews. The Education Technology office provides reports and assistance to query our curriculum map/inventory. Best practices, as well as opportunities for improvement and better alignment, are shared in the curriculum committees where faculty, staff, and students from all phases of the curriculum meet monthly. Examples of results from past reviews that have resulted in innovative curriculum changes are: integrating anatomy education with clinical skills and bedside ultrasound; transforming pathology lab lectures into small group, case-based, interactive sessions; enhancing pharmacology integration throughout the curriculum; and reorganizing our Science of Clinical Practice curriculum to better incorporate cultural competency, end-of-life, and enhanced communication skills training through arts/humanities and reflection sessions. As a new medical school with a focus on innovation and humanistic person-centered care, the COM prides itself on being very responsive to outcomes data, student and faculty feedback, national/international trends in medical education and ongoing continuous quality improvement of our educational program. We would adhere to similar standards and expectations for the college of dentistry.

The COM uses a comprehensive and integrated system of program evaluation to judge whether educational program objectives are being met and desired program outcomes are being achieved. Depending on the course, clerkship, thread, or phase of the curriculum, in-house assessment data is collected through summative quizzes, examinations, narrative facilitator observations, small group and peer observation feedback, preceptor and clerkship evaluations, institutional competency assessments (ICAs), and OSCEs. In our foundational science courses we utilize customized integrated in-house examinations for the first semester, and for the rest of the pre-clinical phase we use NBME exams. Further, validated external assessment measures such as NBME subject examinations, AAMC Y2Q/GQ, USMLE Step 1, USMLE Step 2 CK/CS, and USMLE Step 3 data are reviewed. For the college of dentistry, the NBDE and INDBE would be used in similar regard.

Additionally, students complete evaluations on the quality of teaching, course administration, and educational program experience following a thoughtful and comprehensive schedule throughout all phases of the curriculum. In addition, surveys are sent to graduates and residency program directors to gauge perceptions of educational experience and preparation around EPAs. The OPEA manages the evaluation data for all but the in-house quizzes and examinations (delivered on Examsoft platform to be compatible with student iPads) and provides data/reports for each course to the course, clerkship, and year/phase directors. Data for each course, clerkship, and thread is presented annually to CIPEC and COMCC. Student performance on nationally normed assessments that are not tied to specific courses or clerkships are presented annually to CIPEC, COMCC, and at the annual curriculum retreat. Beginning in AY2020-21, an updated triennial phase review process will begin for the pre-clerkship (Years 1 and 2), clerkship (Year 3), and post-clerkship (Year 4) phases.

MyEvaluations, the COM electronic evaluation management system, is adequate to collect student feedback on courses, clerkships, faculty, residents, and others who teach, supervise, and assess medical students. In all years, anonymous evaluations allow students to provide valid and

reliable quantitative and qualitative feedback online via their iPads or other devices. Participating in the evaluative process is required and considered a professionalism attribute so the response rate is 100%. In addition to standardized questions, course, clerkship, and curriculum directors are given the opportunity annually to add specific questions to assess any newly implemented curriculum content or unique educational objectives. Evaluations are reviewed annually.

Changes proposed by course/clerkship directors to evaluation instruments must be approved by the Director of OPEA, SADME, and Year/Phase Director. Further, student input is provided on the evaluation process via student curriculum representatives on the COMCC. Evaluation data is managed by a full-time faculty director of OPEA, two full-time program evaluation coordinators, and a three full-time associated curriculum coordinators dedicated to Years 3 and 4. Due to our small class size, evaluations of students by faculty, residents, and others who teach, supervise, and assess medical students and evaluations by students of faculty, residents, and others who teach, supervise, and assess them are embargoed until all evaluations have been submitted and all grades have been assigned. Individual faculty receive "batched" personal evaluation data to protect the anonymity of the students. Evaluations of core and affiliate faculty members' teaching are reviewed by course directors and their respective department chair during core faculty's annual review.

Program evaluation data is reviewed annually via course and thread reports, which collectively drive proposed changes to curriculum, pedagogy and assessment in response to student performance and feedback. ISA respondents show an increase in satisfaction of medical school responsiveness to student feedback on courses/clerkships in Years 1-3 as compared to Year 4 (99%, 100%, 92% and 84%) Beginning in. AY2020-21, with our updated pre-clerkship, clerkship, and post-clerkship phase review process, a review of the efficacy and timing of all evaluations will be incorporated into the review process to ensure they are collecting the necessary information to improve upon student experiences and performance in each course and clerkship. Any proposed changes to evaluations resulting from the phase reviews will be presented for approval to the COMCC.

Processes for monitoring clinical encounters is adequate throughout the curriculum. Students use our LMS to complete patient encounter tracking (PET) logs during their required clinical experiences for all clerkships, as well during their preceptor experiences in Years 1 and 2. The Surgery Clerkship additionally requires and monitors the completion of surgical case logs for use during the clerkship's required oral examination. Students are expected to keep their PET logs up to date on a weekly basis; compliance is monitored by the Year 3 Coordinator on a monthly basis and reports are sent to Clerkship Directors, students, and each student's assigned Year 3 Feedback Facilitator to ensure that requirements are being fulfilled. Feedback facilitators are core clerkship faculty who review the PET logs during their 1:1 mid-clerkship feedback meetings with students every two months during the 6-month LIC in order to review performance, identify gaps in skills/experiences and empower/guide students to remedy the gaps.

The above process allows feedback facilitators and clerkship directors to identify early-on any students in their respective clerkship who may not be on track to meet the clinical experience requirements during the 6-month LIC. Because each discipline is integrated across 6 months or a full year, the ability for students to remedy gaps via patient experiences is greater (100% in AY2018-19) than it would be in shorter, discipline-specific clerkships. The use of identified alternatives to complete required clinical experiences is rare, but we have online Aquifer cases available should remediation need to be assigned. Clerkship PET completion data collected is

monitored centrally by the Year 3 Coordinator and reviewed annually by the Director of Year 3, the Clerkship Director Workgroup, and the COMCC.

There are effective processes in place to monitor and ensure comparability and identify any inconsistencies in education/assessment across all locations for all clerkships. This is essential for the college of medicine, and likewise will be necessary for the college of dentistry specifically as it relates to the various affiliate rotations. Student feedback is obtained through end-of-rotation/end-of-LIC evaluations which are disseminated to the clerkship directors and reviewed with the Director of Year 3 and at the monthly Clerkship Director Workgroup. At the end of every 6-month LIC, data from student evaluations, patient encounter tracking, grade distributions, NBME subject exam performance, and performance on discipline specific assignments are compiled on written Clerkship Report Forms, in order to assess any trends over time and demonstrate the comparability across sites, by each clerkship and cross-discipline director.

The clerkship and cross-discipline directors present the highlights of their individual reports every 6 months at the Clerkship Director Workgroup meetings, where comparability across instructional sites is reviewed for each clerkship, and any proposals for changes/improvements to the clerkships are developed. Clerkship directors are required to distribute batched, anonymized student feedback to their clinical site directors and clerkship faculty via face to face faculty development meetings and/or via email. At biannual hospital leadership meetings student clerkship feedback reports are printed and distributed to each hospital's CMO for review of all clerkships and rotations held at their hospital site. In addition, student clerkship feedback is distributed to Residency Program Directors so they have the opportunity to provide feedback to their faculty and residents. The year-end performance and evaluation data of all LIC experiences are compiled into a multi-year comparative End-of-Year 3 Report, separated by North/South students, and presented by the Director of Year 3 to the COMCC/CIPEC for review and approval of any changes, if required, to the Year 3 curriculum for the next academic year.

There are effective systems in place to ensure dissemination, access and review of course and clerkship objectives, required patient encounters, and preparation for teaching and formative assessment roles. Residents do not currently provide summative evaluations for students. All FAU and non-FAU incoming residents are required to attend a mandatory orientation that includes a presentation by the Director of Year 3 and/or the ADME that reviews the Year 3 and 4 FAU clerkship-specific objectives, provides the list of required patient encounters (PET), and prepares them for their role as clinical educators including feedback/assessment. In addition, FAU and non-FAU residents participate in a mix of live and online Resident as Teachers modules/programming. FAU-related educational materials (e.g., presentation slides, Curriculum Guides, Student Handbook, Policies, PET, etc.) are provided to all GME programs for upload to their LMS (e.g., MedHub) for easy access and reference. Clerkship and Year 4 Directors further review and reinforce expectations and the role of residents in education during site visits. There is variability in the documentation of receipt, dissemination and participation (e.g., electronic or paper sign-in sheet confirmation) at both FAU and non-FAU GME programs but these activities do occur and are monitored centrally by the Year 3 Coordinator and reported to the Director of Year 3.

There is an effective system in place to ensure that medical student learning experiences are provided by faculty members under appropriate supervision. The COM provides faculty appointments to all community-based physicians who serve as clinical supervisors.

Course/Clerkship Directors verify that all physicians who are engaged in medical student teaching hold current appointments. The COM Committee on Appointments and Promotion (CAP) oversees appointments for affiliate faculty in clinical roles; appointments are recommended after review by the CAP, based on the recommendation and support of a Course/Clerkship Director who has a specific role designated for them within the curriculum. Specific appointment and promotions criteria exists for affiliate faculty. Affiliate faculty appointments are for a 3-year term, at which point a reassessment of the faculty member's role, contributions and performance determines renewal. The IMS, BMS and Surgery Departments each maintain a database with the names and appointment status of all affiliate faculty.

The Medical Student Roles and Supervision Policy is in effect and outlines the roles and responsibilities related to appropriate supervision of medical students during clinical experiences to ensure student and patient safety. This policy outlines the degree of involvement/participation of students when providing patient care, the different levels of supervision (Direct, Indirect Supervision with Direct Supervision Immediately Available, and Oversight), and the roles of a medical student at each level of training. This policy is provided and reviewed with students during orientation week at the beginning of each academic year and is in the Medical Student Handbook. Faculty, including Site Directors at each hospital, receive the policy as part of the education materials provided by the COM prior to the start of every academic year. The Clerkship Directors are responsible for promulgating and ensuring the policy is being followed by faculty, residents and students. ISA data shows Year 3 and 4 student satisfaction with supervision in Year 3 clerkships (86% and 89%).

Students are rigorously assessed as they progress through the curriculum on knowledge, cognitive and clinical skills, attitudes, and behaviors specified in the educational program objectives. Establishing benchmarked performance criteria for the college of dentistry can be modeled similar to what has been achieved within the COM using relevant disciplinary assessments and tools. Demonstrating success with utilizing such data within the COM is evident of the successful program management and ability to trend over time for effective academic rigor.

Knowledge/cognitive skills are assessed in Years 1-4 through multiple MCQ and oral exams, quizzes, lab/practical exams as well as on national medical licensing examinations. Students are provided adequate formative feedback and narrative assessment on performance. Attainment of knowledge/cognitive skills is validated by FAU student performance on USMLE Step 1 scores above the national average: 2016 (232 vs. 228), 2017 (233 vs. 229) and 2018 (234 vs. 230). NBME shelf examinations are administered at the end of each LIC and attainment of knowledge/cognitive skills is further validated by FAU student performance on USMLE Step 2 CK scores above the national average: 2016 (246 vs. 242), 2017 (249 vs. 243) and 2018 (249 vs. 243).

Clinical skills, attitudes and behaviors are assessed in Years 1-4 through OSCEs, faculty ratings, narrative assessment and students are provided adequate formative feedback on performance. Attainment of clinical skills, attitudes and behaviors are validated by FAU student performance on USMLE Step 2 CS pass rates above the national average: 2015 (100% vs. 96%), 2016 (97% vs. 96%) and 2017 (96% vs. 95%), In addition, AAMC GQ data shows a 3-year trend that students agree/strongly agree that they have acquired the clinical skills required to begin a residency program above the national average: 2017 (92.5% vs. 90.1%), 2018 (93.6% vs. 90.7%) and 2019 (92.6% vs. 90.6%).

Essential H&P skills are assessed with direct observation via multiple formative and summative OSCEs as well as on preceptor evaluations and Direct Observation of Clinical Skills (DOCS) cards during clinical rotations in Year 3. The 2019 AAMC GQ data shows that observation of history taking was above the national average for all six core clerkships but psychiatry (87% vs. 93.8%) and for physical examination for all but internal medicine (94.4% vs. 95.0%) and psychiatry (83.3% vs. 92.6%). In order to address these few outliers, in AY 2019-20 students are required to submit (1) history and (1) physical examination DOCS cards from each of the six core clerkships (psychiatry alternatively requires 2 history/mental status cards) as an additional way to ensure direct observation of H&Ps. DOCS cards had been used previously; however, the expectation was not per clerkship but overall during the year which allowed students to complete them all in one specialty. Limitations to the ability to ensure that clinical skills are appropriately assessed have not been identified.

There are effective processes and systems to ensure that students receive useful, comprehensive and timely formative and summative assessment throughout the curriculum. The COM uses a competency-based grading system in Years 1-4 and formative, summative and narrative feedback is included in every phase. In the first three foundational science courses in Year 1, students receive a mid-point formative narrative assessment and an end-point summative narrative assessment. In a fourth course in Year 2, students receive an end-point summative narrative assessments due to its short length.

Other formative feedback in the foundational science courses include oral feedback at the end of each PBL session and formative weekly quizzes on medical knowledge. Summative assessments in the foundational science courses include in-house and NBME customized exams and quizzes, anatomy practical exams, and a variety of projects, case write-ups, and other assessments. Respondents to the ISA for Year 1-4 reported satisfaction with the amount (100%, 100%, 97% and 98%) and quality of the formative feedback (100%, 98%, 95% and 93%), in the pre-clinical years.

In the required LICs, students are provided mid-clerkship feedback through regularly scheduled meetings with their feedback facilitators. These meetings are scheduled every two months during the 6-month LIC to review the student's feedback/evaluations, PET logs, clerkship assignments, and student EPA-based self-evaluation forms. Students and faculty sign-off on a mid-clerkship feedback form after their meetings so the Year 3 Coordinator/OME can confirm that 100% of students receive mid-clerkship feedback. The 2019 AAMC GQ mid-clerkship feedback data ranges from (94.4% -100%) across clerkships and ISA respondents for Year 3-4 reported satisfaction with the amount (93% and 92%) and quality of the formative feedback (89% and 86%), in the clinical years.

To further align student perception of amount and quality of feedback, all Year 3 students are required to complete six DOCS (Direct Observation of Clinical Skills) cards per LIC which are due every two months for formative assessment and to ensure direct observation and formative feedback of H&Ps. Clerkship summative grades consist of a Patient Care and a Medical Knowledge grade for each clerkship, as well as an overall LIC grade. The Director of OME tracks grade submission and for AY2016-17, 2017-18 and 2018-19 compliance with grade release was 100% and between 2.5–3.0 weeks from the end of the LIC. ISA satisfaction for Year 3/4 students with the fairness of the grading in clerkships was (89% and 81%). To help improve student perception of fairness, the COM implemented a more robust orientation that transparently describes the process of how grades are determined by grading committees that

include members across all sites and that use standardized rubrics/processes to assign clerkship grades. All required clerkships incorporate narrative feedback in final summative assessments.

Standards of achievement for courses and clerkships are set by faculty directors selected for their roles because of their knowledge and expertise in a discipline. Those standards are approved by the COMCC. Course/Clerkship Directors and teaching faculty are supported and encouraged to stay up to date through attendance at relevant seminars, grand rounds, regional and national education and specialty meetings. With current requirements for maintenance of certification, all clinical faculty remain up to date on content. Foundational science and clinical faculty members consult relevant journals, texts, and resources to continuously revise and update teaching materials. Course and Clerkship Directors are expected to consult with and have knowledge of national recommendations regarding curriculum content in their respective area of expertise, and are funded to go to their national clerkship education meetings annually. The criteria for passing all examinations receives final approval from the COMCC.

The rigorous efforts to establish, develop and hone the COM's effectiveness in teaching, research and service, as well as devise qualitative indicators for excellence, provide a beginning roadmap for the college of dentistry. The COM's success in this matter also reflect the FAU collective expectation and support of such evaluation. The college of dentistry will have adequate resources provided as well as an expectation for building a program geared to academic enrichment for both faculty and learner.

VII. Budget

A. Use Appendix A – Table 3A or 3B to provide projected costs and associated funding sources for Year 1 and Year 5 of program operation. In narrative form, describe all projected costs and funding sources for the proposed program(s). Data for Year 1 and Year 5 should reflect snapshots in time rather than cumulative costs.

Budget for the college of dentistry was derived in the following format:
1. Once a determination regarding the number and types of positions (faculty and staff) were needed, the appropriate benchmarks and reference data was utilized to determine market rate.
   a. Faculty – Association of Dental Education data for assistant, associate and full professors; blended for specialty (general dentistry, perio, ortho, endo, OMFS).
   b. Leadership – Association of Dental Education data for dean and assistant/associate deans; blended with specialty data.
   c. Staff – utilizing market data available for peer institutions based on current position postings for various roles
      i. Cross-referenced with the US Bureau of Labor Statistics for specialty positions (dental hygienists, dental assistant)
      ii. Institutional bench marks for similar positions or roles within the college of medicine and nursing.
2. Utilized data from an informal consortium of leaders from colleges of dentistry from across the country to incorporate both the startup (non-reoccurring) and the ongoing needs.
   a. Group included deans, associate deans or finance directors from University of Pittsburg Medical Group, University of North Carolina, University of Texas (both San Antonio and Houston), University of Tennessee, University of Kentucky, University of California, San Francisco and the University of Utah.
   b. Validated data with ECG Management Consultants as part of contracted engagement with FAU.
   c. Projected annual expenses are derived (for variable expenses) based on number of students. Fixed is a component of square footage for the building.

Annual CODA/other fees/permits	$1,000,000	Most variability between organizations -- ranged $1M-1.8M
General expenses	$8,200,000	Blended approach to incorporate size of bld and projected class
Fees, license, malpractice, professional dev, other…	$400,000	Based on # of faculty; but would also cover staff
Variable expenses 15K/student per year @ 360 total students	$5,400,000	Lower estimate (lowest was $14K, but larger school/highest was $21K

Startup equipment; 60K sq feet @200sqft	$12,000,000	*(most schools were more than 60K sq feet so this number may be understated due to size… e.g. dx equipment most costly, but a minimum requirement essential for functionality); larger than 60K sqft schools $/sq ft was lower than smaller.*

For non-reoccurring start-up, consultants provided benchmark of two times annual reoccurring expenses, salaries and benefits. This aligned with the informal consortium recommendation.

B. Use Appendix A – Table 4 to show how existing Education & General (E&G) funds will be reallocated to support the proposed program in Year 1. Describe each funding source identified in Appendix A – Table 4, and provide a justification below for the reallocation of resources. Describe the impact the reallocation of financial resources will have on existing programs, including any possible financial impact of a shift in faculty effort, reallocation of instructional resources, greater use of adjunct faculty and teaching assistants, and explain what steps will be taken to mitigate such impacts.

No funding to support the program will be reallocated from existing E&G accounts.

C. If the institution intends to operate the program through continuing education, seek approval for market tuition rate, or establish a differentiated graduate-level tuition, as described in Board of Governors Regulation 8.002, provide a rationale and a timeline for seeking Board of Governors' approval.

⊠ **Not applicable to this program because the program will not operate through continuing education, seek approval for market tuition rate, or establish a differentiated graduate-level tuition**

D. Provide the expected resident and non-resident tuition rate for the proposed program for both resident and non-resident students. The tuition rates should be reported on a per credit hour basis, unless the institution has received approval for a different tuition structure. If the proposed program will operate as a continuing education program per Board of Governors Regulation 8.002, please describe how the tuition amount was calculated and how it is reflected in Appendix A – Table 3B.

The College of Dentistry will follow a similar tuition and fees model as applied to our approved structure for the Charles E. Schmidt College of Medicine.

In-state tuition will be $37, 566 per year for the 4 years of the program with annual student fees

of $4154. Out-of-state students will pay an additional $26, 480 per year.

E. Describe external resources, both financial and in-kind support, that are available to support the proposed program, and explain how this amount is reflected in Appendix A – Table 3A or 3B.

The College of Dentistry will rely on E&G funds for financial support for the operations and maintenance of the college. Accordingly, FAU is submitting a Legislative Budget Request (LBR) in the Fall 2022 cycle. Within the LBR (Appendix M), FAU is requesting initial support and reoccurring funding.

Additionally, a donor commitment has been made for the building of a facility for this program. The new building is part of FAU's Capital Improvement Plan (Appendix N) Verbal commitment was provided contingent on approval of the program in the amount of $30,000,000.

VIII. Non-Faculty Resources

A. Describe library resources currently available to implement and/or sustain the proposed program through Year 5 below, including but not limited to the following:

- **the total number of volumes and serials available in the discipline and related disciplines**
- **all major journals that are available to the university's students**

The Library Director must sign the additional signatures page to indicate that they have review Sections VIII.A. and VIII.B.

The total number of volumes and serials available in this discipline and related fields is 16,332 monograph volumes and 399 journal titles.

A list major journals that are available to the university's students is as follows:

Journal of Dental Research
International Endodontic Journal
Journal of Endodontics
Dental materials
Clinical Implant Dentistry and Related Research
Journal of Prosthodontic Research
Journal of Dentistry (Elsevier)
Caries Research
Molecular Oral Microbiology
Journal of Oral Rehabilitation
Clinical Oral Investigations
Journal of Prosthodontics
International Journal of Paediatric Dentistry
Community Dentistry and Oral Epidemiology
Journal of Esthetic and Restorative Dentistry
DentoMaxilloFacial Radiology
Oral Diseases
Dental Clinics of North America
Gerodontology

Full detailed List of Library Resources found in Appendix J.

B. Discuss any additional library resources that are needed to implement and/or sustain the program through Year 5. Describe how those costs are reflected in Appendix A – Table 3A or 3B.

☐ **Not applicable to this program because no additional library resources are needed to implement or sustain the proposed program.**

Additional Library resources needed to implement and/or sustain the program on an ongoing basis (Appendix J)

Databases
BoardVitals database
DOSS – Dentistry and Oral Sciences Source database

LexiComp Dentistry database
STAT!Ref database - Core Resources Collection for Dentistry and Dental Hygiene

E-Books for Opening Day Collection
E-Book Collection in GOBI (Spotlight Titles in Dentistry from GOBI (17 e-book titles)
Dentistry and Oral Sciences Collection 2022 from EBSCO (50 e-book titles)
Doody's Core Titles Essential Purchases 2022 from EBSCO (85 e-book titles)
Wiley-Blackwell Dentistry / oral & maxillofacial medicine 2022 (10 e-book titles)

Library Will Need Funding for Annual Purchasing of approximately 100 E-Books per year

Estimated Annual Funds Needed to Acquire Library Resources listed above for the DMD:
(Databases: $100,000; E-Books: $75,000; E-Journals: $40,000) Average estimate $215,000.

We expect that the College of Dentistry will not need the same amount of professional library services. We are estimating salaries and benefits for two library positions, one of which will be completely funded in the DDM budget and one of which will be partially funded in the COM budget, have included in the Professional Staff Salaries and Benefits category.

	Salary	Benefits	Total
Senior Medical Librarian for College of Dentistry	$51,736.48	$15,520.94	$57,257.24
Library Processing/Resource Licensing	$16,058.24	$4,817.46	$20,875.7

More information about Library Resources is found in Appendix J.

C. Describe any specialized equipment and space currently available to implement and/or sustain the proposed program through Year 5.

Short term space will be identified for program year 1 and 2 with facilities (see implementation timeline). As it relates to college of medicine faculty interaction, space accommodations as part of that unit are planned within existing footprint. Didactic space for years 1 and 2 can be absorbed within existing un/underutilized space currently on campus.
Additionally, cadaver lab and simulation space (general) can be shared. Unique simulation needs will necessitate other designated space. Current considerations on campus (tech runway) will also accommodate other facility needs if necessary.
Building plans will begin if/when all approvals for the college of dentistry are achieved. This will alleviate any additional space issues and provide a long-term solution. We anticipate this space to be available for occupancy prior to the first class matriculating to their third year.
Equipment not currently available at FAU includes the items stated below, high level, but not exhaustive. However, a comprehensive calculation of all equipment and facility needs have been incorporated with the budget.

Specialized equipment needs:
Simulation units
45 units in year 1 and 90 units in year 4
Student Instructional Clinics
100 clinic operatories in year 4 (beginning year 3, full scale year 4)
Specialized equipment for general use:
- Sterilization
- Handpieces
- Instruments
- Instrument management systems

Imaging Equipment for clinics
- Cone Beam CT devices
- Panoramic/Cephalometric Radiograph Devices
- Periapical/Intraoral Radiograph Machines Fixed Mounted
- Periapical/Intraoral Radiographic Devices Handheld
- Intraoral Sensors for radiography

D. Describe any additional specialized equipment or space that will be needed to implement and/or sustain the proposed program through Year 5. Include any projected Instruction and Research (I&R) costs of additional space in Appendix A – Table 3A or 3B. Costs for new construction should be provided in response to Section X.E. below.

☐ **Not applicable to this program because no new I&R costs are needed to implement or sustain the program through Year 5**

Dental School Facility is 60,000 sq ft, in addition to shared space within existing medical school facilities

- **12,000 sq ft for simulation lab**
- **20,000 sq ft for clinics**
- **10,000 sq ft for admin and infrastructure space**
- **10,000 sq ft for faculty and staff offices**
- **8,000 sq ft for support services**

Specialized equipment needs:

Simulation units

    45 units in year 1 and 90 units in year 4
    35,000/unit = $1,600,000 year 1 plus $1,600,000 in year 4

Clinics

    100 clinic operatories in year 4 (year 3)
    $50,000 per operatory = $5,000,000

$3,000,000 of specialized equipment for general use:

- **Sterilization**
- **Handpieces**
- **Instruments**
- **Instrument management systems**

Imaging Equipment for clinics

Cone Beam CT devices

3 @ $100,000 = $300,000

Panoramic/Cephalometric Radiograph Devices

6 @ $50,000 = $300,000

Periapical/Intraoral Radiograph Machines Fixed Mounted

20 @ $4,000 = $80,000

Periapical/Intraoral Radiographic Devices Handheld

6 @ $8,000 - $48,000

Intraoral Sensors for radiography

40 @ $10,000 = $400,000

Total Imaging Equipment:

$1,200,000

- **Total Specialized Equipment specified = $10,800,000**

- **Miscellaneous Special equipment = $1,200,000**

- **Total Specialized equipment = $12,000,000**

E. If a new capital expenditure for instructional or research space is required, indicate where this item appears on the university's fixed capital outlay priority list. Appendix A – Table 3A or 3B includes only I&R costs. If non-I&R

costs, such as indirect costs affecting libraries and student services, are expected to increase as a result of the program, describe and estimate those expenses in narrative form below. It is expected that high enrollment programs, in particular, would necessitate increased costs in non-I&R activities.

☐ **Not applicable to this program because no new capital expenditures are needed to implement or sustain the program through Year 5.**

The FAU College of Dentistry facility will appear as the #2 item on the university's revised 2023-24 five year capital improvement plan (fixed capital outlay budget request priority list), ranking on the list just below the proposed interdisciplinary Clinical Health Sciences facility (Appendix N). This addition of the new $43M capital project is pending approval by the FAU Board of Trustees on September 19, 2022.

F. Describe any additional special categories of resources needed to operate the proposed program through Year 5, such as access to proprietary research facilities, specialized services, or extended travel, and explain how those projected costs of special resources are reflected in Appendix A – Table 3A or 3B.

☒ **Not applicable to this program because no additional special categories of resources are needed to implement or sustain the program through Year 5.**

G. Describe fellowships, scholarships, and graduate assistantships to be allocated to the proposed program through Year 5, and explain how those are reflected in Appendix A – Table 3A or 3B.

☒ **Not applicable to this program because no fellowships, scholarships and/or graduate assistantships will be allocated to the proposed program through Year 5.**

IX. Required Appendices

The appendices listed in tables 1 & 2 below are required for all proposed degree programs except where specifically noted. Institutions should check the appropriate box to indicate if a particular appendix is included to ensure all program-specific requirements are met.   Institutions may provide additional appendices to supplement the information provided in the proposal and list them in Table 4 below.

Table 1. Required Appendices by Degree Level

Appendix	Appendix Title	Supplemental Instructions	Included? Yes/No	Required for Degree Program Level		
				Bachelors	Masters/ Specialist	Doctoral/ Professional
A	Tables 1-4			X	X	X
B	Consultant's Report and Institutional Response					X
C	Academic Learning Compacts	Include a copy of the approved or proposed Academic Learning Compacts for the program		X		
D	Letters of Support or MOU from Other Academic Units	Required only for programs offered in collaboration with multiple academic units within the institution		X	X	X
E	Faculty Curriculum Vitae			X	X	X
F	Common Prerequisite Request Form	This form should also be emailed directly to the BOG Director of Articulation prior to submitting the program proposal to the Board office for review.		X		
G	Request for Exemption to the 120 Credit Hour Requirement	Required only for baccalaureate degree programs seeking approval to exceed the 120 credit hour requirement		X		
H	Request for Limited Access Status	Required only for baccalaureate degree programs seeking approval for limited access status		X		

Table 2. Additional Appendices

Appendix	Appendix Title	Description
I	Summary of Market Demand Feasibility	Hanover Research Report
J	Library Holdings to Support DMD	Library Resources for DMD Education/Research
K	LCME Accreditation Documents	LCME Accreditation Documents
L	Sequenced Course of Study for DMD	Term Layout of Coursework
M	LBR Request	Proposal for LBR to Fund DMD
N	Capital Improvement Plan	Funding Request for New Building