Endodontics

Self Study
Appendix A – X

Accreditation
Site Visit: November 12-14, 2013
### Evaluation of Advanced Specialty Education
Endodontics

**Sponsoring Organization:** University of Illinois at Chicago  
Street Address: 801 S Paulina Street  
City, State & Zip Code: Chicago, IL 60612

**Chief Executive Officer:** Paula Allen-Meares  
Chancellor  
Telephone Number: (312) 413-3350  
Fax Number: (312) 413-3393  
E-Mail Address: pameares@uic.edu

**Signature:**  
Date: 9/5/13

**Dental School Dean:** Bruce S. Graham  
Telephone Number: (312) 996-1040  
Fax Number: (312) 996-1022  
E-Mail Address: bgraham@uic.edu

**Signature:**  
Date: 9/9/13

**Program Director:** Bradford R. Johnson  
Telephone Number: (312) 996-7514  
Fax Number: (312) 996-3375  
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**Signature:**  
Date: 9-4-2013

I have seen and reviewed the completed Self-Study Guide (and required appendix information) that will be used in an upcoming site visit to this institution.
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General Information

a. What is the length of the program? 24 months.

b. How many full-time students/residents are currently enrolled in the program per year? 5 PG2s and 4 PG1s

c. How many part-time students/residents are currently enrolled in the program per year? 0

d. What is the program’s CODA-authorized base number enrollment? 6 per year (12 total)

e. The program offers a X certificate _____ degree or _____ both

f. What other programs does the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation.

Oral and Maxillofacial Surgery Accredited – CODA
Orthodontics and Dentofacial Orthopedics Accredited – CODA
Pediatric Dentistry Accredited – CODA
Periodontics Accredited – CODA
Prosthodontics Accredited – CODA
Predoctoral DDS/DMD program Accredited – CODA

gh. If the program is affiliated with other institutions, provide the full names and addresses of the institutions, the purposes of the affiliation and the amount of time each student/resident is assigned to the affiliated institutions.

NA
h. **What is the percentage of the students’/residents’ total program time devoted to each segment of the program?**

<table>
<thead>
<tr>
<th>Segment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>biomedical sciences</td>
<td>27%</td>
</tr>
<tr>
<td>clinical Sciences</td>
<td>55%</td>
</tr>
<tr>
<td>teaching</td>
<td>8%</td>
</tr>
<tr>
<td>research</td>
<td>10%</td>
</tr>
<tr>
<td>other (specify)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

i. **What is the total faculty/student/resident ratio of the program?**
1:3.65

j. **What is the number of endodontic cases per student/resident?**
Approximately 215 nonsurgical cases and 10 surgical cases (plus an additional 10 surgical assists) per resident.
For the clinical phases of the program, indicate the number of faculty members specifically assigned to the advanced education program in each of the following categories and their educational qualifications:

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th># Board Certified</th>
<th># Board Eligible</th>
<th># Educationally Qualified*</th>
<th># Other**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than half-time</td>
<td>15</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

* Individual is eligible but has not applied to the relevant Board for certification.
** Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board.

Verify the cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced education program.

For example: a program with the following staffing pattern – one full-time (1.00) + one half-time (0.50) + one two days per week (0.40) + one half-day per week (0.10) – would have an F.T.E. of 2.00.

Cumulative FTE
2.4 FTE (clinical)
2.75 FTE (clinical and didactic)

Previous Site Visit Recommendations

Using the program’s previous site visit report, please demonstrate that the recommendations included in the report have been remedied.

The suggested format for demonstrating compliance is to state the recommendation and then provide a narrative response and/or reference documentation within the remainder of this self-study document.

* Please note if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Advanced Specialty Education Programs (January 1, 2000), some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

There were no recommendations in the 2006 site visit report.
Compliance With Commission Policies

Identify all changes which have occurred within the program since the program’s previous site visit, in accordance with the Commission’s policy on Reporting Program Changes in Accredited Programs.

The Postgraduate Endodontics Clinic (rm 313) was recently completely renovated (June 2012) and currently has 12 fully equipped state-of-the-science operatories. Each resident has his/her own assigned operatory. A separate surgical suite is designated for surgical procedures and treatment of patients with special needs (e.g., nitrous oxide sedation). Each operatory has two LCD monitors, dental operating microscope and computer to access the electronic patient record (AxiUm). An x-ray unit is shared between two units for digital imaging. A Cone Beam CT machine is available in the clinic. Additional radiographic imaging equipment (e.g., panoramic, cephalometric, etc) is readily available in the building.

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Third Party Comments.”

The program is in compliance with the Commission’s “Third Party Comments” policy. Copies of posted signs will be available on site.

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Complaints.”

The program is in compliance with the Commission’s “Complaints” policy. Copies of email messages will be available on site.

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Distance Education.”

Not applicable.
STANDARD 1 – Institutional Commitment/Program Effectiveness

1. Has the program developed clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service? (1) **YES**

Program goals and objectives were completely revised in September 2004, updated in 2012, and are reviewed annually at the Endodontics Department meeting (minutes available on site). In addition, feedback from faculty, current residents, and alumni is solicited on a regular basis. The program goals are consistent with the College of Dentistry’s Mission and Vision Statement and represent the Endodontic Department’s specific expectations and aspirations for our graduates. The three primary program goals are:

1. Graduates of the program will have the knowledge, skills and attitude to provide evidence-based, patient centered endodontic diagnosis and treatment at the level of an endodontic specialist.
2. The program will provide an environment that inspires lifelong learning and scholarship in clinical practice, teaching and research.
3. We will encourage and support activities that elevate the visibility and stature of the program.

Our specific outcomes measures and methods of assessment are described in Appendix B

Documentary Evidence

Appendix A-1: UIC College of Dentistry Vision and Mission Statements
Appendix A-2: Department of Endodontics Program Goals and Objectives
Appendix B: Exhibit 1a - Outcomes Measures and Methods of Assessment

On site
Endodontics Department Meeting Minutes

2. Are planning for, evaluation of and improvement of educational quality for the program broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service? (1) **YES**

Program evaluation and improvement is a continuous, ongoing process. Informal feedback is solicited and received by the program director from faculty, students, staff and alumni on a regular basis. In addition, the entire department faculty meets once each year in August. The postgraduate program is a standing agenda item on the agenda. Students provide formal feedback and suggestions for program changes twice each year during their meeting with the program director and during the exit interview at the end of the program. The most recent survey designed to evaluate program content and quality was sent to alumni in 2013. Based on the collection and assessment of various forms of formal and informal feedback, the program has evolved to better meet the needs of our residents. The following are examples of recent changes:

1. The program director and department head, with outstanding support from the COD administration, developed and managed a successful fundraising campaign to build a new
Postgraduate endodontics clinic (opened in June 2012). The clinical facility that was once considered a program weakness is now one of the program’s strengths.

2. The introductory course in biostatistics (BSTT 400 - UIC School of Public Health), was replaced with a 3 credit hour online biostatistics course taught by College of Dentistry faculty in 2009 (OSCI441 - Statistics for Dental Residents). Postgraduate residents in endodontics, orthodontics, pediatric dentistry, periodontics, and prosthodontics participate in this course. The course provides the opportunity to develop hands-on skills in using SPSS statistics software, as well as helping students better understand the dental literature and statistics related to their own research.

3. The introductory session of ENDO617 (American Board Review) has been moved to the first year to allow for earlier exposure to ABE case portfolio requirements and encourage more graduates to complete the ABE certification process.

4. An interdisciplinary seminar focused on treatment planning (PROS613) has been added to the endodontics curriculum.

5. PROS628 (Implantology) was added to the endodontics curriculum based on feedback from recent graduates regarding the perceived need for more in depth, formal instruction related to implantology. Depending on the resident’s level of interest and motivation, there is an opportunity to gain clinical experience in implant placement.

Documentary Evidence
Appendix A-2: Program Goals and Objectives
Appendix Q: Course Outlines and Objectives

On site
Minutes from annual department meeting
Alumni surveys
Exit interviews

3. Does the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement? (1) YES

Assessment of program effectiveness is an ongoing process, using the formal outcomes assessment mechanisms and time frame specified in the Outcomes Measures and Methods of Assessment (Exhibit-1a). In addition to the information provided in the supporting documents listed below, one of the most important measures of student achievement is documentation of the gradual progression to competency and proficiency during the 24 month program. We expect an improvement in clinical and didactic performance as measured by faculty evaluations of student performance in the clinic and performance on the annual oral exam in June. Alumni surveys and ABE certification are two additional means to measure that the program is meeting its goals and objectives.

Documentary Evidence
Appendix B: Exhibit 1a - Outcomes Measures and Methods of Assessment
### On site:
Minutes from annual Department Meeting
Results of postgrad exit interviews, alumni surveys
ABE certification statistics (available onsite)

<table>
<thead>
<tr>
<th>4. Are the financial resources sufficient to support the program’s stated goals and objectives? (1)</th>
<th>YES</th>
</tr>
</thead>
</table>

The Department of Endodontics receives adequate support from the institution to sustain the program. This is demonstrated by salary support for five full time and eleven part time faculty, four dental assistants in the postgraduate clinic, one fiscal clerk for patient scheduling and collections, and one administrative assistant. The institution provides clinical supplies and equipment to allow for specialty training. The department controls two funds (Charles G Maurice Fund and Nijole A Remeikis Endowment Fund) with combined assets of approximately $161,000. These funds are used to support postgraduate resident and faculty research, travel to meetings, and specialized clinic equipment purchases not covered by the institution.

The new postgraduate endodontics clinic was completed in June 2012 and was the result of a successful alumni fundraising campaign (approximately $472,000 in alumni donations and pledges), significant support from a corporate sponsor, and internal funds from the College of Dentistry.

**Documentary Evidence**
**On site**
Inspection of facilities and interviews with institutional personnel

<table>
<thead>
<tr>
<th>5. Does the sponsoring institution ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program? (1)</th>
<th>YES</th>
</tr>
</thead>
</table>

**Documentary Evidence**
**On site**
Interviews with program and institutional personnel
Conflict of Interest document

<table>
<thead>
<tr>
<th>6. Is the advanced specialty education program sponsored by an institution, which is properly chartered, and licensed to operate and offers instruction leading to degrees, diplomas or certificates with recognized education validity? (1)</th>
<th>YES</th>
</tr>
</thead>
</table>

The program is sponsored by the College of Dentistry which is a part of the University of Illinois at Chicago. The University received its original accreditation in 1970 and its status was last confirmed by the Higher Learning Commission on October 23, 2007. The status is confirmed upon the University until its next review, which is scheduled in 2017.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. If a hospital is the sponsor, is the hospital accredited by an</td>
<td>NA</td>
</tr>
<tr>
<td>accreditation organization recognized by the Centers for Medicare and</td>
<td></td>
</tr>
<tr>
<td>Medicaid (CMS)? (1)</td>
<td></td>
</tr>
<tr>
<td>8. If an educational institution is the sponsor, is the educational</td>
<td>YES</td>
</tr>
<tr>
<td>institution Accredited by an agency recognized by the United States</td>
<td></td>
</tr>
<tr>
<td>Department of Education? (1)</td>
<td></td>
</tr>
<tr>
<td>The University of Illinois at Chicago is accredited by:</td>
<td></td>
</tr>
<tr>
<td>The Higher Learning Commission</td>
<td></td>
</tr>
<tr>
<td>North Central Association of Colleges and Schools</td>
<td></td>
</tr>
<tr>
<td>30 North LaSalle Street, Suite 2400</td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
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<tr>
<td>Documentary Evidence</td>
<td></td>
</tr>
<tr>
<td>On site</td>
<td></td>
</tr>
<tr>
<td>UIC Accreditation Certificate</td>
<td></td>
</tr>
<tr>
<td>9. If applicable, do the bylaws, rules and regulations of the hospital</td>
<td>NA</td>
</tr>
<tr>
<td>that sponsors or provides a substantial portion of the advanced specialty</td>
<td></td>
</tr>
<tr>
<td>education program ensure that dentists are eligible for medical staff</td>
<td></td>
</tr>
<tr>
<td>membership and privileges including the right to vote, hold office,</td>
<td></td>
</tr>
<tr>
<td>serve on medical staff committees and admit, manage and discharge</td>
<td></td>
</tr>
<tr>
<td>patients? (1)</td>
<td></td>
</tr>
<tr>
<td>10. Does the authority and final responsibility for curriculum</td>
<td>YES</td>
</tr>
<tr>
<td>development and approval, student/resident selection, faculty</td>
<td></td>
</tr>
<tr>
<td>selection and administrative matters rest within the sponsoring</td>
<td></td>
</tr>
<tr>
<td>institution? (1)</td>
<td></td>
</tr>
<tr>
<td>Major changes in the curriculum are initiated by the program and then</td>
<td></td>
</tr>
<tr>
<td>move through the institution’s administrative approval process. Minor</td>
<td></td>
</tr>
<tr>
<td>changes are presented to the Graduate Dental Education Committee (GDE).</td>
<td></td>
</tr>
<tr>
<td>Major changes are endorsed by the GDE and sent to the University of</td>
<td></td>
</tr>
<tr>
<td>Illinois at Chicago Faculty Senate for approval. The Department of</td>
<td></td>
</tr>
<tr>
<td>Endodontics has responsibility for the selection of residents and</td>
<td></td>
</tr>
<tr>
<td>faculty in the Department. Faculty appointment requires institutional</td>
<td></td>
</tr>
<tr>
<td>approval.</td>
<td></td>
</tr>
<tr>
<td>11. Is the position of the program in the administrative structure</td>
<td>YES</td>
</tr>
<tr>
<td>consistent with that of other parallel programs within the institution?</td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>The College of Dentistry’s organizational chart demonstrates that the</td>
<td></td>
</tr>
<tr>
<td>Advanced Specialty Program in Endodontics is parallel to the other</td>
<td></td>
</tr>
<tr>
<td>advanced specialty programs. The Program Director has the same rights,</td>
<td></td>
</tr>
<tr>
<td>and responsibilities as the other program directors. All postgraduate</td>
<td></td>
</tr>
<tr>
<td>program directors are members of the COD Graduate Education Committee.</td>
<td></td>
</tr>
</tbody>
</table>

**STANDARD 1** **A Proud Past**
Documentary Evidence
Appendix C: College Organizational Chart

12. Does the program director have the authority, responsibility and privileges necessary to manage the program? (1) | YES

The Program Director, in consultation with the Department Head, has primary responsibility for decisions related to administration and planning for the Program.

Documentary Evidence
Appendix C: College Organizational Chart

On site:
Interviews
### Affiliations

(If the program is not affiliated with other institutions, please skip to Standard 2.)

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Does the primary sponsor of the educational program accept full responsibility for the quality of education provided in all affiliated institutions? (1)</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Is Documentary Evidence of agreements, approved by the sponsoring and relevant affiliated institutions, available? (1)</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Are the following items covered in such inter-institutional agreements:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Designation of a single program director?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. The teaching staff?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. The educational objectives of the program?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. The period of assignment of students/residents? And</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Each institution’s financial commitment? (1)</td>
<td></td>
</tr>
</tbody>
</table>
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

16. Is the program administered by a director who is board certified in the respective specialty of the program, or if appointed after January 1, 1997, has previously served as a program director? (2)  YES

The program director was certified by the American Board of Endodontics in May 1998 (certificate #1086)

Documentary Evidence
On site
American Board of Endodontics certificate for Dr. Johnson

17. Is the program director appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals? (2)  YES

The program director has a full time, tenured faculty appointment in the UIC College of Dentistry, Department of Endodontics. His primary responsibility is management of all aspects of the Advanced Specialty Training Program in Endodontics. For clinical faculty, the College of Dentistry defines full time as five days/week, with one day allowed for clinical practice.

Documentary Evidence
Appendix G: Exhibit 2 - Program Director’s Time Commitment

18. Does the sponsoring institution appoint a program director:
   a) who is a full-time faculty member?  YES
   b) whose time commitment is no less than twenty-four hours per week to the advanced education program in endodontics? (2-1)  YES

Documentary Evidence
Appendix J: Monthly Attending Staff Schedules

On site
schedules and interviews
19. Do the responsibilities of the program director include:

<table>
<thead>
<tr>
<th></th>
<th>Development of mission, goals, and objectives for the program?</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Development and implementation of a curriculum plan?</td>
<td>YES</td>
</tr>
<tr>
<td>b)</td>
<td>Planning for and operation of the facilities used in the endodontic program?</td>
<td>YES</td>
</tr>
<tr>
<td>c)</td>
<td>Student/Resident selection unless the program is sponsored by a federal service utilizing a centralized student/resident selection process?</td>
<td>YES</td>
</tr>
<tr>
<td>d)</td>
<td>Ensuring ongoing evaluation of student/resident performance and faculty teaching performance?</td>
<td>YES</td>
</tr>
<tr>
<td>e)</td>
<td>Evaluation of teaching program and faculty supervision in affiliated institutions?</td>
<td>NA</td>
</tr>
<tr>
<td>f)</td>
<td>Maintenance of records related to the educational program, including written instructional objectives and course outlines?</td>
<td>YES</td>
</tr>
<tr>
<td>g)</td>
<td>Overall continuity and quality of patient care as it relates to program?</td>
<td>YES</td>
</tr>
<tr>
<td>h)</td>
<td>Ongoing planning, evaluation and improvement of the quality of the program?</td>
<td>YES</td>
</tr>
<tr>
<td>i)</td>
<td>Preparation of graduates for certification by the American Board of Endodontics?</td>
<td>YES</td>
</tr>
<tr>
<td>j)</td>
<td>Ensuring formal (written) evaluation of faculty members at least annually to assess their performance in the educational program? (2-2)</td>
<td>YES</td>
</tr>
</tbody>
</table>

a) Development of mission, goals, and objectives for the program?

The Program Director, in consultation with the Department Head and faculty, has primary responsibility for the development, implementation, and assessment of program mission, goals, and objectives.

b) Development and implementation of a curriculum plan?

The curriculum is formally reviewed at the annual department meeting and informally reviewed continuously as needed based on input provided to the Program Director from faculty, staff, residents, alumni and other interested parties. The Postgraduate Selection Committee (composed of the Program Director, Department Head, and three additional part time faculty whose primary time commitment is to the Postgrad Program) serves as the Ad Hoc committee for Program planning and evaluation. This committee discusses program related issues at least once each year during the postgrad selection process. The Program Director chairs this committee and reports relevant recommendations to the entire department faculty at the annual meeting. The Program Director has primary responsibility, and authority, to implement curricular changes.

c) Planning for and operation of the facilities used in the endodontic program?

The program director is also the clinic director for the postgraduate endodontics clinic and has responsibility for all issues related to the planning and operation of the postgraduate endodontics clinical facility.
d) Student/Resident selection unless the program is sponsored by a federal service utilizing a centralized student/resident selection process?

The program director is the chair of the Postgraduate Endodontics Program Selection Committee (five member committee: program director, department head, and three other faculty nominated and elected by the entire department faculty for 3 year terms). Applications are processed through PASS and reviewed by the Selection Committee. Candidates that receive 3 or more votes are invited for an interview. The interview process includes members of the Program Selection Committee and current endodontic residents.

e) Ensuring ongoing evaluation of student/resident performance and faculty teaching performance?

Resident performance in the clinic is assessed with each completed case and is formally reviewed at least twice each year during a meeting with the program director and individual resident. In addition to resident assessments provided by clinic faculty, the program director has regular clinic assignments and is therefore able to directly observe and interact with the residents in the clinical environment. As a quality control measure, the program director reviews the EPR (Axium record) and images for approximately 65% of completed cases (where treatment was supervised by another faculty member). Residents provide self-evaluation of their performance: strengths, weaknesses, and areas for improvement. The program director discusses the resident self-evaluation in comparison to faculty evaluations of performance. Any discrepancies between resident self-evaluation and faculty/program director evaluation are discussed until an agreement is reached. During this meeting, the residents are also asked to provide feedback on faculty performance. This feedback is added to the annual formal faculty evaluation and faculty are informed of any areas needing improvement (e.g., availability in the clinic, proper respect and communication with residents, provision of timely and appropriate formative feedback, etc.)

f) Evaluation of teaching program and faculty supervision in affiliated institutions?

NA

g) Maintenance of records related to the educational program, including written instructional objectives and course outlines?

Records related to the educational program are maintained by the program director in his office. In addition, the Department’s Assistant to the Head maintains duplicate copies of all relevant documents and assists faculty in updating course information (including objectives, reading lists, and course outlines).

h) Overall continuity and quality of patient care as it relates to program?

Although daily responsibility for patient care is the primary responsibility of the attending faculty member and resident, the program director is ultimately responsible for the quality and continuity of all patient care provided in the Postgraduate Endodontics Clinic. To assure ongoing quality control, the
program director performs regular review of patient records and completed cases. Patients of graduating residents that require ongoing care are assigned by the program director to another resident to assure continuity of care. Patient complaints, although rare, are handled directly by the program director and, if necessary, the Department Head and/or Associate Dean for Patient Services.

i) Ongoing planning, evaluation and improvement of the quality of the program?

As detailed in Standard 1, the program director has primary responsibility for the planning, evaluation and improvement of the program. Program evaluation and improvement is a continuous, ongoing process. Informal feedback is solicited and received by the program director from faculty, students, staff and alumni on a regular basis. In addition, there are two formal meetings each year to discuss the program. The Postgraduate Program Selection Committee meets in the summer to discuss whether or not program goals and objectives are being met and consider proposed changes to the program. The entire department faculty meets once each year in August. The postgraduate program is a standing agenda item at this meeting. Students provide formal feedback and suggestions for program changes twice each year during their meeting with the program director and during the exit interview at the end of the program. The graduating students have another opportunity to assess program strengths and areas for improvement during their exit interview with the Executive Associate Dean for Academic Affairs. De-identified summary data from this exit interview is provided to the program director. Alumni feedback is solicited via mailed surveys. Based on the collection and assessment of various forms of formal and informal feedback, the program has evolved to better meet the needs of our residents.

j) Preparation of graduates for certification by the American Board of Endodontics?

ABE certification is one of the primary outcome measures for program Goal #2 (“The program will provide an environment that inspires lifelong learning and scholarship in clinical practice, teaching and research”). Preparation for board certification is stressed throughout the program. All second year residents are now required to take the ABE written exam prior to graduation. ENDO 617 is designed to familiarize residents with the ABE process and procedures and to allow each resident to develop a sample ABE case portfolio. Each resident prepares and presents a 10 case ABE case portfolio and receives feedback from fellow residents and the course director. The annual all day written and oral exam is intended to help prepare residents for ABE certification. In addition, the program director, department head (a former director of the ABE) and other board certified faculty are available for advice and mentoring after graduation to assist graduates as they move through the stages of board certification.

We have met our goal of 100% of our residents taking and passing the written exam prior to graduation. Approximately 22% of endodontists in the U.S. are certified by the American Board of Endodontics. Based on information obtained from the American Board of Endodontics, 14 UIC endodontic graduates have become board certified since 2006 – approximately 33% of our graduates during that time period (although detailed information by class is not available for privacy reasons), which is well above the national norm. Eleven of those 14 have become board certified since 2010.

k) Ensuring formal (written) evaluation of faculty members at least annually to assess their performance in the educational program? (2-2)
Formal (written) evaluation of all department faculty occurs annually. The Department Head and Program Director discuss the performance of all faculty with teaching assignments in the postgraduate program and suggest areas for improvement, as needed. Faculty assignment to the postgraduate endodontics clinic is based on demonstrated commitment to excellence in teaching and patient care. Course directors for didactic seminars are selected based on areas of expertise and interest.

**Documentary Evidence**

*On site*
- Interviews with faculty, schedules and other documentation
- Forms, schedules and other supporting documents.

### 20. Are the number of faculty and the professional education and development of faculty sufficient to meet the program’s objectives and outcomes? (2-3) YES

The Department of Endodontics is fortunate to have five full-time, eleven part-time, and approximately ten volunteer part time faculty. All are educationally qualified, board eligible or board certified in endodontics and all contribute in some way to the program. The residents benefit from interaction with faculty with varied backgrounds, interests, and strengths. The College of Dentistry and Department of Endodontics support various faculty development opportunities. These activities include: dental and education related continuing education programs; BLS, HIPPA and OSHA training; partial financial support for attendance at local, regional and national meetings; tuition waiver for courses offered by the University of Illinois (full-time faculty only); and release time for scholarship and professional development.

**Documentary Evidence**

*On site*
- Interviews with faculty, schedules and other documentation

### 21. Is there attending faculty responsible for all clinical activities? (2-4) YES

One faculty member is assigned to provide coverage for each clinic session. The assigned faculty member is responsible for directing and managing patient care in the endodontics clinic for that session. In addition, the program director and/or department head are available for consultation and additional clinic coverage as needed.

**Documentary Evidence**

*Appendix J: Monthly Attending Staff Schedules*

*On site*
- Interviews with faculty and residents
<table>
<thead>
<tr>
<th>22.</th>
<th>Do attending faculty have specific and regularly scheduled clinic assignments to provide direct supervision appropriate to a student’s/resident’s level of training in all patient care? (2-4.1)</th>
<th>YES</th>
</tr>
</thead>
</table>

One faculty member is assigned to provide coverage for each clinic session. The assigned faculty member is responsible for directing and managing patient care in the endodontics clinic for that session. Patients with specific needs (e.g., probable surgical RCT, sedation, medically complex, etc.) are initially assigned to a resident based on the resident’s experience and readiness to manage the patient’s treatment needs. During the initial case presentation by the resident to the attending faculty, the level of supervision required is determined.

**Documentary Evidence**

**Appendix J:** Monthly Attending Staff Schedules

*On site*

*Interviews with faculty and residents*

<table>
<thead>
<tr>
<th>23.</th>
<th>Are program directors and full time faculty provided time and resources to engage in scholarly pursuits? (2-5)</th>
<th>YES</th>
</tr>
</thead>
</table>

Although full-time faculty in the Department of Endodontics all have significant teaching, administrative, and/or research responsibilities, time and resources for scholarly pursuits is available and such activity is strongly encouraged (please refer to program Goal #3). Several department faculty serve as research advisors to the residents and many are engaged in their own scholarly pursuits. Faculty and residents have been successful in obtaining external funding for research projects (primarily AAE Foundation) and are encouraged to present research and clinical topics at local, regional, and national meetings. One recent graduate of the program was a recipient of an AAE Educator Fellowship and is now full time faculty in our department with an NIH sponsored five-year training award. The program director was allowed release time to complete a Master of Health Professions Education degree (UIC College of Medicine) and to participate as a Fellow in the ADEA Leadership Institute. In addition, the Department Head and Program Director and other faculty are actively engaged in service related scholarship through various committee and board assignments at the national level (former ABE director, ABE College of Diplomates, AAE committee memberships, former National Board Test Construction Committee member, site visit consultants for CODA, manuscript review for scientific journals, etc.)

**Documentary Evidence**

**Appendix I:** BioSketch of the Program Director and Full Time Faculty
STANDARD 3 – FACILITIES AND RESOURCES

24. Are institutional facilities and resources adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Specialty Education Programs? (3)  YES

The Postgraduate Endodontics Clinic (rm 313) was recently completely renovated (June 2012) and currently has 12 fully equipped state-of-the-science operatories. Each resident has his/her own assigned operatory. A separate surgical suite is designated for surgical procedures and treatment of patients with special needs (e.g., nitrous oxide sedation). Each operatory has two LCD monitors, dental operating microscope and computer to access the electronic patient record (AxiUm). An x-ray unit is shared between two units for digital imaging. A Cone Beam CT machine is available in the clinic. Additional radiographic imaging equipment (e.g., panoramic, cephalometric, etc) is readily available in the building. Staff support is adequate for clinical operations. There are currently four full-time dental assistants and one fiscal clerk (patient scheduling, phones, and patient payments) assigned to the Endodontics Clinic. Additional administrative support is provided by the full-time Assistant to the Head. The patient pool is large and provides a wide variety of clinical experiences. Residents have abundant access to faculty in other departments for clinical consultations as well as research mentoring.

Each resident has his/her own desk and high-speed internet connection in the residents’ room. Residents are required to purchase laptop computers, although several desktop computers with internet connections (one with slide/radiograph scanning capability) are also available for use in the residents’ room and part-time faculty room. Most departmental seminars occur in the Charles G Maurice Room, conveniently located in the same third floor hallway as the departmental offices and residents’ room. Since all relevant journals and biomedical databases (Medline, Cochrane Collaboration, etc) are available online, the Maurice Room is used primarily for seminars and as a quiet study area for residents. Several larger seminar rooms are readily available for use when needed (for example, 15 to 20 residents and faculty usually attend the weekly Clinical Conference in Endodontics seminars—ENDO630).

Documentary Evidence
- Appendix L: Exhibit 4 – Information Regarding Facilities
- Appendix Q: Course Outlines and Objectives

On site inspection of facilities

25. Are equipment and supplies for use in managing medical emergencies readily accessible and functional? (3)  YES

Students and their supervising faculty are trained and expected to recognize the signs of a medical emergency and initiate appropriate treatment including basic life support, if necessary. Positive pressure oxygen units are located throughout the clinics and are marked with prominent signs to aid in locating units in an emergency. Automated External Defibrillators (AED’s, public) are located on the first three floors where clinics are located in the College (additional AED units were purchased in 2010...
to supply the 4th and 5th floor common areas). If indicated, the school's emergency management system is activated by designating someone to call ext. 3-4733 and 6-6788 as outlined in the Medical Emergency Procedures (procedural signs are prominently displayed throughout the College). Medical emergency management is provided by the Department of Oral and Maxillofacial Surgery (OMFS). Upon arrival, emergency team members assume responsibility for the patient. Specific actions to be taken by all personnel are included in the Risk Management section of the Clinic Manual under Protocol for Medical Emergencies.

An appropriate crash cart is kept in OMFS. The emergency team brings this crash cart with them to the emergency site. Alternative crash carts are located in Group Practice Da Vinci (Room 211, second floor), Group Practice Rembrandt (Room 329, third floor), the Department of Graduate Pediatric Dentistry (Room 230-C, second floor), and the Department of Graduate Periodontics (room 331, third floor). OMFS keeps a maintenance log on their crash cart. Staff in OMFS check the crash cart visually every day for the attached lock. The crash cart is opened and inspected if the lock is missing or broken, the team has responded to an emergency, or to replace drugs that are about to expire. A list of the drugs and their expiration dates are kept by the RN in OMFS, who monitors dates and replaces drugs that are out-of-date.

Public AED’s and Oxygen units are checked monthly, and a written maintenance log is kept by the Office of the Associate Dean for Clinical Affairs.

The Office of the Associate Dean for Clinical Affairs monitors, inspects, and updates supplies in the crash carts in Group Practice Da Vinci (room 211) and Rembrandt (room 321). Graduate Pediatric Dentistry, Graduate Oral Surgery, and Graduate Periodontics monitor and maintain their own crash carts.

Documentary Evidence

On site inspection and interviews

| 26. | Does the program document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases? (3) | YES |

Radiation
The College of Dentistry’s policies regarding the use of ionizing radiation conform to policies established by the American Dental Association, American Association of Dental Schools, and the National Center for Devices and Radiological Health. They are published in the Clinic Manual and chairside on the College intranet.

Hazardous Materials
UIC has established an Environmental Health and Safety Office (EHSO) to plan and monitor compliance with applicable federal and state guidelines related to chemical, biological, and radiation hazards. EHSO has established a university-wide chemical management plan to ensure safe use and disposal of hazardous chemicals. In addition the plan seeks to minimize waste and reduce the potential of accident for faculty and staff. Within the College of Dentistry, the Director of Clinics has responsibility for these activities.
Bloodborne and Infectious Diseases
Under the guidance of the Associate Dean for Clinical Affairs and Director of Clinics, the College has established a comprehensive risk management program that includes asepsis and infection control as well as hazard control protocols and mechanisms for monitoring compliance.

The Infection Control and Risk Management Committee, chaired by the Director of Clinics, is responsible for addressing issues related to environmental safety, assisting in policy development, and other related issues crucial to adherence with applicable guidelines. Policies for asepsis and infection control that conform with federal, state, local and professional guidelines have been established and are published in the Infection Control Manual 2011. This manual also provides a comprehensive overview of all components of the infection control procedures.

In addition to receiving the written policies, students are instructed in asepsis and infection control as they begin their clinical experiences. Faculty, staff and students are again reminded of infection control policies periodically through informational e-mails sent by the Office for Clinical Affairs. Also, every student, staff and faculty members are required to complete an online-based course annually which includes infection control protocols. This is an online-based course which requires login identification for simplified tracking of compliance. Compliance is tracked by the Director of Clinics.

Documentary Evidence
On site
Interviews and documents
COD intranet chairside resources
Clinic Manual
Policy on Diagnostic Use of Radiation

27. Are the above policies provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance? (3) YES

New residents receive an information package containing clinic forms and policy statements. An orientation session is scheduled in the beginning of the PG1 year, prior to beginning clinical care, to advise residents of policies and procedures. All residents and staff participate in yearly training on HIPPA, OSHA standards and prevention of transmission of infectious diseases. Monitoring for compliance is an ongoing process involving clinic staff, attending faculty, and representatives from the office of the Associate Dean for Clinical Affairs.

Documentary Evidence
On site
interviews; documents
Clinic Manual

28. Are policies on bloodborne and infectious diseases made available to applicants for admission and patients? (3) YES

New residents receive an information package containing policies on bloodborne and infectious diseases. All information is also available online. Patients receive information on policies related to bloodborne and infectious diseases when they register as a new patient at the College of Dentistry. All
residents and staff attend regular training on OSHA standards and prevention of transmission of infectious diseases. Monitoring for compliance is an ongoing process involving clinic staff, attending faculty, and representatives from the office of the Associate Dean for Clinical Affairs. The Program Director has primary responsibility for monitoring and enforcing policies.

Documentary Evidence

On site
Interviews and documents
COD intranet chairside resources
Clinic Manual

29. Are students/residents, faculty and appropriate support staff encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel? (3)

YES

As of 2009, the College’s Immunization Policy requires that all incoming students, faculty and staff provide proof of immunization via blood titers to the following diseases: Measles, Mumps, Rubella, Varicella Zoster, and Hepatitis B (Antibody and Antigen). Providers are also required to provide proof of immunization against Polio and Tetanus/Diphtheria, and provide proof of a recent negative TB test, via a two-step test, a quaniferon blood test, or a current chest radiograph. College policy requires all clinical providers to undergo yearly TB testing, which is administered by University Health Services onsite at the College of Dentistry. Compliance is monitored by the Director of Clinics.

Incoming students are required to satisfy immunization requirements no later than the first day of orientation (with the exception of Hepatitis B immunity, where a grace period of 6 months is given to accommodate the three-dose immunization cycle). The review of immunization requirements is initially accomplished through a third-party online system where students upload the appropriate lab results into their individual account for review by trained staff. Final clearance for this requirement is granted by the Director of Clinics.

Incoming clinical faculty and staff also satisfy this requirement prior to the beginning of their clinical activities. Access to the axium patient database is only granted after immunization and licensure requirements are met.

All those with direct patient care responsibilities are required to obtain immunizations, required to use barrier techniques, personal protective equipment, and required to use sterilization.

Documentary Evidence

On site
Clinic Manual
Compliance Records
30. Are all students/residents, faculty and support staff involved in the direct provision of patient care continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation? (3)  

Yes

Students, faculty, and staff involved in direct patient care are required to maintain continuous certification in BLS (Health Care Provider Level). Students are first made aware of this policy during incoming first year orientation. All students are required to pass a course in BLS and emergency management. Faculty and staff involved in patient care must also maintain current certification in BLS (Health Care Provider Level). The policy is detailed in the Clinic Manual.

Cardiopulmonary resuscitation classes are provided at no cost for all faculty, staff and students involved in patient care on an ongoing basis so that those who need to maintain certification can do so. Currency of certification is monitored by the Director of Clinical Operations. BLS (Health Care Provider Level) courses are available at scheduled intervals. The Director of Clinical Operations sends a memo by e-mail to health care providers as to the available dates and times. The health care provider must verify when their certification nears expiration and register for a class. Failure to maintain current certification can result in suspension of clinical privileges.

As a part of our ongoing program of risk management, all students, faculty and support staff involved in patient care are listed in an axium based database. This system is used to monitor compliance with the BLS requirement and other clinical requirements. The Director of Clinics maintains these records.

Documentary Evidence  
On site  
Clinic Manual  
Compliance Records

31. Are private office facilities used as a means of providing clinical experiences in advanced specialty education? (3)*  

No

Documentary Evidence  
On site  
interviews with faculty and residents

32. Are the clinical facilities for students/residents in endodontics specifically identified and readily available? (3-1)  

Yes

Each resident has his/her own fully equipped operatory in the Postgraduate Endodontics Clinic (Room 313) for the duration of the program. The Postgraduate Endodontics Clinic is clearly marked and is dedicated solely to postgraduate endodontics training. The Clinic is conveniently located in close proximity to the 3rd floor endodontics residents’ room, faculty offices, and administrative support.

Documentary Evidence  
On site  
inspection
### 33. Is the design of units suitable for all endodontic clinical procedures, including four-handed dentistry? (3-1.1) **YES**

Twelve operatories are available in the Postgraduate Endodontics Clinic for diagnosis and non-surgical root canal treatment. A separate surgical suite is provided for surgical procedures and special needs patients. There is space in each operatory for all necessary supplies and equipment. There is sufficient space for a chairside dental assistant in the main clinic and the surgical suite. Assistants are assigned on a rotating basis to assist residents and demonstrate four-handed dentistry.

**Documentary Evidence**
*On site inspection*

### 34. Is radiographic or imaging equipment and equipment specific for endodontic procedures readily available? (3-2) **YES**

Six chairside x-ray units, mounted in the cabinetry between each operatory and shared between two adjacent operatories, are located in the clinic. A separate x-ray unit is located in the surgical suite. The clinic is fully connected for digital imaging. Images can be viewed on one of two chairside operatory monitors or any other computer in the College equipped with Dexis software (e.g., the endo clinic consultation room, surgery room, faculty offices, and other clinics in the College). One Cone Beam CT machine is located in the clinic specifically for endodontic diagnosis and treatment. Additional radiological facilities are available in the building for panoramic and cephalometric radiographs, as needed.

**Documentary Evidence**
*Appendix L: Exhibit 4 – Information Regarding Facilities On site inspection*

### 35. Are lecture and seminar rooms as well as audiovisual aids available? (3-3) **YES**

Most departmental seminars occur in the Charles G Maurice Room (Rm 302K), conveniently located in the same third floor hallway as the departmental offices and residents' room. The Maurice room also houses the department's collection of textbooks and certain journals that are not readily available online. Since most journals and biomedical databases (Medline, Cochrane Collaboration, etc) are now available online, the Maurice Room is used primarily for seminars and as a quiet study area for residents. Several larger seminar rooms are readily available for use when needed (for example, 15 to 20 residents and faculty usually attend the weekly Clinical Conference in Endodontics seminars – ENDO630).

Two large lecture halls and several medium sized rooms are available for postgraduate biomedical courses, undergraduate lectures, and guest presentations. The College of Dentistry provides LCD projectors and other audiovisual aids in addition to technology support for projects such as printing posters for scientific presentations.
Documentary Evidence
Appendix Q: Course Outlines and Objectives
On site
Inspection and interviews

36. Are appropriate information resources available, including access to biomedical textbooks, dental journals and other sources pertinent to the area of endodontic practice and research? (3-4) YES

Residents have easy access to a collection of current biomedical textbooks in the Endodontic Department’s Charles G. Maurice Conference Room. In addition, all residents are required to purchase a laptop computer and have a high speed internet connection at their desks in the residents’ room, and wireless connectivity throughout the College. Residents also have chairside access to online resources and databases in each clinic operatory.

Additional and much more extensive resources are readily available at the UIC Health Sciences library, approximately one block from the College of Dentistry. The university library includes a broad variety of access to print and electronic dental, biomedical and other information relevant to dentistry curriculum and research. The library maintains electronic or print access to nearly all required dental texts for the undergraduate program, as well as providing materials to support the advanced programs and faculty research. Resources also include a dental liaison librarian who maintains office hours at the College of Dentistry, maintains a targeted research website linking to appropriate library and professional information resources, and has regular one-on-one consults with students and faculty.

Documentary Evidence
On site
Inspection and interviews

37. Is clinical support personnel sufficient to ensure efficient operation of the clinical program and to provide students/residents with the opportunity to practice four-handed dentistry techniques? (3-5) YES

Four full-time dental assistants are assigned to the Postgraduate Endodontics Clinic and perform basic clinic support duties such as four-handed dental assisting, operatory set-up and cleaning, inventory and supply ordering, and patient recall. Assistants are assigned on a rotating basis to assist residents and demonstrate four-handed dentistry. The Endodontics Clinic is also staffed by a full-time fiscal clerk whose responsibilities include scheduling patients, answering the phone and taking messages, greeting patients, and collecting fees for treatment provided.

Documentary Evidence
Appendix M: Exhibit 5 – Information Regarding Support Staff
On site
Inspection and interviews
38. Is secretarial and clerical support personnel sufficient to permit efficient operation of the program? (3-6)

YES

Administrative support is provided primarily by the full-time Assistant to the Head of the Endodontics Department. Responsibilities of the Assistant to the Head include administrative support for the postgraduate program, faculty, and residents. A full-time fiscal clerk is located in the Endodontics Clinic, as described above in #37. Additional administrative support for matters related to course scheduling, graduation requirements, etc. is provided by the office of the Executive Associate Dean for Academic Affairs.

Documentary Evidence
Appendix M: Exhibit 5 – Information Regarding Support Staff
On site
Inspection and interviews

39. Do program resources exist to support the number of students/residents enrolled? (3-7)

YES

The Department of Endodontics employs five full-time and eleven part-time faculty, an administrative assistant (Assistant to the Head), a clinic fiscal clerk, and four dental assistants. Faculty attending coverage is always available for the Postgraduate Endodontics Clinic. The overall faculty:student ratio for the postgraduate program is approximately 1:3.65. From an educational standpoint, the patient pool is excellent, both in the quantity of patients and variety of experiences. The current waiting list for postgraduate endodontics is approximately six weeks, although true emergencies can be accommodated on a same day basis. Twelve fully equipped operatories are dedicated to non-surgical root canal treatment and a separate room is available for surgical procedures and special needs patients. The residents have ready access to all equipment and supplies necessary for state-of-the-art clinical practice as well as an electronic patient record system and digital imaging. The COD has excellent in-house IT support and equipment maintenance support. The presence of specialty programs in orthodontics, oral and maxillofacial surgery, pediatric dentistry, periodontics, and prosthodontics provides regular opportunities for interdisciplinary discussions and collaboration.

Documentary Evidence
On site
Inspection and interviews
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

40. **Is the advanced specialty education program designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of specialty practice as set forth in the Accreditation Standards for Advanced Specialty Education Programs? (4)**

YES

The Advanced Specialty Education Program in Endodontics is in full compliance with the standards specified in the current Accreditation Standards for Advanced Specialty Education Programs. All courses and seminars are separate from the undergraduate DMD curriculum and are specifically designed to meet the educational needs of residents in postgraduate specialty training programs and graduate (M.S. in Oral Sciences) students.

**Documentary Evidence**
- Appendix A-2: Department of Endodontics Program Goals and Objectives
- Appendix B: Exhibit 1a – Outcomes Measures and Methods of Assessment
- Appendix Q: Course Outlines and Objectives

41. **Is the level of specialty area instruction in certificate and degree-granting programs comparable? (4)**

NA

There is only one specialty program track for all residents pursuing a certificate in Endodontics. Residents in the Endodontics Program are considered “postgraduate” students. Residents concurrently pursuing an M.S. in Oral Sciences degree are also considered to be “graduate” students, but this designation is in addition to the postgraduate resident status. Completion of an M.S. in Oral Sciences typically requires an additional six to twelve months. The M.S. degree is awarded by the Graduate College of UIC.

42. **Is documentation of all program activities ensured by the program director and available for review? (4)**

YES

In addition to the information provided in this self-study document, documentation of all program activities will be available on-site for review.

**Documentary Evidence**
- Self-study document and on-site materials

43. **If the institution/program enrolls part-time students/residents, does the institution have guidelines regarding enrollment of part-time students/residents? (4)**

NA

The program does not enroll part-time residents.
44. If the institution/program enrolls part-time students/residents, do they start and complete the program within a single institution, except when the program is discontinued? (4)  NA

45. If the institution/program enrolls students/residents on a part-time basis, does the director of the accredited program ensure that:

a. The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents? and  NA

b. There is an equivalent number of months spent in the program? (4)  NA

46. Does the advanced specialty education program in endodontics encompass a minimum duration of 24 months (104 weeks) of full-time study? (4-1)  YES

The program is a full 24 months and residents are permitted a total of 20 vacation days (10 each year). Historically, the program started on July 1st and ended two years later on June 30th. Beginning with the class of 2012-2014 and going forward, the start date is August 1st and the program ends two years later on July 31st.

Documentary Evidence
Appendix N: Exhibit 6 – Student/Resident Total Program Time
Appendix O: Exhibit 7 -Student/Resident Schedules

47. Is the content of all didactic instruction included in the program curriculum documented? (4-2)  YES

All didactic instructional content is documented in course syllabi, schedules, and educational objectives. Content is revised and updated on a regular basis.

Documentary Evidence
Appendix Q: Course Outlines and Objectives

48. Is a formal (written) annual review of the program curriculum conducted? (4-3)  YES

Program review and improvement is a continuous, ongoing process. Informal feedback is solicited and received by the program director from faculty, students, staff and alumni on a regular basis. In addition, there are two formal meetings each year to discuss the program. The Postgraduate Program Selection Committee meets in the summer to discuss whether or not program goals and objectives are being met and consider proposed changes to the program. The entire department faculty meets once each year in August. The postgraduate program is a standing agenda item at this meeting. Students provide formal feedback and suggestions for program changes twice each year during their meeting with the program director and during the exit interview at the end of the program. The
graduating students have another opportunity to assess program strengths and areas for improvement during their exit interview with the Executive Associate Dean for Academic Affairs. De-identified summary data from this exit interview is provided to the program director. Alumni feedback is solicited via mailed surveys. Based on the collection and assessment of various forms of formal and informal feedback, the program has evolved to better meet the needs of our residents.

**Documentary Evidence**
*On site*
Exit Interview results
Minutes of the Annual Department meeting

**Biomedical Sciences**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>49. Does instruction in the biomedical sciences provide information emphasizing principles and recent developments in order to meet the advanced program’s objectives? (4-4)</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

All courses and seminars are separate from the undergraduate DDS curriculum and are specifically designed to meet the educational needs of residents in postgraduate specialty training programs. In particular, the interdisciplinary two-semester core course, OSCI580 and OSCI581, introduces residents to the most recent developments in the biomedical sciences. Examples of new additions to formal instruction in the postgraduate program based on recent developments include: regenerative endodontics (ENDO 611 and ENDO 630); CBCT imaging (ENDO615 and OMDS617); evidence-based endodontics (ENDO611 and ENDO630); and implantology (ENDO611 and PROS628)

**Documentary Evidence**
*Appendix P:* Exhibit 8 – Biomedical Sciences Instruction
*Appendix Q:* Course Outlines and Objectives

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>50. Does instruction emphasize the interrelationships among the biomedical sciences and their application to clinical practice? (4-5)</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

OSCI580 and OSCI581 provide an excellent model for an interdisciplinary seminar (residents from the various advanced specialty training programs at the College of Dentistry participate) that connects advances in basic science research to clinical practice. PROS613 is an interdisciplinary seminar focused on treatment planning, with special emphasis on implantology and restorative dentistry. In addition, department seminars, case review sessions, and clinical teaching all emphasize the interrelationships between the biomedical sciences and clinical practice.

**Documentary Evidence**
*Appendix P:* Exhibit 8 – Biomedical Sciences Instruction
*Appendix Q:* Course Outlines and Objectives
51. Is instruction provided in: (4-6)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Anatomy (gross and micro) of soft and hard tissues of the head and neck?</td>
</tr>
<tr>
<td>b)</td>
<td>Embryology?</td>
</tr>
<tr>
<td>c)</td>
<td>Infectious and immunologic processes in oral health and disease?</td>
</tr>
<tr>
<td>d)</td>
<td>Pathophysiology of the pulpal/periradicular?</td>
</tr>
<tr>
<td>e)</td>
<td>Wound healing?</td>
</tr>
<tr>
<td>f)</td>
<td>Oral medicine and oral pathology?</td>
</tr>
<tr>
<td>g)</td>
<td>Pharmacotherapeutics?</td>
</tr>
<tr>
<td>h)</td>
<td>Research methodology and statistics?</td>
</tr>
<tr>
<td>i)</td>
<td>Neurosciences? and</td>
</tr>
<tr>
<td>j)</td>
<td>Biomaterials?</td>
</tr>
</tbody>
</table>

a) Anatomy (gross and micro) of soft and hard tissues of the head and neck?
   - Advanced Head and Neck Anatomy (ANAT544)
   - Orofacial Pain (ENDO612)
   - Advanced Oral Pathology (OMDS501)
   - TM Disorders (OMDS623)
   - Advanced Oral Sciences I (OSCI580)
   - Advanced Oral Sciences II (OSCI581)

b) Embryology?
   - Pulp Biology (ENDO614)
   - Advanced Oral Sciences I (OSCI580)
   - Advanced Oral Sciences II (OSCI581)

c) Infectious and immunologic processes in oral health and disease?
   - Advanced Clinical Endodontics (Classic Lit Review) (ENDO610)
   - Pulp Biology (ENDO614)
   - Current Endodontic Lit Review (ENDO615)
   - Advanced Oral Sciences I (OSCI580)
   - Advanced Oral Sciences II (OSCI581)

d) Pathophysiology of the pulpal/periradicular?
   - Advanced Clinical Endodontics (Classic Lit Review) (ENDO610)
   - Pulp Biology (ENDO614)
   - Current Endodontic Lit Review (ENDO615)
   - Advanced Oral Sciences I (OSCI580)
   - Advanced Oral Sciences II (OSCI581)

e) Wound healing?
   - Advanced Oral Sciences I (OSCI580)
   - Advanced Oral Sciences II (OSCI581)
   - Current Endodontic Lit Review (ENDO615)
   - Pulp Biology (ENDO614)
   - Endodontic Surgery (ENDO619)
f) Oral medicine and oral pathology?
   Orofacial Pain (ENDO612)
   Clinical Conference in Endodontics (ENDO630)
   Advanced Oral Pathology (OMDS501)
   TM Disorders (OMDS623)

g) Pharmacotherapeutics?
   Orofacial Pain (ENDO612)
   Drugs in Dentistry (ENDO613)
   Clinical Conference in Endodontics (ENDO630)
   Anesthesia and pain control (OMDS617)

h) Research methodology and statistics?
   Clinical Conference in Endodontics (ENDO630)
   Research in Endodontics (ENDO698)
   Statistics for Dental Residents (OSCI441)
   Research Methodology (OSCI451)

i) Neurosciences?
   Advanced Head and Neck Anatomy (ANAT544)
   Orofacial Pain (ENDO612)
   Pulp Biology (ENDO614)
   TM Disorders (OMDS623)

j) Biomaterials?
   Advanced Clinical Endodontics (Classic Lit Review) (ENDO610)
   Current Endodontic Lit Review (ENDO615)
   Clinical Conference in Endodontics (ENDO630)

Documentary Evidence
Appendix P: Exhibit 8 – Biomedical Sciences Instruction
Appendix Q: Course Outlines and Objectives

Clinical Sciences

52. Are a minimum of 40% and a maximum of 60% of the total clock hours in a two-year (24 months) program devoted to clinical care? (4-7) YES

Fifty-five percent of the total program clock hours involve direct clinical care. This time allocation is consistent with program goals and objectives and with accreditation standards.

Documentary Evidence
Appendix N: Exhibit 6 – Student/Resident Total Program Time
Appendix O: Exhibit 7 -Student/Resident Schedules
On site
Interviews with residents and program director
53. Is endodontic treatment evidence-based? (4-8) (EBE is the integration of the best research evidence with clinician expertise and patient values). **YES**

Program Goal #1, “Graduates of the program will have the knowledge, skills and attitude to provide evidence-based, patient centered endodontic diagnosis and treatment at the level of an endodontic specialist” clearly states our expectations for evidence-based treatment. Principles of evidence-based dentistry are woven throughout the didactic and clinical aspects of the program. Residents are expected to be able to frame a clearly focused clinical question (PICO format) and use appropriate resources to search for the best available evidence to answer the question. Application of the best available evidence along with clinical judgment and patient values is reinforced in each clinic session and is a recurring theme of ENDO630 (Clinical Conference in Endodontics) and other departmental seminars. A formal introduction to the history and practice of evidence-based medicine/dentistry is included in ENDO611 (Clinical Applications of the Endodontic Literature). ENDO618 (Teaching, Learning and Critical Thinking) covers topics related to clinical decision making such as sensitivity and specificity of diagnostic tests, Bayes rule, and common errors in clinical decision making.

Documentary Evidence
Appendix P: Exhibit 8 – Biomedical Sciences Instruction
Appendix Q: Course Outlines and Objectives

54. Does the educational program provide in-depth instruction and clinical training to achieve proficiency in the following areas: (4-9)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Diagnosis, treatment planning and prognosis? <strong>YES</strong></td>
</tr>
<tr>
<td>b)</td>
<td>Non-surgical and surgical endodontic treatment and retreatment? <strong>YES</strong></td>
</tr>
<tr>
<td>c)</td>
<td>Outcome evaluation? <strong>YES</strong></td>
</tr>
<tr>
<td>d)</td>
<td>Radiography and other diagnostic imaging technologies? <strong>YES</strong></td>
</tr>
<tr>
<td>e)</td>
<td>Management of endodontic treatment of medically compromised patients? <strong>YES</strong></td>
</tr>
<tr>
<td>f)</td>
<td>Emergency treatment for endodontic conditions? <strong>YES</strong></td>
</tr>
<tr>
<td>g)</td>
<td>Management of patients with orofacial pain and anxiety? <strong>YES</strong></td>
</tr>
<tr>
<td>h)</td>
<td>Preparation of space for intraradicular restorations and coresin endodontically treated teeth? <strong>YES</strong></td>
</tr>
<tr>
<td>i)</td>
<td>Communication with patients and health care professionals? and <strong>YES</strong></td>
</tr>
<tr>
<td>j)</td>
<td>Use of magnification technologies? <strong>YES</strong></td>
</tr>
</tbody>
</table>

In-depth didactic instruction is provided and clinical training to the proficiency level is achieved in all required areas. Residents consult with faculty on all cases and timely feedback regarding diagnosis, treatment, and patient management is provided. The variety, quantity and complexity of endodontic cases managed in the Endodontics Clinic is sufficient to assure proficiency in all required clinical areas.

   a) Diagnosis, treatment planning and prognosis?

Residents receive didactic instruction in diagnosis, treatment planning and prognosis in ENDO610 (Advanced Clinical Endodontics), ENDO611 (Clinical Applications of the Endodontic Literature),
ENDO612 (Orofacial Pain), ENDO615 (Current Endodontic Literature Review) and ENDO630 (Clinical Conference in Endodontics). Clinical proficiency is achieved by diagnosis and treatment planning a wide variety and sufficient quantity of complex endodontic cases during the 24-month program. Prognosis is discussed with each patient prior to treatment as part of the informed consent process and residents are expected to be able to cite appropriate literature to support their statements.

b) Non-surgical and surgical endodontic treatment and retreatment?

Didactic instruction in this area begins in the first month of the program with ENDO600 (Postgraduate Endodontic Technique) and continues over the next 24 months with ENDO610 (Advanced Clinical Endodontics), ENDO611 (Clinical Applications of the Endodontic Literature), ENDO615 (Current Endodontic Literature Review), ENDO619 (Endodontic Surgery) and ENDO630 (Clinical Conference in Endodontics). Clinical proficiency is achieved by providing non-surgical and surgical treatment to a wide variety of patients with complex treatment needs during the 24-month program (ENDO620 – Endodontics Clinic). Although patients are not routinely scheduled for extractions in the postgraduate endodontics clinic, endodontic residents extract teeth when deemed necessary as is sometimes the case when a root fracture is discovered during endodontic surgery. Instruments for extraction and grafting materials for site preservation are available in the endodontics clinic.

c) Outcome evaluation?

Both short-term and long-term outcome evaluation of treatment is stressed throughout the program. Residents, with faculty feedback, learn critical self-evaluation skills in the clinic (ENDO620 – Endodontics Clinic) and through group discussion of cases ENDO630 (Clinical Conference in Endodontics). Short-term evaluation includes correlation of diagnosis to actual clinical condition upon tooth access, management of pain and anxiety (pre-op, intra-op, and post-op), identification and management of procedural complications, and radiographic evaluation of the final fill. Long-term evaluation has a didactic component (ENDO610 - Advanced Clinical Endodontics, ENDO611 - Clinical Applications of the Endodontic Literature, ENDO615 - Current Endodontic Literature Review, ENDO619 - Endodontic Surgery and ENDO630 (Clinical Conference in Endodontics) and clinical component closely related to the program’s patient recall system and residents’ recall of special cases that may be suitable for their ABE portfolio (ENDO617 – American Board Review).

d) Radiography and other diagnostic imaging technologies?

Diagnostic imaging is a routine part of clinical care (ENDO620 – Endodontics Clinic) and proficiency is assessed daily in the clinic and during case presentation sessions (ENDO630 - Clinical Conference in Endodontics and ENDO617 – American Board Review). Digital imaging is available in each operatory (one x-ray unit shared between two operatories) and a CBCT machine is present in the postgraduate endodontics clinic. Comprehensive didactic instruction is provided by a board certified oral radiologist (OMDS617 – Radiology for the Dental Specialist).

e) Management of endodontic treatment of medically compromised patients?

Didactic instruction occurs in OMDS615 (Anesthesia and Pain Control), OMDS501 (Advanced Oral Pathology), ENDO613 (Drugs in Dentistry), ENDO612 (Orofacial Pain), and ENDO630 (Clinical
Conference in Endodontics). As a primary referral center for the Chicago area, the College of Dentistry serves a large population of medically complex patients. Medically complex patients who require root canal treatment are referred to the Endodontics Clinic for treatment by residents (referral sources are both internally from predoctoral and other clinics, and externally, from non-College of Dentistry health care providers.

f) Emergency treatment for endodontic conditions?

Residents in the Endodontics Clinic diagnose and treat a wide variety and large number of dental emergencies. One resident is assigned for each half-day clinic session to provide emergency treatment. Residents typically triage and manage two or three emergencies during each clinic session. Didactic instruction is provided in ENDO610 (Advanced Clinical Endodontics), ENDO611 (Clinical Applications of the Endodontic Literature), ENDO615 (Current Endodontic Literature Review), ENDO630 (Clinical Conference in Endodontics), and ENDO612 (Orofacial Pain).

g) Management of patients with orofacial pain and anxiety?

Clinical training in the management of patients with orofacial pain and anxiety is closely related to management of dental emergencies with the additional component of instruction in diagnosis of non-odontogenic pain. The Endodontics Clinic receives a large number of referrals from the undergraduate group practices and some referrals from outside dentists and physicians for management of patients with orofacial pain and anxiety. Didactic instruction is provided in ENDO612 (Orofacial Pain), OMDS623 (TM Disorders), OMDS615 (Anesthesia and pain control). Nitrous oxide/oxygen analgesia is available in the endodontics clinic. Residents also work with Pediatric Dentistry residents to provide root canal treatment on patients requiring conscious sedation.

h) Preparation of space for intraradicular restorations and cores in endodontically treated teeth?

Didactic instruction related to post space preparation and restoration of endodontically treated teeth occurs in ENDO600 (Postgraduate Endodontic Technique) and ENDO611 (Clinical Applications of the Endodontic Literature). Clinical proficiency in this area is easily obtained since the final stage of almost all non-surgical root canal treatment involves making a decision regarding the final restoration for the tooth and preparing post space if needed. Placement of a core buildup material is also common in the endodontics clinic, especially when a delay between completion of RCT and final restoration is anticipated.

i) Communication with patients and health care professionals? And

Communication with patients is a foundation skill for clinical practice and is practiced every day in the Endodontics Clinic under faculty supervision. Communication with referring dentists and other dental specialists is also a routine part of clinical practice and is covered in ENDO611 (Clinical Applications of the Endodontic Literature) and ENDO630 (Clinical Conference in Endodontics). Communication with other health care professionals occurs on a regular basis as needed to assure the highest quality care for our patients.
j) Use of magnification technologies?

Residents receive didactic and hands-on instruction in the efficient use of the dental operating microscope (ENDO600 - Postgraduate Endodontic Technique) for a variety of non-surgical and surgical procedures. Each operatory has a microscope (residents purchase their own optics and the department provides the wall mounted extension arm). The department provides a dedicated microscope with documentation capability in the surgical suite. In addition, the department has one JedMed EVS endoscope.

Documentary Evidence
Appendix P: Exhibit 8 – Biomedical Sciences Instruction
Appendix Q: Course Outlines and Objectives

On site
Interviews with residents and program director

55. Does the educational program provide in-depth instruction and clinical training to achieve competency in the following areas: (4-10)

<table>
<thead>
<tr>
<th></th>
<th>a) Vital pulp management?</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b) Endodontic management of developing permanent teeth?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>c) Endodontic management of traumatic dental injuries? and</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>d) A variety of endodontic techniques?</td>
<td>YES</td>
</tr>
</tbody>
</table>

Residents have ample opportunities to achieve competency in vital pulp therapy, management of developing permanent teeth, traumatic dental injuries, and a variety of endodontic techniques. Approximately 15 to 20% of the patients seen in the Endodontics Clinic are referred from Pediatric Dentistry for management of endodontic problems. Each resident has the opportunity to perform several revascularization procedures and follow-up on cases started by previous residents. Patients with traumatic dental injuries are routinely referred for definitive treatment to the Endodontics Clinic from Pediatric Dentistry and Oral Surgery. Didactic instruction is provided in ENDO610 (Advanced Clinical Endodontics) and ENDO611 (Clinical Applications of the Endodontic Literature). Instruction in a variety of endodontic techniques is provided in ENDO600 (Postgraduate Endodontic Technique), the first course incoming residents take. Attending clinical faculty are expected to encourage residents to develop skill in a variety of endodontic techniques, within the limits established by sound clinical judgment, patient values and application of the best available evidence.

Documentary Evidence
Appendix Q: Course Outlines and Objectives

On site
Interviews with residents and program director
56. Does the educational program provide instruction at the level of understanding and clinical training to the level of exposure in the following areas: (4-11)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Diagnosis and treatment of periodontal disease and defects in conjunction with the treatment of the specific tooth undergoing endodontic therapy; treatment should be provided in consultation with the individuals who will assume the responsibility for the completion or supervision of any additional periodontal maintenance or treatment?</td>
</tr>
<tr>
<td>b)</td>
<td>Placement of intraradicular restorations and cores in endodontically treated teeth; when the patient is referred, this treatment is accomplished in consultation with the restorative dentist?</td>
</tr>
<tr>
<td>c)</td>
<td>Intracoronal bleaching procedures?</td>
</tr>
<tr>
<td>d)</td>
<td>Implant dentistry? And</td>
</tr>
<tr>
<td>e)</td>
<td>Extrusion procedures?</td>
</tr>
</tbody>
</table>

Didactic instruction in endo-perio relationships, restoration of endodontically treated teeth, non-vital bleaching, implant dentistry, and extrusion procedures occurs primarily in ENDO611 (Clinical Applications of the Endodontic Literature) and to some extent in ENDO610 (Advanced Clinical Endodontics) and ENDO630 (Clinical Conference in Endodontics). Periodontal status and restorability of a tooth are always considered prior to initiation of endodontic therapy, and consultation with other specialists is obtained as needed. PROS613 is an interdisciplinary treatment planning seminar (perio, oral surgery, endodontics, and prosthodontics). PROS628 is an interdisciplinary seminar with primary focus on implants and restorative dentistry. Placement of a core buildup material is common in the endodontics clinic, especially when a delay between completion of RCT and final restoration is anticipated.

Consultation with other dental specialists occurs on a frequent basis as needed to assure quality and continuity of care. Even though some of these procedures are not performed routinely in the Endodontics Clinic, residents have the opportunity to observe in other clinics and participate in interdisciplinary case presentations.

**Documentary Evidence**

**Appendix Q: Course Outlines and Objectives**

*On site*

Interviews with residents and program director
57. Does the educational program provide formal instruction in the following areas: (4-12)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>The history of endodontics?</td>
</tr>
<tr>
<td>b.</td>
<td>Teaching methodology?</td>
</tr>
<tr>
<td>c.</td>
<td>Ethics and jurisprudence?</td>
</tr>
<tr>
<td>d.</td>
<td>Practice management?</td>
</tr>
<tr>
<td>e.</td>
<td>Risk management? and</td>
</tr>
<tr>
<td>f.</td>
<td>Medical emergencies?</td>
</tr>
</tbody>
</table>

a) The history of endodontics?
ENDO610: Advanced Clinical Endodontics

b) Teaching methodology?
ENDO618: Teaching, Learning, and Critical Thinking

c) Ethics and jurisprudence?
ENDO611: Clinical Applications of the Endodontic Literature
ENDO630: Clinical Conference in Endodontics

d) Practice management?
ENDO611: Clinical Applications of the Endodontic Literature
ENDO630: Clinical Conference in Endodontics

e) Risk management?
ENDO611: Clinical Applications of the Endodontic Literature
ENDO630: Clinical Conference in Endodontics

f) Medical emergencies?
OMDS615: Anesthesia and Pain Control
Annual recertification training in BLS

Documentary Evidence
Appendix Q: Course Outlines and Objectives

58. Do students/residents actively participate in seminars or conferences involving literature and textbook reviews? (4-13) YES

All departmental seminars and advanced biomedical science course require active student participation and critical appraisal of the literature.

Documentary Evidence
Appendix Q: Course Outlines and Objectives
On site
Interviews with residents and program director
59. Do students/residents actively participate in endodontic and interdisciplinary seminars and conferences evaluating diagnostic data, treatment plans, treatment procedures, and outcomes assessment? (4-14)  

OSCI580 and OSCI581 provide an excellent model for an interdisciplinary seminar (residents from the various advanced specialty training programs at the College of Dentistry participate) that connects advances in basic science research to clinical practice. PROS613 is an interdisciplinary treatment planning seminar (peri, oral surgery, endodontics, and prosthodontics). PROS628 is an interdisciplinary seminar with primary focus on implants and restorative dentistry. In addition, departmental seminars, case review sessions (ENDO630), and clinical teaching all emphasize the interrelationships between the biomedical sciences and clinical practice.

Documentary Evidence  
Appendix Q: Course Outlines and Objectives

60. Does the program include a system for follow-up evaluation of patients to enable students/residents to assess the outcome of their treatment? (4-15)  

The program has a formal recall system for patients receiving root canal treatment in the Endodontics Clinic. Patients receive a postcard reminding them to return for a follow-up exam and radiograph at 6 months and 12 months post-treatment. Since the response to the postcard system has traditionally been relatively low, residents are encouraged to maintain a list of interesting cases and to personally contact patients to encourage follow-up evaluation. Cases are reviewed by the program director and during ENDO630 (Clinical Conference in Endodontics) and ENDO617 (American Board Review). Residents learn not only from their own cases but from review and discussion of other residents’ cases.

Documentary Evidence  
Appendix Q: Course Outlines and Objectives

61. Are comprehensive records of history, diagnosis, and treatment maintained for each patient? (4-16)  

In 2002, the College of Dentistry converted from a paper chart system to an electronic patient record (axiUm). All patient treatment records are maintained in this electronic database. Information required for an endodontic treatment record includes: review of patient’s medical history, chief complaint, relevant dental history, objective findings, radiographic interpretation, diagnosis, patient consent for treatment, details of treatment provided, any complications, and specific recommendations for follow-up care if needed.

Documentary Evidence  
On site  
Interviews with residents and program director  
inspection of patient records
Teaching

62. Do students/residents participate in teaching endodontics to predoctoral and/or postdoctoral students/residents? (4-17)

YES

First year residents participate in the undergraduate pre-patient care (technique) course (one-half day per week, Fall semester of PG1 year only). Second year residents have regular teaching assignments in the undergraduate group practice clinics (one-half day per week for entire PG2 year).

Documentary Evidence
Appendix O: Exhibit 7 - Student/Resident Schedules
On site
Interviews with residents and program director
review of teaching schedules

63. In a two-year (24 months) program, does this participation exceed 10% of the total clock hours? (4-17-1)

YES

Resident teaching schedules are carefully monitored to assure that the total time spent teaching does not exceed 10% of total clock hours.

Documentary Evidence
Appendix O: Exhibit 7 - Student/Resident Schedules
On site
Interviews with residents and program director
review of teaching schedules
STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS
ELIGIBILITY AND SELECTION

64. Are dentists with the following qualifications eligible to enter the advanced specialty education program accredited by the Commission on Dental Accreditation:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation?</td>
<td>YES</td>
</tr>
<tr>
<td>b) Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada? and</td>
<td>YES</td>
</tr>
<tr>
<td>c) Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program? (5)</td>
<td>YES</td>
</tr>
</tbody>
</table>

Documentary Evidence

On site

Interviews with residents and program director admissions criteria

65. Are specific written criteria, policies and procedures followed when admitting students/residents? (5)

YES

Applications to the program are processed through PASS. The Program Director chairs the five member Postgraduate Program Selection Committee. Committee members include the Program Director (ex officio), Department Head (ex officio), and three other members of the department selected by vote of the entire department faculty. Applications are reviewed and ranked independently by each of the committee members. Initial ranking of applicants is based on: dental school class rank and GPA (when available), national board scores (Part I required for all applicants, Parts I and II required for all DDS/DMD and foreign graduates), letters of recommendation, experience, personal letter, and extracurricular activities. The Program Director tabulates the initial rankings from the committee members and invites the top 12 to 15 candidates for an interview. A final ranking is established after the interview process and applicants are placed into one of three categories: accept, alternate (rank order), or not accept. All interviewed candidates are contacted by the Program Director and advised of their admissions status.

The program encourages applications from a diverse group of candidates and complies with all local, state, and federal non-discrimination rules and regulations.

The program adheres to the UIC Office of Access and Equity policy:

The commitment of the University of Illinois to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from invidious discrimination in all its forms.
The University of Illinois will not engage in discrimination or harassment against any person because of race, color, religion, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran and will comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University programs and activities.

Documentary Evidence

On site admissions materials

66. Is the admission of students/residents with advanced standing based on the same standards of achievement required by students/residents regularly enrolled in the program? (5)

The program does not admit residents on an advanced standing basis.

67. Do transfer students/residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program? (5)

NA

Evaluation

68. Does a system of ongoing evaluation and advancement ensure that, through the director and faculty, each program:

| a) Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate written criteria and procedures? | YES |
| b) Provides to students/residents an assessment of their performance, at least semiannually? | YES |
| c) Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement? And | YES |
| d) Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits? (5) | YES |

a) Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate written criteria and procedures?

The Program Director meets with each resident semi-annually for a formal evaluation. Residents complete a self-evaluation prior to the meeting and the Program Director uses this form as the basis
for discussion (Appendix V). Additional information gathered by the Program Director before the meeting includes: case grades, number and type of cases treated, grades for didactic courses/seminars, and informal reports from faculty. The conference focuses on positive aspects of the resident’s performance as well as areas needing improvement. Any discrepancies between the resident’s self-evaluation and program director’s evaluation are discussed until consensus is reached. A plan for corrective action or improvements is developed if necessary.

b) Provides to students/residents an assessment of their performance, at least semiannually?

In addition to regular feedback regarding performance in the clinic from the Program Director and attending faculty, residents receive a copy of their semi-annual review (signed by the resident and program director).

c) Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement?

Challenging cases or those requiring more than entry level experience (e.g., surgery, patient management issues, etc.) are assigned to each resident by the program director based on anticipated level of difficulty and readiness of the resident to manage the case.

d) Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits? (5)

The resident receives a signed and dated copy of his/her semi-annual evaluation. The program director maintains a permanent file of all resident evaluations.

Documentary Evidence
Appendix V: Student/Resident Evaluation Form
On site
Interviews with residents and program director
onsite inspection of files

Due Process

69. Are there specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution? (5) YES

The College of Dentistry’s due process policy is given to all residents during their orientation to the program.

Documentary Evidence
Appendix W: Due Process Policy
## Rights and Responsibilities

### 70. At the time of enrollment are the advanced specialty education students/residents apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments? (5)

| YES |  |

During the orientation session, new residents receive detailed information regarding the educational experience and program expectations.

**Documentary Evidence**

<table>
<thead>
<tr>
<th>Appendix X: Written Material Given to Entering Students</th>
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<tbody>
<tr>
<td><strong>On site</strong></td>
</tr>
<tr>
<td>Interviews with residents and program director</td>
</tr>
<tr>
<td>documentation</td>
</tr>
</tbody>
</table>

### 71. Are all advanced specialty education students/residents provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty? (5)

| YES |  |

During the orientation session, new residents receive written information and verbal explanation of their obligations and responsibilities to the institution, the program and program faculty. Due process policy, tuition and other financial responsibilities, compensation (postgrad incentive program – subject to change based on annual review by COD administration), vacation and sick leave policy, program policy regarding work outside of the College of Dentistry, and current accreditation status are discussed in detail.

**Documentary Evidence**

| Appendix X: Written Material Given to Entering Students |

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**STANDARD 5**

A Proud Past
STANDARD 6 – RESEARCH

72. Do advanced specialty education students/residents engage in scholarly activity? (6)  YES

Scholarly activity, including original research, is required of all students. Residents are required to present a poster (original research, case report, or literature review) at the College of Dentistry’s annual Clinic and Research day. Residents are encouraged to present at the annual AAE and/or AADR meetings and travel support is provided. Evidence of scholarly activity is available for inspection on site.

Documentary Evidence
On site
documents and interviews

73. Do students/residents participate in research? (6-1)  YES

All residents develop an original research protocol and take primary responsibility for the completion of their research project. Faculty from the Department of Endodontics usually serve as the primary research advisors and faculty from other departments are included as co-advisors/investigators as needed. The College of Dentistry has a growing, high quality research program. Faculty with expertise in areas such as tissue engineering, wound healing, oral cancer, pain, biomaterials, immunology and microbiology, are available for collaborative research with our residents. Residents receive a formal introduction to research methodology and protocol design in OSCI451 and statistics in OSCI441.

Documentary Evidence
Appendix Q: Course Outlines and Objectives
On site
documents and interviews

74. Are the research experience and results compiled into a document in publishable format? (6-2)  YES

All residents are required to complete an original research project and prepare it in a format suitable for publication as a graduation requirement. In addition, the final research project is packaged into a ten minute presentation (standard AAE or AADR oral research presentation format) and presented to the faculty and fellow residents prior to graduation.

Documentary Evidence
On site
documents and interviews
SUMMARY OF SELF-STUDY REPORT

Summarize in a qualitative appraisal and analysis the program’s strengths and weakness.

Note: This summary culminates the self-study report in a qualitative appraisal and analysis of the program’s strengths and weakness.

Institution-Related

1. **Assess the adequacy of institutional support for the program.**

   Institutional support for the Endodontics Program is adequate to meet program goals and objectives. This is demonstrated by salary support for 5 full time and 11 part time faculty, 4 dental assistants in the postgraduate clinic, 1 fiscal clerk for patient scheduling and collections, and 1 administrative assistant. The central budget of the College of Dentistry provides clinical supplies and equipment procurement and maintenance to allow for state-of-the-science specialty training.

   The Department of Endodontics functions as a separate department within the College of Dentistry and therefore has adequate control over matters related to allocation of resources to the Endodontics Program. The department controls two funds (Charles G Maurice Fund and Nijole A Remeikis Endowment Fund) with combined assets of approximately $161,000. These funds are used to support postgraduate resident and faculty research, travel to meetings, and specialized clinic equipment purchases not covered by the institution. The College of Dentistry administration recognizes the contributions of the Endodontics Program to the overall mission of the institution and supports the Department’s effort to enhance the educational experiences of our residents as evidenced by staffing, facility allotment and financial resources.

2. **Assess whether the program is achieving goals through training beyond pre-doctoral level.**

   Evidence of the program achieving its goals through training beyond the pre-doctoral level includes an analysis of course content, the complexity, quantity and variety of clinical cases, graduates’ high level of performance on state and national certifying exams in our specialty, and feedback obtained from recent graduates regarding their preparation for specialty practice. Over the past 5 years, 14 graduates (33%) have successfully obtained ABE board certification.

3. **Assess whether the program is achieving goals through stated competencies.**

   All of the required competencies (Standard 4-10) are achieved and documented.
4. **Assess whether the program is achieving goals through stated proficiencies.**

All of the required proficiencies (Standard 4-9) are achieved and documented.

5. **Assess whether the program is achieving goals through outcomes.**

The program relies on multiple sources of information to measure outcomes of program goals and objectives (please refer to Appendix A and Appendix B).

Goal #1, “Graduates of the program will have the knowledge, skills, and attitude to provide evidence-based, patient centered endodontic diagnosis and treatment at the level of an endodontic specialist,” is measured by student performance in didactic courses and the clinic, demonstration of progression to the proficiency level in specific clinical skills as residents progress through the program, observation of ethical patient management, semi-annual conferences with residents, exit interviews with graduating residents, alumni surveys, and formal department meetings focused on the program. The expected results are being achieved for Goal #1 and no corrective action is indicated at this time.

Goal #2, “The program will provide an environment that inspires lifelong learning and scholarship in clinical practice, teaching and research,” is defined and measured in a variety ways as described in Appendix B. The program is meeting or exceeding objectives in all areas of Goal #2. We have met the goal of 100% of our residents taking and passing the written exam prior to graduation. Based on information obtained from the American Board of Endodontics, 14 UIC endodontic graduates have become board certified since 2006 – approximately 33% of our graduates (although detailed information by class is not available for privacy reasons). Eleven of those 14 have become board certified since 2010. This reflects a very positive trend and we have reset our goal for board certification to 50%. The following program improvements were instituted as a result of our outcomes assessment:

a) The introductory seminar in the ABE review course (ENDO617) was moved from the second semester of the PG2 year to the PG1 year. Residents now know early in the program what types of cases are needed for the case portfolio and understand proper documentation of cases.

b) Greater emphasis is placed on the ABE certification process throughout the program. Residents are now expected to use the ABE case portfolio template for case presentations during ENDO630 (Clinical Conference in Endodontics).

c) Residents are required to take the ABE written exam in the Spring of their PG2 year.

d) The program director and other faculty will continue to provide mentoring and assistance with board certification after graduation.

Goal #3, “We will encourage and support activities that elevate the visibility and stature of the program,” is a broad goal related to maintaining the high quality and diversity of residents and providing support for residents and faculty to present the results of their scholarly activities at meetings and publish in peer reviewed journals. Although we are meeting our goal in this area as defined by the outcomes measures in Appendix B, continued emphasis will be placed on scholarly activities, especially publications and presentations.
6. **Assess calibration among program directors and faculty in the student/resident evaluation process to ensure consistency of the evaluation process.**

Although a total of 14 faculty participate to some extent in the program, turnover in faculty is relatively low and over the years general agreement has been reached on methods of resident evaluation and feedback. Infection control and OSHA standards are consistent throughout the College of Dentistry and are maintained through regular faculty training and monitoring. New faculty members spend several clinic sessions “shadowing” the program director or other senior faculty to develop an understanding of program expectations and standards. The program director has regular clinic coverage assignments and is able to directly observe resident performance as well as receive feedback from residents about the quality and consistency of guidance provided by the other attending faculty. As a quality assurance measure, the program director runs an AxiUm report two times each week and personally reviews approximately 65% of completed cases to assess residents’ performance, as well as the consistency of faculty evaluation. Since the emphasis of postgraduate education is more clearly focused on student learning rather than faculty teaching, resident feedback regarding the quality of formative assessment they receive from attending faculty is one of our more important measures of faculty performance. The sum of all individual case evaluations over the course of a semester provides an accurate assessment of student performance.

7. **Assess the faculty evaluation process to ensure consistency of the evaluation process.**

Formal faculty evaluations are conducted once each year by the Program Director, although informal feedback is continuous and given on an as needed basis. Residents evaluate faculty performance in the clinic and departmental seminars. The program director obtains this information from course evaluations and during discussions with the residents. Faculty receive feedback from the program director and are advised of any areas of teaching performance that require improvement. If any corrective action is needed to improve faculty performance in the postgraduate program, the department head and program director work together as a team to facilitate any needed change in behavior.

8. **Assess the institution’s policies on advanced education students/residents.**

The institution’s policies on advanced education of residents are appropriate and designed to support the program. Policies and expectations are discussed in detail during the orientation session and reinforced regularly as needed. Residents receive a written copy of relevant institutional policies. The institution provides support and advice to the program concerning interpretation and enforcement of policies on an as needed basis through the offices of the appropriate Assistant/Associate Deans.

The program director is a member of the Graduate Dental Education Committee. The Executive Associate Dean for Academic Affairs chairs this committee. The committee meets on a regular basis to discuss issues related to postgraduate and graduate education and formulate policy.
9. **Assess the institution’s policies on eligibility and selection.**

The institution’s policies on eligibility and selection are mainly focused on compliance with relevant local, state, and federal rules and regulations. The program is given a great deal of autonomy to develop and implement specific eligibility and selection criteria based on program goals and objectives.

10. **Assess the institution’s policies on due process.**

The institution’s policies on due process are appropriate and designed to support the program. Appendix W. Institutional policy on due process is discussed during the orientation session and residents receive a written copy of the policy. The institution provides support and advice to the program concerning due process on an as needed basis through the office of the Executive Associate Dean for Academic Affairs.

11. **Assess the institution’s policies on student/resident rights and responsibilities.**

Institutional policy on residents’ rights and responsibilities is discussed during the orientation session and residents receive a written copy of the policy. The policies are believed to be fair and appropriate.

12. **Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution’s library resources.**

The Library of the Health Sciences is located approximately one-half block from the College of Dentistry and is readily accessible to residents seven days per week (with the exception of major holidays). The library’s holdings are extensive and well-trained librarians are available for assistance as needed. The College of Dentistry has its own designated librarian, Ms. Abigail Goben, who is readily available to assist faculty and students. The library sponsors regular workshops on topics such as efficient online search strategies, use of reference managers (e.g., Endnote), and other uses of information and instructional technology. The library has been designated the Regional Medical Library for the Greater Midwest Region of the National Network of Libraries of Medicine since 1979.

Perhaps even more important than the physical content of the library is the availability of virtually all relevant journals and electronic databases online. Residents can access this extensive reference source for no charge from any computer connected to the University of Illinois server, or after logging in remotely with proper UIC identification. Since all residents are required to purchase laptop computers and all clinic units have computers with a high-speed internet connection, residents can access the library’s vast resources from their desks in the residents’ room or from the clinic.

13. **Assess the institutional oversight of the quality of training at affiliated institutions.**

Not applicable
Patient Care

1. **Assess the institution’s/program’s preparedness to manage medical emergencies.**

All faculty and residents are trained in BLS and are re-certified on a regular basis. Positive pressure oxygen is available in the clinic and an AED is located in the 3rd floor waiting area, close to the clinic entrance. A fully equipped “crash cart” is available in the third floor between rooms 319 and 321. There is a clear written protocol for responding to medical emergencies and this information is posted by all clinic phones. If a medical emergency occurs during normal clinic hours, a “code blue” alert is issued to the Oral Surgery department and they respond immediately with necessary personnel and equipment. Response time has been excellent—less than five minutes. If a medical emergency occurs after normal clinic hours, paramedics are called to the clinic.

2. **Assess the adequacy of radiographic services and protection for patients, advanced education students/residents and staff.**

Six chairside x-ray units, mounted in the cabinetry between each operatory and shared between two adjacent operatories, are located in the clinic. A separate x-ray unit is located in the surgical suite. The clinic is fully connected for digital imaging. Images can be viewed on one of two chairside operatory monitors or any other computer in the College equipped with Dexis software (e.g., the endo clinic consultation room, surgery room, faculty offices, and other clinics in the College). One Cone Beam CT machine is located in the clinic specifically for endodontic diagnosis and treatment. Additional radiological facilities are available in the building for panoramic and cephalometric radiographs, as needed.

Infection control standards are maintained in all areas and radiation safety guidelines are always followed. Patients are always protected with a lead lined apron and radiographs are taken only for necessary diagnostic purposes, adhering to the principle of ALARA. The University of Illinois and the State of Illinois inspect the radiology equipment on a regular basis.

3. **Assess the program’s capacity for four-handed dentistry.**

The clinic chairs are all arranged to allow for four-handed dentistry and a dental assistant is assigned on a rotating basis to assist the residents. In addition, a trained dental assistant is always available to assist during endodontic surgery cases. Undergraduate students also routinely assist postgraduate residents, although admittedly this type of assistance may not provide a true four-handed dental assisting experience.

4. **Assess the institution’s policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, advanced education students/residents and staff.**

The institution requires mandatory training on policies and procedures for handling hazardous materials and prevention of transmission of bloodborne and infectious diseases for all residents,
faculty, and clinic staff. Infection control guidelines and MSDSs can be found online on the College of Dentistry intranet and can be readily accessed from all clinic computers.

5. **Assess how students/residents may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care.**

Ethical patient treatment is the highest priority of the program. Residents understand this from the beginning and it is reinforced throughout the program. Basic legal and practice management principles are covered in ENDO611 and ENDO630 and in other seminars throughout the program. OSHA and infection control standards are maintained through regular training and continuous monitoring. HIPPA training is required for all residents prior to seeing patients in the clinic. The College of Dentistry has mandatory online refresher courses each year that must be completed by all faculty and students.

**Program-Related**

1. **Assess the student’s/resident’s time distribution among each program activity (e.g., didactic, clinical, teaching, research) and how well it is working**

Ethical patient treatment is the highest priority of the program. Residents understand this from the beginning and it is reinforced throughout the program. Basic legal and practice management principles are covered in ENDO611 and ENDO630 and in other seminars throughout the program. OSHA and infection control standards are maintained through regular training and continuous monitoring. HIPPA training is required for all residents prior to seeing patients in the clinic. The College of Dentistry has mandatory online refresher courses each year that must be completed by all faculty and students.

Although the content of the program has evolved over the years, the relative time distribution for each area (didactic, clinical, teaching, and research) has remained stable. The time distribution has proven effective for meeting the program’s goals and objectives based on the various outcome measures used to evaluate program effectiveness. Alumni surveys indicate that graduates of our program are well prepared for the specialty practice of endodontics.

2. **Assess the volume and variety of the program’s patient pool.**

The program benefits from our position as the only postgraduate endodontics program located in the center of a major metropolitan area. The patient pool is large and provides a significant variety of complex cases (non-surgical, retreatment, surgical, management of complications, diagnosis, trauma, pediatric and geriatric, and medically complex). The waiting list for non-emergency treatment in the postgraduate endodontics clinic is typically about 6 weeks.

3. **Assess the program’s student/resident/faculty ratio.**

The excellent student/faculty ratio of 3.65:1 tells only part of the story. Graduates routinely list the dedication to teaching and up-to-date knowledge of our program faculty as a strength of the program. All of the department faculty (5 full-time and 11 part-time) contribute in some way to the
postgraduate program, either through clinical teaching, as a course director or seminar participant, research advising, or administration.

4. **Assess the program’s student/resident pool.**

The applicant pool for our program remains very strong and diverse. We average about 100-110 applications each year. The admissions committee feels that approximately 50% of these applicants are qualified and at least one quarter (about 25-30) could be considered highly qualified for advanced training in endodontics. The recently completed new clinical facility will enhance our ability to recruit the best candidates. The abundance of highly qualified applicants allows us to select applicants we feel will contribute to the advancement of our specialty and will become role models for highly competent, ethical practice in their communities.

5. **Assess rotations, electives and extramural experiences of the program.**

The program does not offer specific electives or extramural experiences, although students have the option of taking advanced courses related to their interests and may pursue extramural experiences to enhance their training as long as those experiences do not interfere with their performance in the program. We recently developed an informal agreement with the postgraduate prosthodontics program to allow endodontic residents with an interest in implantology the opportunity to gain clinical experience in implant placement. This is not a required part of the specialty program in endodontics, but is available for residents with an interest in this area.

6. **Assess the program’s record keeping and retention practices.**

Program records are maintained in a central location in the office of the Assistant to the Head of Endodontics. The University maintains formal transcripts. Records are maintained indefinitely.

7. **Assess the research activities of the program.**

All students are required to complete an original research project and prepare the results in a format suitable for publication. The addition of several well-funded biomedical research faculty to the College of Dentistry has opened up new opportunities for research collaboration and support. Two recent graduates of our endodontics specialty program are DDS/PhDs and are now full-time faculty in our department. One has a five-year NIDCR training grant. We expect both of these faculty to enhance the research components of our program. Currently, three faculty in the Department of Endodontics (Department Head, Program Director, and Research Director) share primary responsibility for research advising and mentoring of our students.
Vision Statement

The University of Illinois at Chicago, College of Dentistry will be recognized as a leader in:

- patient-centered, evidence-based, technically enhanced clinical care founded on the preventive and public health sciences,
- integrated educational programs based upon contemporary pedagogy and technology, and
- centers of research excellence that are interdisciplinary, use innovative methodology and focus on relevant health and healthcare issues.

Mission Statement

The mission of the University of Illinois at Chicago, College of Dentistry is to promote optimum oral and general health to the people of the State of Illinois through excellence in education, patient care, research, and service.

The College identifies the following Institutional Goals to meet this mission:

- To provide patient-centered care that is evidence-based, comprehensive and compassionate for a culturally diverse population;
- To provide student-oriented educational programs that prepare learners to engage in the evidence supported, thoughtful, ethical practice of dentistry;
- To prepare highly qualified oral healthcare professionals, educators, and scientists in the oral health and basic sciences;
- To address health care needs through community-based initiatives, educational programs, and consultative services;
- To value and seek diversity in students, staff, faculty, and patients;
- To provide an environment for individual growth founded on mutual respect and professionalism;
- To foster collaborative research and develop specialized centers for innovative research in areas of health and disease;
- To maintain a leadership role in forming health care policy at the university, state, and national levels;
- To be a resource for continued professional development;
Program Goals and Objectives

Program goals and objectives were completely revised in September 2004, updated in 2012, and are reviewed annually at the Endodontics Department meeting (minutes available). In addition, feedback from faculty, current residents, and alumni is solicited on a regular basis. The program goals are consistent with the College of Dentistry’s Mission and Vision Statement and represent the Endodontic Department’s specific expectations and aspirations for our graduates. In addition, the goals were designed to encompass the five core competencies for health care professionals identified in the 2003 Institute of Medicine report *Health Professions Education: A Bridge to Quality* (patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics).

The three primary program goals are:

1.) Graduates of the program will have the knowledge, skills and attitude to provide evidence-based, patient centered endodontic diagnosis and treatment at the level of an endodontic specialist.

2.) The program will provide an environment that inspires lifelong learning and scholarship in clinical practice, teaching and research.

3.) We will encourage and support activities that elevate the visibility and stature of the program.
**EXHIBIT 1a**

**Goal #1**  
University of Illinois at Chicago, College of Dentistry,  
Advanced Specialty Education Program in Endodontics

<table>
<thead>
<tr>
<th>Overall Goal or Objective</th>
<th>Graduates of the program will have the knowledge, skills, and attitude to provide evidence-based, patient centered endodontic diagnosis and treatment at the level of an endodontic specialist</th>
</tr>
</thead>
</table>
| Outcomes Assessment Mechanism | 1) Knowledge will be measured by:  
  A) student performance in departmental seminars and other required courses  
  B) comprehensive oral and written exam at end of each year  
  2) Clinical skills and progression to proficiency will be measured by student self evaluation, faculty evaluation, and completed case grades  
  3) Ethical, patient-centered care is expected at all times and will be observed by attending faculty  
  4) Exit interviews and alumni surveys will be used to measure new graduates’ attitudes about program strengths and weaknesses and their degree of readiness for endodontic specialty practice |
| How Often Conducted | 1) Performance measured at end of each semester  
  A) At end of first and second years  
  2) Case reviews by attending faculty and program director, with formal semi-annual review (more frequent if needed)  
  3) Daily observations by faculty – immediate corrective action if indicated  
  4) Exit interviews every year; alumni surveys once every five years |
| Date to be conducted/finished by | 1) Done  
  2) Done  
  3) Done  
  4) Summer 2013 |
| Results expected | 1)  
  A) GPA > 3.0 each semester; score on end-of-year final oral exam improves from PG1 to PG2 year  
  B) Satisfactory performance on oral and written exam  
  2) Clinical evaluations will reflect competent performance with gradual progression to proficiency in all phases of clinical endodontics. Student self-evaluation will be consistent with instructor evaluation.  
  3) Ethical behavior, including but not limited to explicit
consideration of patient values and preferences for treatment, will be observed in all student/patient interactions
4) Identify specific areas needing attention

| Results achieved | 1) All grades acceptable; PG2 residents consistently score higher on the end-of-year final oral exam (average of 10+ independent scores)  
2) Competent clinical performance and progression to proficiency was reported  
3) No instance of unethical behavior has been reported  
4) Summary results from exit interviews and 2013 alumni survey (responses were received from 36% of graduates from most recent 6 graduating classes):  
   A) Overall program evaluation: 4.8/5 (4 = good; 5 = excellent)  
   B) Strengths: faculty; clinical experience; wide variety of cases and techniques  
   C) Weaknesses: about half of respondents would like additional surgical experience, particularly implant placement; facilities were listed as a weakness by several pre-2012 graduates  
   D) Preparation for ABE exam: 4.3/5  
   E) Involvement in organized dentistry: 100%  
   F) Presentations (AAE, study clubs, etc): 66% |

| Assessment of results | No corrective action is indicated at this time for outcomes #1, 2 & 3.  
4) Clinical facilities were out-dated (pre-2012). Some residents desired additional implant and surgery experience. |

| Program improvements as a result of data analysis | The previous top complaint of alumni was sub-optimal clinical facility – this was corrected in 2012 when we opened the new clinic. Based on alumni feedback and observation of national trends, additional didactic training and clinical exposure to implantology was added. An interdisciplinary seminar related to implantology has been added to the curriculum (required) and additional elective opportunities for pg endo residents to place implants are now available. New clinic policy allows pg director to reduce fee or no charge (“educational adjustment”) for surgical treatment as needed to encourage patient acceptance of proposed surgical treatment plan. |

| Date of next assessment | Assessment is a continuous, ongoing process. Formal alumni surveys are sent every five years |
## Goal #2
University of Illinois at Chicago, College of Dentistry, Advanced Specialty Education Program in Endodontics

<table>
<thead>
<tr>
<th>Overall Goal or Objective</th>
<th>The program will provide an environment that inspires lifelong learning and scholarship in clinical practice, teaching and research.</th>
</tr>
</thead>
</table>
| Outcomes Assessment Mechanism | 1) ABE certification  
2) Residents will receive an early introduction to the principles of evidence-based medicine and will participate in interdisciplinary treatment planning seminars  
3) Residents will have the opportunity to teach undergraduate dental students  
4) Residents will develop and complete an original research project  
5) Qualified residents will be encouraged to pursue a graduate degree (M.S. and/or PhD) in preparation for possible careers in dental education and research  
6) Personal professional development as measured by participation in organized dentistry, continuing education, presentations and publications, and teaching. |
| How Often Conducted | 1) Yearly for ABE written exam and every six years to measure progress towards board certification  
2) Throughout the program  
3) Throughout the program  
4) Throughout the program  
5) Yearly  
6) Alumni survey every five years |
| Date to be conducted/finished by | All assessments except the alumni survey are done on a yearly basis or throughout the program. |
| Results expected | 1) ABE written 100% expected  
ABE certified within 6 years of graduation > 30% expected  
2) All residents will participate in seminars and be able to demonstrate ability to critically appraise the literature and describe significance of level of evidence  
3) All residents will participate in teaching  
4) All residents will complete an original research project and prepare in a format suitable for publication  
5) At least one resident every year will elect to enroll in the M.S. and/or PhD program  
6) > 90% of graduates will report involvement in organized dentistry with at least some reporting leadership positions; > 33% of recent graduates will report publications, |
| Results achieved | 1) We have met the goal of 100% of our residents taking and passing the written exam prior to graduation. Approximately 22% of endodontists in the U.S. are certified by the American Board of Endodontics. Based on information obtained from the American Board of Endodontics, 14 UIC endodontic graduates have become board certified since 2006 – approximately 33% of our graduates (although detailed information by class is not available for privacy reasons), which is well above the national norm. Eleven of those 14 have become board certified since 2010. This reflects a very positive trend and we have reset our goal for board certification to 50%.
2) Yes
3) Yes
4) Yes
5) Class of 2009: 2 M.S. completed
   Class of 2010: 1 M.S. completed
   Class of 2011: No new M.S. degrees, but 2 endo graduates had PhD degrees prior to enrollment in the certificate program
   Class of 2012: 5 M.S. completed
   Class of 2013: 5 M.S. completed
6) Based on the 2013 alumni survey, 100% of graduates report involvement in organized dentistry (includes membership at various levels and some leadership roles) and 66% report presentations and/or publications. |

| Assessment of results | All objectives have been met or exceeded |

| Program improvements as a result of data analysis | To help achieve our new goal for ABE certification (50%), several changes were initiated. The introductory session for the ABE Review Seminar (ENDO 617) was moved from the second semester of the PG2 year to the first semester of the PG1 year. Residents now know what types of cases are needed and understand proper documentation early in their postgraduate training. In addition, greater emphasis is placed on preparation for the ABE certification process throughout the program and the program director will continue to mentor and assist residents in preparing for board certification after graduation. Residents are now required to take the ABE written exam in the Spring of their PG2 year. |

| Date of next assessment | 1 - 5.) : Yearly - July |
### Goal #3
University of Illinois at Chicago, College of Dentistry, 
Advanced Specialty Education Program in Endodontics

<table>
<thead>
<tr>
<th>Overall Goal or Objective</th>
<th>We will encourage and support activities that elevate the visibility and stature of the program.</th>
</tr>
</thead>
</table>
| Outcomes Assessment Mechanism | 1.) Recruit and retain a diverse group of highly qualified students  
2.) Residents and faculty will present clinical and research findings at local, state, national, and international meetings  
3.) Residents and faculty will publish in peer reviewed journals |
| How Often Conducted | Yearly |
| Date to be conducted/finished by | July of each year |
| Results expected | 1.) Residents selected will be highly qualified and diverse. All residents will successfully complete the program in 24 months  
2.) Presentations by faculty and residents: At least 6 per year at national or international meetings  
3.) Minimum 5 publications/year (residents and faculty combined – peer-reviewed journal articles, abstracts, and/or book chapters) |
| Results achieved | 1.) Current class (2013-2014):  
3 female; 6 male; 1 Hispanic; 2 Asian (all are highly qualified academically). All previous residents have completed the program successfully and on time.  
2.) Presentations:  
2009: 10  
2010: 7  
2011: 7  
2012: 12  
3.) Publications (faculty and residents combined -- peer-reviewed journal articles, abstracts, and/or book chapters)  
2009: 6  
2010: 4  
2011:12  
2012:12  
In addition, one faculty member (a recent graduate of the program) currently has a 5-year K-grant, NIH/NIDCR, 2011-2016 ($683,040.) |
| Assessment of results | We are meeting or exceeding our goals in all areas. |
| Program improvements as a result of data analysis | Although we are meeting our goal in this area, continued emphasis will be placed on increasing the number of scholarly publications and presentations. |
| Date of next assessment | July 2014 |
Organizational Chart

Bruce S. Graham
Dean

Dr. William Knight
Executive Associate Dean
Academic Affairs

Mr. Mark Valentino
Assistant Dean
Advancement & Alumni Relations

Dr. Luisa DiPietro
Associate Dean
Faculty Affairs

TBD
Associate Dean
Finance & Administration

Dr. Susan Rowan
Interim Associate Dean
Patient Services

Dr. Caswell Evans
Associate Dean
Prevention & Public Health Scs.

Dr. David Crowe
Interim Associate Dean
Research

Dr. Darryl Pendleton
Associate Dean
Student & Diversity Services

Dr. Christopher Wenckus
Department Head
Endodontics

Dr. Michael Miloro
Department Head
Oral & Maxillofacial Surg

Dr. Thomas Diekwisch
Department Head
Oral Biology

Dr. Richard Monahan
Department Head
Oral Medicine & Diagnostic Scs

Dr. Carla Evans
Department Head
Orthodontics

Dr. Marcio da Fonseca
Department Head
Pediatric Dentistry

Dr. Salvador Nares
Department Head
Periodontics

Dr. Stephen Campbell
Department Head
Restorative Dentistry

July 15, 2013
Office of Faculty Affairs
Appendix D

American Board of Endodontics Student Success Rate:

Approximately 22% of endodontists in the U.S. are certified by the American Board of Endodontics. Based on information obtained from the American Board of Endodontics, 14 UIC endodontic graduates have become board certified since 2006 – approximately 33% of our graduates over that time period (although detailed information by class is not available for privacy reasons), well above the national norm. We have determined that 11 of those 14 have become board certified since 2010 (46% of graduates since 2010). This reflects a very positive trend and we have reset our goal for board certification to 50%.
Exhibit 2

PROGRAM DIRECTOR

Please complete the following chart for all programs being reviewed at this time.

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Director’s First Init. &amp; Last Name</th>
<th>Board Certified or previously served as Program Director and Year Appointed</th>
<th>Yr Appointed to Position</th>
<th>Number of Hrs/wk at Sponsoring Institution – Breakdown time into following categories:</th>
<th>Number of Hrs/wk Devoted to Program</th>
</tr>
</thead>
</table>
Teaching = 16  
Research, advising, and other scholarly activities = 8  
Clinical practice = 8                                                   | 36                  |
Exhibit 3.1

TEACHING STAFF

On the table below, indicate the members of the teaching staff who are scheduled to devote ONE-HALF DAY OR MORE PER WEEK specifically to the program. Indicate whether each staff member listed is a general practitioner or specialist, the number of hours per week, and the number of weeks per year devoted to the program. If the staff member is a specialist, indicate the specialty and board status. Be sure to include the program director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline/Specialty</th>
<th>Board Status (If Specialist)</th>
<th>Hours per week</th>
<th>Weeks per year</th>
<th>Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Johnson</td>
<td>Endo</td>
<td>Board Certified</td>
<td>36</td>
<td>52</td>
<td>SC, T, and PA</td>
</tr>
<tr>
<td>C. Wenckus</td>
<td>Endo</td>
<td>Board Certified</td>
<td>12</td>
<td>52</td>
<td>SC and T</td>
</tr>
<tr>
<td>M. Baker</td>
<td>Endo</td>
<td>Educ. Qualified</td>
<td>4</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>M. Fayad</td>
<td>Endo</td>
<td>Board Certified</td>
<td>8</td>
<td>52</td>
<td>SC and T</td>
</tr>
<tr>
<td>B. Gilbert</td>
<td>Endo</td>
<td>Board Certified</td>
<td>4</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>R. Goldberg</td>
<td>Endo</td>
<td>Board Certified</td>
<td>8</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>R. Hawkinson</td>
<td>Endo</td>
<td>Board Certified</td>
<td>8</td>
<td>36</td>
<td>SC and T</td>
</tr>
<tr>
<td>R. Milnarik</td>
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<td>4</td>
<td>52</td>
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<td>M. Mintz</td>
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<td>4</td>
<td>36</td>
<td>SC</td>
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<td>M. Rogers</td>
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<td>SC and T</td>
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<td>S. Weeks</td>
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<td>8</td>
<td>52</td>
<td>SC and T</td>
</tr>
<tr>
<td>S. Alapati</td>
<td>Endo</td>
<td>Board Eligible</td>
<td>4</td>
<td>52</td>
<td>SC and T</td>
</tr>
</tbody>
</table>

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic
T—Teaching Didactic Sessions (lectures, seminars, courses)
PA—Program Administration

Appendix H: Exhibit 3.1 and 3.2
**Exhibit 3.2**

**TEACHING STAFF**

Starting with the individual who has the greatest time commitment to the program, list members of the attending staff or consultants who are scheduled to devote LESS THAN ONE-HALF DAY PER WEEK, BUT AT LEAST ONE-HALF DAY (OR MORE) PER MONTH specifically to the program. Indicate whether each individual listed is a general practitioner (GP) or specialist, the number of hours per month, and the number of months per year devoted to the educational program. If the staff member or consultant is a specialist, indicate specialty and board status.

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline/Specialty</th>
<th>Board Status (If Specialist)</th>
<th>Days per month</th>
<th>Weeks per year</th>
<th>Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Flowers</td>
<td>Endo</td>
<td>Board Eligible</td>
<td>1</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>P. Lindauer</td>
<td>Endo</td>
<td>Board Certified</td>
<td>1</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>C. Neach</td>
<td>Endo</td>
<td>Educ. Qualified</td>
<td>1</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>Q. Xie</td>
<td>Endo</td>
<td>Board Eligible</td>
<td>1</td>
<td>52</td>
<td>SC</td>
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</table>

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic  
T—Teaching Didactic Sessions (lectures, seminars, courses)  
PA—Program Administration
Name: Bradford R Johnson, DDS, MHPE

Current Institution: University of Illinois at Chicago

EDUCATIONAL BACKGROUND (Begin with college level)

<table>
<thead>
<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Colorado at Denver, Denver, CO</td>
<td>1978</td>
<td>B.A.</td>
<td>Biology</td>
</tr>
<tr>
<td>Virginia Commonwealth University, Richmond, VA</td>
<td>1982</td>
<td>D.D.S.</td>
<td>Dentistry</td>
</tr>
<tr>
<td>Michael Reese Hospital &amp; Medical Center, Chicago, IL</td>
<td>1983</td>
<td>General Practice Residency - certificate</td>
<td>Dentistry</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>1991</td>
<td>Advanced Specialty Training in Endodontics - certificate</td>
<td>Endodontics</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Medicine, Chicago, IL</td>
<td>2005</td>
<td>Master of Health Professions Education</td>
<td>Health Professions Education</td>
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LICENSURE

<table>
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<th>To (Year)</th>
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<tr>
<td>Dentist (Illinois)</td>
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</tr>
<tr>
<td>Specialist in Endodontics (Illinois)</td>
<td>1991</td>
<td>Present</td>
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BOARD CERTIFICATION

<table>
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<th>Specialty</th>
<th>Date certified</th>
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<tbody>
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<td>American Board of Endodontics</td>
<td>Endodontics</td>
<td>May 1998</td>
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TEACHING APPOINTMENTS (Begin with current)

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<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
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<tbody>
<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>Associate Professor</td>
<td>Director of Postdoctoral Endodontics</td>
<td>1997</td>
<td>present</td>
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<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>Clinical Assistant Professor (part time)</td>
<td>Endodontics</td>
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<td>1997</td>
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### CURRENT TEACHING RESPONSIBILITIES

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<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
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</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>ENDO 611 (Clinical Application of the Endodontic Literature)</td>
<td>Postgrad specialty</td>
<td>Didactic 30, Clinic/Laboratory</td>
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<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>ENDO 612 (Orofacial Pain)</td>
<td>Postgrad specialty</td>
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<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>ENDO 615 (Review of Current Endodontic Literature – co-director of seminar)</td>
<td>Postgrad specialty</td>
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<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>ENDO 618 (Teaching, Learning, and Critical Thinking)</td>
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<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>ENDO 620 (Postgrad Endo Clinic)</td>
<td>Postgrad specialty</td>
<td>300 (Clinic Admin) 300</td>
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<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>ENDO 630 (Clinical Conference in Endodontics)</td>
<td>Postgrad specialty</td>
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<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>OSCI 594 (Statistics for Dental Residents)</td>
<td>Postgrad specialty</td>
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</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>ENDO 321 and 331 (course numbers are changing)</td>
<td>Predoc (DDS) lectures</td>
<td>4</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
<td>Administration of Postgrad Endo program, student advising and research</td>
<td>Postgrad specialty</td>
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### HOSPITAL APPOINTMENTS (Begin with current)

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<th>Name of Hospital</th>
<th>City</th>
<th>State</th>
<th>From (Year)</th>
<th>To (Year)</th>
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<tr>
<td>Northwest Community Hospital</td>
<td>Arlington Heights</td>
<td>IL</td>
<td>1984</td>
<td>1998</td>
</tr>
<tr>
<td>Michael Reese Hospital and Medical Center</td>
<td>Chicago</td>
<td>IL</td>
<td>1985</td>
<td>1989</td>
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</table>
MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA

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<thead>
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<th>Name of Organization</th>
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<th>To (Year)</th>
</tr>
</thead>
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<tr>
<td>Commission on Dental Accreditation</td>
<td>Endodontics Site Visit Consultant</td>
<td>2002 and 2009</td>
<td>present</td>
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<tr>
<td>National Board Test Construction Committee (Part II – Endodontics section)</td>
<td>Test construction</td>
<td>2001</td>
<td>2006</td>
</tr>
<tr>
<td>National Board Test Construction Committee (Part II – Component B – Case-based section)</td>
<td>Test construction</td>
<td>2008</td>
<td>2012</td>
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<tr>
<td>Journal of Endodontics</td>
<td>Scientific Advisory Panel and Manuscript Review</td>
<td>2003</td>
<td>present</td>
</tr>
<tr>
<td>Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics</td>
<td>Manuscript review (Endodontics section was eliminated in 2012)</td>
<td>1996</td>
<td>2012</td>
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<tr>
<td>American Association of Endodontists</td>
<td>Evidence-based Endodontics Committee (chair 2009-2011)</td>
<td>2006</td>
<td>2011</td>
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<tr>
<td>American Association of Endodontists</td>
<td>Continuing Education Committee</td>
<td>2003</td>
<td>2006</td>
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<tr>
<td>American Association of Endodontists</td>
<td>Annual Session Planning Committee</td>
<td>2003 and 2014</td>
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<tr>
<td>Illinois Association of Endodontists</td>
<td>President</td>
<td>2002</td>
<td>2003</td>
</tr>
<tr>
<td>Edgar D Coolidge Endodontic Study Club</td>
<td>President</td>
<td>2007</td>
<td>2008</td>
</tr>
<tr>
<td>University of Illinois at Chicago</td>
<td>Member, Institutional Review Board (IRB #1: biomedical)</td>
<td>2011</td>
<td>present</td>
</tr>
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</table>

PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or textbooks, by author(s), title, publication, and date) * = corresponding author

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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<tbody>
<tr>
<td>Johnson BR, Fayad MI</td>
<td>Periradicular Surgery</td>
<td>Pathways of the Pulp, Chapter 22, eds Cohen, Hargreaves, &amp; Berman, 11th ed</td>
<td>In press</td>
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<tr>
<td>Johnson BR, Fayad MI, Witherspoon DE</td>
<td>Periradicular Surgery</td>
<td>Pathways of the Pulp, Chapter 21, eds Cohen &amp; Hargreaves, 10th ed</td>
<td>2011</td>
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<tr>
<td>Johnson BR, Fischer DJ, Epstein JB</td>
<td>Management Considerations for the Medically Complex Endodontic Patient</td>
<td>Ingle’s Endodontics, Chapter 24, eds Ingle, Bakland, &amp; Baumgartner, 6th ed</td>
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Appendix I: Johnson
<table>
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<th>Authors</th>
<th>Title</th>
<th>Journal</th>
<th>Year</th>
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<tr>
<td>Lee RS, Alapati, Johnson BR*</td>
<td>Separation Anxiety: Gates Glidden drills can be hazardous to your health.</td>
<td>Journal of Endodontics</td>
<td>2011</td>
</tr>
<tr>
<td>Johnson BR*</td>
<td>Endodontic Access</td>
<td>General Dentistry</td>
<td>2009</td>
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</table>
Name: Satish B. Alapati

Current Institution: University of Illinois at Chicago, Department of Endodontics

EDUCATIONAL BACKGROUND (Begin with college level)

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<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tr>
<td>Bapuji Dental College and Hospital, INDIA</td>
<td>1996</td>
<td>BDS</td>
<td>Dental Surgery</td>
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<tr>
<td>University of Missouri at Kansas City, Kansas City MO</td>
<td>1998</td>
<td>Cert. GPR</td>
<td>General Practice Residency</td>
</tr>
<tr>
<td>The Ohio State University, Columbus, OH</td>
<td>2003</td>
<td>MS</td>
<td>Materials Science - Dental</td>
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<tr>
<td>The Ohio State University, Columbus, OH</td>
<td>2006</td>
<td>PhD</td>
<td>Oral Biology</td>
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<tr>
<td>University of Illinois at Chicago, Chicago, IL</td>
<td>2011</td>
<td>Cert.Endodontics</td>
<td>Endodontics</td>
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LICENSURE

License (Do not include license number) From (Year) To (Year)

Practice Limited to Endodontics – Faculty License  2011 Present

BOARD CERTIFICATION

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<th>Certifying Organization</th>
<th>Specialty</th>
<th>Date certified</th>
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TEACHING APPOINTMENTS (Begin with current)

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<th>Rank</th>
<th>Subjects/Content Areas Taught/Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
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<tbody>
<tr>
<td>University of Illinois at Chicago, Chicago, IL</td>
<td>Asst. Professor</td>
<td>Endodontics/Director of Endodontics Clinical Operations</td>
<td>2011</td>
<td>Present</td>
</tr>
<tr>
<td>Medical University of South Carolina, Charleston, SC</td>
<td>Asst. Professor</td>
<td>Materials Science//Biomaterials/Dental Materials Consultant</td>
<td>2006</td>
<td>2009</td>
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<tr>
<td>The Ohio State University, Columbus, OH</td>
<td>Asst. Professor</td>
<td>Pre-Clinical Instructor/ Restorative</td>
<td>2006</td>
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CURRENT TEACHING RESPONSIBILITIES

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<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
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<td>University of Illinois at Chicago,</td>
<td>Endo 352</td>
<td>IDDP 2 [Summer]</td>
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Appendix I: Alapati
### University of Illinois at Chicago, Chicago, IL

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<tr>
<td>Endo 353</td>
<td>D4</td>
<td>[Summer/Fall]</td>
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<tr>
<td>Endo 363</td>
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<td>DAOB 331</td>
<td>D3</td>
<td>[Summer]</td>
<td>8</td>
</tr>
<tr>
<td>DAOB 332</td>
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<td>DAOB 333</td>
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### HOSPITAL APPOINTMENTS (Begin with current)

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<th>To (Year)</th>
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### MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA

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<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
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### PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

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<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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</thead>
</table>
Name: Mark C. Baker - Endodontics
Current Institution: UIC COD

EDUCATIONAL BACKGROUND (Begin with college level)

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<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tbody>
<tr>
<td>Tufts University</td>
<td>1970</td>
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<tr>
<td>UIC COD</td>
<td>1977</td>
<td>DDS</td>
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</tr>
<tr>
<td>University of California San Francisco</td>
<td>1978</td>
<td>Certificate</td>
<td>GPR</td>
</tr>
<tr>
<td>UIC COD</td>
<td>1984</td>
<td>Certificate</td>
<td>Endodontics</td>
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LICENSURE

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<td>Illinois</td>
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<td>California</td>
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BOARD CERTIFICATION

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TEACHING APPOINTMENTS (Begin with current)

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<th>Rank</th>
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<th>From (Year)</th>
<th>To (Year)</th>
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<td>Clinical Associate Professor</td>
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CURRENT TEACHING RESPONSIBILITIES

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<th>Course Title</th>
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<td>UIC COD</td>
<td>DAOB 322 Endo Section</td>
<td>Endodontics D2, I1 Didactic</td>
<td>Clinic/Laboratory</td>
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Appendix I: Baker
| UIC COD | Endo 331 | Endo D2, I1 | 1 | - |
| UIC COD | Endo Clinical Liaison Monet Clinic | D2, I1, I2, D3, D4 | - | 15 / week |
| UIC COD | Endo PG Clinic | PG students | - | 25 |
| UIC COD | Small Group Learning | D3 | 2 / week | July-August 2013 |

**HOSPITAL APPOINTMENTS (Begin with current)**

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>City</th>
<th>State</th>
<th>From (Year)</th>
<th>To (Year)</th>
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**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Association of Endodontists</td>
<td>Secretary, Treasurer, VP, President</td>
<td>1995</td>
<td>1998</td>
</tr>
<tr>
<td>DENT-IL-PAC</td>
<td>Director</td>
<td>1996</td>
<td>1997</td>
</tr>
<tr>
<td>CDS/ISDS/ADA</td>
<td>Member</td>
<td>1977</td>
<td>Present</td>
</tr>
<tr>
<td>Coolidge Endodontic Study Club</td>
<td>Member</td>
<td>1984</td>
<td>Present</td>
</tr>
<tr>
<td>American Association of Endodontists</td>
<td>Member</td>
<td>1984</td>
<td>Present</td>
</tr>
<tr>
<td>AAE Scientific Affairs Committee</td>
<td></td>
<td>1996</td>
<td>1998</td>
</tr>
</tbody>
</table>

**PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)**

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
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</table>

2 Appendix I: Baker
Name: MOHAMED I. FAYAD
Current Institution: UNIVERSITY OF ILLINOIS AT CHICAGO, COLLEGE OF DENTISTRY

EDUCATIONAL BACKGROUND (Begin with college level)

<table>
<thead>
<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
</tr>
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<tbody>
<tr>
<td>SCHOOL OF DENTAL MEDICINE, CAIRO UNIVERSITY</td>
<td>1985</td>
<td>DDS</td>
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</tr>
<tr>
<td>UNIVERSITY OF BUFFAL AT NEW YORK</td>
<td>1996</td>
<td>MASTERS IN ORAL SCIENCE</td>
<td>DENTAL LASERS</td>
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<tr>
<td>UNIVERSITY OF ROCHESTER AT NEW YORK</td>
<td>1998</td>
<td>AEGD</td>
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<tr>
<td>UNIVERSITY OF ILLINOIS AT CHICAGO</td>
<td>2000</td>
<td>CERTIFICATE</td>
<td>ENDODONTICS</td>
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LICENSURE

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BOARD CERTIFICATION

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<td>ENDODONTICS</td>
<td>2009</td>
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TEACHING APPOINTMENTS (Begin with current)

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<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
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<tbody>
<tr>
<td>UNIVERSITY OF ILLINOIS AT CHICAGO</td>
<td>ASSISTANT CLINICAL PROF.</td>
<td>ENDODONTICS</td>
<td>2000</td>
<td>PRESENT</td>
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CURRENT TEACHING RESPONSIBILITIES

<table>
<thead>
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<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY OF ILLINOIS AT CHICAGO</td>
<td>CURRENT LITERATURE REVIEW (ENDO 615)</td>
<td>2ND YEAR POST GRADUATE ENDODONTIC RESIDENTS</td>
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<td>Name of Hospital</td>
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<td>From (Year)</td>
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**HOSPITAL APPOINTMENTS (Begin with current)**

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<th>To (Year)</th>
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<td>AMERICAN DENTAL ASSOCIATION</td>
<td>2000</td>
<td>2014</td>
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<tr>
<td>AMERICAN ASSOCIATION OF ENDODONTISTS</td>
<td>2000</td>
<td>2014</td>
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**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA**

<table>
<thead>
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<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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</thead>
</table>

**PUBLISHED WORKS** (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)
Commission on Dental Accreditation  
BioSketch  
Do not attach Curriculum Vitae.  
Print or Type Only

Name: Brett Gilbert  
Current Institution: UIC College of Dentistry

## EDUCATIONAL BACKGROUND (Begin with college level)

<table>
<thead>
<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tr>
<td>University of Maryland, College Park, MD</td>
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<td>B.S.</td>
<td>Biology</td>
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<tr>
<td>University of Maryland, Baltimore, MD</td>
<td>2001</td>
<td>D.D.S.</td>
<td>Dental</td>
</tr>
<tr>
<td>University of Maryland, Baltimore, MD</td>
<td>2003</td>
<td>Endodontics</td>
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## LICENSURE

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<th>To (Year)</th>
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<td>Illinois</td>
<td>2003</td>
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## BOARD CERTIFICATION

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## TEACHING APPOINTMENTS (Begin with current)

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<th>To (Year)</th>
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<td>UIC College of Dentistry</td>
<td></td>
<td>Endodontics</td>
<td>2004</td>
<td>2013</td>
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## CURRENT TEACHING RESPONSIBILITIES

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<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
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<td>UIC College of Dentistry</td>
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<td>Endodontics Post Graduate</td>
<td>Clinic/Laboratory 150</td>
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### HOSPITAL APPOINTMENTS (Begin with current)

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<td>Resurrection Medical Center</td>
<td>Chicago</td>
<td>IL</td>
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<td>2013</td>
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### MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA

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<tbody>
<tr>
<td>Illinois Association of Endodontists</td>
<td>President</td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td>Chicago Dental Society, Northwest Side Branch</td>
<td>President</td>
<td>2013</td>
<td>2014</td>
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### PUBLISHED WORKS

(For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

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<th>Publication</th>
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</table>
Name: Robert Goldberg

Current Institution: UIC-COD-Dept of Endodontics

EDUCATIONAL BACKGROUND (Begin with college level)

<table>
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<th>Name of School, City and State</th>
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<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tr>
<td>Indiana University- Bloomington IN</td>
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<td>Pre-Dental</td>
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<tr>
<td>UIC-College of Dentistry</td>
<td>95,97</td>
<td>BSD, DDS</td>
<td>Dental School</td>
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<tr>
<td>U of Chicago/UIC</td>
<td>98</td>
<td>GPR Certificate</td>
<td>Hospital Dentistry</td>
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<tr>
<td>Nova Southeastern U</td>
<td>2003</td>
<td>Endo Certificate</td>
<td>Endodontics</td>
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LICENSURE

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<td>Dental License in IL</td>
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<td>Specialty License in IL</td>
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BOARD CERTIFICATION

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<tr>
<td>American Board of Endodontics</td>
<td>Endodontics</td>
<td>2008</td>
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TEACHING APPOINTMENTS (Begin with current)

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<thead>
<tr>
<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
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<tbody>
<tr>
<td>University of Illinois at Chicago Chicago, IL</td>
<td>Assoe Prof.</td>
<td>Microscopic Clinical Endodontics</td>
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</tr>
<tr>
<td>Northwestern University</td>
<td>Attending</td>
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<td>2003</td>
<td>2006</td>
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CURRENT TEACHING RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Name of Institution, City, State</th>
<th>Course Title</th>
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<tr>
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| UIC Perf Repair Residents | 5
| UIC Endo Emergencies Dental Students/Residents | 2

**HOSPITAL APPOINTMENTS (Begin with current)**

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<th>Name of Hospital</th>
<th>City</th>
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<th>To (Year)</th>
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<td>Northwestern University Hospital</td>
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<td>2006</td>
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**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA**

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<thead>
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<th>Name of Organization</th>
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<th>To (Year)</th>
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<tr>
<td>Coolidge Endodontic Study Club</td>
<td>President</td>
<td>2013</td>
<td>Present</td>
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<tr>
<td>American Association of Endodontics</td>
<td>Associate Editor of the Journal of Endodontics</td>
<td>2012</td>
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<tr>
<td>American Association of Endodontists</td>
<td>Numerous committee members and Chairs</td>
<td>2001</td>
<td>Present</td>
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**PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)**

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<th>Title</th>
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2 Appendix I: Goldberg
Name: Robert W. Hawkinson, Jr.

Current Institution: University of Illinois College of Dentistry

EDUCATIONAL BACKGROUND (Begin with college level)

<table>
<thead>
<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tbody>
<tr>
<td>Carthage College, Kenosha, WI</td>
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<td>B.S.</td>
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<td>University of Illinois College of Dentistry</td>
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<td>Dentistry</td>
</tr>
<tr>
<td>University of Illinois College of Dentistry</td>
<td>1976</td>
<td>Certificate</td>
<td>Endodontics</td>
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<tr>
<td>University of Illinois Graduate College</td>
<td>1980</td>
<td>M.S.</td>
<td>Histology</td>
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LICENSURE

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<td>State of Illinois</td>
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BOARD CERTIFICATION

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<tbody>
<tr>
<td>American Board of Endodontics</td>
<td>Endodontics</td>
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TEACHING APPOINTMENTS (Begin with current)

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<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
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<th>To (Year)</th>
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<tbody>
<tr>
<td>University of Illinois</td>
<td>Assistant Professor</td>
<td>Clinical Instruction, Endodontic Biology, Post Graduate Admissions Committee</td>
<td>1976</td>
<td>present</td>
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CURRENT TEACHING RESPONSIBILITIES

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<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
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<tbody>
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<td>Biology of the Pulp and Periapical Tissues</td>
<td>Endodontics Post Graduate Year 1</td>
<td>Didactic 20 Clinic/Laboratory 140</td>
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## HOSPITAL APPOINTMENTS (Begin with current)

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## MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA

<table>
<thead>
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<th>To (Year)</th>
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<tbody>
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<tr>
<td>American Association of Endodontists</td>
<td></td>
<td>1974</td>
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<td>Illinois Association of Endodontists</td>
<td>President</td>
<td>1995</td>
<td>1996</td>
</tr>
<tr>
<td>E.D. Coolidge Endodontic Study Club</td>
<td>President</td>
<td>2003</td>
<td>2004</td>
</tr>
<tr>
<td>Motorcycling Doctors Association</td>
<td>President</td>
<td>2006</td>
<td>2008</td>
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</table>

## PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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</tbody>
</table>
Name: Ronald M. Milnarik
Current Institution: University of Illinois at Chicago College of Dentistry, Department of Endodontics

EDUCATIONAL BACKGROUND (Begin with college level)

<table>
<thead>
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<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<td>B.S.D.</td>
<td>Dentistry</td>
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<tr>
<td>University of Illinois at the Medical Center, Chicago IL</td>
<td>1967</td>
<td>D.D.S.</td>
<td>Dentistry</td>
</tr>
<tr>
<td>University of Arkansas, Fayetteville AK</td>
<td>1972</td>
<td>M.A. (International Relations)</td>
<td>International Relations</td>
</tr>
<tr>
<td>Loyola University, Chicago IL</td>
<td>1977</td>
<td>M.S. (Oral Biology)</td>
<td>Oral Biology</td>
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LICENSURE

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<th>From (Year)</th>
<th>To (Year)</th>
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<tbody>
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<td>Illinois General Dentist</td>
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<td>Endodontic Specialist</td>
<td>1975</td>
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<td>Controlled Substance</td>
<td>2012</td>
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BOARD CERTIFICATION

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TEACHING APPOINTMENTS (Begin with current)

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<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
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<tbody>
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<td>Clinical Assistant Professor</td>
<td>Endodontic Undergraduate and Postgraduate, Endodontic Liaison to Rembrandt Group Practice</td>
<td>2001</td>
<td>present</td>
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<tr>
<td>Northwestern University School of Dentistry</td>
<td>Clinical Assistant Professor</td>
<td>Endodontic Undergraduate</td>
<td>1997</td>
<td>2001</td>
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<tr>
<td>Washington University School of Dental Medicine, St Louis MO</td>
<td>Instructor</td>
<td>Endodontics</td>
<td>1987</td>
<td>1990</td>
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<td>Loyola University School of Dentistry</td>
<td>Clinical Instructor</td>
<td>Endodontics</td>
<td>1974</td>
<td>1975</td>
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<tr>
<td>Name of Institution, City, State</td>
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<td>Total Contact Hours Per Year</td>
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<tr>
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</tr>
<tr>
<td>Wright-Patterson Air Force Base, OH</td>
<td>Instructor</td>
<td>Advanced Education in General Dentistry Residency, Endodontics</td>
<td>1995 1997</td>
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<tr>
<td>Scott Air Force Base, IL</td>
<td>Instructor</td>
<td>Dental General Practice Residency, Endodontics</td>
<td>1986 1991</td>
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</tr>
<tr>
<td>Chanute Air Force Base, IL</td>
<td>Instructor</td>
<td>Dental General Practice Residency, Endodontics</td>
<td>1980 1986</td>
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<tr>
<td>Chanute Air Force Base, IL</td>
<td>Director</td>
<td>Dental General Practice Residency</td>
<td>1985 1986</td>
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</tr>
<tr>
<td>Chanute Air Force Base, IL</td>
<td>Director</td>
<td>Dental General Practice Residency</td>
<td>1982 1984</td>
<td></td>
</tr>
<tr>
<td>March Air Force Base, IL</td>
<td>Instructor</td>
<td>Dental General Practice Residency, Endodontics</td>
<td>1975 1977</td>
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</table>

**CURRENT TEACHING RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago College of Dentistry</td>
<td>Endodontic Clinic</td>
<td>Endodontics D2, D3, D4</td>
<td>30 560</td>
</tr>
<tr>
<td>University of Illinois at Chicago College of Dentistry</td>
<td>Clinicopathologic Conference in Endodontics, Endodontic Clinic</td>
<td>Endodontics PG1, PG2</td>
<td>28 25</td>
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**HOSPITAL APPOINTMENTS (Begin with current)**

<table>
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**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
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</thead>
<tbody>
<tr>
<td>American Dental Association</td>
<td>Member</td>
<td>1967</td>
<td>Present</td>
</tr>
<tr>
<td>Chicago Dental Society</td>
<td>Member</td>
<td>1997</td>
<td>Present</td>
</tr>
<tr>
<td>American Association of Endodontists</td>
<td>Member</td>
<td>1975</td>
<td>Present</td>
</tr>
<tr>
<td>Illinois Association of Endodontists</td>
<td>Member</td>
<td>1997</td>
<td>Present</td>
</tr>
<tr>
<td>Illinois State Dental Society</td>
<td>Member</td>
<td>1997</td>
<td>Present</td>
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2 Appendix I: Milnarik
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<thead>
<tr>
<th>Organization</th>
<th>Position</th>
<th>Start Year</th>
<th>End Year</th>
</tr>
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<tbody>
<tr>
<td>Edgar D. Coolidge Endodontic Study Club, Chicago IL</td>
<td>Member</td>
<td>1981</td>
<td>Present</td>
</tr>
<tr>
<td>American Dental Education Association</td>
<td>Member</td>
<td>2001</td>
<td>Present</td>
</tr>
<tr>
<td>Odontographic Society, Chicago IL</td>
<td>Member</td>
<td>2005</td>
<td>Present</td>
</tr>
<tr>
<td>Omicron Kappa Upsilon, Sigma Chapter</td>
<td>Faculty Member</td>
<td>2007</td>
<td>present</td>
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**PUBLISHED WORKS** (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>none</td>
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</tr>
</tbody>
</table>
Name: Charles R. Neach

Current Institution: University of Illinois at Chicago

### EDUCATIONAL BACKGROUND (Begin with college level)

<table>
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<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tbody>
<tr>
<td>University of Maryland College Park, MD</td>
<td>1967</td>
<td>BS</td>
<td>Pre-dental</td>
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<td>University of Maryland School of Dentistry</td>
<td>1970</td>
<td>DDS</td>
<td>Dentistry</td>
</tr>
<tr>
<td>Loyola University School of Dentistry</td>
<td>1982</td>
<td>MS</td>
<td>Endodontics</td>
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### LICENSURE

<table>
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<th>To (Year)</th>
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<td>Dentist</td>
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<td>Endodontist</td>
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### BOARD CERTIFICATION

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<th>Date certified</th>
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### TEACHING APPOINTMENTS (Begin with current)

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<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loyola University School of Dentistry</td>
<td>Clinical Associate professor</td>
<td>Clinical Endodontics</td>
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<td>1993</td>
</tr>
<tr>
<td>UIC College of Dentistry</td>
<td>Clinical Associate Professor</td>
<td>Clinical Endodontics</td>
<td>1999</td>
<td>current</td>
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### CURRENT TEACHING RESPONSIBILITIES

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<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
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</thead>
<tbody>
<tr>
<td>UIC College of Dentistry</td>
<td>Endodontics</td>
<td>D2, D3, D4</td>
<td>Didactic</td>
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</table>
### Hospital Appointments (Begin with current)

<table>
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<th>Name of Hospital</th>
<th>City</th>
<th>State</th>
<th>From (Year)</th>
<th>To (Year)</th>
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</thead>
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### Membership, Offices or Appointments Held in Local, State or National Dental or Allied Dental Organizations, Including Appointments to State Boards of Dentistry and CODA

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
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</thead>
<tbody>
<tr>
<td>ADA</td>
<td>Member</td>
<td>1970</td>
<td>current</td>
</tr>
<tr>
<td>Illinois State Dental Society</td>
<td>Member</td>
<td>1973</td>
<td>current</td>
</tr>
<tr>
<td>Chicago Dental Society</td>
<td>Member</td>
<td>1973</td>
<td>current</td>
</tr>
<tr>
<td>AAE</td>
<td>Member</td>
<td>1973</td>
<td>current</td>
</tr>
<tr>
<td>Illinois Association of Endodontics</td>
<td>Secretary &amp; member</td>
<td>1985</td>
<td>current</td>
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</table>

### Published Works (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>
Name: Martin J Rogers
Current Institution: University of Illinois at Chicago

### EDUCATIONAL BACKGROUND (Begin with college level)

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<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tbody>
<tr>
<td>Loyola University</td>
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<td>B.S.</td>
<td>Biology</td>
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<tr>
<td>University of Illinois at Chicago</td>
<td>1992</td>
<td>D.D.S.</td>
<td>Dentistry</td>
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<tr>
<td>Illinois Masonic Hospital</td>
<td>1992-4</td>
<td>Certificate</td>
<td>GPR</td>
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<tr>
<td>University of Illinois at Chicago</td>
<td>1996</td>
<td>Certificate</td>
<td>Endodontics</td>
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### LICENSURE

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<th>To (Year)</th>
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<td>N.E.R.B. - Dental License</td>
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<td>Present</td>
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<tr>
<td>N.E.R.B. - Specialty license in Endodontics</td>
<td>1996</td>
<td>Present</td>
</tr>
<tr>
<td>N.E.R.B.- Class B sedation permit</td>
<td>1996</td>
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### BOARD CERTIFICATION

<table>
<thead>
<tr>
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<th>Specialty</th>
<th>Date certified</th>
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### TEACHING APPOINTMENTS (Begin with current)

<table>
<thead>
<tr>
<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago</td>
<td>Ass. Clinical Professor</td>
<td>Endodontics, postgrad and undergrad</td>
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<td>present</td>
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</table>
### CURRENT TEACHING RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago</td>
<td>Endo 619</td>
<td>Postgraduate PGY1 Didactic 30</td>
<td>Clinic/Laboratory 9</td>
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<tr>
<td>University of Illinois at Chicago</td>
<td>D2</td>
<td></td>
<td>30</td>
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<tr>
<td>University of Illinois at Chicago</td>
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### HOSPITAL APPOINTMENTS (Begin with current)

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<tr>
<th>Name of Hospital</th>
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<th>State</th>
<th>From (Year)</th>
<th>To (Year)</th>
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<tbody>
<tr>
<td>Illinois Masonic Medical Center</td>
<td>Chicago</td>
<td>IL</td>
<td>1997</td>
<td>1999</td>
</tr>
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### MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Association of Endodontists</td>
<td>Membership Services Committee</td>
<td>2000</td>
<td>2003</td>
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<td>American Association of Endodontists</td>
<td>Dental Benefits Committee</td>
<td>2003</td>
<td>2006</td>
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<tr>
<td>Illinois Association of Endodontists</td>
<td>President</td>
<td>2006</td>
<td>2007</td>
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<tr>
<td>American Association of Endodontists</td>
<td>Clinical Practice Committee</td>
<td>2007</td>
<td>2010</td>
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<tr>
<td>American Association of Endodontists</td>
<td>Chair: Clinical Practice Committee</td>
<td>2009</td>
<td>2010</td>
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<tr>
<td>American Association of Endodontists</td>
<td>Subcommittee for treatment options for the compromised tooth guide</td>
<td>2009</td>
<td>2010</td>
</tr>
<tr>
<td>American Association of Endodontists</td>
<td>Professional and Public Relations Committee</td>
<td>2011</td>
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<tr>
<td>Edgar D. Coolidge Endodontic study club</td>
<td>Dinner Chair</td>
<td>2012</td>
<td>2013</td>
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<tr>
<td>Illinois State Dental Society</td>
<td>Member</td>
<td>1992</td>
<td>Present</td>
</tr>
<tr>
<td>American Association of Endodontists</td>
<td>Member</td>
<td>1995</td>
<td>Present</td>
</tr>
<tr>
<td>Chicago Dental Society</td>
<td>Member</td>
<td>1996</td>
<td>Present</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title</td>
<td>Publication</td>
<td>Date</td>
</tr>
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</table>
# Commission on Dental Accreditation

## BioSketch

**Do not attach Curriculum Vitae.**

**Print or Type Only**

| Name: | Stephen M. Weeks, DDS |
| Current Institution: | University of Illinois at Chicago College of Dentistry |

## Educational Background (Begin with college level)

<table>
<thead>
<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
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<tbody>
<tr>
<td>Rockford College, Rockford, IL</td>
<td>1973</td>
<td>BA</td>
<td>Chemistry</td>
</tr>
<tr>
<td>Evanston Hospital School of Medical Technology, Evanston, IL</td>
<td>1978</td>
<td>(Cert) MT (ASCP)</td>
<td>Lab Medicine</td>
</tr>
<tr>
<td>UIC College of Dentistry, Chicago, IL</td>
<td>1987 - 1989</td>
<td>BS (Dentistry)</td>
<td>Dentistry</td>
</tr>
<tr>
<td>UIC College of Dentistry, Chicago, IL</td>
<td>1994</td>
<td>(Cert) ENDO</td>
<td>Endodontics</td>
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## Licensure

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<th>To (Year)</th>
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<tbody>
<tr>
<td>Dentist</td>
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<td>2013</td>
</tr>
<tr>
<td>Dental Specialist (Endodontics)</td>
<td>1995</td>
<td>2013</td>
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## Board Certification

<table>
<thead>
<tr>
<th>Certifying Organization</th>
<th>Specialty</th>
<th>Date certified</th>
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</thead>
</table>

## Teaching Appointments (Begin with current)

<table>
<thead>
<tr>
<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UIC College of Dentistry, Chicago, IL</td>
<td>Clinical Assistant Professor</td>
<td>Endodontics (clinical and lecture, pre-doctoral and post-doctoral)</td>
<td>1994</td>
<td>2013</td>
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## Current Teaching Responsibilities

<table>
<thead>
<tr>
<th>Name of Institution, City, State</th>
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<th>Total Contact Hours Per Year</th>
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<tbody>
<tr>
<td></td>
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<td>Didactic</td>
<td>Clinic/Laboratory</td>
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<tr>
<td>UIC College of Dentistry, Chicago, IL</td>
<td>ENDO 620</td>
<td>Post-doctoral Endo Clinic</td>
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<td>Post-doctoral (Endo &amp;</td>
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Appendix I: Weeks
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Students</th>
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<tr>
<td>ENDO 613</td>
<td>Prosthodontics</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>ENDO 321</td>
<td>Pre-clinical Endodontics</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>UIC College of Dentistry, Chicago, IL</td>
<td>ENDO 331 (formerly)</td>
<td>Clinical Endodontics; second-year pre-doctoral students</td>
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<tr>
<td>UIC College of Dentistry, Chicago, IL</td>
<td>ENDO 352 (formerly)</td>
<td>Clinical Endodontics; third-year pre-doctoral students</td>
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<tr>
<td></td>
<td>ENDO 353 (formerly)</td>
<td>Clinical Endodontics; fourth-year pre-doctoral students</td>
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**HOSPITAL APPOINTMENTS (Begin with current)**

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<th>From (Year)</th>
<th>To (Year)</th>
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</table>

**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Dental Association</td>
<td>Member</td>
<td>1989</td>
<td>2013</td>
</tr>
<tr>
<td>Chicago Dental Society</td>
<td>Member</td>
<td>1989</td>
<td>2013</td>
</tr>
<tr>
<td>American Association of Endodontists</td>
<td>Specialist Member</td>
<td>1994</td>
<td>2013</td>
</tr>
</tbody>
</table>

**PUBLISHED WORKS** (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
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</thead>
<tbody>
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</table>

Appendix I: Weeks
Name: Christopher S. Wenckus
Current Institution: University of Illinois at Chicago, College of Dentistry

EDUCATIONAL BACKGROUND (Begin with college level)

<table>
<thead>
<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripon College, Ripon, Wisconsin</td>
<td>1967</td>
<td>BA</td>
<td>Mathematics</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry</td>
<td>1969</td>
<td>BS</td>
<td>Basic Science</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry</td>
<td>1971</td>
<td>DDS</td>
<td>Dentistry</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry</td>
<td>1974</td>
<td>Specialty Certificate</td>
<td>Endodontics</td>
</tr>
</tbody>
</table>

LICENSURE

<table>
<thead>
<tr>
<th>License (Do not include license number)</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Illinois: General Dental, Endodontic Specialty, Controlled substance</td>
<td>1971</td>
<td>2013</td>
</tr>
</tbody>
</table>

BOARD CERTIFICATION

<table>
<thead>
<tr>
<th>Certifying Organization</th>
<th>Specialty</th>
<th>Date certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Endodontics</td>
<td>Endodontics</td>
<td>1987</td>
</tr>
</tbody>
</table>

TEACHING APPOINTMENTS (Begin with current)

<table>
<thead>
<tr>
<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago, College of Dentistry</td>
<td>Associate Professor</td>
<td>Department Head</td>
<td>1999</td>
<td>2013</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry</td>
<td>Assistant Clinical Professor</td>
<td>Pre-doc and Post Grad teaching</td>
<td>1974</td>
<td>1999</td>
</tr>
</tbody>
</table>

CURRENT TEACHING RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago, College of Dentistry</td>
<td>Formerly Endo 321, Pre-patient care course</td>
<td>D2 students</td>
<td>Didactic 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinic/Laboratory 0</td>
</tr>
<tr>
<td>University of Illinois at Chicago, College of Dentistry</td>
<td>Formerly Endo 331, Clinical Lecture</td>
<td>D2</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Name of Hospital</td>
<td>City</td>
<td>State</td>
<td>From (Year)</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>Rush Presbyterian St. Lukes</td>
<td>Chicago</td>
<td>IL</td>
<td>1971</td>
</tr>
</tbody>
</table>

**HOSPITAL APPOINTMENTS (Begin with current)**

**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Diplomates of the American Board of Endodontics</td>
<td>President</td>
<td>2012</td>
<td>2013</td>
</tr>
<tr>
<td>CODA</td>
<td>Chair, Endodontic Review Committee; Commissioner</td>
<td>2009</td>
<td>2012</td>
</tr>
<tr>
<td>American Board of Endodontics</td>
<td>Editor of <em>The Diplomate</em>; Director</td>
<td>2002</td>
<td>2008</td>
</tr>
<tr>
<td>American Board of Endodontics</td>
<td>Treasurer</td>
<td>2007</td>
<td>2008</td>
</tr>
<tr>
<td>American Association of Endodontists</td>
<td>Board of Directors</td>
<td>1994</td>
<td>1997</td>
</tr>
<tr>
<td>Illinois Association of Endodontists</td>
<td>President</td>
<td>1991</td>
<td>1992</td>
</tr>
</tbody>
</table>

**PUBLISHED WORKS** (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>None as principle author</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Commission on Dental Accreditation
BioSketch
Do not attach Curriculum Vitae.
Print or Type Only

Name: Qian Xie
Current Institution: University of Illinois at Chicago

EDUCATIONAL BACKGROUND (Begin with college level)

<table>
<thead>
<tr>
<th>Name of School, City and State</th>
<th>Yr of Grad.</th>
<th>Certificate or Degree</th>
<th>Area of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sichuan University</td>
<td>2000</td>
<td>BDS</td>
<td>Dentistry</td>
</tr>
<tr>
<td>Sichuan University</td>
<td>2002</td>
<td>MS</td>
<td>Dentistry</td>
</tr>
<tr>
<td>Sichuan University</td>
<td>2005</td>
<td>Ph.D</td>
<td>Dentistry</td>
</tr>
<tr>
<td>University of Illinois at Chicago</td>
<td>2011</td>
<td>Certificate</td>
<td>Endodontics</td>
</tr>
</tbody>
</table>

LICENSURE

<table>
<thead>
<tr>
<th>License (Do not include license number)</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>2011</td>
<td>now</td>
</tr>
<tr>
<td>Endodontist</td>
<td>2011</td>
<td>now</td>
</tr>
</tbody>
</table>

BOARD CERTIFICATION

TEACHING APPOINTMENTS (Begin with current)

<table>
<thead>
<tr>
<th>Name of Institution, City and State</th>
<th>Rank</th>
<th>Subjects/Content Areas Taught/ Administrative Responsibilities</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago</td>
<td></td>
<td>Endodontics</td>
<td>2011</td>
<td>now</td>
</tr>
</tbody>
</table>

CURRENT TEACHING RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Name of Institution, City, State</th>
<th>Course Title</th>
<th>Discipline and Level of Students (Year)</th>
<th>Total Contact Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago</td>
<td>Endodontics</td>
<td>D3, D4</td>
<td>Didactic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinic/Laboratory</td>
</tr>
</tbody>
</table>
**HOSPITAL APPOINTMENTS (Begin with current)**

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>City</th>
<th>State</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Title</th>
<th>From (Year)</th>
<th>To (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IADR</td>
<td>Member</td>
<td>2005</td>
<td>now</td>
</tr>
<tr>
<td>AAE</td>
<td>Member</td>
<td>2009</td>
<td>now</td>
</tr>
</tbody>
</table>

**PUBLISHED WORKS** (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publication</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.M. Adair and Qian Xie.</td>
<td>Antibacterial and Probiotic Approaches to Caries Management</td>
<td>Advances in Dental Research</td>
<td>Jan, 2009</td>
</tr>
</tbody>
</table>
## PG Endodontics Clinic Coverage Schedule: August 2013

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-5 AM Wiersema</td>
<td>8-6 AM Lindauer</td>
<td>8-7 AM Baker</td>
<td>8-8 AM Neach</td>
<td>8-9 AM Wenckus</td>
</tr>
<tr>
<td>PM Wiersema</td>
<td>PM Lindauer</td>
<td>PM Goldberg/Johnson</td>
<td>PM Johnson</td>
<td>PM Rogers</td>
</tr>
<tr>
<td>8-12 AM Fayad</td>
<td>8-13 AM Johnson</td>
<td>8-14 AM Baker</td>
<td>8-15 AM Gilbert</td>
<td>8-16 AM Rogers</td>
</tr>
<tr>
<td>PM Flowers</td>
<td>PM Baker</td>
<td>PM Johnson</td>
<td>PM Neach</td>
<td>PM Rogers</td>
</tr>
<tr>
<td>8-19 AM Fayad</td>
<td>8-20 AM Milnarik</td>
<td>8-21 AM Goldberg</td>
<td>8-22 AM Neach</td>
<td>8-23 AM Alapati</td>
</tr>
<tr>
<td>PM Johnson</td>
<td>PM Baker</td>
<td>PM Goldberg/Johnson</td>
<td>PM Johnson</td>
<td>PM Wenckus</td>
</tr>
<tr>
<td>8-26 AM Johnson</td>
<td>8-27 AM Weeks</td>
<td>8-28 AM Goldberg</td>
<td>8-29 AM Gilbert</td>
<td>8-30 AM Rogers</td>
</tr>
<tr>
<td>PM Flowers</td>
<td>PM Baker</td>
<td>PM Goldberg/Johnson</td>
<td>PM Neach</td>
<td>PM Rogers</td>
</tr>
<tr>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
<td>Friday</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
<td>-----------</td>
<td>----------</td>
<td>--------</td>
</tr>
<tr>
<td>10-1 AM Lindauer</td>
<td>10-2 AM Goldberg</td>
<td>10-3 AM Gilbert</td>
<td>10-4 AM Wenckus</td>
<td></td>
</tr>
<tr>
<td>PM Lindauer</td>
<td>PM Goldberg/Johnson</td>
<td>PM Mintz</td>
<td>PM Alapati</td>
<td></td>
</tr>
<tr>
<td>10-7 AM Miller</td>
<td>10-8 AM Johnson</td>
<td>10-9 AM Goldberg</td>
<td>10-10 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>PM Miller</td>
<td>PM Hawkins</td>
<td>PM Goldberg/Johnson</td>
<td>PM Neach</td>
<td></td>
</tr>
<tr>
<td>10-14 AM Johnson</td>
<td>10-15 AM Weeks</td>
<td>10-16 AM CLINIC CLOSED (ALL DAY COOLIDGE CLUB MEETING)</td>
<td>10-17 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>PM Fayad</td>
<td>PM Hawkins</td>
<td></td>
<td>PM Mintz</td>
<td></td>
</tr>
<tr>
<td>10-21 AM Johnson</td>
<td>10-22 AM Hawkins</td>
<td>10-23 AM Goldberg</td>
<td>10-24 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>PM Fayad</td>
<td>PM Hawkins</td>
<td>PM Goldberg/Johnson</td>
<td>PM Neach</td>
<td></td>
</tr>
<tr>
<td>10-28 AM Johnson</td>
<td>10-29 AM Hawkins</td>
<td>10-30 AM Goldberg</td>
<td>10-31 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>PM Fayad</td>
<td>PM Hawkins</td>
<td>PM Goldberg/Johnson</td>
<td>PM Mintz</td>
<td></td>
</tr>
</tbody>
</table>
# PG Endodontics Clinic Coverage Schedule: January 2013

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1</td>
<td>1-2</td>
<td>1-3</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>New Years Day –</td>
<td>AM Goldberg</td>
<td>AM Gilbert</td>
<td>AM Wenckus</td>
<td></td>
</tr>
<tr>
<td>CLINIC CLOSED</td>
<td>PM Goldberg/Johnson</td>
<td>PM Mintz</td>
<td>PM Alapati</td>
<td></td>
</tr>
<tr>
<td>1-7 AM Barss</td>
<td>1-8 AM Lindauer</td>
<td>1-9 AM Goldberg</td>
<td>1-10 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>PM Barss</td>
<td>PM Lindauer</td>
<td>PM Goldberg/Johnson</td>
<td>PM Neach</td>
<td></td>
</tr>
<tr>
<td>1-14 AM Johnson</td>
<td>1-15 AM Johnson</td>
<td>1-16 AM Goldberg</td>
<td>1-17 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>PM Flowers</td>
<td>PM Weeks</td>
<td>PM Goldberg/Johnson</td>
<td>PM Mintz</td>
<td></td>
</tr>
<tr>
<td>1-21 ML King Day –</td>
<td>1-22 AM Johnson</td>
<td>1-23 AM Goldberg</td>
<td>1-24 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>CLINIC CLOSED</td>
<td>PM Weeks</td>
<td>PM Goldberg/Johnson</td>
<td>PM Neach</td>
<td></td>
</tr>
<tr>
<td>1-28 AM Johnson</td>
<td>1-29 AM Johnson</td>
<td>1-30 AM Goldberg</td>
<td>1-31 AM Gilbert</td>
<td></td>
</tr>
<tr>
<td>PM Flowers</td>
<td>PM Weeks</td>
<td>PM Goldberg/Johnson</td>
<td>PM Mintz</td>
<td></td>
</tr>
</tbody>
</table>
Postgraduate Endodontics (version 10.2.2009)
Annual Faculty Review

Faculty: _____________________________
Reviewer (postgrad program director): __________________________
Date: ______________________________
Copy given to faculty and reviewed: __________________________

PG Seminar(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Clinic supervision:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Research advising:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other (co-author of publications with postgrads, invited presentations, etc):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Plan and goals for next year:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Name of Faculty: ___________________________ Date: ____________

**Directions:** Circle the rating on the scale that best reflects your judgment of the teaching abilities of the faculty identified above. Please use the rating scale as follows:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Excellent</td>
</tr>
<tr>
<td>4</td>
<td>Commendable</td>
</tr>
<tr>
<td>3</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>2</td>
<td>Fair</td>
</tr>
<tr>
<td>1</td>
<td>Poor</td>
</tr>
</tbody>
</table>

**Subject Knowledge and Analytical Skills** 5 4 3 2 1 NA
Faculty demonstrates subject area knowledge; emphasizes and encourages conceptual understanding and problem-solving rather than just factual recall.
*Comments:*

**Clinical Skills** 5 4 3 2 1 NA
Willingly demonstrates clinical skills as needed.
*Comments:*

**Effectiveness as seminar course director** 5 4 3 2 1 NA
Presents clear course objectives and facilitates learning
*Comments:*

**Research advising** 5 4 3 2 1 NA
Effectively facilitated design and execution of resident research project
*Comments:*

**Provides Direction/Feedback** 5 4 3 2 1 NA
Provides timely feedback, clearly communicates progress made or needed
*Comments:*

**Interpersonal Skills** 5 4 3 2 1 NA
Communication skills, cooperation, empathy, teamwork, sense of humor, care of others.
*Comments:*

**Attendance and Reliability** 5 4 3 2 1 NA
*Comments:*

**Overall Effectiveness** 5 4 3 2 1 NA
Teaching skills/Commitment.
*Comments:*
Exhibit 4

FACILITIES AND RESOURCES

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraoral radiographic facilities (CBCT)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study areas</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conference rooms</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dental recovery area</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sterilization capabilities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoclave</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ethylene oxide</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dry heat</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Emergency drugs</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency equipment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen under pressure</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Resuscitative equipment</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Distance Education Resources (videoconferencing equipment, etc.)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Exhibit 5

SUPPORT STAFF

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>ENDODONTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced specialty education</td>
<td>4</td>
</tr>
<tr>
<td>Number of Positions</td>
<td></td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>150</td>
</tr>
<tr>
<td>Dental Hygiene</td>
<td>NA</td>
</tr>
<tr>
<td>Number of Positions</td>
<td></td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td></td>
</tr>
<tr>
<td>Secretarial/ Clerical (clinic fiscal clerk)</td>
<td>1</td>
</tr>
<tr>
<td>Number of Positions</td>
<td></td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>40</td>
</tr>
<tr>
<td>Other (please describe) Assistant to the Department Head</td>
<td>1</td>
</tr>
<tr>
<td>Number of Positions</td>
<td></td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>40</td>
</tr>
</tbody>
</table>
### Exhibit 6

**Students’/Residents’ Total Program Time**

Indicate the percentage of the students’/residents’ total program time devoted to:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>didactics</td>
<td>27%</td>
</tr>
<tr>
<td>clinical activities</td>
<td>55%</td>
</tr>
<tr>
<td>research activities</td>
<td>10%</td>
</tr>
<tr>
<td>teaching</td>
<td>8%</td>
</tr>
<tr>
<td>other (specify)</td>
<td>%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Appendix N: Exhibit 6
<table>
<thead>
<tr>
<th>Term</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall PG1</td>
<td>ENDO 600</td>
<td>Postgrad Endodontic Technique (Weeks): course meets all day for 3 weeks, from 8-6-2012 to 8-24-2012</td>
<td>3</td>
</tr>
<tr>
<td>Fall PG1</td>
<td>ENDO 610</td>
<td>Advanced Clinical Endodontics (Classic Lit) (Wenckus)</td>
<td>2</td>
</tr>
<tr>
<td>Fall PG1</td>
<td>ENDO 613</td>
<td>Pharmacology for the Dental Specialist (Weeks)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG1</td>
<td>ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
<td>5</td>
</tr>
<tr>
<td>Fall PG1</td>
<td>ENDO 630</td>
<td>Clinical Conference (Milnarik)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG1</td>
<td>ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG1</td>
<td>OSCI 580/581</td>
<td>Advanced Oral Sciences I &amp; II (alternate years)</td>
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<tr>
<td>Fall PG1</td>
<td>OSCI 451</td>
<td>Research Methodology</td>
<td>1</td>
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<tr>
<td>Fall PG1</td>
<td>OSCI 594</td>
<td>Statistics for Dental Residents (Johnson participates as an instructor, but is not course director)</td>
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<tr>
<td>Fall PG1</td>
<td>ENDO 694</td>
<td>Special Topics – Instrumentation and Biomechanics (Alapati)</td>
<td>1</td>
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<tr>
<td>Spring PG1</td>
<td>ENDO 619</td>
<td>Endodontic Surgery (Rogers)</td>
<td>1</td>
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<tr>
<td>Spring PG1</td>
<td>ENDO 614</td>
<td>Pulp Biology (Hawkinson)</td>
<td>2</td>
</tr>
<tr>
<td>Spring PG1</td>
<td>ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
<td>5</td>
</tr>
<tr>
<td>Spring PG1</td>
<td>ENDO 630</td>
<td>Clinical Conference (Milnarik)</td>
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</tr>
<tr>
<td>Spring PG1</td>
<td>ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
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<tr>
<td>Spring PG1</td>
<td>ANAT 544</td>
<td>Advanced Head &amp; Neck Anatomy</td>
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<td>Spring PG1</td>
<td>OMDS 615</td>
<td>Anesthesia and Pain Control</td>
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<tr>
<td>Spring PG1</td>
<td>ENDO 694</td>
<td>Special Topics – Endodontic Biomaterials (Alapati)</td>
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<tr>
<td>Summer PG2</td>
<td>ENDO 611</td>
<td>Clinical Applications of the Endodontic Lit (Johnson)</td>
<td>2</td>
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<tr>
<td>Summer PG2</td>
<td>ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
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<tr>
<td>Summer PG2</td>
<td>ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
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<tr>
<td>Summer PG2</td>
<td>OMDS 617</td>
<td>Radiology for the Dental Specialist</td>
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<tr>
<td>Summer PG2</td>
<td>ENDO 694</td>
<td>Special Topics – Regenerative Endodontics: Cell &amp; Tissue Engineering (Alapati)</td>
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<tr>
<td>Fall PG2</td>
<td>ENDO 612</td>
<td>Orofacial Pain (Johnson)</td>
<td>2</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>ENDO 618</td>
<td>Teaching, Learning, &amp; Critical Thinking (Johnson)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
<td>5</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>ENDO 630</td>
<td>Clinical Conference (Milnarik)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>PROS 613</td>
<td>Interdisciplinary treatment planning seminar (Knoernschild)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>PROS 628</td>
<td>Implantology (Knoernschild)</td>
<td>2</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>OMDS 501</td>
<td>Advanced Oral Pathology</td>
<td>2</td>
</tr>
<tr>
<td>Fall PG2</td>
<td>OMDS 623</td>
<td>TM Disorders (Greene)</td>
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<td>Course Code</td>
<td>Course Name</td>
<td>Credits</td>
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<td>OSCI 580/581</td>
<td>Advanced Oral Sciences I &amp; II (alternate years)</td>
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<tr>
<td>Spring PG2</td>
<td>ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
<td>7</td>
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<tr>
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<td>ENDO 630</td>
<td>Clinical Conference (Milnarik)</td>
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<tr>
<td>Spring PG2</td>
<td>ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
<td>2</td>
</tr>
<tr>
<td>Spring PG2</td>
<td>ENDO 617</td>
<td>ABE Review (Wenckus)</td>
<td>1</td>
</tr>
<tr>
<td>Spring PG2</td>
<td>ENDO 615</td>
<td>Current Lit (Fayad and Johnson)</td>
<td>2</td>
</tr>
</tbody>
</table>
Postgraduate Endodontics Schedule
(ENO 600 begins 8-5-2013; all other classes begin 8-26-2013)

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td></td>
<td>8:00-9:00</td>
<td>ENDO-613 Pharmacol (Weeks)</td>
<td>8:00-9:00</td>
<td>ENDO-694 Instruments &amp; Biomech (Alapati)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-12: ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic (or technique course)</td>
</tr>
<tr>
<td>9AM</td>
<td>9-12: ENDO-620 Clinic</td>
<td>9-12: ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic</td>
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<tr>
<td>10AM</td>
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<tr>
<td>11AM</td>
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<tr>
<td>Noon to 1:30PM</td>
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<td></td>
<td></td>
<td>12:30-1:30 ENDO-630 Clin Conf (Milnarik)</td>
<td></td>
</tr>
<tr>
<td>1:30PM</td>
<td>1:30-4:30 ENDO-620 Clinic</td>
<td>1:30-4:30 ENDO-620 Clinic</td>
<td>1:30-4:30 ENDO-610 Adv Endo Lit Review</td>
<td>1:30-4:30 ENDO-620 Clinic</td>
<td>1:30-4:30 ENDO-620 Clinic (or technique course)</td>
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<tr>
<td>2:30PM</td>
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<tr>
<td>3:30PM</td>
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<tr>
<td>5:30PM</td>
<td>(Adami)</td>
<td></td>
<td></td>
<td></td>
<td>(Luan/Diekwisch)</td>
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**NOTE:** You will also need to register for the online course: OSCI 594: Statistics for Dental Residents
<table>
<thead>
<tr>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td></td>
<td></td>
<td></td>
<td>8-9 ENDO 694 Biomaterials (Alapati)</td>
<td></td>
</tr>
<tr>
<td>9AM</td>
<td>9-12 Clinic (or implant lectures – schedule TBD)</td>
<td>9:30–Noon ENDO 614 Pulp Biol</td>
<td>9-12 Clinic</td>
<td>9-12 Clinic</td>
<td>9-12 ENDO 619 Endo Surgery Dr. Rogers</td>
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<tr>
<td>10AM</td>
<td>Clinic</td>
<td>Dr. Hawkinson</td>
<td>Clinic</td>
<td>Clinic</td>
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<tr>
<td>11AM</td>
<td>Clinic</td>
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<td>Clinic</td>
<td>Clinic</td>
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</tr>
<tr>
<td>Noon</td>
<td></td>
<td>12:30-1:30PM ENDO 630 Clinical Conf Dr Milnarik</td>
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<tr>
<td>1:30PM</td>
<td>1:30-4:30 Clinic</td>
<td>1:30-4:30 Clinic</td>
<td>1:30-4:30 Clinic</td>
<td>1:30-4:30 Clinic</td>
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<td>Clinic</td>
<td>Clinic</td>
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<td>3:30PM</td>
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<td>Clinic</td>
<td>Anatomy</td>
<td>Clinic</td>
<td>Clinic</td>
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<tr>
<td>4:30PM</td>
<td>OMDS 615 Anesthesia &amp; Pain Control (Messeiha) Day &amp; time varies</td>
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<td>Anatomy</td>
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<tr>
<td>Time</td>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
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</tr>
<tr>
<td>8AM</td>
<td>7:30-8:30 OMDS 617 Radiology for Dental Specialists (Monahan)</td>
<td>8:00-9:00 ENDO 694 Regen Endo (Alapati)</td>
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<tr>
<td>9AM</td>
<td>9-12 Clinic</td>
<td>9-12 Clinic</td>
<td>9-12</td>
<td>9-12 ENDO 611 ClinAppl of Endo Lit Dr Johnson</td>
<td>9-12 Clinic</td>
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<tr>
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<tr>
<td>Noon</td>
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<tr>
<td>1:30PM</td>
<td>1:30-4:30 Clinic</td>
<td>1:30-4:30 Clinic</td>
<td>1:30-4:30 Clinic</td>
<td>1:30-4:30 Clinic</td>
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<td>2:30PM</td>
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<td>3:30PM</td>
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<tr>
<td>4:30PM</td>
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### Postgraduate Endodontics Schedule (semester begins 8-26-2013)

<table>
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<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td></td>
<td></td>
<td></td>
<td>OMDS 623 TMD/Pain (Greene)</td>
<td>7:30-8:30 PROS 613: Interdisc Tx Planning (Knoernschild)</td>
</tr>
<tr>
<td>9AM</td>
<td>9-12 ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic</td>
<td>9-12 ENDO-620 Clinic</td>
<td>9:30 - Noon ENDO 612 &amp; ENDO 618</td>
<td>8:30 – 10:00 PROS 628: Implantology (Knoernschild)</td>
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<tr>
<td>10AM</td>
<td>(teaching = TBA)</td>
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<td></td>
<td>(Johnson) Orofacial Pain (first 10 weeks)</td>
<td>10-12 Clinic</td>
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<tr>
<td>11AM</td>
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<td></td>
<td></td>
<td>Teaching, Learning (last 6 weeks)</td>
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<td>Noon to 1:30PM</td>
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<td></td>
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<td>12:30-1:30 ENDO-630 Clin Conf (Milnarik)</td>
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<tr>
<td>1:30PM</td>
<td>1:30-4:30 ENDO-620 Clinic (teaching = TBA)</td>
<td>1:30-4:30 ENDO-620 Clinic or Teaching (TBA)</td>
<td>1:30-4:30 ENDO-620 Clinic</td>
<td>1:30-4:30 ENDO-620 Clinic</td>
<td>1:30-4:30 ENDO-620 Clinic or Teaching (TBA)</td>
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<tr>
<td>4:30PM</td>
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<td></td>
<td></td>
<td>4:30-5:30 OSci-581 Adv Oral Sciences II (Luan/Diekwisch)</td>
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</table>

**NOTE:** You will also need to register for 1 online course (Oral Path): OMDS- 501
### Postgraduate Endodontics Schedule

<table>
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<tbody>
<tr>
<td>8AM</td>
<td></td>
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</tr>
<tr>
<td>9AM</td>
<td>9-12 Clinic or Teaching</td>
<td>9-12 Clinic or Teaching</td>
<td>9-12 ENDO 613 ABE Review Dr Wenckus</td>
<td>9-12 Clinic or Teaching</td>
<td>9-12 Clinic or Teaching</td>
</tr>
<tr>
<td>10AM</td>
<td>Clinic or Teaching</td>
<td>Clinic or Teaching</td>
<td>And/or Clinic (Jan to June)</td>
<td>Clinic or Teaching</td>
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<tr>
<td>11AM</td>
<td>Clinic or Teaching</td>
<td>Clinic or Teaching</td>
<td>Clinic or Teaching</td>
<td>Clinic or Teaching</td>
<td>Clinic or Teaching</td>
</tr>
<tr>
<td>Noon</td>
<td>12:30-1:30 ENDO 630 Clinical Conf</td>
<td></td>
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<tr>
<td>1:30PM</td>
<td>1:30-4:30 ENDO 615 Cur Lit Rev Drs Fayad and Johnson</td>
<td>1:30-4:30 Clinic or Teaching</td>
<td>1:30-4:30 Clinic or Teaching</td>
<td>1:30-4:30 Clinic or Teaching</td>
<td>1:30-4:30 Clinic or Teaching</td>
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<tr>
<td>2:30PM</td>
<td>Current Lit Clinic or Teaching</td>
<td>Clinic or Teaching</td>
<td>Clinic or Teaching</td>
<td>Clinic or Teaching</td>
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<td>3:30PM</td>
<td>Current Lit Clinic or Teaching</td>
<td>Clinic or Teaching</td>
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<td>4:30PM</td>
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<td>Sun</td>
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<td>30</td>
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<tr>
<td></td>
<td>Dr. Johnson PG Orientation Accesses &amp; internal anatomy (L&amp;L TBA 12:00-1:00) Dr. Wencus Pulpal Terminology &amp; canal prep</td>
<td>Dr. Weeks Ni-Ti instrumentation Obturation techniques (L&amp;L TBA 12:00-1:00) Dr. Weeks Lab</td>
<td>Dr. Goldberg Perf Repair (L&amp;L TBA 12:00-1:00) Dr. Goldberg Lab</td>
<td>Dr. Gilbert Advanced Endo Techniques (L&amp;L TBA 12:00-1:00) Dr. Neach Lab</td>
<td>Dr. Rogers Auto Ni-Ti PG Orient. 2nd Year PGs (L&amp;L TBA 12:00-1:00) Dr. Weeks Lab</td>
</tr>
<tr>
<td></td>
<td>Dr. Bentkover Introduction to Endodontic Microscopy (L&amp;L TBA 12:00-1:00) Dr. Bentkover Microscope Lab</td>
<td>Dr. Weeks Endodontic Radiography/Apex Locators (L&amp;L TBA 12:00-1:00) Dr. Weeks Canal Medications</td>
<td>Dr. Goldberg Endodontic Emergencies (L&amp;L TBA 12:00-1:00) Dr. Baker Endodontic Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Munaretto Trauma (L&amp;L TBA 12:00-1:00) Dr. Fayad Lab</td>
<td>Dr. Weeks Lab (L&amp;L TBA 12:00-1:00) Dr. Rocha Endodontic Microbiology &amp; Endo-Perio</td>
<td>Dr. Alapati Tissue Engineering (L&amp;L TBA 12:00-1:00) Dr. Johnson Lab</td>
<td>Dr. Gilbert Lab (L&amp;L TBA 12:00-1:00) Dr. Neach Lab</td>
<td>Dr. Rogers Flex Pain Strategy (L&amp;L TBA 12:00-1:00) Dr. Rogers Lab</td>
</tr>
<tr>
<td></td>
<td>Dr. Fayad 3-D Imaging in Endodontics (L&amp;L TBA 12:00-1:00) Dr. Fayad 3-D Imaging in Endodontics</td>
<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
</tr>
</tbody>
</table>

Morning sessions are assumed to start at 9:00 AM and end at 12:00 PM (Noon) unless otherwise noted; afternoon sessions begin at 1:00 PM and end at 4:00 PM.
Exhibit 8

Biomedical Sciences

Are students/residents required to take formal courses?

X Yes  No

If YES, list the title of each course, year offered, number of credit hours and, if applicable, name of affiliated institution providing the instruction.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Year Offered</th>
<th>Credit Hours</th>
<th>Where Given</th>
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<tbody>
<tr>
<td>OSCI 580 – Advanced Oral Sciences I</td>
<td>PG 1 or 2 (alternate years)</td>
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<td>College of Dentistry</td>
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<tr>
<td>OSCI 581 – Advanced Oral Sciences II</td>
<td>PG 1 or 2 (alternate years)</td>
<td>2</td>
<td>College of Dentistry</td>
</tr>
<tr>
<td>OSCI 451 – Research Methodology</td>
<td>PG 1</td>
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<td>OSCI 594 – Statistics for Dental Residents</td>
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<td>ANAT 544 – Advanced Head and Neck Anatomy</td>
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<td>OMDS 615 – Anesthesia and Pain Control</td>
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<td>OMDS 617 – Radiology for the Dental Specialist</td>
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<td>OMDS 501 – Advanced Oral Pathology</td>
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<td>OMDS 623 – TM Disorders</td>
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<td>PROS 613 – Interdisciplinary Treatment Planning Seminar</td>
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<td>PROS 628 – Implantology</td>
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## Departmental Seminars

<table>
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<tr>
<th>Course Title</th>
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<tr>
<td>ENDO 600: Postgraduate Endodontic Technique</td>
<td>PG1</td>
<td>3</td>
<td>Dr. Weeks</td>
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<tr>
<td>ENDO 610: Advanced Clinical Endodontics (Classic Literature)</td>
<td>PG1</td>
<td>2</td>
<td>Dr. Wenckus</td>
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<td>ENDO 611: Clinical Applications of the Endodontic Literature</td>
<td>PG2</td>
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<td>ENDO 612: Orofacial Pain</td>
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<td>ENDO 613: Pharmacology for Dental Specialists</td>
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<td>ENDO 614: Pulp Biology</td>
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<td>ENDO 615: Current Endodontic Literature</td>
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<td>2</td>
<td>Drs. Fayad &amp; Johnson</td>
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<td>ENDO 617: American Board Review</td>
<td>PG2</td>
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<tr>
<td>ENDO 618: Teaching, Learning &amp; Critical Thinking</td>
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<td>ENDO 619: Endodontic Surgery</td>
<td>PG1</td>
<td>1</td>
<td>Dr. Rogers</td>
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<td>ENDO 630: Clinical Conference in Endodontics</td>
<td>PG1 &amp; PG2</td>
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<td>ENDO 694: Special Topics (3 semesters): Instrumentation and Biomechanics; Regenerative Endodontics; &amp; Endodontic Biomaterials</td>
<td>PG1 &amp; PG2</td>
<td>3 (total for 3 semesters)</td>
<td>Dr. Alapati</td>
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### August 2013

**Morning sessions are assumed to start at 9:00 AM and end at 12:00 PM (Noon) unless otherwise noted; afternoon sessions begin at 1:00 PM and end at 4:00 PM.**

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<tr>
<th>Sun</th>
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<tr>
<td>Dr. Johnson PG Orientation Acceses &amp; internal anatomy (L&amp;L TBA 12:00-1:00) Dr. Wenckus Pulpal Terminology &amp; canal prep</td>
<td>Dr. Weeks Ni-Ti instrumentation Obturation techniques (L&amp;L TBA 12:00-1:00) Dr. Weeks Lab</td>
<td>Dr. Goldberg Perf Repair (L&amp;L TBA 12:00-1:00) Dr. Goldberg Lab</td>
<td>Dr. Gilbert Advanced Endo Techniques (L&amp;L TBA 12:00-1:00) Dr. Neach Lab</td>
<td>Dr. Gilbert Advanced Endo Techniques (L&amp;L TBA 12:00-1:00) Dr. Neach Lab</td>
<td>Dr. Rogers Auto Ni-Ti PG Orient. 2nd Year PGs (L&amp;L TBA 12:00-1:00) Dr. Weeks Lab</td>
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<tr>
<td>Dr. Bentkover Introduction to Endodontic Microscopy (L&amp;L TBA 12:00-1:00) Dr. Bentkover Microscope Lab</td>
<td>Dr. Weeks Endodontic Radiography/Apex Locators (L&amp;L TBA 12:00-1:00) Dr. Weeks Canal Medications</td>
<td>Dr. Goldberg Endodontic Emergencies (L&amp;L TBA 12:00-1:00) Dr. Baker Endodontic Diagnosis</td>
<td>Dr. Goldberg Endodontic Emergencies (L&amp;L TBA 12:00-1:00) Dr. Alapati Endodontic Materials</td>
<td>Orientation All Day</td>
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<tr>
<td>Dr. Munaretto Trauma (L&amp;L TBA 12:00-1:00) Dr. Fayad Lab</td>
<td>Dr. Weeks Lab (L&amp;L TBA 12:00-1:00) Dr. Rocha Endodontic Microbiology &amp; Endo-Perio</td>
<td>Dr. Alapati Tissue Engineering (L&amp;L TBA 12:00-1:00) Dr. Johnson Lab</td>
<td>Dr. Gilbert Lab (L&amp;L TBA 12:00-1:00)</td>
<td>Dr. Gilbert Lab (L&amp;L TBA 12:00-1:00)</td>
<td>Dr. Rogers Flex Pain Strategy (L&amp;L TBA 12:00-1:00) Dr. Rogers Lab</td>
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<tr>
<td>Dr. Fayad 3-D Imaging in Endodontics (L&amp;L TBA 12:00-1:00) Dr. Fayad 3-D Imaging in Endodontics</td>
<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
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<td>Lab or Clinic Observation All Day (L&amp;L TBA 12:00-1:00)</td>
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</table>
To: 1st Year Endo Postgrads

From: Dr. Weeks

Re: Postgraduate Technique Course ENDO 600 - Fall Session 2013
Clinic Seminar Charles G. Maurice Room - seminars;
Endodontic Microscopy Center - lab

All teeth to have preoperative radiographs from two different angles before starting

**Project I**
Access cavities made in extracted teeth in hand:
1 - max. incisor
1 - max. canine
1 - max. premolar
2 - max. molars
1 - mand. anterior
1 - mand. premolar
2 - mand. molars

**Project II**
Complete instrumentation of extracted teeth in hand using teeth from Project I:
1 - max. canine
1 - mand. anterior
1 - max. molar
1 - mand. Molar
2 - acrylic blocks; one instrumented with your own technique, one with flare technique as taught by Dr. Wenckus

**Project III**
Complete instrumentation and obturation of extracted teeth, in hand, using teeth from project one
1 max. molar
1 mand. molar

**Project IV**
Using a molar and an acrylic block in your hand, a hand Ni-Ti technique of cleansing and shaping will be done (Dr. Weeks session)

**Project V**
Using two molars (one mand./one max.) and an max. anterior tooth, all mounted in plaster blocks, an automated technique of cleansing and shaping will be done with NiTi files (Dr. Rogers sessions)

USE EYE PROTECTION, GLOVES AND MASKS WHEN CUTTING OR PREPARING TEETH !!!
SPECIAL PROJECTS

8/5/13 10 AM - Access Cavity Preparation - Dr. Johnson


8/5/13 1 PM - Pulpal Terminology/Instrumentation/Canal Preparation - Dr. Wenckus


8/6/13 9 am – Obturation - Dr. Weeks


8/6/13 9:00 am – Hand NiTi Instrumentation - Dr. Weeks


8/7/13 - Dr. Goldberg- Perforation repair

Have ready before class:

- 2 accessed molars with perforations in the furs (bur perforations); place utility wax over perforations in furca area to simulate furcal bone loss; mount in acrylic (use rectangular wax mold)
cup for mold).
8/12/13 - Dr. Bentkover - Introduction to Non-Surgical Uses of the Operating Microscope

Have ready before class:

- 1 maxillary anterior and 1 maxillary molar, not mounted

8/13/13 1 pm - Dr. Weeks - CaOH fill of an open apex

Have ready before class:

- 1 open apex tooth mounted in plaster with a cotton pellet at the apex (use paper cup as mold).
TO: 1st Year Postgrads

FROM: Dr. Weeks

RE: Endo Postgrad Technique Course Lectures - ENDO 600

Lectures/seminars will (usually) take place at either 9:00 a.m. or 1:00 p.m. in the the Charles G. Maurice Room. Please complete the following reading assignments prior to each session.

8/7/13 9 AM - Perforations - Dr. Goldberg


8/9/13 9 AM – Automated NiTi Instrumentation - Dr. Rogers

1. Roland DD, Andelin WE, Browning DF, Hsu GR, Torabinejad M.

The effect of preflaring on the rates of separation of 0.04 taper nickel titanium instruments.


2. Usman N, Baumgartner JC, Marshall JG.

Influence of instrument size on root canal debridement. 
3. Peters OA. 
**Current challenges and concepts in the preparation of root canal systems: a review.**

4. Baugh D, Wallace J. 
**The role of apical instrumentation in root canal treatment: a review of the literature.**

5. Davis RD, Marshall JG, Baumgartner JC. 
**Effect of early coronal flaring on working length change in curved canals using rotary nickel-titanium versus stainless steel instruments.**

6. Senia ES, Wildey WL. 
**The LightSpeed root canal instrumentation system.**

7. Lloyd A. 
**Root canal instrumentation with Profile instruments.**

8. Buchanan LS. 
**ProSystem GT: Design, technique, and advantages.**

9. Gambarini G. 
**The K3 rotary nickel titanium instrument system.**

10. Ruddle CJ. 
**The ProTaper technique.**

11. Vertucci FJ. 
**Root canal morphology and its relationship to endodontic procedures**
Endodontic Topics 2005, 10, 3–29

12. Bergmans et al. 
**Mechanical root canal preparation with NiTi rotary instruments: Rationale, performance and safety. Status Report for the American Journal of Dentistry**
Am J Dent 2001;14:324-333

13. Metzger et al. 
J Endod 2010;36:679–690

14. Hof et al. 
**The Self-adjusting File (SAF). Part 2: Mechanical Analysis**
J Endod 2010;36:691–696

15. Metzger et al. 
J Endod 2010;36:697–702
8/12/13  9:00 AM - Introduction to Non-Surgical Uses of the Operating Microscope
- Dr. Bentkover


9. Pecora, G., and Andreana, S., OOO 75 (6) 751-758: June 1993


8/13/13  1 PM – Canal Medications - Dr. Weeks


Appendix Q


8/14/13 9:00 am – Endodontic Emergencies - Dr. Goldberg

1) Ianiro et al ; The Effect of Preoperative Acetaminophen or a Combination of Acetaminophen and Ibuprofen on the Success of Inferior Alveolar Nerve Block for Teeth with Irreversible Pulpitis, JOE, Vol 33, Issue 1, 2007, Pgs;11-14.


3) Hasselgren and Reit; Emergency pulpotomy: Pain relieving effect with and without the use of sedative dressings Journal of Endodontics Vol. 15, Issue 6, Pages 254-256


6) Lee et al; Current Trends in Endodontic Practice: Emergency Treatments and Technological Armamentarium; JOE; Volume 35, Issue 1 , Pages 35-39, January 2009

8/14/13 1 pm-Endodontic Diagnosis-Dr. Baker

1. Ch 1, Diagnosis, pp 2-39 (the entire chapter), Cohen's Pathways of the Pulp, 10th edition c 2011


8/15/13 1 pm-Endodontic Materials- Dr. Alapati

Assignment: Prepare one-page Summary for each article.


8/19/13 9 am - Trauma- Dr. Munaretto


8/20/13 1 pm Endodontic Microbiology- Dr. Rocha


8/20/13 1pm Perio-Endo- Dr. Rocha

8/21/13 9am Tissue Engineering-Dr. Alapati

Assignment: Prepare one-page Summary for each article.


8/23/13 9 AM – Flexible Pain Strategies – Dr. Rogers


13 Appendix Q
3. Replogle, K. et al
Anesthetic efficacy of the intraosseous injection of 2% Lidocaine (1:100,000 Epinephrine) and 3% Mepivacaine in mandibular first molars.
OOO 83(1): 30-37, Jan. 1997

4. VanGheluwe, J. & Walton, R
Intrapulpal injection. Factors related to effectiveness.

5. Bou Dagher, F., Yared, G.M. & Machtou, P
An evaluation of 2% lidocaine with different concentrations of epinephrine for inferior alveolar nerve block.
J. Endod. 23(3): 178-180, March 1997

Anesthetic efficacy of the supplemental intraosseous injection of 3% Mepivacaine in irreversible pulpitis.

7. Malamed, S.F., Gagnon, S. & Leblanc, D
Efficacy of articaine: A new amide local anesthetic.
JADA 131: 635-642, May 2000

8. Malamed, S.F., Gagnon, S. & Leblanc, D
Articaine hydrochloride: A study of the safety of a new amide local anesthetic.
JADA 132: 177-185, Feb. 2001

9. Hargreaves. KM and Keiser, K
Local anesthetic failure in endodontics: mechanisms and management
Endo topics 2002, 1, 26-39

10. J. G. Meechan
Supplementary routes to local anaesthesia
International Endod journal, 2002 885-896,

11. Ianiro, SI, Jeansonne, BG, McNeal, SF, and Eleazer, PD
The Effect of Preoperative Acetaminophen or a Combination of Acetaminophen and Ibuprofen on the Success of Inferior Alveolar Nerve Block for Teeth with Irreversible Pulpitis
J Endod 2007;33:11–14

12. Corbett et al.
Articaine infiltration anesthesia of mandibular first molars.
J Endod 2008;34:514-18

13. Jung et al.
An Evaluation of Buccal Infiltrations and Inferior Alveolar Nerve Blocks in Pulpal Anesthesia for Mandibular First Molars.
J endod 2008;34:11-13
1. Detection of Vertical Root Fractures by Using Cone Beam Computed Tomography with Variable Voxel Sizes in an In Vitro Model
Senem Yig¨ it O¨ zer, DDS, PhD
JOE — Volume 37, Number 1, January 2011

2. Endodontic Applications of Cone-Beam Volumetric Tomography
Taylor P. Cotton, DDS, Todd M. Geisler, DDS, David T. Holden, DMD, Scott A. Schwartz, DDS, and William G. Schindler, DDS, MS
JOE—Volume 33, Number 9, September 2007

3. New dimensions in endodontic imaging: Part 2. Cone beam computed tomography
S. Patel
Endodontic Postgraduate Unit, King’s College London Dental Institute, London, UK, and 45 Wimpole Street, London, UK

4. A New Periapical Index Based on Cone Beam Computed Tomography
Carlos Estrela, DDS, MSc, PhD,* Mike Reis Bueno, DDS, MSc,† Bruno Correa Azevedo, DDS, MSc,‡ José Ribamar Azevedo, DDS,§ and Jesus Djalma Pécora, DDS, MSc, PhD_
JOE — Volume 34, Number 11, November 2008

5. Validation of Cone Beam Computed Tomography as a Tool to Explore Root Canal Anatomy
Je´roˆme Michetti, DDS,* Delphine Maret, DDS, MSc,*† Jean-Philippe Mallet, DDS, MSc,* and Franck Diemer, DDS, MSc, PhD*‡
JOE — Volume 36, Number 7, July 2010

6. What is Cone-Beam CT and How Does it Work?
William C. Scarfe, BDS, FRACDS, MSa,*
Allan G. Farman, BDS, PhD, DSc, MBA

7. Comparison of Periapical Radiography and Limited Cone-Beam Tomography in Posterior Maxillary Teeth Referred for Apical Surgery
Kenneth M.T. Low, BDS,* † Karl Dula, PD DMD, * Walter Bürgin, MS, BE,* and Thomas von Arx, PD DMD*
JOE—Volume 34, Number 5, May 2008

8. Diagnostic yield of conventional radiographic and cone-beam computed tomographic images in patients with atypical odontalgia
9. **Proximity of the Mandibular Canal to the Tooth Apex**
Tyler Kovisto, BS,* Mansur Ahmad, BDS PhD,† and Walter R. Bowles, DDS, MS, PhD*
JOE — Volume 37, Number 3, March 2011

10. **The potential applications of cone beam computed tomography in the management of endodontic problems**
S. Patel1,2, A. Dawood2, T. Pitt Ford1 & E. Whaites3
Goals and Objectives – ENDO-600 (Postgraduate Endodontic Technique)

Goal:

The goal of ENDO-600 is for students to acquire advanced knowledge of current endodontic concepts and to develop technical skills through a series of didactic seminars and hands-on laboratory exercises. This course will provide students with the necessary foundation knowledge and skills to begin clinical treatment in the postgraduate endodontics clinic.

Objectives:

At the completion of this course, the student will be able to:

1.) Explain the benefits and limitations of currently available technology and materials in endodontics.

2.) Describe and demonstrate an ideal access on extracted teeth (incisors, premolars, and molars) and provide a self-critique of their access preparations.

3.) Perform complete root canal treatment on an extracted incisor, premolar, and molar using both hand and engine-driven rotary techniques.

4.) Discuss the pros and cons of various cold and warm gutta percha techniques and demonstrate the ability to perform ideal obturation on an extracted tooth using more than one technique.

5.) Evaluate common endodontic complications and suggest appropriate strategies for prevention and management.

6.) Using extracted teeth, demonstrate management of common endodontic complications such as perforation repair and removal of separated instruments.

7.) Recognize the uses of a dental operating microscope and perform endodontic procedures on extracted teeth using the microscope.

8.) Critique the quality of their endodontic treatment on extracted teeth using visual examination, radiographs, and a laboratory clearing technique.

9.) Demonstrate full compliance with infection control, OSHA, and laboratory safety guidelines.

10.) Describe literature support for common techniques and identify gaps in our current knowledge.
# ENDO 610
Charles G Maurice Room
**WEDNESDAYS, 1:45 PM**
**2012**
**COURSE SCHEDULE**

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<tr>
<th>Date</th>
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<td>Course Expectations</td>
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<td>September 12</td>
<td>Topic 1 Canal Preparation</td>
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<td>September 19</td>
<td>Topic 2 Obturation</td>
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<td>September 26</td>
<td>Topic 3 Scope and Philosophy</td>
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<td>October 3</td>
<td>No Class Dr. CSW Gone</td>
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<td>October 10</td>
<td>No Class Coolidge All Day with Martin Trope</td>
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<td>October 17</td>
<td>No Class Dr. CSW in Dubai</td>
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<td>October 24</td>
<td>Topic 4 Pulpal Histology, Physiology &amp; Morphology</td>
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<td>October 31</td>
<td>Topic 5 Pulpal &amp; Periapical Pathology</td>
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<td>November 7</td>
<td>No Class AAE/AAPD Joint Symposium, Scottsdale, AZ</td>
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<td>November 14</td>
<td>Topic 7 Bacterial Aspects of Endodontics</td>
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<td>November 21</td>
<td>Topic 8 Endodontic Materials &amp; Medications</td>
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<td>November 28</td>
<td>No Class The Boss giving ABE Orals in St. Louis</td>
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<td>December 5</td>
<td>Topics 6&amp;9 Pain, Diagnosis and Treatment Planning Endo and the Adolescent including Trauma</td>
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<td>December 12</td>
<td>Topic 10 Endo/Perio</td>
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<td>December 19</td>
<td>Topic 11 Endo Outcomes</td>
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Other important dates: Thanksgiving Holiday – November 22 & 23; Endodontic Department Holiday Party, December 2nd (Sunday); Christmas Holidays TBA
**Course Objectives**

1. Acquaint you with the classic literature and classic authors.
2. Develop your philosophy of endodontic practice and principles.
3. Prepare you to read, evaluate and understand the endodontic scientific literature.

The course grade is determined by grades of weekly papers and (1/2 to 1/3), participation in weekly discussions (1/2 to 1/3), and the final exam (0 to 1/3).

**Weekly Topics & Papers**

Each week an electronic paper (i.e. a word document, not a PDF) will be due one hour before the beginning of class answering the question assigned for that weekly topic. **Be sure to state the question for the week at the top of your paper.**

The papers should be two pages in length (with minimal bleeding to third page) The page set up should be with 1 inch margins right and left with one inch at the top and bottom of the page (the default setting for Word). I want your opinions and ideas. There are no wrong answers, except where a statement of fact is made that is incorrect. An example: *I feel that obturation is the least important aspect of root canal treatment.* *(Opinion)* *It has been shown that a hermetic seal is often impossible to achieve.* *(Stated as a fact)*

When a factual statement is used, it must be backed-up with a footnote. If the statement is from one of the authors on that week’s reading list, then simply put the authors name in parenthesis at the end of the statement. If the quoted source came from someplace else, *the author, publication, publication date, and the page numbers are required.*

Some examples: the first one is from the reading list; the second statement is from a text.

*Constant enlargement through the apical foramen of a curved canal will result in a tear-drop shaped apical opening.* *(Weine)*

*Step-back and flaring procedures straighten the canal somewhat and effectively decrease the working length by as much as 1 to 2 mm, requiring compensation.* *(Walton and Torabinejad, 3rd Edition, 2002, pp 112-13)*

**Class Preparation**

**Read all the articles on the list.** We will discuss some of the articles so be prepared to give your synopsis of the article. Discussion will center around why the article is on the classics list and what impact the article may have had on current scope and practice of Endodontics.
Participants in this seminar will be able to:

1.) Develop a clinically relevant and answerable question using the P.I.C.O. format.

2.) Demonstrate the ability to search for the best available evidence to answer a clinical question and summarize the findings in CAT format (Critically Appraised Topic). Present your findings to the class.

3.) Discuss the advantages and limitations of evidence-based health care.

4.) Describe the influence of restorative variables on the survival of endodontically treated teeth.

5.) Explain the rationale for the current IADT guidelines for treatment of the avulsed permanent tooth, referring to the best available evidence.

6.) Discuss the prognosis of various traumatic injuries.

7.) Describe possible etiologies for internal and external root resorption and explain how to differentiate between internal and external root resorption.

8.) Describe the preferred technique for intracoronal (non-vital) bleaching and discuss the potential relationship between bleaching agents and external cervical root resorption.

9.) Analyze treatment options for different resorptive defects.

10.) Discuss diagnosis and management of previously treated teeth.

11.) Explain the concept of “biologic width” and describe two methods for management of inadequate coronal tooth structure: extrusion (forced eruption) and crown lengthening surgery.

12.) Discuss treatment planning considerations and prognosis for single tooth implants, initial root canal treatment, retreatment, and surgery. Describe clinical decision-making strategies to assist in the selection of appropriate treatment.

13.) Explain the major ethical issues related to health care in general and specifically the relationship between general dentist, specialist, and patient.

14.) Discuss the advantages and disadvantages of different forms of dental practice (group, solo, multi-speciality, academic, etc.). Describe how you plan to market your practice.

15.) Discuss the role of vital pulp therapy in endodontic practice and the future potential of regenerative endodontic technology.
DATE: May 6, 2013

TO: Drs. Kaushik, Nunney, Olarov, Pasiewicz, & Ryan

FROM: Dr. Johnson

RE: **Schedule for ENDO 611(version 1)** (Thursdays, 9:00AM to Noon): Summer 2013

Reading assignments will be distributed about 2 weeks prior to each session

**Assessment:** Final seminar grade is based on quality of class participation (equal weight for each session)

May 30, 2013: Course objectives and expectations
Critically appraised topics (CATs)
Differential Diagnosis and Treatment of Root Resorption; Non-vital bleaching

June 6, 2013: Management of dento-alveolar trauma: root fractures, luxation injuries, and avulsed teeth

June 13, 2013: Influence of restorative variables on the survival of endodontically treated teeth
Biologic width: extrusion (forced eruption) and crown lengthening

June 20, 2013: Endodontics, implants and tooth replacement alternatives

June 27, 2013: Presentation of Critically Appraised Topics (CATs)

July 4, 2013: No Class

July 11, 2013: Ethical and legal considerations

July 18, 2013: TBA

July 25, 2013: Endodontic retreatment – a clinician’s perspective (guest seminar leader: Dr Bill Nudera)

August 1, 2013: Vital pulp therapy and regenerative endodontics

August 8, 2013: Make up session if needed
Course Objectives:

By the end of the seminar, participants will be able to:

1.) Explain the concepts of evidence-based dentistry and demonstrate the application of EBD to an orofacial pain question.

2.) Describe the basic anatomic pathways, physiology, and biochemistry related to orofacial pain.

3.) Describe the process of differential diagnosis in the orofacial pain patient and compare treatment options (headache, intracranial disorders, neurogenic pain, temporomandibular disorders, odontogenic, and referred pain).

4.) Diagnose potentially life-threatening situations that can initially present as orofacial pain and select the appropriate referral protocol.

5.) Evaluate the risks and benefits of various pharmacologic and non-pharmacologic approaches to the management of orofacial pain. Select and justify an appropriate strategy for the management of moderate to severe pain of odontogenic origin.

6.) Analyze an orofacial pain diagnostic or treatment problem and formulate an appropriate treatment plan.
ENDO-612: Orofacial Pain (Fall 2012)


INTRODUCTION: Course expectations and grading

ENDO-612 (Orofacial Pain) is a small group seminar course and, as such, student preparation for each session and active seminar participation is expected. Reading assignments and discussion topics/questions will be available approximately 2 weeks prior to each session. You are each assigned as the seminar leader for one session. The weekly seminar leader is responsible for organizing the material for the session and leading the discussion. At a minimum, I would expect some sort of overview of the topic (could be Powerpoint, brief lecture, or other format of your choice), presentation (abstracts) of the assigned readings, and discussion of the weekly question(s). The seminar leaders will assign articles to individual group members for presentation. The assigned papers for the week and/or any other resource materials can be used to help answer or clarify the question(s). Your final grade will be based on class participation and a multiple choice/short answer final exam:

Class participation (7% for each of 7 sessions)  50%
Final exam  50%

Grading scale:
A = 90 – 100% (excellent)
B = 80 – 90% (very good)
C = 70 – 80% (average)
D = 60 – 70% (minimal acceptable)
E = < 60% (not acceptable – additional work required)
September 13, 2012: 1.) Introduction to course; History, epidemiology, & pain theories; Treatment of odontogenic pain; Seminar leader: Dr. Johnson

September 20, 2012: 2.) Neurobiology of Pain I Seminar leader: Dr. Bell

September 27, 2012: 3.) Neurobiology of Pain II Seminar leader: Dr. Khan

October 4, 2012: NO CLASS

October 11, 2012: 4.) Psychology of pain; Perception; Measurement of pain Seminar leader: Dr. Liss

October 18, 2012: 5.) Differential diagnosis of headache and intracranial disorders Seminar leader: Dr. Munaretto

October 25, 2012: 6.) Differential diagnosis and treatment of neurogenic pain Seminar leader: Dr. Patel

November 1, 2012: 7.) Referred pain; Accuracy of clinical tests Seminar leader: Dr. Rogers

November 8, 2012: 8.) FINAL EXAM (Orofacial Pain)

November 15, 2012: 9.) Review Orofacial Pain final exam & start ENDO 618 (week 1)

November 22, 2012: NO CLASS – Thanksgiving break
November 29, 2012: 10) ENDO 618 – week 2

December 6, 2012: 11) ENDO 618 – week 3

December 13, 2012: 12) ENDO 618 – week 4

December 20, 2012: 13) Make up session if needed
Pharmacology for Dental Specialists (ENDO-613)
(Drugs in Dentistry)

Course Director: Steve Weeks, DDS, Department of Endodontics
   Office: Room 302L
   Phone: 312-996-3310
   e-mail: sweeks@uic.edu

Course Format: Lecture/Seminar
Course Location: Post-Doctoral Prosthodontics Conference Room
Course Time: Tuesdays, 8:00 AM to 9:00 AM

Primary textbook:
**ADA Guide to Dental Therapeutics, 3rd Edition (“GDT”)**
   Edited by Sebastian G. Ciancio, DDS

Supplementary texts (available for loan):
**Medical Emergencies in the Dental Office (“MEDO”)**
   Stanley Malamed, DDS

**Introduction to Dental Local Anaesthesia (“E&H”)**
   Hans Evers, DDS and Glenn Haegerstam, MD

**Pharmacology and Therapeutics for Dentistry, 4th Edition (“PTD”)**
   John Yagiela, Enid Neidle, Frank Dowd

Course Description: This course provides formal instruction in pharmacology as it pertains to dental specialty practice. Prosthodontic residents attend this course as their departmental needs dictate, and course content is adjusted accordingly.

The emphasis will be on the specialty areas of Endodontics and Prosthodontics unless otherwise indicated, and will include subject material listed in the current Commission On Dental Accreditation (CODA) standards for Advanced Programs. For Endodontics, these are:

(4-5 h.) Pharmacotherapeutic agents used in the management of systemic diseases that may influence the management of patients requiring endodontic treatment;
(4-5 i.) Mechanisms, interactions and effects of drugs used in the prevention, diagnosis and treatment of pulpal and periradicular pathoses.

According to the CODA standards, the didactic instruction must enable the student to perform the following at the level of proficiency:

(4-7 a.) Collect, organize, analyze and interpret data from the medical and dental histories and clinical evaluation to determine their relationship to the patient’s endodontic (and/or prosthodontic) treatment
(4-7 g.) Recognize and manage, or prevent, (pulpal) pain and associated anxiety using physical, chemical and psychological modalities.

A parallel set of objectives for this course includes the following:

1) To be able effectively to employ appropriate pharmaceutical agents in control or management of pain, anxiety, infection, hemostasis, salivation, healing and medical emergencies in dental specialty practice;

2) To avoid undesirable interactions between drugs administered or prescribed by the dentist, and between those drugs and others that the patient may be taking for non-dental reasons thereby maximizing patient safety;

3) To be able to write correctly any prescription that a dentist might be called upon to provide to a patient.

The subject matter for this course comprises a number of topics relevant to clinical specialty practice. Students will be assigned to topics in groups of 2 or more students (the assignment may be by student preference or by the course director as the latter deems appropriate). An effort will be made to assure that each group is assigned the same number of topics, or as close to an equal share of the material as is reasonably possible.

For each topic, the group will produce the following:

1) a PowerPoint (or equivalent) presentation covering the essential subject material for the topic and based on the text, other readings and any other relevant source. This presentation should be approximately forty-five minutes in length or as needed adequately to cover the topic. All course participants should read the assigned material, even if they are not presenting it.

2) a hand-out expanding on the major points of the PPT presentation, copies of which will be provided to all the course participants and the course director. The handout should be more detailed than the PPT show, and provide adequate space for insertion of notes.

3) a reading list of relevant current literature comprising one or two articles per person in the group. Articles from peer-reviewed journals are preferred.

4) five (5) or more well-written multiple-choice questions relevant to the presented material.
At the class session designated for each topic, the appropriate group will perform the following:

1) present the PPT show (about forty-five minutes)
2) pass out the handout to all course participants, including the course director;
3) pass out photocopies of the literature articles to all course participants, including the course director.

At the end of the session, or not later than the end of the last session before the final exam, each group will turn in to the course director a print-out of the PPT show. Low-resolution is acceptable. If desired, a CD of the PPT may be submitted. Also, please submit an e-mail with the test questions on it, with “PHARM 2013” as the subject line.

Grading in the course will be based 50% on the group presentation, 25% on general class participation and 25% on the final examination. The final exam will consist of a multiple-choice section and a written section. The final exams for endodontics post-docs and prosthodontics post-docs may vary according to the different requirements of those disciplines.
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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| 10Jan  | Development of the pulpodentin complex (SB Ch 2) and Cohen’s p. 452-458; Dr. Bell  
Dentin formation and repair (SB Ch3) and Cohen’s p. 458-462, 489-497; Dr. Kahn  
Pulpodental complex (SB Ch4) and Cohen’s p. 462-466; Dr. Liss |
| 17Jan  | Pulp as connective tissue (SB Ch5) and Cohen’s p. 466-472; Dr. Munaretto  
Circulation (SB Ch6) and Cohen’s p. 483-489; Dr. Patel  
Nerve supply of the pulpodentin complex and responses to injury (SB Ch7) and Cohen’s p. 472-483; Dr. Rogers |
| 24Jan  | No Class |
| 31Jan  | Test I |
| 7Feb   | Mechanisms of odontogenic and non-odontogenic pain (Ch 10 Ingle’s); Dr. Bell  
Rhinosinusitis and endodontic disease (Ch17 Ingle’s); Dr. Kahn |
| 14Feb  | Non-odontogenic toothache and chronic head/neck pain (Ch 10 Ingle’s) and Cohen’s p. 49-62; Dr. Liss  
Pulpal pathosis (Ch 12 Ingle’s) and Tooth infractions (Ch 19 Ingle’s); Dr. Munaretto |
| 21Feb  | Microbiology of endodontic disease (Ch 7 Ingle’s); Dr. Patel  
Molecular mediators of pulpal inflammation (Ch 9 Ingle’s); Dr. Rogers |
| 28Feb  | Test II |
| 6Mar   | Periapical lesions of endodontic origin (Ch 13 Ingle’s); Dr. Bell  
Non-microbial endodontic disease (Ch 8 Ingle’s) Dr. Kahn |
| 13Mar  | Vital pulp therapy (Ch 35 Ingle’s); Dr. Liss  
Pulpal effects of thermal and mechanical irritants (Ch 16 Ingle’s) and Lasers in endodontics (Ch 26, part E Ingle’s) and Cohen’s p. 512-516, 519-521; Dr. Munaretto |
| 20Mar  | No Class |
| 27Mar  | Permanent restorations and the pulp (SB Ch 15); Dr. Patel |
Pathologic root resorption (Ch 37 Ingle’s); Dr. Rogers

3 Apr  Pulpal Regeneration; Dr. Alapati (he will assign a reading list)

10 Apr  Test III

Resources

Seltzer and Bender’s Dental Pulp
KM Hargreaves and HE Goodis, Editors
Chicago, Quintessence, 2002

Ingle’s Endodontics 6
JI Ingle, LK Bakland, JC Baumgartner
Hamilton, ON, BC Decker, 2008

Cohen’s Pathways of the Pulp, Tenth Edition
KM Hargreaves and S Cohen
St. Louis, Mosby Elsevier, 2011

Participant’s Requirements

1. Read all material referenced above.
2. Prepare a Power Point presentation of your assigned topic; you may use the presentations given in past years as a “guide”. Note that some of the topics this year have supplemental material from Cohen’s Pathways of the Pulp. Consider using illustrations or photographs from any source, including online sources, for your presentations. Other topics will have some additional material assigned at a later date. Please integrate this material into your presentation.
3. Prepare handouts of your presentation for each of us.
4. Course grade will be based on a.) quality of the three presentations, b.) degree of class participation, and c.) three exams.
5. The Second Edition of Seltzer and Bender is “almost ready”, according to the publisher, and once available, the assigned readings will be from this new edition. A revised reading list will be made to reflect this change. The publisher says perhaps next week it will be for sale, but prepare the 10Jan presentations from the sources printed above.
Course Objectives:
At the end of this course, the participants will be able to:

1) explain in detail the structure and function of the dental pulp and periapical tissues in healthy and in diseased conditions.

2) explain the interaction between the pulp and other tissues, such as the apical periodontium, central nervous system, and immune elements.

3) explain pulpal responses to environmental and iatrogenic irritants such as dental caries, trauma, and restorative dental treatments.

4) explain advances in basic sciences as they may relate to advancing our understanding of the dental pulp.
<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/07/2013</td>
<td>Introduction</td>
<td>Dr. Johnson</td>
</tr>
<tr>
<td>1/14/2013</td>
<td>No Class</td>
<td></td>
</tr>
<tr>
<td>1/21/2013</td>
<td>No Class MLK</td>
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<tr>
<td>1/28/2013</td>
<td>Anatomy and Morphology</td>
<td>Dr. Bell</td>
</tr>
<tr>
<td>2/04/2013</td>
<td>Endodontic instruments (Mechanical properties)</td>
<td>Dr. Khan</td>
</tr>
<tr>
<td>2/11/2013</td>
<td>Canal preparation I (Instrumentation techniques)</td>
<td>Dr. Liss</td>
</tr>
<tr>
<td>2/18/2013</td>
<td>Canal preparation Part II (Rotary systems)</td>
<td>Dr. Munarettoo</td>
</tr>
<tr>
<td>2/25/2013</td>
<td>Canal preparation Part III (Smear layer and Irrigation)</td>
<td>Dr. Patel</td>
</tr>
<tr>
<td>3/04/2013</td>
<td>Canal obturation Part I (G.P composition, properties and cytotoxicity Testing)</td>
<td>Dr. Rogers</td>
</tr>
<tr>
<td>3/11/2013</td>
<td>Canal obturation Part II (Techniques)</td>
<td>Dr. Bell</td>
</tr>
<tr>
<td>3/18/2013</td>
<td>Microbiology of Endodontic Disease.</td>
<td>Dr. Khan</td>
</tr>
<tr>
<td>3/25/2013</td>
<td>Pulp and Periapical Pathology</td>
<td>Dr. Liss</td>
</tr>
<tr>
<td>4/01/2013</td>
<td>Clinical Implications of Microbiology and Immunology (Flare-ups)</td>
<td>Dr. Munarettoo</td>
</tr>
<tr>
<td>4/08/2013</td>
<td>Endodontic Success and Failure: Outcomes Assessment and effects of dental implants on treatment planning.</td>
<td>Dr. Patel</td>
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<tr>
<td>4/15/2013</td>
<td>Cone Beam Volumetric Tomography (CBVT).</td>
<td>Dr. Rogers</td>
</tr>
<tr>
<td>4/22/2013</td>
<td>No Class AAE</td>
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</tbody>
</table>
Dr. Ashkenaz

5/6/2013  Wrap up session, possible presentation by Dr. Fayad treatment planning: Cone Beam imaging, extraction and socket preservation utilizing different membranes and bone grafting materials.
Endo 615  
Current Endodontic Literature  
Mondays – 1:30 PM to 4:30 PM

Course Objectives

1. Be able to critically appraise the current endodontic literature.

2. Develop an evidence-based philosophy of endodontic practice.

3. Justify your clinical techniques based on current best available evidence

4. On a rotating basis, serve as seminar leader and effectively organize and lead a small group seminar.

The course grade is determined by grades of weekly presentations, participation in weekly discussions and the final exam (if needed).

Weekly Topics & Presentations

Each week, there will be an appointed student (the seminar leader) who will prepare a PowerPoint presentation based on the selected articles for that week. The articles will come from a reading list that contains the most current endodontic literature primarily from the following journals; the Journal of Endodontics; Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontology; the International Endodontic Journal; Endodontic Topics. The presentation will be an overview of all assigned articles with discussion of the more relevant articles for that week. The students who are not presenting that week will prepare a synopsis of a number of articles assigned to them by the seminar leader for that week.

Class Preparation

Read all the articles on the list. After the presentation by the seminar leader, we will discuss some of the articles in detail, so be prepared to cover your assigned articles. Discussion will include; the value of the article as it applies to clinical endodontics; quality of the study; its level of evidence for clinical practice.

Version 1.5.2013
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>1/16</td>
<td>Preparation of the Case History Portfolio</td>
</tr>
<tr>
<td>1/23</td>
<td>No Class</td>
</tr>
<tr>
<td>1/30</td>
<td>No Class, out of town (Coolidge Off-Shore mtg.)</td>
</tr>
<tr>
<td>2/6</td>
<td>No Class; Houston Board Review course, CODABE</td>
</tr>
<tr>
<td>2/13</td>
<td>Boardwalk: Overview of the process; Written and Orals</td>
</tr>
<tr>
<td>2/20</td>
<td>No Class <strong>OR</strong> Presentation if someone is ready.</td>
</tr>
<tr>
<td>2/27</td>
<td>Portfolio Presentation, Dr. Munaretto</td>
</tr>
<tr>
<td>3/6</td>
<td>No Class; out of town</td>
</tr>
<tr>
<td>3/13</td>
<td>No Class; Presentation by Dr. Paul Rosenberg from NYU</td>
</tr>
<tr>
<td>3/20</td>
<td>Portfolio Presentation, Dr. Liss</td>
</tr>
<tr>
<td>3/27</td>
<td>Portfolio Presentation, Dr. Patel</td>
</tr>
<tr>
<td>4/3</td>
<td>Portfolio Presentation, Dr. Bell</td>
</tr>
<tr>
<td>4/10</td>
<td>2 Portfolio Presentations, Drs. Khan &amp; Rogers</td>
</tr>
<tr>
<td>4/17</td>
<td>No Class; AAE Annual Session</td>
</tr>
<tr>
<td>4/24</td>
<td>Portfolios Due for Illinois Specialty Exam (NERB)</td>
</tr>
</tbody>
</table>

You may schedule patients when there is no class scheduled.
Endo 617 Syllabus
ABE Board Prep

Complete a minimum of three cases for review by the group, more if you want. You can start working on your cover sheets right away, explaining technique etc. Must be done on ABE Case History Portfolio template, downloadable from ABE website.

Grade will be based upon class preparation and class participation.

You have to come up with six dates for your presentations. The last scheduled date will be May 8\textsuperscript{th}.

Dates I am not available:
January: 30
February: 6
March: 6, 13 (Rosenberg Lecture)
April: 17
May: 1

We will hold May 15\textsuperscript{th} as a backup date.
September 13, 2012: 1.) Introduction to course; History, epidemiology, & pain theories; Treatment of odontogenic pain; Seminar leader: Dr. Johnson

September 20, 2012: 2.) Neurobiology of Pain I Seminar leader: Dr. Bell

September 27, 2012: 3.) Neurobiology of Pain II Seminar leader: Dr. Khan

October 4, 2012: NO CLASS

October 11, 2012: 4.) Psychology of pain; Perception; Measurement of pain Seminar leader: Dr. Liss

October 18, 2012: 5.) Differential diagnosis of headache and intracranial disorders Seminar leader: Dr. Munaretto

October 25, 2012: 6.) Differential diagnosis and treatment of neurogenic pain Seminar leader: Dr. Patel

November 1, 2012: 7.) Referred pain; Accuracy of clinical tests Seminar leader: Dr. Rogers

November 8, 2012: 8.) FINAL EXAM (Orofacial Pain)

November 15, 2012: 9.) Review Orofacial Pain final exam & start ENDO 618 (week 1)

November 22, 2012: NO CLASS – Thanksgiving break
November 29, 2012:  10) ENDO 618 – week 2

December 6, 2012:  11) ENDO 618 – week 3

December 13, 2012:  12) ENDO 618 – week 4

December 20, 2012:  13) Make up session if needed
ENDO-618: Teaching, Learning, & Critical Thinking  
Fall 2012  
Course director: Dr. Johnson  

Session #1 (11-15-2012) -- Introduction and Overview  

Objectives:  
After completion of this session, the student will be able to:  
1.) Discuss current issues and challenges in health professions education  
2.) Write an appropriate educational objective for an undergraduate (dental) endodontic topic  
3.) Explain how individual differences in learning styles relates to instructional strategies  
4.) Describe five principles of adult learning that apply to effective clinical teaching  

Student preparation for session #1:  
1) Read assigned papers and be prepared to discuss them. You are not required to “abstract” each article for presentation but I expect all of you to be familiar with ALL of the articles (it’s fairly light reading).  
2) Read the 6 page paper: Week #1: Introduction  
3) Complete and print out online learning styles survey and bring to class  
   (go to website and follow link to “ILS questionnaire –Web version”  
   http://www.ncsu.edu/felder-public/ILSpage.html)  

Reading assignments and resources:  
6) Learning Styles and Strategies. Felder RM, Soloman BA.  
   http://www.ncsu.edu/felder-public/ILSpage.html  
   “Descriptions of Learning Styles” – 4 page handout  

(Supplemental materials are also in the folder -- these are not required reading but are available for your reference as needed)
ENDO-618: Teaching, Learning, & Critical Thinking
Fall 2010-Fall 2012
Course director: Dr. Johnson

Session #2 (11-29-2012) – Instructional Methods: Classroom & Clinical Teaching

Objectives:
After completion of this session, the student will be able to:
1.) Compare and contrast PBL to a traditional seminar type format.
2.) Describe uses (and misuses) of the “Dr. Fox” effect.
3.) Explain the difference between formative feedback and summative feedback (Jack Ende refers to this as “feedback” and “evaluation,” respectively) and describe how you would use feedback in a clinical teaching situation.
4.) Discuss the characteristics of an effective teacher. Compare to the list we created at the beginning of week #1.

Student preparation for session #2:
1.) Read assigned papers and be prepared to discuss them. You are not required to “abstract” the articles for presentation but I expect all of you to be familiar with all of the articles.
2.) Write an instructional objective for undergraduate endodontics using Competencies for the New Dentist as a guide.
3.) Answer the following questions (using whatever resources you think are appropriate):
   Can problem-solving skills be taught? If so, what would be a good strategy?

Reading assignments:
1.) Ware JE, Williams RG. The Dr. Fox Effect: A Study of Lecturer Effectiveness and Ratings of Instruction. J Med Educ 1975; 50:149-156.

7.) Howarth-Hockey G, Stride P. Can Medical education be fun as well as educational? BMJ 2002; 325:1453-54.


Optional reading:


ENDO-618: Teaching, Learning, & Critical Thinking  
Fall 2012  
Course director: Dr. Johnson

Session #3 (12-6-2012)  
Assessment & Evaluation

Objectives:  
After completion of this session, the student will be able to:  
1.) Write an effective, high quality multiple choice question.  
2.) Explain validity and reliability and their relationship to student assessment.  
3.) Describe the different uses of norm-referenced testing and criterion-referenced testing.  
4.) Explain the advantages and disadvantages of the most commonly used assessment methods – true/false questions; multiple choice questions; short answer/essay; oral exam; case presentation/portfolio review; competency exam; standardized patients; and OSCEs.

Student preparation for session #3:  
1.) Write two (2) multiple choice questions for the Endodontics section of the National Board Dental Exam, Part II (use the outline for the endodontics section and ADA “Test Development Guide” – format for the question is on page 18, “Test Item Submission Form”). Questions (answers) should be referenced.

2.) Imagine that you are the course director for the undergraduate preclinical endodontics course (it could happen!). You decide that psychomotor skills (lab portion) and knowledge (mostly from lecture and reading assignments) are equally important (i.e., 50% of the grade is based on lab performance and 50% on a test of the lecture material). Write a brief (2 or 3 paragraph) explanation of how you would arrive at the final student grade for this course (e.g.: Will your assessment system be criterion-referenced or norm-referenced? How will you combine the separate scores in the lab and lecture portions of the course to arrive at a final grade?, etc.)

3.) Be prepared to discuss the following question: What is the best way to assess clinical competency in dentistry?

Reading assignment:


2.) Gronlund NE. Nature of Student Assessment (Chapter 2, pp. 13-29), IN: Assessment of Student Achievement, 6th Ed. 1998, Allyn & Bacon, Needham Heights, MA.


Optional reading:


Session #4 (12-13-2012) – Clinical Decision Making

Objectives:
After completion of this session, the student will be able to:
1. Explain how a Bayesian approach to diagnosis can assist in clinical decision-making.
2. Describe prevalence, sensitivity (Sn), specificity (Sp), positive predictive value (PPV), negative predictive value (NPV), and number needed to treat (NNT).
3. Discuss three of the most common errors in clinical decision making.
4. Describe how you plan to integrate evidence-based decision making into your own clinical practice.

Student preparation for session #4:

1. Read assigned papers and be prepared to discuss them. You are not required to “abstract” the articles for presentation but I expect all of you to be familiar with all of the articles.

2. Use an online Bayesian calculator (do a Google search – you will find several) and the Slaton et al (2003) article to answer the following:
   A.) Using Sn and Sp data provided in Table 1, explain how the authors determined the “accuracy” of each method.
   B.) Change the prevalence to reflect what you think is a reasonable prevalence for dentinal cracks in endodontically treated teeth that are treatment planned for apical surgery in your clinical practice. Does the accuracy change? If so, how? You should work independently on this and we will pool our results during the seminar.

3. Can decision aids be used to improve the quality of clinical decision making?

4. Reconsider the following question: Can problem-solving skills be taught (or learned)? (If yes, how? If no, what should we be teaching?)

Reading assignment:


Optional reading:


<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>1/11/13</td>
<td>9:30-12:00</td>
<td>Course Introduction</td>
</tr>
<tr>
<td>1/18/13</td>
<td>9:00-12:00</td>
<td>Indications for surgery</td>
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<td>Surgical Anatomic Considerations</td>
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<tr>
<td>2/01/13</td>
<td>9:30-12:00</td>
<td><strong>Out of town</strong></td>
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<tr>
<td>2/08/13</td>
<td>9:30-12:00</td>
<td><strong>Out of town</strong></td>
</tr>
<tr>
<td>2/15/13</td>
<td>9:30-12:00</td>
<td>Soft Tissue Management</td>
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<tr>
<td>2/22/13</td>
<td>9:30-12:00</td>
<td><em>Midwinter meeting</em></td>
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<td><em>McCormick Place West</em></td>
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<tr>
<td>3/01/13</td>
<td>9:30-12:00</td>
<td><strong>2nd yrs at board review</strong></td>
</tr>
<tr>
<td>3/08/13</td>
<td>9:30-12:00</td>
<td>Hard Tissue Management</td>
</tr>
<tr>
<td>3/15/13</td>
<td>9:30-12:00</td>
<td>Surgical management of hemostasis and anesthesia</td>
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<tr>
<td>3/22/13</td>
<td>9:30-12:00</td>
<td>Root End Resection</td>
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<td></td>
<td>Start earlier for Richard</td>
</tr>
<tr>
<td>3/29/13</td>
<td>9:00-11:00</td>
<td>Surgical Regenerative Techniques</td>
</tr>
<tr>
<td>4/05/13</td>
<td>9:00-12:00</td>
<td>Success and Failure of Endodontic surgery</td>
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<tr>
<td>4/12/13</td>
<td>9:00-12:00</td>
<td>Intentional replantation, perforation repair</td>
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<td>Wound Closure and Wound Healing</td>
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<td>4/19/13</td>
<td>9:30-12:00</td>
<td><strong>AAE meeting</strong></td>
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<tr>
<td></td>
<td></td>
<td><em>Hawaii</em></td>
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<tr>
<td>4/26/13</td>
<td>9:00-12:00</td>
<td>Socket Preservation and Implants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Rick Munnaretto</td>
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<tr>
<td>5/03/13</td>
<td>9:30-12:00</td>
<td>Laboratory: Pig heads</td>
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<tr>
<td>5/10/13</td>
<td>9:30-12:00</td>
<td>Laboratory: Rubinstein Models</td>
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<tr>
<td>5/17/13</td>
<td>9:30-12:00</td>
<td>Laboratory: Models</td>
</tr>
<tr>
<td></td>
<td>9:30-12:00</td>
<td>Postgrad Debate of materials</td>
</tr>
</tbody>
</table>

**Suggested Text**

*Kim, Pecora, and Rubinstein: color atlas of Microsurgery in Endodontics, 1st ed., W.B. saunders Company*

*Guttmann & Harrison: Surgical Endodontics, 2nd ed., St. Louis; Tokyo, Ishiyaka-Euro America, Inc.*
ENDO 619: Endodontic Surgery
Course Director: Dr. Rogers
Course Objectives

After completion of this course, residents will be able to:

1.) Discuss indications for surgical treatment.

2.) Recognize relative risks and contraindications for periradicular surgery (including anatomical, psychological, and patient’s medical status).

3.) Analyze relative benefits, risks, and prognosis for periradicular surgery compared to alternative treatment options.

4.) Demonstrate proper instrument and operatory set-up and patient preparation for surgery.

5.) Perform periradicular surgery on models and pig jaws (non-living specimens), including:
   - proper flap design and soft tissue management
   - hard tissue management
   - root-end preparation using ultrasonics
   - root-end filling using various materials
   - proper suturing technique

6.) Discuss the indications for adjunctive periodontal regenerative procedures (guided tissue regeneration and bone grafting materials and techniques).

7.) Describe surgical approaches for perforation repair and intentional replantation.

8.) Explain appropriate patient management before, during, and after surgery (including behavioral/ethical considerations, pharmacologic management, informed consent, and post-surgical follow-up)

9.) Discuss prevention and management of potential complications related to surgical treatment.
ENDO 620: Endodontics Clinic
Educational Objectives
Course director: Dr. Johnson and faculty

Residents are expected to demonstrate ethical behavior at all times during their interactions with patients, clinical faculty, and other students and faculty in the College of Dentistry. It is expected that appropriate progression in the development of clinical skills will be observed over the course of the program.

By the completion of the program, residents will demonstrate proficiency in:

1.) Evidence-based decision making and practice
2.) Diagnosis, treatment planning and prediction of prognosis (for endodontic treatment and alternatives)
3.) Non-surgical and surgical endodontic treatment and retreatment
4.) Outcome evaluation
5.) Radiography and other diagnostic imaging
6.) Management of endodontic treatment of medically complex patients
7.) Emergency treatment for endodontic conditions
8.) Preparation of space for intraradicular restorations and cores in endodontically treated teeth
9.) Communication with patients and health care professionals
10.) Use of magnification technologies

By the completion of the program, residents will demonstrate competence in:

1.) Vital pulp management
2.) Endodontic management of developing permanent teeth
3.) Endodontic management of traumatic dental injuries
4.) A variety of endodontic techniques

Residents will have clinical exposure to:

1.) Diagnosis and treatment of periodontal disease and defects in conjunction with the treatment of a tooth undergoing endodontic therapy
2.) Placement of intraradicular restorations and cores in endodontically treated teeth
3.) Intracoronal bleaching procedures
4.) Implant dentistry
5.) Extrusion procedures
TO: All first and second year Endodontic postgraduate students, Veterans Administration residents (Drs Chee, Colantino and Modjeski), and Thursday faculty (Drs Alapati, Barrows, Gilbert, Johnson, Milnarik, Mintz, Neach, Weeks and Xie)

FROM: Dr Milnarik

RE: DE 630 Clinical Conference in Endodontics
12:30 to 1:30 pm Thursdays
Clinic Conference Room 322 (between Group Practices 5 + 6)

Here is the even more REVISED schedule for the Fall Semester 2012 (Nov 1 and 8 moderators switched):

September 6: Literature Review with Dr Johnson (March 2012)
September 13: Literature Review with Dr Milnarik (April 2012)
September 20: Literature Review with Dr Neach (May 2012)
September 27: No Class – Faculty Meeting
October 4: Case Presentations by Drs Patel and Rogers
October 11: No Class – Dr Kuttler Presentation
October 18 - Case Presentations by Drs Liss and Munaretto
October 25: Case Presentations by Drs Bell and Khan
November 1: Literature Review with Dr Alapati (July 2012)
November 8: Literature Review with Dr Xie (June 2012)
November 15: Literature Review with Dr Gilbert (August 2012)
November 22: No Class – Thanksgiving Holiday
November 29: Case Presentations by Drs Pasiewicz and Ryan
December 6: Case Presentations by Drs Nunney and Olarov
December 13: Case Presentation by Dr Kaushik

(Please see over for important information about class procedures)
Literature Reviews:

Selection of 3 articles will be made by the faculty member moderating the session. A listing of the articles will be distributed at least 2 weeks in advance. Articles may be from JOE, OOOOE, International Dental Journal, Dental Traumatology, JADA, Journal of Dental Research, or any similar publication. Copies of articles from journals other than JOE should be distributed to all attendees.

Everyone will be expected to have read the selected articles and be ready to discuss them. During class a random selection of students will be made to present the articles and lead the discussion. One student will do a Review, covering the article through the Results section. The second student will do a Critique, beginning with the Discussion section.

Case Presentations:

Case selections should include interesting or unusual conventional or surgical Endodontic cases. All postgraduate students must project their radiographs digitally via Dexis software in a Power Point presentation. Presenters will need to use their personal laptop computers. An LCD digital projector has been requested for 12:15 pm for each Case Presentation session. It would be a good idea for each presenter to check before 12:30 that the projector is there and that it works well with their computer. Presentations should follow the American Board of Endodontics case portfolio format.

Evaluations:

Each Literature Review and Case presenter will be evaluated and graded by all faculty in attendance. A sample evaluation form is available from Dr Milnarik. Summaries of these evaluations will be available to the student a week after the presentation.
TO: All first and second year Endodontic postgraduate students, Veterans Administration residents (Drs Chee, Colantino and Modjeski) and Tuesday faculty (Drs Babcic, Barrows, Hawkinson, Johnson, Lindauer, Milnarik, Weeks, and Wenckus)
FROM: Dr Milnarik
RE: DE 630 Clinical Conference in Endodontics
   12:30 to 1:30 pm Tuesdays, Spring term 2013
   Clinic Conference Room 322 (Rembrandt Clinic)

CLASS SCHEDULE:

January 15: Literature Review with Dr Johnson (September 2012)
January 22: Literature Review with Dr Hawkinson (October 2012)
January 29: No Class – Faculty Meeting
February 5: Literature Review with Dr Milnarik (November 2012)
February 12: Poster Clinic Presentations by Drs Khan, Liss and Patel
February 19: Poster Clinic Presentations by Drs Bell, Munaretto and Rogers
February 26: Case Presentations by Drs Patel and Rogers
March 5: Case Presentations by Drs Liss and Munaretto
March 12: Case Presentations by Drs Bell and Khan
March 19: Literature Review with Dr Wenckus (December 2012)
March 26: No Class – Faculty Meeting
April 2: Literature Review with Dr Babcic (January 2013)
April 9: Literature Review with Dr Weeks (February 2013)
April 16: No Class – AAE Meeting
April 23: No Class – AAE Meeting
April 30: Case Presentations by Drs Kauskik and Nunney
May 7: Case Presentations by Drs Olarov and Pasiewicz
May 14: Case Presentation by Dr Ryan (see over for continuation)
May 21: Make-Up

May 28: Make-Up

June 4: Make-Up

POSTER CLINIC PRESENTATIONS:
Rehearsal and practice for UIC Research Day (March 7) poster clinic presentations. Please concentrate on legibility, space weighting and balance, as well as conveying the actual content. Questions, feedback and discussion should be encouraged to create a collegial, learning atmosphere.

LITERATURE REVIEWS:
Selection of 3 articles will be made by the faculty member moderating the session. A listing of the articles will be distributed at least 2 weeks in advance. Articles may be from JOE, International Dental Journal, Dental Traumatology, JADA, Journal of Dental Research, or any similar publication. Copies of articles from journals other than JOE should be distributed by the moderator to all other attendees. Everyone will be expected to have read the selected articles and be ready to discuss them. Students will be chosen by lot to present an article and lead the discussion. One student will do the Review, covering the article through the Results section. A second student will do the Critique, beginning with the Discussion section.

CASE PRESENTATIONS:
Case selections should include interesting or unusual conventional/surgical endodontic cases. All postgraduate students must project their radiographs digitally (either through the Schick software or, preferably, a Power Point presentation). Presenters can use their personal laptop computers to link to the in-room projection system, or could use a small storage device or email to transfer the information. It would be a good idea for each presenter to check before 12:30 that the system works with their presentation. Please follow the American Board of Endodontics format. Each Case Presentation will be evaluated and graded by all faculty in attendance. A sample evaluation form is available from Dr Milnarik. Summaries of these evaluations will be available to the student a week after the presentation.
ENDO 630: Clinical Conference in Endodontics  
Course director: Dr. Milnarik  
Fall and Spring Semesters, PG 1 and PG 2

Educational objectives:

Residents will be able to:

1.) Present a synopsis of a selected article that is clear, concise, and unbiased.

2.) Apply critical appraisal skills to the current endodontic literature.

3.) Evaluate the level of evidence and clinical significance of selected articles.

4.) Demonstrate competence in the presentation and discussion of clinical cases using the following guidelines:

   a.) Use ABE template for case presentations

   b.) Select cases that are unique or presented an unusual challenge (case presentations should be a learning experience for all in attendance)

   c.) Evaluation of procedural mishaps, complications, and unexpected outcomes with an emphasis on “what was learned”

   d.) Consideration of treatment modifications needed due to medical complexity and/or behavioral issues, if applicable

   e.) Issues related to ethics, practice management, and risk management/jurisprudence should receive attention equal to clinical aspects of treatment

   f.) Be able to cite appropriate literature to support treatment decisions

Resident evaluation:

Small group seminars depend on active participation by all residents and faculty. Residents will receive a grade from each faculty member in attendance for each clinical conference session based on level of participation and demonstration of knowledge and ethical behavior. The final grade will be determined by averaging individual session grades for the semester (a letter grade is given for this course).
ENDO 694 – Endodontic Biomaterials

Instructor: Satish Alapati

Office Hours Monday -Friday 4.30 -5.30PM COD RM 436B
salapati@uic.edu
Ph; 312-996-2033

Textbook:

Objectives:
The course objective is to provide the student with a fundamental understanding of materials and their interactions with living systems. The course focuses on the properties of materials in the first portion of the course, and on biological interactions with materials in the remainder of the course. At the end of the course, the student will be able to critically evaluate materials for their use in biomedical/dental applications.

Responsibilities:

Student: Students must come to class prepared to actively participate in discussions during lecture.

Assignments:
It is assumed that a student is sufficiently mature to discipline him/her to complete all assigned work in a timely manner. Short summary of the assigned articles, discussions will be expected. While group work is encouraged, cheating or plagiarism will be punished vigorously according to university rules.

Grading: HW 30% : Exams- 3 @15% each = 45%; Final 25%

Topics:
1. Materials for Biomedical Applications
2. Chemical Structure of Biomaterials
3. Physical Properties of Biomaterials
4. Mechanical Properties of Biomaterials
5. Biomaterial Degradation
6. Protein Interactions with Biomaterials
7. Cell Interactions with Biomaterials
8. Biomaterial Implantation and Acute Inflammation
9. Wound Healing and the Presence of Biomaterials
10. Immune Response to Biomaterials
ENDO 694– Instrumentation and Biomechanics

Instructor: Satish Alapati

Office Hours Monday -Friday 4.30 -5.30PM COD RM 436B
salapati@uic.edu
Ph; 312-996-2033

Textbook:
Title: Mastering Endodontic Instrumentation Author John T. McSpadden: Publisher:-Cloudland Institute, 2006: ISBN 0979108802, 9780979108808

Objectives:
The course objective is to provide the student with a fundamental understanding of instrumentation of root canal systems, Instruments and resultant mechanical forces involved in root canal preparations. Special emphasis on the properties of instruments, design, metallurgy, forces delivered and resultant shapes will be reviewed. First portion of the course will focus on Biomechanics and Metallurgy materials in the remainder of the course will focus on a review of various types of instrument systems and their resultant effects on root dentin.. At the end of the course, the student will be able to critically evaluate various techniques of biomechanical root canal preparations and evaluate the surface and shape of the preparation produced as a function of rotary system and Hand Files. This course will also review various motors and settings used with each system.

Responsibilities:

Student: Students must come to class prepared to actively participate in discussions during lecture.

Assignments:
It is assumed that a student is sufficiently mature to discipline him/her to complete all assigned work in a timely manner. Short summary of the assigned articles, discussions will be expected. While group work is encouraged, cheating or plagiarism will be punished vigorously according to university rules.

Grading: HW 30% : Exams- 3 @15% each = 45%; Final 25%

Topics:
1. Conventional Instruments and Techniques
2. Concepts of Rotary Instruments
3. Physical Properties of Stainless Steel and Nickel-Titanium Alloys
4. Basic Mechanics of Instrumentation
5. Rotary instrument Systems
6. Instrument Design
7. Instrument Degradation/Fracture process
8. Effects of Instrumentation on Root Dentin
9. Use of Lasers in Biomechanical Preparations
ENDO 694 – Regenerative Endodontics :Cell /Tissue Engineering

Instructor: Satish Alapati

Office Hours Monday -Friday 4.30 -5.30PM COD RM 436B
salapati@uic.edu
Ph; 312-996-2033

Textbook:
1) "Tissue Engineering" by Palsson B, and Bhatia S. Published by Pearson Prentice Hall.
2) "Principles of Tissue Engineering" by Lanza R, Langer R, and Vacanti J. Published by Academic Press.

Objectives:
The course objective is to provide the student with a fundamental understanding of regenerative endodontics and applications. The course focuses on basic science principles of cell and molecular biology with emphasis on stem cells and scaffolds in the first portion of the course, and on regeneration of soft tissue and hard tissue in the remainder of the course with emphasis on wound healing concepts. At the end of the course, the student will be able to critically evaluate regenerative endodontic treatment concepts and healing/regeneration of soft tissue and bone..

Responsibilities:

Student: Students must come to class prepared to actively participate in discussions during lecture.

Assignments:
It is assumed that a student is sufficiently mature to discipline him/her to complete all assigned work in a timely manner. Short summary of the assigned articles, discussions will be expected. While group work is encouraged, cheating or plagiarism will be punished vigorously according to university rules.

Grading:
HW  30% : Exams- 3 @15% each = 45%; Final 25%

Topics:
1. Introduction to Tissue Engineering  and Ethics of Tissue Engineering Strategies and Methodologies
2. Basic Cell and Molecular Biology
3. Stem Cell-based Tissue Engineering
4. Regenerative Endodontics
5. Stem Cell Differentiation  and Stem Cell Dynamics
6. Tooth Regeneration
7. Scaffold Engineering/Scaffold/Extracellular Matrix (ECM) I
8. Cell Adhesion and Cellular Biomechanics
9. Bone Tissue Engineering and Nanomaterials in Tissue Engineering
Dr. Thomas C. Lakars, B.S., M.S., D.D.S., course director,
Assistant Professor, Dept of Oral Biology, Adjunct faculty in Dept Anatomy & Cell Biology
Rm 410C in College of Dentistry    Office: 312-996-6046   E-mail: tlakars@uic.edu

Course Abstract
The Advanced Craniofacial Anatomy course is planned for dentist-graduate students in the postgraduate specialties of dentistry. Postgraduates have previously taken an introductory course in head-neck anatomy to complete the requirements for a D.D.S. or D.M.D. degree and therefore this course can begin at an advanced level. In this course the mechanisms of the several craniofacial systems will be studied and the functions of regional structures will be emphasized. Readings from research literature about the components of the craniofacial systems -- the Oral Apparatus in particular -- will be analyzed to augment the laboratory dissections during the course. The research reports are selected to provide insight into the biomechanics of the Oral Apparatus.

Graduate Course Description

544 Advanced Craniofacial Anatomy
3 hours. Functional and clinical aspects of head and neck anatomy, based on detailed laboratory dissection, original readings, and project work. Prerequisite(s): Any human gross anatomy course or the equivalent.

Course Objectives
Dentist-students bring their “new eyes” from clinical experiences to this voyage of discovery and adventure in which they will:
1- Study and dissect in detail the head & neck, focusing on the biomechanics of the Oral Apparatus and how the Oral Apparatus is specially integrated into the head and neck of man;
2- Read and analyze selected research studies of the Oral Apparatus that provide the evidence for how the oral apparatus is built and works in the functions of mastication, oral food-transport, swallowing, and vocalization in speech.
3- View the regional anatomy in stop-frame and slow motion DVDs of photography and cineradiography of the oral apparatus in mastication, food-bolus formation, swallowing, and speech.

Evaluation and Grades
Course grades are determined by student performance on exams and written assignments, the total score apportioned: 65% laboratory exam and 35% final written exam. Letter-grades are assigned per total score: A = 100-90, B = 89-80, C = 79-70, D = 69-60, F = 59 or less. Scores and grades are almost always high because only outstanding dentists are accepted in specialty certificate programs of the departments of the College of Dentistry.

Remediation
Students are absent occasionally due to clinical scheduling for patient care or for hospital service assignments. Thus, the instructor will post all class materials on a Blackboard site for electronic access and downloading outside of class-time so that a student who misses a class can keep up with course topics. Students who miss dissection labs are expected to complete dissections on other days, because they will have permission for I-Card controlled-access to the dissection laboratory from 8 a.m. to 9 p.m. each day during the semester.

Class schedule follows on p. 2
### ADVANCED CRANIOFACIAL ANATOMY

Dr Thomas Lakars, B.S., M.S., D.D.S., course director, Rm 410C – College of Dentistry  
Ofc: 312-996-6046  
lakars@uic.edu  
Lab asst: Dr Robert Druzinsky, Ph.D.  
Associate Professor, Rm 410C – CoD  
druzinsk@uic.edu

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Topics</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Introduction to ANAT_544 Human Skull Design</td>
<td>Study the skull. (Take loaned skull home for study.)</td>
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<tr>
<td>2)</td>
<td>Functional Anatomy of Facial Skeleton Cranial Cavity &amp; Face I</td>
<td><em>Dissection lab begins today!</em></td>
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<td>3)</td>
<td>Designs of Skeletal Muscles: Facial Muscles</td>
<td>Face II</td>
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<td>5)</td>
<td>CMJ I: Craniomandibular Joint, Posture and Skull Plan</td>
<td>Neck II – Visceral Structures Neck III - Posterior Triangle</td>
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<td>6)</td>
<td>CMJ II: Internal Derangements</td>
<td>Submandibular, Cheek; Temporal &amp; Infratemporal Fossae, CMJ</td>
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<td>7)</td>
<td>Jaw Muscles and Jaw Movements</td>
<td>Deep Infratemporal Fossa &amp; Submandibular Region</td>
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<td>8)</td>
<td>Pharynx – Cross Roads of the Gut</td>
<td>Pharynx and Larynx</td>
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<td>10)</td>
<td>Trigeminal Nerve Pathways</td>
<td>Tongue and Oral Floor</td>
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<tr>
<td>11)</td>
<td>Eye-Jaw Connection: Orbit, Eye and Extraocular Muscles</td>
<td>Orbit and Contents</td>
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<tr>
<td>12)</td>
<td>Jaw-Ear Connection: Ear Ossicles were Fetal Jaw Joints</td>
<td>External, Middle, Inner Ears</td>
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<tr>
<td>13)</td>
<td>Oral Apparatus in Action: Videos of Chewing &amp; Swallowing</td>
<td>Finish dissections and study for lab exam.</td>
</tr>
<tr>
<td>14)</td>
<td>Review for LABORATORY EXAM</td>
<td>1 – 5 p.m. in Anatomy Lab</td>
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<tr>
<td>15)</td>
<td>LABORATORY EXAM</td>
<td>2 p.m. in Anatomy Lab</td>
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<td>16)</td>
<td>FINAL WRITTEN EXAM</td>
<td>Rm 230D 2 - ~ 4 p.m.</td>
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\* 14 Nov 2012
Syllabus

Graduate Oral Pathology
OMDS 503
University of Illinois College of Dentistry 2013

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Full 38 page syllabus available on site.

Appendix Q
OMDS 615 (2013)
Seminars in Anesthesia, Pain & Anxiety Control in Dentistry
Course Director: Z. Messieha, DDS

Goals:
Course Participants should have an understanding of the following.

1) Pre-anesthesia medical risk assessment.
2) Monitoring under anesthesia.
3) Different anesthetic regimens available including enteric, inhalation and parenteral routes.
4) Non-pharmacological management of anxiety.
5) Post-operative analgesia.

Format:

Seminars with possible literature reviews.

Evaluation:

Satisfactory/unsatisfactory based on participation in the seminars.

Absence policy:

Each participant is allowed to miss one seminar with previous arrangement with the course director. Unexcused absence or exceeding the allowed time will constitute an unsatisfactory grade in the course.

Location and time:

Pediatric Dentistry conference room on second floor.

Dates and time will vary. Schedule will be given to the participants via e-mail ahead of time.

Additional References:


Sedation in the Dental Office; Dionne, Phero & Beck

Basics of Anesthesia; Stoelting

Seminar handouts
Introduction to hypnosis Dr. Anne Koerber (TBA)
Pre-anesthesia evaluation Dr. Z. Messieha (ZM)
Introduction to Nitrous Oxide sedation ZM
Sedative hypnotics ZM
Narcotics ZM
Oral Sedation ZM
Monitoring in anesthesia ZM
Dynamics of office-based anesthesia guidelines for patient selection and regulatory issues ZM
Anesthesia emergencies ZM
Overview of analgesics ZM
Inhalation anesthetics ZM
Principles of Dental local anesthesia ZM
Anesthesia and sedation for the special needs patient ZM
Local Anesthesia ZM
Radiology for the Dental Specialist: 2013

Course Status: APPROVED
Course: OMDS 621/617 Version: 1 Title: Radiology for the Specialist
Date Entered: 5/6/13

Course Director: Richard Monahan
Office: 563C
3-7925

Course Rubric: OMDS/ Oral Medicine and Diagnostic Sciences
Primary Unit: 1965/ Oral Medicine and Diagnostic Science
Course Number: 621/617
Course Version: 1

COURSE TITLE: Radiology for the Specialist

COURSE DESCRIPTION: (Limited to 250 characters or 25 words)
This course serves to supplement and expand the knowledge student’s gain in their pre-doctoral curriculum. General principles of radiation physics, radiation biology, patient selection criteria, and normal anatomy are presented in an overview format in order to reiterate the fundamentals of diagnostic imaging. The radiographic characteristics of infection, cysts formation, neoplasms, reactive lesions, systemic disease, trauma and developmental anomalies are presented in terms of selecting the proper imaging modality and establishing a differential diagnosis. The advantages and disadvantages of advanced diagnostic imaging systems, including digital radiology, CT/CBCT and MRI, will be presented in light of their potential contribution in assisting the clinician in his/her ability to provide optimal patient care at the level of a reasonably competent dental specialist.

NOTES TO STUDENTS:
PowerPoint handouts where appropriate. Specific references to slides and class notes will be available at http://intranet/depts/radio/index.htm

ALIAS COURSE(S):
None

EXPECTED REGISTRATION:
Professional programs. (100%)

Type of course:
Requirement for the following programs: certificate

Relationship to other courses offered by primary unit:
Oral and Maxillofacial Pathology presentations
COURSE OBJECTIVES:
The purpose of the course is to provide a clear understanding of diagnostic radiology as it relates to clinical specialties within dentistry.

1. This course expands the graduate student's appreciation of the integral part imaging plays in the diagnosis and ultimate treatment of diseases that establish themselves in the oral and maxillofacial region.

2. This course provides an excellent background for utilizing electromagnetic radiation as an adjunct to establishing a differential diagnosis relative to the various clinical disciplines.

3. Successful completion of this course prepares the student for satisfactory performance as a specialist.

MAJOR TOPICS:

1. **Radiographic signs**: Recognize the radiographic signs of infection, cysts, tumors, fibro-osseous lesions and traumatic injury.

2. **Metastatic lesions**: Recognize the radiographic hallmarks of metastatic lesions and radiographic manifestations of systemic diseases.

3. **Computed tomography/cone-beam tomography**: Understand the concept, application, benefits and limitations of CT and CBCT

4. **Magnetic resonance imaging**: Understand the concept, application, benefits and limitations of MRI

5. **Digital imaging**: Understand the concept, application, benefits and limitations of intraoral/panoramic/cephalometric digital imaging.

6. **Advanced imaging studies**: Appreciate the radiobiologic consequences associated with an advanced imaging study.

7. **Imaging modalities**: Understand the clinical indications for selecting an advanced imaging modality in order to solve a complex diagnostic problems.

SAMPLE SOURCES AND RESOURCE MATERIALS: PowerPoint handouts where appropriate.

EVALUATION CRITERIA FOR STUDENT PERFORMANCE: Final Examination

PREREQUISITE(S): Enrollment in a certificate program in the College of Dentistry/Medicine

RECOMMENDED BACKGROUND: DDS/DMD/Medical degree

CREDIT HOURS: 1

TYPE OF INSTRUCTION: Discussion

CONTACT HOURS: 7

FACULTY PROPOSER(S): Richard Monahan
RADIOLOGY FOR THE SPECIALIST
(OMDS 617)
Meets Monday, 7:30 am-8:30 am
Conference Room in The Department of Orthodontics

June 10  Introduction & Pathology Review

June 17  Radiographic Interpretation: part 1.
          Radiobiology, ALARA/ALRAP, recognize the radiographic
          signs of infection, cysts

June 24  Radiographic Interpretation: part 2.
          Recognize the radiographic signs of tumors, fibro-osseous lesions
          and traumatic injury.

July 1   Computed tomography/Conebeam CT
          concept, application, benefits and limitations. Software navigation
          and interpretation.

July 8   Digital Imaging and Magnetic Resonance Imaging: concepts,
          application, benefits and limitations

July 15  How to review a CBCT scan

July 22  Review: Q&A

FINAL EXAMINATION AS SCHEDULED

Any questions please contact me the course director:  Rmonahan@uic.edu

Revised May 2013
Autumn 2013 - Thursdays 7:30 – 8:30 AM, Room 504 230D

Lecture Schedule – TM Disorders Course (Postgraduate)

Course Director: C.S. Greene; Lecturer: A. Obrez

September 5 - TMJ Anatomy and Function - DISK Derangements
         Obrez
September 12 - Orientation Lecture – Changing Concepts in the TMD field
         Greene
September 19 - History and Examination Procedures
         Greene
September 26 - Neurophysiology of Pain – Acute vs Chronic
         Greene
October 3 - Etiology of TMDs – Impact on Treatment
         Greene
October 10 - TM Joint Disorders – Clinical Signs and Symptoms
         Obrez
October 17 - Masticatory Muscle Disorders – Clinical Signs and Symptoms
         Obrez
October 24 - Psychosocial Issues in TMD and Co-Morbid Conditions
         Greene
October 31 - Oral Appliance Therapy – Indications and Limitations
         Greene
*November 7 - Screening Your Dental Patients for TMDs** [Room 430C]
         Greene**
November 14 - Mandibular Repositioning – Theories & Cases
         Greene
November 21 - Clinical Management of TMD Patients – Simple vs Complex
         Greene
NOVEMBER 28 - THANKSGIVING
December 5 – Occlusion, the TMJ, and TM Disorders
         Obrez
December 12 – Final Exam

SPRING SEMESTER (dates to be announced)

Treatment of TM Joint Disorders – Cases and Discussion
         Greene & Obrez
Treatment of Myogenous Problems – Cases and Discussion
         Greene & Obrez
Oral Surgery Lectures – Drs. R. Hussain and J. Jamali
Anesthesia/ Pain Management Lecture - Dr. N. Hussain
Physical Therapy for TMD Conditions Lecture – Dr. A. Duncombe

TEXTBOOK (Required): Greene, CS and Laskin, DM (Editors):
I. Anatomy: Must know current versions of both static anatomy and functional anatomy of the affected structures. Orthopedic concepts required for TMJ structures, neurologic concepts for CNS and peripheral nervous system.

II. Neurophysiology of Pain: Must understand how pain is transmitted, suppressed, enhanced, and maintained. Must appreciate difference between acute and chronic pain.

III. Tissue Pathology and Dysfunction: Current concepts of muscle pain; pathophysiology of joint degeneration and remodeling; disk displacements and adaptations; nervous system dysfunction (primary), and altered functionality as a response to pain (neuroplasticity).

IV. Diagnostic Methods and Technological Adjuncts: Gold standard is H&P; imaging of various kinds can be helpful, but not always required; other "DX Devices" must demonstrate sensitivity, specificity, and positive predictive value (PPV), and must add important information.

V. Therapies: Based on literature of clinical trials, RCTs if possible, systematic reviews, and meta-analyses. Prospective studies best, longitudinal data important.
This course is being presented as a series of lectures, but there will be many opportunities for class participation. Reading the assigned book is expected, although there are no specific chapter assignments for each lecture. The best chapters are on muscle and joint pain phenomenology, as well as on advances in diagnosis and treatment of various TM disorders.

There will be a final exam of about 50 multiple-choice questions. Further evaluations will be based on your responses to questions from the lecturer. From time to time certain articles may be posted for you to read, and questions about them may be asked in class. Instead of giving A-B-C grades, this course will be graded on a Pass-Fail basis.
UIC

OSCI 441
Statistics for Oral Sciences

Instructors:
Christopher Engeland, PhD
Charles W. LeHew, PhD
Brad Johnson, DDS, MHPE
Grace Viana, MSc
Ellen BeGole, PhD
Judy Yuan, DDS, MS

College of Dentistry, University of Illinois at Chicago

Fall 2013
Fall 2013 3 credits

Course Director:

Christopher Engeland, PhD, Assistant Professor, Department of Periodontics, College of Dentistry, UIC, 801 S. Paulina (MC 859), Chicago, IL 60612, Tel: 814 865-4694; engeland@uic.edu

The primary goal of this course is to introduce residents to a variety of techniques for analyzing quantitative data and to provide hands-on experience in performing these analyses with statistical software. Residents will gain a sense of the breadth of techniques available for understanding and exploring relationships in data. This course will provide a statistical basing for future research questions and projects. Ultimately, we hope this course will free residents from the tyranny of fear which seemingly surrounds quantitative data analysis in research.

Course Instructors (Contact Information):

Christopher Engeland (Perio), Tel: 814 865-4694; engeland@uic.edu

Charles W. LeHew (Pedo), Room 563B, Tel: 312 355-4479; lehew@uic.edu

Brad Johnson (Endo), Room 302A, Tel: 312 996-8519; bjohnson@uic.edu

Grace Viana (Ortho), Room 109B, Tel: 312 996-1810; gviana@uic.edu

Ellen BeGole (Ortho), Room 237A, Tel: 312 996-1812; ebegole@uic.edu

Judy Yuan (Pros), Room 351C, Tel: 312-355-4027; yuanjudy@uic.edu

Course objectives: Upon completion of this course residents will be able to:

1. Organize a data set and examine data for discrepancies and errors in entry.
2. Explore the relationships between variables in a data set and identify interesting patterns.
3. Select appropriate statistical methods for testing hypotheses in a set of data and perform the analyses.
4. Interpret and report the results of statistical analyses.
5. Recognize the limitations of quantitative data analysis.

While residents will cover a number of issues during the course, it is not expected that they will gain an in depth view of all aspects of every issue that is raised. However, the residents will have a chance to begin to structure their thinking around issues in data analysis, gain a set of skills that will allow them to ask new research questions, and become more informed consumers of the research literature in their field.
**Suggested Resources:**

There is no required textbook for this course. However, for a more comprehensive understanding of the statistical methods used we do recommend the following textbook:


This textbook can be purchased online (new) from amazon.com for $98 (free shipping included) and second hand for ~ $61 plus shipping. It is not mandatory for the course but is a useful resource. Your individual departments have been encouraged to purchase a copy – before purchasing please speak to your individual course instructor(s). This book is a useful and practical guide to statistics.

In addition, Dr. Ellen BeGole has written an SPSS Manual which will serve as a valuable study aid for this course. A copy will be made available on Blackboard. Both the textbook and manual are optional for this course and material will not appear on the final exam that has not been covered in online lectures and assignments. Optional readings from these two books will be suggested throughout the course.

**Software:**

*Computers in the 4th floor Commons Area (COD) have been equipped with Statistical Package for the Social Sciences (SPSS) 20.0 for the purpose of this course.* If you prefer to own a copy of SPSS, this software can be purchased from the UIC Micro/Station ([http://www.microstation.uic.edu](http://www.microstation.uic.edu)) or ordered online or from many computer stores. It might also be available through UIC's E-Sales website (we can only see the software available to faculty/staff): [http://www.uic.edu/depts/accc/home/SOFTWARE.html](http://www.uic.edu/depts/accc/home/SOFTWARE.html)

Versions of SPSS older than SPSS 20.0 may not be compatible and are not acceptable for this course.

SPSS has become the standard windows-based statistical software package for most psychological and educational applications. It is available in versions for MS Windows, Mac, and other operating systems. It includes a large array of statistical procedures and provides a convenient windows-based interface. As residents, you are eligible to purchase the "Graduate Pack" version, which comes with very little documentation but is only ~$115 for the PC and Mac, and includes all the procedures you're likely to want for a long time. Be sure that your version of SPSS includes a full version of SPSS Base (with no case or variable limits), SPSS Advanced Models™, and SPSS Regression Models™, as you will need them for this course.

**Course Sites:**

We will be using Blackboard for this course. This is available through the UIC home page quick links, and there is also a link from the College of Dentistry home page.

The URL is [http://blackboard.uic.edu](http://blackboard.uic.edu). You login using your University NetID and login.

All course lectures will take place in Blackboard. The course datasets and documentation will also be posted there, as will class-wide discussions and questions for instructors.
Schedule:

The course includes posted lectures (in PowerPoint), assigned readings, and hands-on analysis of data sets. The lectures and assignments for each topic (along with the data sets) can be found by pressing the "Assignments" tab in Blackboard.

The optional readings will provide additional information on topics covered in the lectures as well as help in conducting analyses using SPSS.

Assignments:

Residents will be grouped into pairs. For assignments, each pair will post their results on Blackboard. In addition, residents will individually comment on the postings of 2 pairs each week who have been selected as Presenters. Thus, online discussion is required about posted assignments and will comprise 20% of the grade for each assignment. As with many things, the more you put into this course the more you will get out of it. This discussion should take place between Tuesday (5 pm) and Fri (5 pm), after which we will provide feedback on the assignments posted by that week’s Presenters, the other submitted assignments, and the ensuing online discussion.

Although each assignment will be graded, we will not be able to formally review each individual assignment. Rather, a general review of all the assignments will be posted. Each assignment is worth 8/10 marks.

The remaining 2/10 marks will be determined by the discussion, and this will be scored on an individual basis. We strongly recommend commenting on the posting pair’s assignment before reading other people’s points of discussion. You may also wish to comment on your experience in completing the assignment (e.g., things you had trouble with, things you liked/disliked, points of confusion).

Please take note of past residents’ experiences. Those who participated fully gained self-confidence in quantitative analysis, while the few who remained silent got little out of the course. If you do not ask any questions, we will presume that means you understand the topic fully. However, if it means that you feel so confused that you don’t even know what to ask, we urge you to tell us, even if you can’t articulate the specifics. The units build on one another, so it is vital that you stay up-to-date. To facilitate this, you will generally be given two weeks for each topic. Importantly, we want you to get the most out of this experience!

The final assignment is an exam that allows you to put into practice many of the techniques you learned in the course. The exam will be “open book” at a computer and will be completed individually.
A note about expectations concerning on-line interactions and feedback:

The faculty will prepare assignments for the residents and will monitor the on-line discussions about the presentation. The faculty will not participate directly in the on-line “Questions for Each Other.” If we did, it would inhibit the resident learning process. Residents are expected to learn from each other and their colleagues’ expertise. However, faculty will read and respond to any questions posted in the “Queries to Instructor” forum once every weekday. The faculty will also provide comprehensive end-of-topic comments about presented assignments. The comments should be sufficient to provide adequate feedback to residents. There will be no weekly individual feedback. This is an unrealistic expectation because of the amount of time it would require from faculty. The on-line learning in this course is different from classroom teaching. In the current asynchronous on-line mode, learning relies more on individual effort and group work compared to the spontaneous interactions among/between faculty and residents in the classroom. One advantage of the on-line format is that written interactions can be more thoughtful than in the off-the-cuff classroom interactions because the residents have more time to think through their ideas before presenting them. The time requirements of this course are very flexible in this format as well. And don’t forget, faculty will always be there to clarify.

Office Hours:

Instructors for each department will hold one office hour per week, during which they will be available for one-on-one instruction and advice if needed. Specific times will be listed (by department) on the Blackboard site. Alternate times to meet will be at the discretion of the instructor.

Grading:

The course grade depends on two factors:

1) Completion of assignments 70% (breakdown: 80% group assignment; 20% individual on-line discussion)
2) Final exam 30%. Grading: A: 85-100 B: 75-84 C: 66-74

Note. To obtain a grade of A, a resident must score high in both components AND get a total score of 85 or more. To pass the course, the resident must pass both the assignments and the final exam.
Course Overview by Week:

Week 1  Design of Research and Experiments  
Week 2  Hypothesis Testing and Error  
Weeks 3-4  Data Entry and Exploratory Data Analysis  
Weeks 5-6  Categorical Data and Chi-Square  
Weeks 7-8  Hypothesis Testing Applied to Means  
Weeks 9-10  Non-Parametric Tests  
Weeks 11-12  Repeated Measures  
Weeks 13-14  Correlation and Regression  
Week 15  Review (Individual assignment)

2013 Assignment Schedule:

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<th>Week(s)</th>
<th>Receive assignment (Friday) - 7am</th>
<th>Assignment due (generally Tuesday) - 5pm</th>
<th>Comment due (Friday 5pm)</th>
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<td>Individual</td>
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<td>9/20</td>
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<td>13-14</td>
<td>11/15</td>
<td>11/26</td>
<td>11/29</td>
<td>/10</td>
<td>Pair</td>
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<tr>
<td>15</td>
<td>11/29</td>
<td>12/6 (Fri)</td>
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<td>/5</td>
<td>Individual</td>
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<td>Thu Dec 12</td>
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<td>5-7pm</td>
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<td>Topic</td>
<td>Instructor</td>
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<td>Aug 27</td>
<td>Course Overview/Writing an Abstract</td>
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<td>On-line literature Search Meets in Library</td>
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<td>Dr. H Sroussi</td>
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<td>Dr. A. Bedran-Russo</td>
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<td>Overview of Statistics</td>
<td>G. Adami</td>
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<td>Oct. 1</td>
<td>Electronic Patient Records</td>
<td>Dr. R. Rada</td>
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<td>Behavioral Science and Dentistry</td>
<td>Dr. A. Koerber</td>
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<td>Oct. 15</td>
<td>Behavioral Science and Dentistry</td>
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<td>Oct. 22</td>
<td>Critical Reading of the Literature Part 1</td>
<td>G. Adami</td>
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<tr>
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<td>Critical Reading of the Literature Part 2</td>
<td>G. Adami</td>
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<tr>
<td>Nov. 5</td>
<td>Abstract Due</td>
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<tr>
<td>Nov. 12</td>
<td>Dental Surgery Now and the Future</td>
<td>Dr. E. Collins</td>
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<tr>
<td>Nov. 19</td>
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<td>Dr. Sroussi</td>
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<tr>
<td>Nov 19</td>
<td>Usage of animals in research</td>
<td>G. Adami</td>
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<tr>
<td>Nov. 26</td>
<td>Review, Diagnostics, Clinical Trials</td>
<td>G. Adami</td>
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<tr>
<td>Dec. 11</td>
<td>Final Exam, Submit 3 page proposal</td>
<td>G. Adami</td>
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</table>
Course Objectives:

A. To help students become clinicians who can use advances in dental and oral research in a timely manner.
B. To present students with recent advances and developments in the field of oral and dental research.
C. To help students obtain from the library and its resources relevant research findings.
D. To familiarize students with research methods in oral and dental research and to help them apply this to private practice.
E. Help students to prepare and choose a research project

The course meets one hour per week. Students are responsible in the selection of a research topic and the writing of a statement of the problem and hypothesis in abstract form. The research topic may be obtained from the department, assigned by the mentor/instructor or suggested by the student. The student must also demonstrate the ability to use the literature sources. Class participation is essential.
Your research topic must be directly related to your ongoing or future work at the College of Dentistry.

Course Assignments:

Abstract: The topic, hypothesis and specific aims written in abstract form (10% of final grade) are due October 29 and will be returned the next week.

The final exam, an essay test on the course material, accounts for 60% of the final grade.

A description of the Research Proposal on the research topic - format shown below - accounts for 28% of the final grade. Due the last day of class, it will be graded on how well it answers the questions in the Research Protocol Section of this handout. References are required and should be in a form acceptable for UIC Graduate College Masters Thesis.

2% class participation.
ADVANCED ORAL SCIENCES SYLLABUS

Course Information

Advanced Oral Sciences I, CRN 30376, OSCI 580
Advanced Oral Sciences II, CRN 31467, OSCI 581
Semester: Fall Semesters only
Number of Credit hours: 2
Meeting place: Room 230D/330D or Lecture Hall North (follow announcements)
Meeting time: Thursdays, 4.30pm during the fall semester

Description of course purpose:

The purpose of this class is to provide a forum for students of advanced dental specialties and for Ph.D. students in oral sciences and other disciplines to acquire knowledge in the current state of research as it relates to oro-facial sciences. To achieve this goal, the course consists (i) of basic overview lectures about oral structures such as tooth enamel, dentin, pulp, and periodontium, and jaw bones. In addition, there will be (ii) guest speakers, who present cutting edge knowledge in clinical-molecular sciences such as craniofacial malformations, tissue engineering, molecular genetics, epigenetics, and host response. Finally, in between outside speakers and local presenters, there will be (iii) short student presentations in which the students relate the course topics to their research or clinical topic of interest. These three elements alternate with each other depending on schedules. Toward the end of the course, there will be a short review session. At the end of the course, the students are expected to relate their basic sciences knowledge in histology, anatomy, biochemistry, genetics, microbiology and other disciplines to clinical problems. They are also expected to develop insights into future therapeutic procedures and how they may relate to their clinical praxis. The ideal student will continue the basic sciences/clinical praxis dialogue for the remainder of their professional career.

Course Director Information

Name: Xianghong Luan, MD
Office location: 417
Office hours: 1-5pm daily
Contact information: luan@uic.edu

Collaborating Faculty

Name: Tom Diekwisch, DMD, PhD, PhD
UIC email: tomdkw@uic.edu
College of Dentistry Competencies Addressed

1. Lead a productive DIALOGUE to establish the goals, objectives and expectations of the patient or community;
2. Engage in an ongoing ASSESSMENT of the state of health;
3. Formulate DIFFERENTIAL DIAGNOSES based on the assessment;
4. Produce a prioritized PLAN that addresses each diagnosis and includes health promotion, maintenance and prevention, alternatives, the rationale and prognosis for the intervention as well as needed referrals;
5. Deliver/Manage the INTERVENTION, within personal skill level, that is evidence-based, comprehensive and is in keeping with the best practices of care; and

Course Materials

Required & recommended texts: Ten Cate, Oral Histology; recommended
Any other required purchases: None.

Guidelines for Evaluation

Grading Policy and Determination Parameters. One third attendance, one third presentation, and one third final exam. Attendance and presentation are assessed by the course director and additional course faculty. The final exam is a multiple choice exam consisting of 10 questions.

Attendance Policy. Students are required to attend 75% of the class.

Policies on late papers and revisions. None currently.

Any special requirements (e.g. work in groups, weekly blackboard entry)
Any special rules for student behavior (at this point a link to the URL for the Student Handbook might suffice)

Semester calendar

Two courses with different curricula alternate on an annual basis. OSCI 580 takes place in odd calendar years and OSCI 581 in even calendar years. Example curricula are attached.
THE PERIODONTIUM

FALL 2013 ADVANCED ORAL SCIENCES

Advanced Oral Sciences: Clinical Implications of Oral Structures and Function. Graduate Course & Lecture Series [Advanced Oral Sciences 580 & CE Credit]. Thursdays 4.30-6pm, Room 230D. Course Director: Dr. Xianghong Luan

Periodontal Disease, Development, and Regeneration

1. Periodontal Disease & Wound Healing  Tom Diekwisch, UIC Brodie  Sep 5
2. Student Presentations I  Perio Residents  Sep 12
3. Antimicrobial peptides & periodontal bacteria  Sven-Ulrik Gorr, U Minnesota  Sep 19
4. Student Presentations II  Prostho Residents  Sep 26
5. Periodontal Stem Cells & Regeneration  Tom Diekwisch, UIC Brodie  Oct 10
6. Student Presentations III  Endo Residents  Oct 17

Surface Topographies and Bone

8. Student Presentations IV  Pedo Residents  Oct 31
9. Osteoblast-lineage Cells and NFkB in Periodontal Disease  Dana Graves, UPenn  Nov 7
10. Primary Cilia in Skeletal Development and Mechanosensing  L. Darryl Quarles, Memphis, TN  Nov 14
11. Student Presentations V/ Review  Ortho Residents  Nov 21
12. Epigenetics and Craniofacial Development  Dashzeveg Bayarsaihan, UConn  Dec 5
13. Student Presentations VI Examination  Ortho Residents and Ph.D. students  Xianghong Luan, UIC Brodie  Dec 12

Appendix Q
Introduction
This seminar provides the student a forum to reinforce diagnosis and treatment planning skills developed among Advanced Education Programs. The purpose of this forum is to reinforce important information necessary in the diagnosis, treatment planning and treatment of patients with complex. It further provides individuals opportunity for discussion and critique of treatment plans and completed treatment in an effort to broaden the student’s perspectives regarding a variety of justifiable therapy options supported by current literature best evidence. In this way, interspecialty communication skills are reinforced, and the student is further prepared for clinical practice and to challenge his/her respective specialty board examination.

Course Objectives
This is a two-hour course for which the student must register each Fall and Spring semester following matriculation. This course assists the student in achieving clinical proficiency in specialty practice through practical application of diagnosis and treatment planning skills and fosters interdisciplinary communication. It further assists the student in recognition of patient prognosis prior to and following rehabilitation. At the conclusion of this course each semester and over three years, in concert with clinical experience with attending faculty, the student will gain further knowledge and problem solving skills for clinical application relating to the following proficiencies:

1. Collect, organize, analyze and interpret diagnostic data.
2. Determine a diagnosis.
3. Develop a comprehensive treatment plan
4. Predicting a prognosis
5. Critically evaluate the results of treatment.
6. Apply information learned in other Advanced Education courses to clinical situations based upon the student’s specialty training background.

Student Responsibilities
1. Attendance at all scheduled sessions: Seminars, Lectures and Student Presentations.
2. Seminar participation.
3. Patient presentation on the assigned date. Digital photographic views presented must ideally follow the suggested presentation format provided in this syllabus.
4. Presentation emailed to course director by the presentation day for course documentation.

Grading Model
Attendance is mandatory. Sign in is required as documentation of participation. Grading is on 1-5 evaluation scale based upon seminar participation. Unexcused absences will lead to additional remediation in the form of an evidence based literature review to meet course expectations. For Advanced Prosthodontics, the student must receive a passing grade in this required course to complete the Program.

Grades for the sessions and final course grades will be based upon the following weighted percentages.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Weighted Percentage</th>
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<tbody>
<tr>
<td>Seminar attendance, participation</td>
<td>100% (if not presenting)</td>
</tr>
<tr>
<td>Patient presentation</td>
<td>100% (if presenting)</td>
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Grading Scale

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<tr>
<th>Grade</th>
<th>Percentage</th>
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<tr>
<td>A: 4.0-5.0</td>
<td>S</td>
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<tr>
<td>B: 3.5-3.9</td>
<td>S</td>
</tr>
<tr>
<td>C: 3.0-3.49</td>
<td>S</td>
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<tr>
<td>F: &lt;3.0</td>
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## PROS 613—INTERDISCIPLINARY DIAGNOSIS AND TREATMENT PLANNING SEMINAR

### STUDENT PRESENTATION EVALUATION FORM

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<tr>
<th>Inadequate</th>
<th>Below Avg</th>
<th>Average</th>
<th>Good</th>
<th>Exceptional</th>
<th>Unable to Evaluate</th>
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<td>2</td>
<td>3</td>
<td>4</td>
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### Presentation Content (85%)

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<tr>
<td>History of chief complaint</td>
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<tr>
<td>Medical history</td>
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<td>Dental history</td>
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<td>Extraoral exam</td>
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<td>TMD Screening/Examination</td>
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<td>IO Soft tissue exam</td>
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<td>Periodontal exam</td>
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<td>Dental exam</td>
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<td>Occlusal analysis</td>
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<td>Radiological evaluation</td>
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<td>Diagnoses</td>
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<td>Treatment plan(s)</td>
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### Professionalism (15%)

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<td>Followed ABP presentation format</td>
</tr>
<tr>
<td>Student was well prepared</td>
</tr>
<tr>
<td>Promptness, timeliness, responsibility</td>
</tr>
</tbody>
</table>

### Comments

<table>
<thead>
<tr>
<th>A: 4.0-5.0</th>
<th>B: 3.5-3.9</th>
<th>C: 3.0-3.49</th>
<th>F: &lt;3.0</th>
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</table>
The outline below should be used to organize your treatment planning seminar presentations. Present your patient in a logical sequence so that the other postdoctoral students can understand how you determined the diagnosis and developed the treatment plan with the attending faculty. Use literature evidence when appropriate to support your diagnoses, treatment plans and clinical decisions. Clinical patient photographs should be presented as follows: facial views (frontal and profile), R&L maximum intercuspation, R&L working excursive movements, R&L non-working excursive movements, anterior protrusive, R&L protrusive occlusal views. Photos of diagnostic casts are also indicated when they enhance the patient presentation. Radiographs should be photographed without flash on the viewbox for LCD presentation. Photos of the diagnostic wax-up, and photos of the cast with RPD design must be presented as a part of the treatment plan.

**Presentation Format**

1. Chief complaint

2. History of chief complaint

3. Medical history (significant findings based on the following systems)
   - ALRGY (Current allergies)
   - CNS (Central nervous system)
   - CURR MED (Current medications)
   - CVS (Cardiovascular system)
   - DERM (Dermatologic system)
   - GI (Gastrointestinal system)
   - GU (Genitourinary system)
   - HEENT (Otolaryngology systems: head/eyes/ears/nose/throat)
   - END (Endocrine systems)
   - HOSP (Hospitalizations)
   - MS (Musculoskeletal system)
   - RESP (Respiratory system)
   - SI (Serious illnesses)

4. Dental history (significant findings that lead to a definitive diagnosis. These findings may influence treatment planning or affect treatment prognosis.)

5. Extraoral examination (significant findings that lead to a differential or definitive diagnosis. These findings may influence treatment planning or affect treatment prognosis.)

6. TMD screening (significant findings that indicate the need for a TMD examination based upon screening questionnaire or range of motion examination)

7. TMD examination (significant findings that lead to a differential or definitive diagnosis. These findings may influence treatment planning or affect treatment prognosis; e.g., muscle soreness to palpation, joint soreness to palpation, joint noise upon auscultation, mandible deviation or deflection upon opening, etc.)

8. Intraoral examination (significant findings that lead to a differential or definitive diagnosis. These findings will influence treatment planning of affect treatment prognosis. These findings are related to the areas listed below.)
a. Soft tissue findings related to the buccal mucosa, hard and soft palate, floor of the mouth, tongue, tonsillar pillars, etc.

b. Periodontal findings related to inflammation, probing depths, bleeding on probing, mobility, furcation involvements, etc.

c. Dental findings relating to degree of dentulism, supraerupted teeth, existing restorations, type of restorations, primary caries, recurrent caries, wear facets, etc.

d. Occlusal analysis indicating Angle malocclusion (Class I, II, III), first contact in CR, direction and degree of discrepancy between CR and MI, teeth guiding the slide from CR to MI, number of teeth contacting in MI, teeth guiding in each excursive movement, overall occlusal scheme, degree of horizontal and vertical overlap in MI, plane of occlusion, etc.

8. Radiologic evaluation
   a. Presence or absence of pathoses
   b. Correlation of radiologic findings to periodontal findings (e.g.; vertical defects)
   c. Correlation of radiologic findings to dental findings (e.g., caries)
   d. Interpretation of radiologic findings and their influence on diagnosis and treatment planning; e.g. crown:root ratios, bone density, etc.

9. Mounted diagnostic casts
   a. Present mounted casts that accurately simulate patient occlusal contacts
   b. Impressions should be extended to capture the depth of the vestibules, the retromolar pads and the retromylohyoid fossae.

10. Esthetic Analysis

11. Diagnoses (differential or definitive diagnosis based upon the findings you present)
   Sample diagnoses:
   a. Dentulous/partially edentulous/completely edentulous to follow the ACP PDI.
   b. Gingivitis/Adult periodontitis
   c. Caries, missing restorations, defective restorations
   d. Periapical periodontitis
   e. Malocclusion, CO-MI discrepancy, supraeruption, etc.
   f. Disk dislocation with reduction/disk dislocation without reduction
12. Treatment plan
   a. Ideal treatment plan and rationale
      Phase I therapy (caries control, phase I periodontal therapy, etc.)
      Phase II therapy (definitive prosthodontic therapy)
      Phase III therapy (planned maintenance procedures)
   b. Alternate treatment plan #1
   c. Alternate treatment plan #2

13. Treatment prognosis (Excellent, Good, Fair, Poor). Justify your prognosis based upon medical history, dental history and other clinical findings.

14. Present in a rational sequence any treatment you have completed with justification for the treatment method you selected.
Any necessary documentation that further supports the decision making strategy’s one used in developing the treatment plan should be included. Examples of this could be cephalometric documentation, CT scan information, etc. Treatment documentation that enhances the presentation and fosters interdisciplinary discussion is expected. Surgical and prosthetic components of therapy are ideal for interdisciplinary discussion.

### PROS 613 - SUGGESTED PATIENT PRESENTATION DOCUMENTATION

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Pretreatment records</th>
<th>Treatment Records</th>
<th>Post-treatment Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital photographs</td>
<td>1. Teeth in MI (front and lat views)</td>
<td>Digital photographs</td>
<td>Digital photographs with and without prosthesis in place</td>
</tr>
<tr>
<td></td>
<td>2. Rt and Lt views in laterotrusion and mediotrusion (front and lat views)</td>
<td>1. Tooth preparations (occ view)</td>
<td>1. Teeth in MI (front and lat views)</td>
</tr>
<tr>
<td></td>
<td>3. Teeth in protrusion (front and lat views)</td>
<td>2. Provisional restorations (front and lat)</td>
<td>2. Lateral views in working and non-working positions</td>
</tr>
<tr>
<td></td>
<td>4. Occlusal views of maxilla and mandible</td>
<td>3. Final Impressions (occ view)</td>
<td>3. Teeth in protrusion (front and lat views)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. The technique and materials used to record maxillomandibular relationships (front and lat views)</td>
<td>4. Occlusal views of maxilla and mandible</td>
</tr>
<tr>
<td>Other</td>
<td>Articulated diagnostic casts</td>
<td>All mounted working casts/dies</td>
<td>Post treatment mounted casts of completed prostheses</td>
</tr>
<tr>
<td></td>
<td>Articulated casts with diagnostic wax patterns</td>
<td></td>
<td>Post treatment full mouth periapical radiographs</td>
</tr>
<tr>
<td></td>
<td>Complete mouth PA radiographs</td>
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</tbody>
</table>

Appendix Q
SYLLABUS—COMPREHENSIVE DENTAL IMPLANT CONSIDERATIONS
PROS 618—RECONSTRUCTIVE IMPLANTOLOGY
PROS 628—COMPREHENSIVE DENTAL IMPLANT LITERATURE REVIEW

COURSE DIRECTOR: DR. KENT KNOERNSCHILD

Introduction
This course provides a broad, comprehensive and in depth review of the dental implant literature through seminar discussions. The knowledge base gained by the study of historical and current implant literature will provide the framework for understanding and analyzing current and future comprehensive treatment concepts for therapy with dental implants. A focus is on recognizing prognostic factors at diagnosis and treatment planning that could have a significant influence on treatment outcomes. Critical appraisal of best available evidence occurs in PROS 618 and PROS 628. Real-time critical appraisal of this evidence leads a comprehensive discussion of best available evidence on all selected topics. These seminars provide the knowledge foundation for comprehensive care of completely and partially edentulous patients.

Course Objectives
This is a 2-hour/week time commitment that cycles over three years. The course director will provide registration timing. The course series will focus on the following areas.
CDIC I—Introduction to Dental Implants, Osseointegration, Biocompatibility, Biomechanics
CDIC II—Diagnosis, Treatment Planning, Prognostic Factors
CDIC III—Surgical Topics
CDIC IV—Prosthetic Topics

This course supports the student’s need for achieving competency and proficiency in clinical practice and application of implant therapy options. At the conclusion of this course the student should be able:
1. Demonstrate an in depth knowledge of dental implant literature.
2. Describe the scope of implant literature.
3. Describe the levels of evidence used to justify implant therapy decisions.
4. Describe the best evidence in selected areas used to justify implant therapy.
5. Demonstrate ability to apply knowledge gained to clinical clinical care:
   a. Collect, organize, analyze and interpret diagnostic data.
   b. Determined a diagnosis.
   c. Develop a comprehensive treatment plan and prognosis.
   d. Critically evaluate the results of treatment.
   e. Apply knowledge gained to develop treatment plans and predict prognoses In patient situations.

Student Responsibilities
1. Attendance at all scheduled sessions: Seminars and Lectures.
2. Seminar participation.
3. Participate in a reading list update on the assigned date(s) and distribute materials as assigned.
4. Distribute assigned article analyses to the class and Director.
5. Submit written examinations to the Director on the assigned date.

Grading Model

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Weighted Percentage</th>
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<tbody>
<tr>
<td>Seminar participation and Article Analyses</td>
<td>35%</td>
</tr>
<tr>
<td>Examination</td>
<td>65%</td>
</tr>
</tbody>
</table>

Course grade will be calculated based on the weighted percentages above. Participation will be provided as a single end of semester grade. All examinations throughout the course will be equally weighted.

Grading Scale

A: 90-100    B: 82-89.99    C: 76-81.99    D: 70-75.99    F: <70

Remediation
A failing grade for any examination in any semester will require a second examination that will either written or oral as determined by the course director. Passing grade must be obtained to complete the specialty program.
Reading Lists
Reading lists are evaluated on an ongoing basis and updated to meet course needs. Primary articles are reviewed that address course outline topics. Reading lists and readings are distributed well in advance.

Seminar Participation
For each seminar, all participants will be assigned a core group of readings. Discussion of content in this seminar will take place in several formats depending upon course content. The course director will determine the appropriate approach based upon session content. Seminar format may include the following:

1. Lecture
2. Large group discussion
3. Small group discussion with large group summation of content
4. Review of articles with individual article analysis summaries as assigned

Session Guides
Study questions may be distributed prior to or during the session as a guide to the most important content to glean from the session. This is not the only information one is expected to learn from the session. These guides may be used to stimulate group synthesis of information during small group discussions. It will also be used to summarize main points as a large group at the end of each session.

For each seminar, all participants will be assigned a core group of readings. Each student will be assigned specific readings to analyze and summarize orally. Students must read all articles to be able to actively participate in the discussion. **BE PREPARED!** You will be evaluated on your analyses as well as upon your level of participation in the seminar.

The student must provide a written article analysis to be distributed to other seminar participants. Summaries should be no longer than one typed page and organized as described below. When a student summarizes a reading orally, he/she must not simply read excerpts from the article. The student must assimilate the information to generate a unique summary that shows his/her understanding of the material.

The reviewer and all seminar participants should expand upon the summary by:

1. Critically evaluating the article regarding research/clinical methodology and importance of the article within the body of implant prosthodontic literature. Articles may also be critiqued regarding their scientific writing style, concise presentation of the data, and accurate presentation of conclusions based upon obtained results.
2. Relating concepts of techniques to those described in other articles in the same or related subject areas.
3. Describing the relevance of the concepts or techniques for prosthodontic clinical practice, including appropriateness, applicability and implications within the context of the prosthodontic standards of care.

Seminar Participation Evaluation Criteria
Student evaluations each semester will be based upon the following:

1. Preparation and familiarity with assigned literature to support in-class discussion
2. In depth knowledge of the literature he/she must summarize orally.
3. Demonstration critical thinking through article analyses.
4. Timely distribution of abstracts.
**Article Analysis Format**

Article analysis format is distributed at the beginning of the semester. Approach toward critical analysis is discussed at that time and supported throughout the course. Contact the course director should questions arise.

*Clinical Research Article Analyses*
Article analyses should follow the Journal of Evidence Based Dental Practice analysis format. After by completing the analyses, included comments relating to the following questions.

- Are the results valid?
- Are the results applicable?

For clinical research, a secondary evaluation should be completed using the UIC-iCARE analysis. This provides content and critical appraisal summary. Only clinical research publication or systematic reviews should be appraised using the UIC-iCARE format.

*Laboratory Research Article Analyses*
Analyses of laboratory research should follow a format that also allows for critical appraisal of the study design. After by completing the analyses, included comments relating to the following questions.

- Are the results valid?
- Are the results applicable?

*Literature Review or Opinion Article Analyses*
Opinion and literature review article analyses should follow the general format of the article. Identify the publication’s purpose and the salient points the support the author’s conclusions. This analysis must also include a critical appraisal of the concepts presented. Systematic reviews of clinical research should be evaluated using the UIC-iCARE format. If the iCARE format does not apply, analyses should include comments relating to the following questions:

- Are the opinions valid?
- Are the results applicable?
Student Participation Evaluation

Student: 

Date: 

Course: 

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Preparation and familiarity with assigned literature and contributes to in-class discussion</td>
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<tr>
<td>In depth knowledge of the literature he/she must summarize orally.</td>
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<tr>
<td>Demonstration correct and accurate critical thinking through article analyses.</td>
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<tr>
<td>Timely distribution of abstracts.</td>
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</table>
Please respond to the following questions. Spend as much time as is necessary to thoroughly answer each question. Use literature reviewed in the course as references to answer the posed questions. You may also use additional outside references. For essay answers, each response must be at least one single spaced page in length 11-12 point font and will likely be longer. Your synthesis of the literature will be assessed using the following rubric.

<table>
<thead>
<tr>
<th>Question</th>
<th>Appropriately answered the posed question</th>
<th>Supported response with appropriate references</th>
<th>Accurately cited the included references</th>
<th>Recognized level of evidence of individual papers and the provided body of evidence</th>
<th>Responses were consistent with clinical practice</th>
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</table>

**Grading criteria**

0  No  
1  Yes

Proportion of affirmative answers as calculated as percentage will be used to calculate the grade for the semester.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Is endodontic treatment evidence-based?

Clinical Area: Evidence-based treatment Year Offered: 1&2

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: ENDO 611; ENDO 612; ENDO 630
  - Off-service rotation to:
    - X Other (specify): Endodontics Clinic (ENDO 620)
    - No formal instruction is provided

- Total hours of instruction: 200
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No

b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Principles of evidence-based dentistry are woven throughout the didactic and clinical aspects of the program. Residents are expected to be able to frame a clearly focused clinical question (PICO format) and use appropriate resources to search for the best available evidence to answer the question. Application of the best available evidence along with clinical judgment and patient values is reinforced in each clinic session and is a recurring theme of ENDO 630 (Clinical Conference in Endodontics) and other departmental seminars. A formal introduction to the history and practice of evidence-based medicine/dentistry is included in ENDO 611 (Clinical Applications of the Endodontic Literature) ENDO 612 (Orofacial Pain).
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62). Diagnosis, treatment planning and prognosis

Clinical Area: Diagnosis Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:

  X Dental department seminar, conference, lecture program
  X Formal course—Title: ENDO 610; ENDO 611; ENDO 612; ENDO 615; ENDO 617; ENDO 630; OMDS 623
  ________ Off-service rotation to: 
  X Other (specify): Endodontics Clinic (ENDO 620)
  No formal instruction is provided

- Total hours of instruction: 400

- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No

b. predoctoral medical students/residents? ______ Yes ______ X ______ No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Residents receive didactic instruction in diagnosis, treatment planning and prognosis in ENDO 610 (Advanced Clinical Endodontics), ENDO 611 (Clinical Applications of the Endodontic Literature), ENDO 612 (Orofacial Pain), ENDO 615 (Current Endodontic Literature Review), ENDO 617 (American Board Review) and ENDO 630 (Clinical Conference in Endodontics). Clinical proficiency is achieved by diagnosis and treatment planning a wide variety and sufficient quantity of complex endodontic cases during the 24-month program. Prognosis is discussed with each patient prior to treatment as part of the informed consent process and residents are expected to be able to cite appropriate literature to support their statements. Second year residents present an abbreviated version of an ABE case portfolio and receive peer and faculty feedback.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62). Non-surgical and surgical endodontic treatment and retreatment

<table>
<thead>
<tr>
<th>Clinical Area:</th>
<th>Endodontic treatment</th>
<th>Year Offered:</th>
<th>1 &amp; 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Indicate how instruction is provided in this subject area:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Dental department seminar, conference, lecture program</td>
<td></td>
<td></td>
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<tr>
<td>X</td>
<td>Formal course—Title: <strong>ENDO 600; ENDO 610; ENDO 611; ENDO 615; ENDO 619; and ENDO 630</strong></td>
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<tr>
<td></td>
<td>Off-service rotation to:</td>
<td></td>
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<tr>
<td>X</td>
<td>Other (specify): <strong>Endodontics Clinic (ENDO 620)</strong></td>
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<tr>
<td></td>
<td>No formal instruction is provided</td>
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<td></td>
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<tr>
<td>• Total hours of instruction: <strong>2000</strong></td>
<td></td>
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<tr>
<td>• What is the level of knowledge (i.e., in-depth, understanding, familiarity)</td>
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<tr>
<td>• What is the level of skill (i.e., competency, proficiency, exposed)</td>
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</tbody>
</table>

Is instruction in this subject the same as that provided to:

| a. | undergraduate dental students/residents? | Yes | X | No |
| b. | predoctoral medical students/residents? | Yes | X | No |

If YES, describe how this instruction is modified for the advanced education program.

• Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Didactic instruction in this area begins in the first month of the program with **ENDO 600** (Postgraduate Endodontic Technique) and continues over the next 24 months with **ENDO 610** (Advanced Clinical Endodontics), **ENDO 611** (Clinical Applications of the Endodontic Literature), **ENDO 615** (Current Endodontic Literature Review), **ENDO 619** (Endodontic Surgery) and **ENDO 630** (Clinical Conference in Endodontics). Clinical proficiency is achieved by providing non-surgical and surgical treatment to a wide variety of patients with complex treatment needs during the 24-month program (**ENDO 620** – Endodontics Clinic).
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

**Outcome evaluation**

<table>
<thead>
<tr>
<th>Clinical Area: Outcome evaluation</th>
<th>Year Offered: 1 &amp; 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Indicate how instruction is provided in this subject area:</td>
<td></td>
</tr>
<tr>
<td>X Dental department seminar, conference, lecture program</td>
<td></td>
</tr>
<tr>
<td>X Formal course—Title: ENDO 610; ENDO 611; ENDO 615; ENDO 617; ENDO 619; ENDO 630</td>
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<tr>
<td>_______ Off-service rotation to:</td>
<td></td>
</tr>
<tr>
<td>X Other (specify): Endodontics Clinic (ENDO 620)</td>
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</tbody>
</table>

No formal instruction is provided

• Total hours of instruction: ___________

• What is the level of knowledge (i.e., in-depth, understanding, familiarity)

• What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No

b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

• Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

**Both short-term and long-term outcome evaluation of treatment is stressed throughout the program. Residents, with faculty feedback, learn critical self evaluation skills in the clinic and through group discussion of cases in department seminars. Short term evaluation includes correlation of diagnosis to actual clinical condition upon tooth access, management of pain and anxiety (pre-op, intra-op, and post-op), identification and management of procedural complications, and radiographic evaluation of the final fill. Long-term evaluation has a didactic component and clinical component closely related to the program’s patient recall system and residents’ recall of special cases that may be suitable for their ABE case portfolios.**
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Radiography and other diagnostic imaging technologies

Clinical Area: Diagnostic imaging Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:

  X Dental department seminar, conference, lecture program
  X Formal course—Title: ENDO 630; OMDS 617

- Off-service rotation to:

  X Other (specify): Endodontics Clinic (ENDO 620)
  No formal instruction is provided

- Total hours of instruction: 150
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents?

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.
  Diagnostic imaging is a routine part of clinical care (ENDO 620 – Endodontics Clinic) and proficiency is assessed daily in the clinic and during case presentation sessions (ENDO 630 - Clinical Conference in Endodontics and ENDO 617 – American Board Review).
  Comprehensive didactic instruction is provided by a board certified oral radiologist (OMDS 617 – Radiology for the Dental Specialist)
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards (or Self-Study Questions #53-62).

**Management of endodontic treatment of medically compromised patients**

Clinical Area:  **Medically complex patients**  
Year Offered:  **1 & 2**

- Indicate how instruction is provided in this subject area:

  - Dental department seminar, conference, lecture program
    - X
  - Formal course—Title:  **OMDS 503; ENDO 613; ENDO 612; ENDO 630**
    - X
  - Off-service rotation to:
    - X  **Endodontics Clinic (ENDO 620)**
      - No formal instruction is provided

- Total hours of instruction:  **95**

- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a.  undergraduate dental students/residents?
    
    X  Yes  No

b.  predoctoral medical students/residents?
    
    X  Yes  No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

  **Didactic instruction occurs in OMDS 5013 (Graduate Oral Pathology), ENDO 613 (Pharmacology for Dental Specialists), ENDO 612 (Orofacial Pain), and ENDO 630 (Clinical Conference in Endodontics).** As a primary referral center for the Chicago area, the College of Dentistry serves a large population of medically complex patients. Medically complex patients who require root canal treatment are referred to the Endodontics Clinic for treatment by endodontic residents.
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Emergency treatment for endodontic conditions

Clinical Area: Emergency treatment Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:

X Dental department seminar, conference, lecture program
X Formal course—Title: ENDO 610; ENDO 611; ENDO 612; ENDO 615; ENDO 630
X Off-service rotation to:
X Other (specify): Endodontics Clinic (ENDO 620)

No formal instruction is provided

- Total hours of instruction: 175
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Residents in the Endodontics Clinic diagnose and treat a wide variety and large number of dental emergencies. One resident is assigned for each half-day clinic session to provide emergency treatment. Residents typically triage and manage two or three emergencies during each clinic session. Didactic instruction is provided in ENDO 610 (Advanced Clinical Endodontics), ENDO 611 (Clinical Applications of the Endodontic Literature), ENDO 615 (Current Endodontic Literature Review), ENDO 630 (Clinical Conference in Endodontics), and ENDO 612 (Orofacial Pain).
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Management of patients with orofacial pain and anxiety

Clinical Area: Management of pain Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: ENDO 612; OMDS 623; OMDS 615
  - Off-service rotation to:
  - X Other (specify): Endodontics Clinic (ENDO 620)
  - No formal instruction is provided

- Total hours of instruction: 125
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Clinical training in the management of patients with orofacial pain and anxiety is closely related to management of dental emergencies with the additional component of instruction in diagnosis of non-odontogenic pain. The Endodontics Clinic receives a large number of referrals from the undergraduate group practices and some referrals from outside dentists and physicians for management of patients with orofacial pain and anxiety. Didactic instruction is provided in ENDO 612 (Orofacial Pain), OMDS 623 (TM Disorders), and OMDS 615 (Anesthesia and pain control). Residents also work with Pediatric Dentistry residents to provide root canal treatment on patients requiring conscious sedation.
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62). Preparation of space for intraradicular restorations and cores in endodontically treated teeth

<table>
<thead>
<tr>
<th>Clinical Area:</th>
<th>Restoration of endo teeth</th>
<th>Year Offered:</th>
<th>1 &amp; 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Offered:</td>
<td>1 &amp; 2</td>
<td>Year Offered:</td>
<td>1 &amp; 2</td>
</tr>
<tr>
<td>Indicate how instruction is provided in this subject area:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X   Dental department seminar, conference, lecture program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X   Formal course—Title: <strong>ENDO 600; ENDO 611</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X   Other (specify): <strong>Endodontics Clinic (ENDO 620)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-service rotation to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>No formal instruction is provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hours of instruction:</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the level of knowledge (i.e., in-depth, understanding, familiarity):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the level of skill (i.e., competency, proficiency, exposed):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is instruction in this subject the same as that provided to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. undergraduate dental students/residents?</td>
<td>Yes</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>b. predoctoral medical students/residents?</td>
<td>Yes</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>If YES, describe how this instruction is modified for the advanced education program:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Didactic instruction related to post space preparation and restoration of endodontically treated teeth occurs in **ENDO 600** (Postgraduate Endodontic Technique) and **ENDO 611** (Clinical Applications of the Endodontic Literature). Clinical proficiency in this area is easily obtained since the final stage of almost all non-surgical root canal treatment involves making a decision regarding the final restoration for the tooth and preparing post space if needed.
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards (or Self-Study Questions #53-62).

**Communication with patients and health care professionals**

---

**Clinical Area: Communication skills**  
**Year Offered:** 1 & 2

- **Indicate how instruction is provided in this subject area:**
  - [X] Dental department seminar, conference, lecture program
  - [X] Formal course—Title: **ENDO 611; ENDO 630**
  - Off-service rotation to:
    - [X] Other (specify): **Endodontics Clinic (ENDO 620)**
      - No formal instruction is provided

- **Total hours of instruction:**
- **What is the level of knowledge (i.e., in-depth, understanding, familiarity)**
- **What is the level of skill (i.e., competency, proficiency, exposed)**

Is instruction in this subject the same as that provided to:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>undergraduate dental students/residents?</td>
<td>Yes</td>
</tr>
<tr>
<td>b.</td>
<td>predoctoral medical students/residents?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

**Communication with patients is a foundation skill for clinical practice and is practiced every day in the Endodontics Clinic under faculty supervision. Communication with referring dentists and other dental specialists is also a routine part of clinical practice and is covered in **ENDO 611** (Clinical Applications of the Endodontic Literature). Communication with other health care professionals occurs on a regular basis as needed to assure the highest quality care for our patients.**
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Use of magnification technologies

Clinical Area: Magnification Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: ENDO 600
  - Off-service rotation to: Endodontics Clinic (ENDO 620)
  - No formal instruction is provided

- Total hours of instruction: 1500
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.
  Residents receive didactic and hands-on instruction in the efficient use of the dental operating microscope (ENDO 600 - Postgraduate Endodontic Technique) for a variety of non-surgical and surgical procedures. Each clinical operatory has a microscope. Microscopes are used routinely for all phases of clinical care, except initial exam, local anesthesia, and follow-up evaluation.
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

**Vital pulp management**

---

**Clinical Area:** Vital pulp therapy  
**Year Offered:** 1 & 2

- **Indicate how instruction is provided in this subject area:**
  - Dental department seminar, conference, lecture program
  - Formal course—Title: **ENDO 610; ENDO 611; ENDO 694**
  - Off-service rotation to: Endodontics Clinic (ENDO 620)
  - Other (specify): No formal instruction is provided

- **Total hours of instruction:** 100

- **What is the level of knowledge (i.e., in-depth, understanding, familiarity)?**
- **What is the level of skill (i.e., competency, proficiency, exposed)?**

Is instruction in this subject the same as that provided to:

a. **undergraduate dental students/residents?** Yes X No

b. **predoctoral medical students/residents?** Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- **Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.**

  Residents have ample opportunities to achieve competency in vital pulp therapy and management of developing permanent teeth. Approximately 15 to 20% of the patients seen in the Endodontics Clinic are referred from Pediatric Dentistry for management of endodontic problems. Many of these teeth present with vital pulps and incomplete root formation. Apexogenesis is the routine treatment procedure for these teeth. Didactic instruction is provided in ENDO 610 (Advanced Clinical Endodontics), ENDO 611 (Clinical Applications of the Endodontic Literature), and ENDO 694 (Regenerative Endodontics).
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Endodontic management of developing permanent teeth

Clinical Area:  **Incomplete root formation**  
Year Offered:  **1 & 2**

- Indicate how instruction is provided in this subject area:
  
  X Dental department seminar, conference, lecture program
  X Formal course—Title:  **ENDO 610; ENDO 611; ENDO 694**
  
  Off-service rotation to:
  
  X Other (specify):  **Endodontics Clinic (ENDO 620)**

  No formal instruction is provided

- Total hours of instruction:  **75**
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents?  
   
   Yes  X  No

b. predoctoral medical students/residents?  
   
   Yes  X  No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Residents have ample opportunities to achieve competency in management of developing permanent teeth. Approximately 20% of the patients seen in the Endodontics Clinic are referred from Pediatric Dentistry for management of endodontic problems. Apexogenesis is the usual treatment of choice for vital teeth and apexification is performed on necrotic teeth with incomplete root formation. All residents have the opportunity to perform “one-step” apexification procedures using MTA as an apical plug root filling material. Didactic instruction is provided in **ENDO 610** (Advanced Clinical Endodontics), **ENDO 611** (Clinical Applications of the Endodontic Literature), and **ENDO 694** (Regenerative Endodontics).
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Endodontic management of traumatic dental injuries

Clinical Area: Trauma Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: ENDO 610; ENDO 611
  - Off-service rotation to:
    - X Other (specify): Endodontics Clinic (ENDO 620)

- No formal instruction is provided

- Total hours of instruction: 30
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? Yes

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Patients with traumatic dental injuries are routinely referred for definitive treatment to the Endodontics Clinic from Pediatric Dentistry and Oral Surgery. Residents develop competence in the management of root fractures, luxation injuries, and avulsed teeth. Didactic instruction is provided in ENDO 610 (Advanced Clinical Endodontics) and ENDO 611 (Clinical Applications of the Endodontic Literature).
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

A variety of endodontic techniques

<table>
<thead>
<tr>
<th>Clinical Area: Endodontic techniques</th>
<th>Year Offered: 1 &amp; 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate how instruction is provided in this subject area:</td>
<td></td>
</tr>
<tr>
<td>X Dental department seminar, conference, lecture program</td>
<td></td>
</tr>
<tr>
<td>X Formal course—Title: ENDO 600; ENDO 610; ENDO 615</td>
<td></td>
</tr>
<tr>
<td>Off-service rotation to:</td>
<td></td>
</tr>
<tr>
<td>X Other (specify): Endodontics Clinic (ENDO 620)</td>
<td></td>
</tr>
</tbody>
</table>

No formal instruction is provided

| Total hours of instruction: 2000 |
| What is the level of knowledge (i.e., in-depth, understanding, familiarity) |
| What is the level of skill (i.e., competency, proficiency, exposed) |

Is instruction in this subject the same as that provided to:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>X</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. undergraduate dental students/residents?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. predoctoral medical students/residents?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES, describe how this instruction is modified for the advanced education program.

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Instruction in a variety of endodontic techniques is provided in ENDO 600 (Postgraduate Endodontic Technique), the first course incoming residents take. Residents become proficient in a wide variety of endodontic techniques during the 24 month program. Attending clinical faculty are expected to encourage residents to develop skill in a variety of endodontic techniques, within the limits established by sound clinical judgment, patient values and application of the best available evidence.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62). Diagnosis and treatment of periodontal disease and defects in conjunction with the treatment of the specific tooth undergoing endodontic therapy

Clinical Area: Endo-perio Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:
  - Dental department seminar, conference, lecture program
  - Formal course—Title: ENDO 610; ENDO 611; ENDO 619; PROS 613
  - Off-service rotation to: Endodontics Clinic (ENDO 620)
  - Other (specify): No formal instruction is provided

- Total hours of instruction: 45
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.
  Didactic instruction in endo-perio relationships occurs primarily in ENDO 610, ENDO 611 and PROS 613 (Interdisciplinary Treatment Planning Seminar). A periodontist presents a seminar to residents on indications and treatment planning for surgical management of single tooth periodontal defects (root amputation, grafting, guided tissue regeneration, etc.) in ENDO 619. Consideration of the periodontal prognosis for an endodontically treated tooth is a routine part of every clinical evaluation prior to initiation of root canal treatment. Consultation with faculty from the periodontics department is obtained as needed.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards (or Self-Study Questions #53-62).

**Placement of intraradicular restorations and cores in endodontically treated teeth**

---

**Clinical Area:**  **Restoration of endo teeth**  **Year Offered:**  **1 & 2**

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title:  **ENO 610; ENDO 611; PROS 613**
  - Off-service rotation to:
    - X Other (specify):  **Endodontics Clinic (ENDO 620)**
    - No formal instruction is provided

- Total hours of instruction:  **30**

- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a.  undergraduate dental students/residents?  **Yes**  **X**  **No**

b.  predoctoral medical students/residents?  **Yes**  **X**  **No**

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

  **Didactic instruction in the restoration of endodontically treated teeth occurs primarily in ENDO 610, ENDO 611, and PROS 613 (Interdisciplinary Treatment Planning seminar).**

  Consideration of the restorative prognosis for an endodontically treated tooth is a routine part of every clinical evaluation prior to initiation of root canal treatment. Consultation with faculty from the restorative department is obtained as needed. Although most patients return to their referring dentist or dental student for definitive restoration of the endodontically treated tooth, our residents place intraradicular restorations in certain teeth after completion of root canal therapy.
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

**Intracoronal bleaching procedures**

---

**Clinical Area:** Bleaching 
**Year Offered:** 1 & 2

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: ENDO 611
  - Off-service rotation to: [Endodontics Clinic (ENDO 620)]
  - X No formal instruction is provided

- Total hours of instruction: 6
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? _____ Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

**Residents are exposed to the indications and techniques for intracoronal bleaching of endodontically treated teeth in ENDO 611 and have opportunities to perform or observe bleaching procedures in the Endodontics Clinic.**
**Exhibit 11**

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards (or Self-Study Questions #53-62).

**Implant dentistry**

Clinical Area: **Implantology**

Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: ENDO 611; ENDO 630; PROS 613; PROS 628
  - Other (specify): 
  - Total hours of instruction: **60**
  - What is the level of knowledge (i.e., in-depth, understanding, familiarity)
  - What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents?
   - Yes  
   - No

b. predoctoral medical students/residents?
   - Yes  
   - No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

  **Residents receive didactic training in the indications and contraindications for placement of implants as an alternative to retention of a natural tooth (ENDO 611). Additional exposure occurs during clinical case presentation seminars (ENDO 630) and interdisciplinary seminars (PROS 613 and PROS 628).**
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards (or Self-Study Questions #53-62).

**Extrusion procedures**

---

Clinical Area: **Extrusion**

Year Offered: **2**

- Indicate how instruction is provided in this subject area:

  - Dental department seminar, conference, lecture program
  - Formal course—Title: **ENDO 611**
  - Off-service rotation to:  
    
  - Other (specify):  
    
  - No formal instruction is provided

- Total hours of instruction: **6**

- What is the level of knowledge (i.e., in-depth, understanding, familiarity)

- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents?

   - Yes  
   - X  
   - No

b. predoctoral medical students/residents?

   - Yes  
   - X  
   - No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

**Extrusion (forced eruption) procedures are reviewed in ENDO 611. Additional exposure to this topic occurs in PROS 613 (Interdisciplinary Treatment Planning seminar). Most residents do not have an opportunity to perform an extrusion procedure in the clinic, but they all understand the indications, contraindications, and basic technique concepts. When extrusion of an endodontically treated tooth is indicated, collaboration with an orthodontic resident for interdisciplinary management of the case is encouraged.**
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards (or Self-Study Questions #53-62). **The history of endodontics**

Clinical Area: **History of endodontics** Year Offered: **1**

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: **ENDO 610**
  - X Off-service rotation to: **ENO 610**
  - Other (specify): **No formal instruction is provided**

- Total hours of instruction: **10**
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? **Yes** X **No**

b. predoctoral medical students/residents? **Yes** X **No**

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

  **The history of endodontics is well covered in ENDO 610 (Advanced Clinical Endodontics – this course could be considered “classic” endodontic literature)**
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Teaching methodology

Clinical Area:  

Teaching methodology  

Year Offered:  

2

- Indicate how instruction is provided in this subject area:

X  Dental department seminar, conference, lecture program

X  Formal course—Title:  ENDO 618

Off-service rotation to:

X  Other (specify):  Teaching rotations in undergraduate technique course and clinics

No formal instruction is provided

- Total hours of instruction:  

15 (didactic hours – does not include clinical teaching)

- What is the level of knowledge (i.e., in-depth, understanding, familiarity)

- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents?  

Yes  X  No

b. predoctoral medical students/residents?  

Yes  X  No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Residents are introduced to the history of education theory and current concepts in adult learning in ENDO 618 (Teaching, Learning, and Critical Thinking). In addition, they spend one-half day per week for one semester in the PG1 year (undergrad technique lab) and one half day per week for the entire PG2 year (undergrad clinic) actively teaching undergraduate dental students.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62). Ethics and jurisprudence

<table>
<thead>
<tr>
<th>Clinical Area: Ethics and jurisprudence</th>
<th>Year Offered: 1 &amp; 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Indicate how instruction is provided in this subject area:</td>
<td></td>
</tr>
<tr>
<td>X Dental department seminar, conference, lecture program</td>
<td></td>
</tr>
<tr>
<td>X Formal course—Title: ENDO 611; ENDO 630</td>
<td></td>
</tr>
<tr>
<td>Off-service rotation to:</td>
<td></td>
</tr>
<tr>
<td>X Other (specify): Endodontics Clinic (ENDO 620)</td>
<td></td>
</tr>
<tr>
<td>No formal instruction is provided</td>
<td></td>
</tr>
<tr>
<td>• Total hours of instruction: 20</td>
<td></td>
</tr>
<tr>
<td>• What is the level of knowledge (i.e., in-depth, understanding, familiarity)</td>
<td></td>
</tr>
<tr>
<td>• What is the level of skill (i.e., competency, proficiency, exposed)</td>
<td></td>
</tr>
</tbody>
</table>

Is instruction in this subject the same as that provided to:

<table>
<thead>
<tr>
<th></th>
<th>undergraduate dental students/residents?</th>
<th>Yes</th>
<th>X</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>predoctoral medical students/residents?</td>
<td>Yes</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES, describe how this instruction is modified for the advanced education program.

• Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Ethics and jurisprudence are really two separate domains. The level of training in ethics is both didactic (ENDO 611 and ENDO 630) and clinical (should be a consideration in the treatment of every patient). Didactic training is at the understanding/exposure level whereas clinical training is at the in-depth/competency level. Jurisprudence as it relates to endodontic specialty practice is discussed in ENDO 611 and routinely in ENDO 630 when appropriate as part of a case presentation. The level of knowledge in jurisprudence is familiarity and the level of skill is exposed.
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

**Practice management**

---

**Clinical Area:** Practice management  \hspace{2cm} **Year Offered:** 1 & 2

- Indicate how instruction is provided in this subject area:
  - X Dental department seminar, conference, lecture program
  - X Formal course—Title: ENDO 611; ENDO 630
  - Off-service rotation to: Endodontics Clinic (ENDO 620)
  - Other (specify): No formal instruction is provided

- Total hours of instruction: 30

- What is the level of knowledge (i.e., in-depth, understanding, familiarity): Yes

- What is the level of skill (i.e., competency, proficiency, exposed): X

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents?  Yes  X  No
b. predoctoral medical students/residents?  Yes  X  No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The residents receive formal instruction in practice management (ENDO 611) and this topic is woven into discussions during case presentations (ENDO 630) and clinic (ENDO 620). The case presentation seminar provides an excellent opportunity for residents to discuss ethical and/or practice management dilemmas in a protected environment and receive advice from program faculty. In addition, guest speakers are invited at least once each year to present to our residents on this topic.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Risk management

Clinical Area: Risk management Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:

  X Dental department seminar, conference, lecture program
  X Formal course—Title: ENDO 611; ENDO 630
  Off-service rotation to:
  X Other (specify): Endodontics Clinic (ENDO 620)
  No formal instruction is provided

- Total hours of instruction: 12
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The residents receive formal instruction in risk management (ENDO 611) although this topic is blended with jurisprudence and practice management. The case presentation seminar (ENDO 630) provides an excellent opportunity for residents to discuss risk management issues in a protected environment and receive advice from program faculty. The relationship between good record keeping and risk management is reinforced daily in the endodontics clinic (ENDO 620).
Medical emergencies

Clinical Area: Medical emergencies
Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:
  
  X Dental department seminar, conference, lecture program
  X Formal course—Title: OMDS 615

- Off-service rotation to:
  
  X Other (specify): CPR certification (provided at the College of Dentistry)

- Total hours of instruction: 20
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)?
- What is the level of skill (i.e., competency, proficiency, exposed)?

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes X No
b. predoctoral medical students/residents? Yes X No

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

Residents are certified competent in the performance of basic CPR. Additional instruction in medical emergencies is at the familiarity/exposed level. OMDS 615 is taught by a dental anesthesiologist and provides an excellent overview of identification and management of medical emergencies related to anesthesia in the dental office.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards (or Self-Study Questions #53-62). *Do residents actively participate in seminars or conferences involving literature and textbook reviews*

<table>
<thead>
<tr>
<th>Clinical Area:</th>
<th>Active learning</th>
<th>Year Offered:</th>
<th>1 &amp; 2</th>
</tr>
</thead>
</table>

- Indicate how instruction is provided in this subject area:

<table>
<thead>
<tr>
<th>X</th>
<th>Dental department seminar, conference, lecture program</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Formal course—Title: <strong>All department seminars</strong></td>
</tr>
<tr>
<td></td>
<td>Off-service rotation to:</td>
</tr>
<tr>
<td></td>
<td>Other (specify):</td>
</tr>
<tr>
<td></td>
<td>No formal instruction is provided</td>
</tr>
</tbody>
</table>

- Total hours of instruction: **variable**
- What is the level of knowledge (i.e., in-depth, understanding, familiarity) N/A
- What is the level of skill (i.e., competency, proficiency, exposed) N/A

Is instruction in this subject the same as that provided to:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>X</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>undergraduate dental students/residents?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>predoctoral medical students/residents?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area. *All departmental seminars and most biomedical seminars require active student participation and critical appraisal of the literature.*
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62). Do residents actively participate in endodontic and interdisciplinary seminars and conferences evaluating diagnostic data, treatment plans, treatment procedures, and outcomes assessment?

<table>
<thead>
<tr>
<th>Clinical Area:</th>
<th>Year Offered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontic and interdisciplinary seminars</td>
<td>1 &amp; 2</td>
</tr>
</tbody>
</table>

- Indicate how instruction is provided in this subject area:
  - [X] Dental department seminar, conference, lecture program
  - [X] Formal course—Title: **ENDO 630; PROS 613; PROS 628; OSCI 580 and OSCI 581**
  - Off-service rotation to: ______________
    - Other (specify): ________________________
    - No formal instruction is provided

- Total hours of instruction: **variable**
- What is the level of knowledge (i.e., in-depth, understanding, familiarity) **N/A**
- What is the level of skill (i.e., competency, proficiency, exposed) **N/A**

Is instruction in this subject the same as that provided to:

<table>
<thead>
<tr>
<th></th>
<th>undergraduate dental students/residents?</th>
<th></th>
<th>predoctoral medical students/residents?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Yes</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>b.</td>
<td>Yes</td>
<td>X</td>
<td>No</td>
</tr>
</tbody>
</table>

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area. **ENDO 630 (Clinical Conference in Endodontics)** is the primary departmental seminar for discussing diagnosis, treatment planning, treatment procedures, and outcomes assessment, although instruction in these areas occurs to some extent in all departmental seminars and as a routine part of case presentations in the Endodontics Clinic. **PROS 613** is an interdisciplinary treatment planning and case presentation seminar. **PROS 628** is an interdisciplinary implantology seminar. **OSCI 580 and OSCI 581** is a two-semester seminar series that is interdisciplinary and integrates the basic and clinical sciences.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Does the program include a system for follow-up evaluation of patients to enable residents to assess the outcome of their treatment?

<table>
<thead>
<tr>
<th>Clinical Area:</th>
<th>Outcome assessment</th>
<th>Year Offered:</th>
<th>1 &amp; 2</th>
</tr>
</thead>
</table>

- Indicate how instruction is provided in this subject area:
  - Dental department seminar, conference, lecture program
  - Formal course—Title: ENDO 617; ENDO 630
  - Off-service rotation to: Endodontics Clinic (ENDO 620); recall system
  - No formal instruction is provided

- Total hours of instruction: variable
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Is instruction in this subject the same as that provided to:

<table>
<thead>
<tr>
<th></th>
<th>undergraduate dental students/residents?</th>
<th>Yes</th>
<th>X</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>Yes</td>
<td>X</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>predoctoral medical students/residents?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The program has a formal recall system for patients receiving root canal treatment in the Endodontics Clinic. Patients receive a postcard reminding them to return for a follow-up exam and radiograph at 6 months and 12 months post-treatment. Since the response to the postcard system has traditionally been relatively low, residents are encouraged to maintain a list of interesting cases and to personally contact patients to encourage follow-up evaluation. Cases are reviewed by the program director and during ENDO 630 (Clinical Conference in Endodontics) and ENDO 617 (American Board Review). Residents learn not only from self evaluation of their own cases but from review and discussion of other residents’ cases.
Exhibit 11

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards (or Self-Study Questions #53-62).

Are comprehensive records of history, diagnosis, and treatment maintained for each patient?

Clinical Area: Record keeping Year Offered: 1 & 2

- Indicate how instruction is provided in this subject area:
  - Dental department seminar, conference, lecture program
  - Formal course—Title: __________________________
  - Off-service rotation to: __________________________
  - Other (specify): College of Dentistry Axium system (electronic record)
    No formal instruction is provided

- Total hours of instruction: variable
- What is the level of knowledge (i.e., in-depth, understanding, familiarity) N/A
- What is the level of skill (i.e., competency, proficiency, exposed) N/A

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? X Yes No
b. predoctoral medical students/residents? ______ Yes ______ X No

If YES, describe how this instruction is modified for the advanced education program.

The Axium system is used in all College of Dentistry clinics (undergraduate, postgraduate/specialty, and faculty practice) so the training and performance standards are the same for all users.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

In 2002, the College of Dentistry converted from a paper chart system to an electronic patient record (axiUm). All patient treatment records are maintained in this electronic database. Residents receive an orientation to the Axium system during summer of the first year (prior to entering the clinic). Information required for an endodontic treatment record includes: review of patient’s medical history, chief complaint, relevant dental history, objective findings, radiographic interpretation, diagnosis, patient consent for treatment, details of treatment provided, any complications, and specific recommendations for follow-up care if needed.
Clinical Specialty Program in Endodontics

Program description

The clinical specialty program in endodontics is a full-time program that requires twenty-four consecutive months to complete. The program has been designed to satisfy the needs of those who wish to acquire greater skill, knowledge, and experience in endodontics, as well as a background in biological sciences. Those who complete the course of study fully meet the educational requirements for certification by the American Board of Endodontics and state licensing bodies for the specialty practice of endodontics. The program includes participation in formal lectures, seminars, and laboratory courses; pursuit of endodontically oriented research; teacher-assisting in undergraduate teaching of endodontics; and treatment of patients in the endodontics clinic. Upon completion of the course, students are awarded a certificate of proficiency by the College of Dentistry. The program is accredited by the Commission on Dental Accreditation of the American Dental Association.

Arrangements can generally be made for selected students who meet Graduate College requirements to register for an M.S. degree. Applicants who are accepted in the certification program are not guaranteed that admission to the Graduate College will be granted. The combined program requires two or more academic years of full-time attendance to complete. Students who successfully complete this program will receive a Certificate of Proficiency in Endodontics and a Master of Science degree.
Admissions Requirements

The UIC College of Dentistry Endodontics Program accepts both U.S. and International applicants. Each year a total of 4 applicants are accepted into the program. It is a two year full-time program which leaves little to no time for work. If accepted into the program the applicant must pay a $60 application fee. The total cost of the program is approximately $35,000 a year, which includes tuition and University fees.

The 2014 Endodontic Postgraduate Program will begin August 2014. You will be able to apply for the 2014 admissions cycle in May 2013 through the American Dental Education Association (ADEA) Postdoctoral Application Support Service (PASS). Please visit the ADEA website for more information on PASS or to begin the application process.

How to Apply

Interested applicants should apply through the online PASS application. The online ADEA PASS system requires the following information:

- Online Application
- Personal statement explaining why you want to be in our 2-year Endodontic program
- Dental school transcripts
- TOEFL exam results (For international students only. A passing score is our minimum requirement. Visit the ETS website for more information on the TOEFL exam.)
- 1-5 PPI evaluators (3 PPI evaluators is our minimum requirement.)
- A copy of your National Board Scores (A passing score is our minimum requirement. Part II is required for all dental degree graduates.)

*No supplemental application materials are required. The Admissions Committee reviews all application materials through the ADEA PASS.

Tuition & Fees

Information on tuition and fees is available on the UIC tuition page. (Refer to the "Advanced Certificate Program" row, "Range I" column.)

The Department of Endodontics equipment and book estimates are as follows:

1st year postgraduate: $16,000.00 (includes microscope)

2nd year postgraduate: $1,600.00
**Compensation**

A revenue sharing program has been implemented for qualifying students. Post-graduate students will have the opportunity of earning compensation of up to 20% of applied cash from services that they provide. Payments are processed twice annually.

Estimated salaries information for dental specialists can be found on the [ONET website](https://www.onetonline.org) using the SOC code 29-1029.

**Contact**

Blanca E. Sanchez, Assistant to the Head
Department of Endodontics (MC 642)
801 South Paulina Street, Room 304G
Chicago, IL 60612-7211
(312) 996-7514
bsanch4@uic.edu
Postgraduate Endodontics – Student Progress Review (version 2.15.2006)

Name: __________________________________  Date: _______________________

Please score yourself in each area identified with an * using the following five point scale:
5 = outstanding
4 = exceeds expectations
3 = meets expectations
2 = room for improvement
1 = unsatisfactory
NA = not applicable

<table>
<thead>
<tr>
<th>Area for Improvement</th>
<th>Self evaluation</th>
<th>PG Director Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Clinical – application of knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Clinical – demonstration of clinical skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Clinical – ethical and appropriate attitudes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas for improvement (clinical)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Didactic – courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Didactic – progress with case portfolio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas for improvement (didactic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Research – progress to date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goals for next 6 months (clinical, didactic, &amp; research)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments or concerns</td>
<td></td>
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</tr>
</tbody>
</table>

Student signature ______________________________

PG Director signature ____________________________                   copy given to student _____

Appendix V
### Daily Clinic & Seminar Evaluation – Postgraduate Endodontics (version 3:9.01.04)

**Note:** Please rate the student’s overall clinical performance for each session considering diagnosis, knowledge, treatment skill, patient management, and adherence to infection control guidelines.

- **1 (E)** = critical error(s) and/or unacceptable
- **2 (D)** = poor; marginally acceptable performance
- **3 (C)** = fair; acceptable, but needs improvement
- **4 (B)** = good
- **5 (B+)** = very good
- **6 (A-)** = excellent
- **7 (A)** = outstanding in every aspect of diagnosis, treatment, patient management, and infection control

<table>
<thead>
<tr>
<th>Student</th>
<th>Overall performance: 1 2 3 4 5 6 7</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Blau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Aslin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Chon</td>
<td></td>
<td></td>
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<tr>
<td>Dr. Bigras</td>
<td></td>
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<tr>
<td>Dr. Ferrar</td>
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<tr>
<td>Dr. Fitzgerald</td>
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<tr>
<td>Dr. Herold</td>
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<tr>
<td>Dr. Shelley</td>
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<td></td>
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<tr>
<td>Dr. Jonsson</td>
<td></td>
<td></td>
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<tr>
<td>Dr. Sridhar</td>
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<td></td>
</tr>
<tr>
<td>Dr. Nudera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Wiersema</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Please rate the student’s overall clinical performance for each session considering diagnosis, knowledge, treatment skill, patient management, and adherence to infection control guidelines.
See Appendix X for

- Policy and Procedures for Promotion and Dismissal for Academic Reasons
- Process for Appeals Hearings
Process for Appeals Hearing
UIC Students in Predoctoral and Post-Grad Programs

Executive Session
1) Assure a quorum is present
2) Explain purpose for the Hearing
3) Ask for questions or discussions prior to the Student/resident being seated (but only questions for process or procedure)

Open Session
4) Escort the student and advisor and the Department Representatives into the hearing room
5) Call Meeting to order.
6) Explain the purpose of the hearing.
7) Introduce the student and advocate
8) Have each committee member introduce him/herself to the student
9) Explain the process and procedure and rules for advocate (if present).
10) Ask student/resident if he/she has any questions prior to the start of the hearing.
11) Chairperson of Hearing, Department Head, Program Director or Course Director addresses the committee and explains the reason for action (dismissal). Any materials that are presented should be distributed to all members of the committee and to the student/resident.
12) Committee asks questions of the Department Head/Program Director.
13) Student/resident is asked to address the committee. Any materials that are presented should be distributed to all members of the committee.
14) The committee asks questions of the student/resident.
15) Witness or Spokesperson (if present)
   a) Witness or spokesperson for student invited into hearing room
   b) Witness speaks, committee asks questions
   c) Witness leaves hearing room
16) Chairperson, Department Head, Program Director or Course Director closing statement
17) Student closing statement
18) Ask the student/resident if he/she felt that they had a fair opportunity to present his/her case to the committee.
19) Thank the student/resident for presenting
20) Thank the department for presenting
21) Inform the student/resident that they will receive a written response (certified US mail or delivery service) of the committee’s decision within seven (7) working days.

22) Department Head/Program Director/Course Director and Student/Resident are escorted out of the hearing room.

23) Ask all parties to remain in the area should amplification be needed.

**Executive Session**

24) Return to the conference room.

25) Advise the committee of the various options that are available. (a. continue academic dismissal or b. recommend the reinstatement of the student into the program with or without conditions).

26) Ask that a motion be made.

27) Ask for a second to the motion

28) Open the floor for discussion

29) Vote on the motion.

30) Repeat 25-28 until a resolution is reached.

**Open Session**

31) Thank the committee for meeting

32) Dismiss the department and student from the waiting area

33) Arrange for communication of outcome to all parties (department, university officials, student/resident.)

Approved by SSP September 20, 2012
Approved by Graduate Dental Education Committee June 30, 2013
DATE: August 5, 2013

TO: Endodontic Postgraduate Residents, Class of 2013-15

FROM: Dr. Johnson

RE: Graduation Requirements

1.) GPA
Minimum GPA for graduation = 3.0 (A = 4.0)
Probation = below 3.0 GPA for one semester
Dismissal = 2 consecutive semesters below 3.0 GPA

2.) ALL courses completed with a passing grade

3.) Demonstration of clinical proficiency in non-surgical and surgical endodontics
   Clinical care expectations: You are required to be present and providing clinical care during your scheduled clinic time (or readily available in cases of patient cancellation or no show), unless specific release time has been previously arranged (e.g., for research or other program-related activities). Quality of treatment provided and ethical behavior are always the highest priorities, not quantity of procedures completed.

5.) Attendance for all scheduled clinic sessions, seminars/courses, and teaching assignments

6.) Completion of ABE written exam in Spring of PG2 year

7.) Presentation of a Poster (research, case report, or lit review) at the UIC College of Dentistry Clinic and Research Day

8.) Completion of an acceptable research project (project to be determined in consultation with the program director) and preparation of the research in a format suitable for publication (refer to attached page for timeline expectations)

9.) Adherence to the highest standards of ethical and professional conduct

10.) All departmental obligations fulfilled
<table>
<thead>
<tr>
<th>Course number</th>
<th>Title</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall PG1 ENDO 600</td>
<td>Postgrad Endodontic Technique (Weeks): course meets all day for 3 weeks, from 8-6-2012 to 8-24-2012</td>
<td>3</td>
</tr>
<tr>
<td>Fall PG1 ENDO 610</td>
<td>Advanced Clinical Endodontics (Classic Lit) (Wenckus)</td>
<td>2</td>
</tr>
<tr>
<td>Fall PG1 ENDO 613</td>
<td>Pharmacology for the Dental Specialist (Weeks)</td>
<td>1</td>
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<tr>
<td>Fall PG1 ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
<td>5</td>
</tr>
<tr>
<td>Fall PG1 ENDO 630</td>
<td>Clinical Conference (Milnarik)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG1 ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG1 OSCI 580/581</td>
<td>Advanced Oral Sciences I &amp; II (alternate years)</td>
<td>2</td>
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<tr>
<td>Fall PG1 OSCI 451</td>
<td>Research Methodology</td>
<td>1</td>
</tr>
<tr>
<td>Fall PG1 OSCI 594</td>
<td>Statistics for Dental Residents (Johnson participates as an instructor, but is not course director)</td>
<td>3</td>
</tr>
<tr>
<td>Fall PG1 ENDO 694</td>
<td>Special Topics – Instrumentation and Biomechanics (Alapati)</td>
<td>1</td>
</tr>
<tr>
<td>Spring PG1 ENDO 619</td>
<td>Endodontic Surgery (Rogers)</td>
<td>1</td>
</tr>
<tr>
<td>Spring PG1 ENDO 614</td>
<td>Pulp Biology (Hawkinson)</td>
<td>2</td>
</tr>
<tr>
<td>Spring PG1 ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
<td>5</td>
</tr>
<tr>
<td>Spring PG1 ENDO 630</td>
<td>Clinical Conference (Milnarik)</td>
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<tr>
<td>Spring PG1 ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
<td>1</td>
</tr>
<tr>
<td>Spring PG1 ANAT 544</td>
<td>Advanced Head &amp; Neck Anatomy</td>
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<tr>
<td>Spring PG1 OMDS 615</td>
<td>Anesthesia and Pain Control</td>
<td>1</td>
</tr>
<tr>
<td>Spring PG1 ENDO 694</td>
<td>Special Topics – Endodontic Biomaterials (Alapati)</td>
<td>1</td>
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<tr>
<td>Summer PG2 ENDO 611</td>
<td>Clinical Applications of the Endodontic Lit (Johnson)</td>
<td>2</td>
</tr>
<tr>
<td>Summer PG2 ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
<td>5</td>
</tr>
<tr>
<td>Summer PG2 ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
<td>1</td>
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<td>Radiology for the Dental Specialist</td>
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<td>Special Topics – Regenerative Endodontics: Cell &amp; Tissue Engineering (Alapati)</td>
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<td>Orofacial Pain (Johnson)</td>
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<td>Teaching, Learning, &amp; Critical Thinking (Johnson)</td>
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<td>Fall PG2 ENDO 620</td>
<td>Endodontic Clinic (Johnson and faculty)</td>
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<td>Fall PG2 ENDO 630</td>
<td>Clinical Conference (Milnarik)</td>
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<td>Fall PG2 ENDO 698</td>
<td>Research in Endodontics (Fayad and Johnson)</td>
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<td>Interdisciplinary treatment planning seminar (Knoernschild)</td>
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<td>Fall PG2 PROS 628</td>
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<td>Advanced Oral Sciences I &amp; II (alternate years)</td>
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<td>ABE Review (Wenckus)</td>
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<td>ENDO 615</td>
<td>Current Lit (Fayad and Johnson)</td>
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# Books, Supplies, Instruments and Mandatory Conference Costs
for
Postgraduate Dental Programs
2013-2015

## Endodontics

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<tr>
<th>Item</th>
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<td>550</td>
<td>Meetings &amp; travel</td>
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<td>Prof dues</td>
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**Total:** $26,050.
Research Requirements for ENDO 698
Timeline for completion of tasks

I.) Fall Semester PG1
- selection of advisor and approval of topic
- develop research protocol (objectives, methods and materials, evaluation methods including statistics, timeline, and estimated budget)

II.) Spring Semester PG 1
- Complete literature review – synopsis of relevant articles
- Reference list
- Refinement of methods, budget and timeline
- Funding source identified, if needed

III.) Summer Semester PG1-2
- pilot study
- identification of problems and modifications in design, if necessary
- preliminary findings
- progress report

IV.) Fall Semester PG 2
- Completion of experimental work
- Compilation of data and statistical analysis
- Rough draft of paper with results and discussion

V.) Spring Semester PG 2
- final paper reviewed by faculty advisor(s)
- paper prepared in format suitable for publication
- Powerpoint presentation in AAE/AADR oral research presentation format
Outline for a Research Protocol (Johnson, 10.2.2009)

I.) Title

II.) P.I. and Co-I (with institutional affiliations)

III.) Research Objectives – descriptive hypothesis and specific aims

IV.) Justification – short statement of the project’s importance

V.) Background

VI.) Research design
   A.) Subjects and sampling
   B.) Variables (dependent and independent)
   C.) Statistical analysis – include sample size calculations
   D.) Data collection and quality control

VII.) Schedule

VIII.) Budget

IX.) References
TO: All postgrads  
CC: Dr. Wenckus  
FROM: Dr. Johnson  
RE: Clarification of vacation policy and attendance expectations

1.) Procedure for requesting vacation days:  
   1.) Fill out request form (available in Blanca’s office and/or online)  
   2.) Submit form to Dr. Johnson for signature  
   3.) Turn in form to Blanca  
   4.) Make travel arrangements

2.) Vacation days should not be taken when classes/seminars are scheduled. In cases of special need (e.g., family illness, weddings, etc.), exceptions may be granted but you must first obtain permission from the course director and Dr. Johnson before submitting your request to Blanca. Do not make travel arrangements (hotel, air, etc) before approval of vacation days.

3.) You are expected to be physically present, in or around the Department of Endodontics (so we can find you if necessary and, for example, help with emergencies), Monday through Friday, at least between the hours of 9:00AM and 4:30PM (often earlier or later depending on class schedules or other activities). You must let the PG Consultant and Jessica know where you are and how you can be reached if you plan to be away from the Department. An unexcused absence will be counted as vacation time.

4.) General policies regarding vacation days  
   - Total vacation days for 24 month program = 20  
   - Maximum 5 working days off at one time; maximum 10 days total in the first 12 months  
   - All requested vacation days should follow the procedure outlined in #1 above  
   - Vacation days should be scheduled so as not to interfere with course work and other educational aspects of the program  
   - You are required to arrange for coverage of your emergency and/or clinic teaching days during your vacation time (trade with other postgrads) and advise us of the schedule changes  
   - Days spent interviewing for jobs and similar activities will count as vacation days  
   - Vacation days should be scheduled at least 30 days in advance  
   - The Department Head will serve as final arbiter in all questions and matters related to interpretation of this policy
Protocol for the UIC College of Dentistry (COD)
After Hours Emergency Patient Care

This protocol is based on the utilization of Endodontic Residents, Oral and Maxillofacial Surgery (OMFS) Residents and Pediatric Dentistry Residents. The residents, with supervision of dental attendings, will provide primary after hours emergency coverage for the College of Dentistry’s active patient population. An Active patient is defined as a person who is under care (within 6 weeks of the call) of the College of Dentistry Undergraduate Group Practices.

General Protocol and Information for After Hours Emergencies:

1. Resident and Attending coverage is provided during UIC/COD non-clinical hours.

2. The Endodontic resident will have offsite access to the patient Axium record through a designated laptop computer and internet connection. The resident is responsible for entering complete notes of all after hours contact with patients in the Axium electronic patient record (including date and time of call, chief complaint, working diagnosis, treatment recommendations, prescriptions if needed, referrals if needed, and planned follow up care). A record of all after hours patient contact will be kept in a separate log and reviewed by the Endodontic Program Director and Associate Dean for Clinical Care on a monthly basis. Palliative treatment and/or referral are treatment options for the Endodontic Residents. If a patient is referred to UIC Hospital to be seen by a Pediatric Resident or an OMFS Resident, the Endodontic Resident will inform the patient that there is a Hospital fee for the emergency service provided at the Hospital.

3. **EMERGENCY SYSTEM ACTIVATION:**

When a patient calls his/her College of Dentistry Group Practice number, the patient is informed by voice mail to page the Emergency Dental Resident on call via a pager number. This activates the resident response to the emergency. Non-English speaking patients will be advised to have an English interpreter available to communicate the nature of their emergency.

The Endodontic resident receives the contact from the patient via pager and communicates with the patient by telephone. The Endodontic Resident and/or dental attending will determine the nature and severity of the dental emergency and manage appropriately. Dental urgent care (non-emergency) patients will be informed that they will be seen at UIC/COD during normal clinic hours. The resident will collect the following information:

   a. The nature of the dental emergency – history and chief complaint
   b. The patient’s level of pain
c. The patient’s name, phone number for call back, birth date and AxiUm number if possible.

The Endodontic resident on call accesses the Axium patient record System via an internet laptop computer connection, views the patient record and past treatment notes.

The Resident contacts the Attending on call and discusses the emergency if guidance or assistance is needed.

The Resident contacts the patient and discusses the treatment options, including the option of treatment at the UIH Emergency Room and the cost of the treatment provided. If the patient wishes to have Emergency treatment rendered in the UIH ER, the Endodontic resident will contact the appropriate resident (OMFS or Pediatric) on call to advise him/her of the patient’s situation and decision to be seen at UIC Hospital. Contact protocol as follows:

1) OMFS Residents: call (312)996-7000 and ask to page the “Oral Surgeon On-Call” for immediate assistance.
2) Pediatric Dentistry Residents: call (312)413-2768 and ask to page the “Pediatric Resident On-Call” for assistance.

CALL SCHEDULES:

1. Call schedules for Endodontic residents and attendings will be prepared approximately 3 months in advance. These schedules will be available to all faculty and residents involved in after hours emergency care.

2. Endodontic residents and attendings will have access to OMFS and Pediatric Dentistry resident call schedules and contact numbers.

Examples of after hours dental emergencies include, but are not limited to:

a. Facial trauma or injury that results in tooth fracture or displacement, avulsion, dentoalveolar fracture, or laceration that requires sutures
b. Dental pain that cannot be relieved by OTC pain medication
c. Significant bleeding or swelling
d. Elevated temperature, difficulty swallowing or breathing secondary to dental treatment and/or infection

Examples of after hour’s situations that usually do not require emergency treatment include:

a. Loose teeth not associated with trauma
b. Loose or missing permanent or temporary crowns
c. Broken or missing fillings
d. Minor gum irritation
e. Loose or missing orthodontic brackets, bands, or wires
# AFTER-HOURS EMERGENCY CALL LOG

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<tr>
<th>DATE</th>
<th>TIME</th>
<th>RESIDENT</th>
<th>PATIENT</th>
<th>AXIUM#</th>
<th>HOME CLINIC</th>
<th>CONCERN/EMG.</th>
<th>RESOLUTION</th>
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DATE: January 2005

TO: Clinical Faculty, Staff and Student Dentists

FROM: Dr. David M. Clark
Associate Dean for Patient Services

SUBJECT: Infection Control

The College must seize this opportunity in time to design our clinic into one that we can be proud of and adheres to infection control/OSHA guidelines. I have attached a synopsis from the *Infection Control Manual 2004* ([http://intranet/clinics/chairside/](http://intranet/clinics/chairside/)).

All infection control/OSHA guidelines apply to faculty, staff, and students. These guidelines must be met to assure the following:

- Safe conditions exist in the clinic for patients, students, staff, and faculty;
- The possibility of cross-contamination is eliminated;
- These practices SHOULD continue in private practices (OSHA fines can be substantial);
- Accreditation standards **must** be met.

The re-implementation and enforcement of the College’s existing Infection Control standards can be perceived as very strict and as a drastic “turn about” from the present clinical practice (some not all clinical areas in the College) OR as guidelines that are very important to the dental clinician and his/her office staff. I hope that individuals perceive the latter.

These guidelines must follow 100% compliance. The deadline in structuring the clinics to meet the guidelines is Monday January 31, 2005. Failure to adhere to these guidelines may result in disciplinary action for offenders.
Infection Control

GOAL
The goal of the College’s Infection Control Manual is to protect College personnel and patients from cross infections related to the dental clinic environment.

POLICY STATEMENT

A. Policies on infection control of the College of Dentistry will be in compliance with the current guidelines published by the U.S. Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention, the American Dental Association, and the Occupational Safety and Health Administration (OSHA) (see page 53, Infection Control Manual).

B. Medical histories and examinations do not identify all patients infected with HBV, HCV, HIV, or other blood-borne pathogens. Therefore, the same blood and body fluid precautions must be consistently used for ALL patients: a concept referred to as "Standard Precautions."

RESPONSIBILITY

To be effective, infection control policies in the College of Dentistry require the cooperation of students, faculty, and staff. Infection control must be achieved through education, demonstration, monitoring, evaluation and, most of all, diligence.

- The responsibility for infection control in the clinic is primarily that of the faculty. Staff directly and indirectly assist students and are responsible for those actions. However, students’ actions will determine whether control of infection is effective because they are the primary providers of patient care.
- Thus, it is the responsibility of faculty, staff, and students to learn everything in this manual, understanding its application, and, most importantly, practice these proper infection control procedures at all times.
- It is the responsibility of all staff and faculty to be role models for students by practicing College-approved infection control procedures and to assure that students and clinic personnel conform to these guidelines.

If there are any questions or comments regarding the materials in this manual or an infection control issue they should be directed to the Infection Control Coordinator, Dr. Darryn Weinstein.

NOTE: above information is part of the online
INFECTION CONTROL MANUAL 2004
Patient treatment

Clinic attire (personal protective equipment)

WHEN CONTACT WITH BLOOD OR OTHER BODY FLUIDS IS ANTICIPATED all DHCWs must wear appropriate attire to prevent skin and mucous membrane exposure. When performing simulated dental procedures in the pre-patient care area personal protective equipment must be worn.

Required Personal Protective Equipment for ALL Patient Treatment as defined above:

Gloves, mask, protective eyewear (including side shields on glasses), and gown (fluid resistant)

a. Gloves

Gloves must be worn for all contact with oral mucous membranes, body fluids, and extracted teeth and other biological specimens and any potentially infectious material. New gloves must be worn for each patient.

- Inspect gloves carefully for defects when putting them on. Discard gloves if there is any doubt of their integrity.
- Gloves may not be washed, disinfected, or sterilized. Non-sterile gloves may be rinsed with water only to remove excess powder.
- If gloves are torn or punctured, they must be replaced immediately.
- Plastic overgloves (foodhandler’s gloves) may be worn over contaminated treatment gloves (overgloving) to prevent contamination of clean objects handled during treatment.
- Hands must always be cleaned and dried before putting on gloves.
- If it is necessary to leave the chairside during patient care, contaminated gloves must be removed, hands washed, washed again after returning, and new gloves put on before resuming patient care.

This therefore requires that:
- gloves not be worn while obtaining materials from the supply areas;
- gloves that have been used during patient treatment not be worn outside the clinic;
- gloves be removed before answering the telephone;
- gloves must be removed immediately after patient treatment.

In treating a patient with known sensitivity to latex, precautions must be utilized such as use of non-latex gloves, non-latex rubber dams, and avoidance of any other latex-containing product. Patient appointments should be scheduled earlier in the day when there is less latex particles scattered in the air.

If you know you are allergic to latex or develop symptoms consistent with latex allergy and confirm that you are latex sensitive, non-latex gloves will be provided.

There is no situation in which double gloving is recommended as an effective method of preventing disease transmission.
b. Mask

A surgical mask must be worn during dental procedures in which splattering of blood, or saliva is likely.
- Masks must not contact the mouth while being worn.
- Masks must not be slipped down around the chin or neck or up onto the forehead as this may contaminate these other areas.

c. Protective eyewear or face shield

Either protective eyewear or a chin-length plastic face shield must be worn during dental procedures in which splattering of blood, or saliva is likely.
- A face shield does not substitute for a surgical mask.
- Protective eyewear must possess side shields. Protective eyewear consists of goggles or glasses with solid side shields. Side shields for glasses are available at the dispensing windows.

RATIONALE: Standard eyeglasses do not provide adequate side protection and are not considered "protective eyewear" unless equipped with side shields.
- If protective eyewear or a face shield is used to protect against damage from solid particles, it must meet American National Standards Institute (ANSI) Occupational and Educational Eye and Face Protection Standard (Z87.1-1989) and be clearly marked as such.
- A full face shield must be worn when using the ultrasonic scaler.

d. Gowns

NOTE: Only fluid resistant gowns may be worn for patient treatment.
- Hospital scrubs are not acceptable as outerwear.
- During patient treatment, gowns must completely cover street clothes above the waist and provide neck coverage.
- Gowns must be changed at least daily or more often if they are visibly soiled.
- Clinic gowns, whether used for patient treatment or not, must not be worn outside the clinic except for visits to the dispensing/sterilization room, or another clinic.
- The fluid resistant clinic gowns are flammable and care must be taken when working with flame. These gowns are not to be used in the clinic support laboratory.
- Clinic gowns must never be worn in areas in which food is served or consumed.
- Clinic gowns must never be worn in the computer laboratory, seminar rooms, or other non-treatment areas.
- If blood or other potentially infectious material penetrates a garment, the garment must be removed as soon as feasible. Any contaminated clothing beneath the garment must also be removed. If contaminated clothing cannot be removed without potential contact of the contaminated cloth with the face,
the clothing must be removed by cutting it up the back. Contaminated skin must be washed with a disinfectant soap.

- Fluid resistant disposable gowns are to be disposed of in to the correct receptacle.
- If the gown is soaked with bodily fluid or if blood has dried and is flaking off of the gown then dispose of in a red big. Otherwise gowns may be disposed of in a regular garbage receptacle.
- Used gowns should never be stored at the University with other personal clothing.

e. Head covering

A head covering that provides an effective barrier is recommended during any invasive procedure that is likely to result in the splattering of blood or other body fluids.

RATIONALE: Mucosal surfaces of the eyes, mouth, and nose are vulnerable areas for contagious agents spread by splatter and aerosols. Appropriate attire in the clinic serves several purposes: It protects the operator from contamination by aerosols and splatter to skin and mucous membranes and it prevents contamination of the operator's clothes which would carry contamination outside the clinical environment.

f. Religious head and facial covering

Religious head and facial coverings worn during procedures likely to result in the splattering of blood or saliva should be treated the same as the clinic gown; i.e. changed at least daily, or more often if they are visibly soiled. If it is acceptable, the addition or substitution of a surgical cap or other disposable covering during patient treatment is recommended.

RATIONALE: Religious head and facial coverings pose no threat to the patient if they are worn in such a way that they do not contact the patient or any part of the environment. Because they will become contaminated during procedures likely to result in the splattering of blood or saliva, religious head coverings used during patient treatment do present an infection hazard to the practitioner.

g. Shoe coverings

Shoe coverings maybe used for periodontal and other surgeries. They are removed using a bare hand by placing the hand inside the covering behind the heal, pulling the covering down and forward. Dispose of shoe coverings in a regular waste receptacle.

NOTE: above information is part of the online

*INFECTION CONTROL MANUAL 2004*
DENTAL CLINICS

A. Introduction

BLOOD, SALIVA, AND ALL BODILY FLUIDS (except sweat) FROM ALL DENTAL PATIENTS ARE CONSIDERED INFECTIOUS!

• The environment of the dental clinics must always be clean and neat. Invasive procedures are routinely carried out in these areas, and therefore routine application of infection control procedures is mandatory.
• Storage of anything on the floor at any time is prohibited.
• Materials used for patient treatment must never be stored under the sink.
• Food and drink is only permitted in private offices and in the 4th and 5th floor commons areas.
• At NO time is food or drink permitted in:
  ♦ patient waiting/reception areas,
  ♦ patient treatment areas,
  ♦ adjacent laboratories,
  ♦ adjacent seminar rooms,
  ♦ instructor bay areas.
This includes regular clinic times as well as all other times.

B. Personal hygiene

The following guidelines apply to ALL clinic personnel (students, faculty, and staff) while involved in patient treatment:
1. Long hair must be kept away from the face, and tied back so that it does not get caught in equipment or hang over the patient's face or the instrument tray.
2. Beards and mustaches must be covered by a facemask or shield.
3. The wearing of jewelry (including wedding bands, bracelets, earrings, or wristwatches) is not prohibited, but it is also not recommended. Do not wear hand or nail jewelry if it makes donning gloves more difficult or compromises the fit and integrity of the glove.
4. Fingernails must be clean and short (no longer than the fingertips) and smooth so as not to compromise the integrity of the gloves.
5. Artificial fingernails are not permitted.
6. Nail polish is not permitted.
7. The application of cosmetics or lip balm and the handling of contact lenses are prohibited in clinical areas.
8. Dental healthcare workers who have exudative lesions or weeping dermatitis must refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves.

RATIONALE: Hair and nails are known to harbor higher levels of bacteria than skin. Long nails are more difficult to clean and cracked nail polish harbors bacteria. Artificial nails have a potential for microbial growth in gaps in the adhesive. Jewelry must be removed for the same reasons. DHCWs should
always take particular care of their hands since gloves may not offer complete protection. Therefore, DHCWs with injured or cracked skin, erosions or eczema on hands or arms, must exercise additional caution until the lesions are healed.

9. Hands should be washed
   • before beginning patient care;
   • after contact with your own face;
   • after sneezing, coughing, blowing your nose, or combing your hair;
   • after using the toilet;
   • before and after smoking;
   • before and after eating or handling food;
   • after handling materials contaminated with a patient’s bodily fluids;
   • before and after any invasive procedure;
   • at the completion of any patient care.

2 Invasive Procedure: Any procedure that pierces skin or mucus membrane or enters a body cavity or organ.

NOTE: above information is part of the online

INFECTION CONTROL MANUAL 2004
UIC COLLEGE OF DENTISTRY

MANAGEMENT OF EXPOSURE TO BLOOD AND BODY FLUIDS

A. Definition of exposure
A person is considered exposed to a blood and body fluids if he/she receives a parenteral (e.g., needlestick or cut) or mucous-membrane (e.g., splash to the eye, nasal mucosa, or mouth) exposure to blood or other body fluids or has a cutaneous (skin) exposure involving large amounts of blood or prolonged contact with blood - especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

Note: This policy is to be followed for all staff and students who have an exposure to blood or bodily fluid.

B. Procedure
1. Provide self with immediate wound care, which includes washing site with soap and running water. If exposure is to the eye or mucus membranes flush with running water only. Inform your supervisor or the Office Of Clinic Administration (room 301) of the incident.
2. Conclude the procedure in progress as soon as is reasonable without compromising patient care, or arrange to have it completed.
3. Obtain verbal consent from the patient for testing for serologic evidence of HBV, HCV and HIV infection. (Written consent is not required). Patients are to be taken to Oral Surgery and blood will be drawn by the resident, nurse or faculty member on duty.
   a. For adults, obtain two 10ml red topped tubes of blood.
   b. For pediatric patients, consult the pediatrician and laboratory staff as needed to determine whether to test and, if so, the amount of blood to draw.
4. Take the blood specimen from the source patient, in a zip-lock bag labeled “biohazard” to the University Health Services (UHS) or to the Emergency Services Department (ESD ), depending on the time of day or day of the week that treatment is being sought. (This is the only instance in which students will use the University Health Service.) The specimens should be labeled with the patient’s Dental Chart ID Number and Name.
   a. Report to University Health Services (UHS):
      Medical Science Building
      901 S. Wolcott Ave. room E144
      7:30 a.m. - 4:30 p.m. on Monday, Tuesday, Thursday, and Friday and
      7:30 a.m. - 3:00 p.m. on Wednesday.
   b. Report to Emergency Service Department (ESD) when UHS is closed.
5. Comply with follow-up procedures. Obtain results and interpretation of source patient’s test results from UHS.
7. Complete a the following reports which are available in the office of the Clinic Administration (room 301) as soon as possible after the exposure.
   a. Supervisor’s First Report of Occupational Injury or Illness
   b. Patient Occurrence Report

Questions involving policy and procedures should be addressed to the Office of Clinic Administration, room 301 (ext. 6-1036)
Immunization Requirements

Incoming clinical providers,

Dentistry is a health care profession which has the potential to expose the practitioner to infectious diseases. Research shows that immunizations substantially reduce both the providers susceptibility to these diseases as well as the potential for disease transmission to other dental health care providers and patients. Thus, immunizations are an essential part of the prevention and infection-control programs at the College of Dentistry.

The College of Dentistry requires that all clinical healthcare providers provide proof of immunization by a blood titer to rubella (measles), mumps, rubella (German measles), varicella zoster (chicken pox), and hepatitis B. Additionally, dates of immunization to tetanus and diphtheria and tuberculosis testing from within the previous 12 months must also be supplied.

In accordance with Public Act 85-1315 of the State of Illinois, students entering the University of Illinois at Chicago are required to show immunization against Polio. This requirement is mandated by the State of Illinois for students and is NOT required for other College of Dentistry healthcare providers.

What must I do:

- All incoming students (including pre-dental, IDDP, and post-graduate) must have the attached form filled out by a licensed health care provider. The completed form must be turned in to the Office of Patient Services. You will be provided 7 months grace period to complete the Hepatitis B immunization series and receive a titer.

- Employees and prospective employees of the UIC College of Dentistry shall be seen at the UIC University Health Service. Before your appointment at University Health Service you may have the attached form completed by your own provider so as to avoid duplicating recent tests.

- Temporary service employees are employees of the agency and not of the College of Dentistry. It is the responsibility of the agency to ensure that their employees show compliance with all the immunization requirements found in this document. The agency must be able to provide proof of immunization to the College upon request.

- Non-Salaried, Adjunct Faculty and Volunteer Faculty shall be seen at their own provider. The attached form filled out by a licensed health care provider.

Failure to abide by the mandatory requirements outlined in the College Immunization Policy will preclude an individual from participating in patient care at the College of Dentistry. Please direct any questions to the Office of Patient Services, 312-996-3544.

Revision date: January 14, 2009
MANDATORY IMMUNIZATION DOCUMENTATION FORM

Name (Last, First, Middle Initial)

UIN (If assigned)                                      Birth Date

Home Phone #                                          e-mail

Home Phone #                                          e-mail

Address (Number and street)                           City, State, Zip Code

I authorize the University of Illinois at Chicago to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance audits and in the event of a health or safety emergency.

Signature                                             Date

RUBEOLA (MEASLES)

- Immunization Confirmed with blood titer
  (attach copy of lab report)
  Date of titer: __________________________
  Results: __________________________
  Date of re-immunization: ________________

MUMPS

- Immunization Confirmed with blood titer
  (attach copy of lab report)
  Date of titer: __________________________
  Results: __________________________
  Date of re-immunization: ________________

RUBELLA (GERMAN MEASLES)

- Immunization Confirmed with blood titer
  (attach copy of lab report)
  Date of titer: __________________________
  Results: __________________________

TETANUS & DIPHTHERIA (TD, DT or DPT) *Tetanus Toxoid (TT)

NOT acceptable

Three immunizations are needed OR date of last booster OR date of immunization as an adult:

- Immunization 1 Date: __________________________
- Immunization 2 Date: __________________________
- Immunization 3 Date: __________________________

OR

- Last Booster Date: __________________________

OR

- Immunized as an adult? Date: ________________

POLIO (PLEASE NOTE – POLIO IMMUNIZATION IS NOT REQUIRED FOR COLLEGE OF DENTISTRY HEALTHCARE PROVIDERS BUT IS REQUIRED FOR STUDENT UNIVERSITY REGISTRATION)

At least three doses of inactivated poliovirus vaccine (IPV), live oral poliovirus vaccine (OPV), or four doses of any combination of IPV and OPV.

- Primary Series Completed?
  Immunization 1 Date: ________________ □ Oral □ Injection
  Immunization 2 Date: ________________ □ Oral □ Injection
  Immunization 3 Date: ________________ □ Oral □ Injection
  Last Booster Date: ________________ □ Oral □ Injection

- Immunized as an adult? Date: ________________

VARICELLA ZOSTER (CHICKEN POX)

- Immunization confirmed by titer: Results __________________________
  Date of re-immunization: __________________________
  (Attach copy of lab report)

TUBERCULOSIS (Check the appropriate box)

- Has had the disease
- Has not had the disease

NOTE: Only 2 Step tuberculin skin test (TST) or Quantiferon Gold test accepted for initial registration with UIC-COD.

- TST Step 1 date read ______ Results ______mm induration
- TST Step 2 date read ______ Results ______mm induration

OR

- Quantiferon Gold date ______ Results ______

If positive test then a baseline Chest x-ray required

- Date of x-ray ______

- Positive
- Negative

- Had BCG vaccine. Date: ________________

NOTE: History of BCG vaccine does not exempt from TB Testing.

HEPATITIS B Three immunizations are needed and documentation of immunity by titer.

- Immunization 1 Date: __________________________
- Immunization 2 Date: __________________________
- Immunization 3 Date: __________________________

AND

- Immunization confirmed by titer
  HB surface antigen □ Positive □ Negative
  HB surface antibody □ Positive □ Negative

Antibody must be positive or immunization is required
  (Attach copy of lab report)

MEDICAL EXEMPTIONS

- Attach physician’s statement of medical contraindications with duration of medical condition.

CERTIFICATION BY HEALTH CARE PROFESSIONAL

Name of Health Care Provider Filling out Form

Circle: RN MD DO

Name and address of Institution or Clinic (or stamp)

Phone                                            Fax

I certify that this information is complete and correct to the best of my knowledge.

Signature                                           Date
Immunization Policy

TITLE: CLINICAL HEALTHCARE PROVIDERS - IMMUNIZATIONS AND HEALTH REQUIREMENTS

I. PURPOSE

To prevent or reduce the risk of transmission of vaccine-preventable and other communicable diseases between UIC/COD faculty, student-dentists and residents and their patients and other persons at UIC/COD and UIC/COD-affiliated health care units.

II. ACCOUNTABILITY

Under the Office for Patient Services, the Associate Dean for Patient Services shall ensure compliance with this policy. The Director of Clinics and the individual Department Heads/Graduate Program Directors shall implement this policy in conjunction with the Office for Patient Services.

III. APPLICABILITY

This policy shall apply to all clinical staff (For example: dental hygienists, dental assistants, and radiology technicians), clinical faculty, student-dentists and residents (including clinical fellows), hereinafter called "clinical healthcare providers," enrolled in any UIC/COD-sponsored dental educational program conducted in any health-care facility participating in the program, and all visiting, exchange or special-program clinical healthcare providers from other institutions. New clinical healthcare providers will preferably be in full compliance with this policy prior to beginning their programs, but must be in full compliance within six months of beginning their duties.

IV. DEFINITION

"UIC/COD-sponsored graduate education program" is one for which UIC/COD maintains academic responsibility.

V. REFERENCES


C. Immunization of Health-Care Workers, MMWR 1997;46(No. RR-18).

D. Centers for Disease Control and Prevention, Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003;52(No. RR-17).


Revision date: January 2, 2009
VI. POLICY

A. Immunization and Health Requirements

1. History and physical exam:

Each clinical healthcare provider shall undergo a complete medical history review before beginning at UIC/COD and, if needed, an appropriate physical examination based upon the history.

History and physical exams will be performed in the following locations:

a. Employees and perspective employees of the UIC College of Dentistry shall be seen at the UIC University Health Service.

b. Students shall be seen by their own provider. The UIC University Health Service will act as a provider by request of the individual.

c. Temporary service employees are employees of the agency and not the College of Dentistry. It is the responsibility of the agency to make sure that their employees who are provided to the College of Dentistry show compliance with all the immunization requirements found in this document. The agency must be able to provide proof of immunization to the College upon request.

d. Non-salaried faculty, adjunct faculty and volunteer faculty shall be seen at their own provider. The UIC University Health Service will act as a provider by request of the individual.

2. Hepatitis B:

New clinical healthcare providers shall undergo testing for HBV infection and immunity pre-placement (post-offer of employment) prior to patient contact. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) and antibody to hepatitis B core antigen (HbcAb), followed by additional tests as deemed appropriate by the campus Health Service.

a. If clinical healthcare providers test negative for HBV infection and immunity, and they have not been previously immunized, they shall begin immunization against HBV, which consists of injections at times zero, one month and month six, or sign a UIC-approved waiver declining immunization prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If clinical healthcare providers test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine or sign a UIC-approved waiver declining immunization prior to patient contact or contact with other potentially infectious body fluids or laboratory material. Testing for antibody titers (HBsAb) 1-2 months post-immunization should be performed; non-responders to a primary series of immunizations or booster dose should complete a second three-dose immunization series and be tested again for serologic response. Individuals who still do not respond with antibody production following a second series of immunizations are considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure
immunoglobulin prophylaxis for non-responders.

b. If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation shall be made prior to patient contact of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by a committee chaired by the Associate Dean for Patient Services or his/her designee. The committee may consult with infectious disease experts knowledgeable about the most current information and recommendations of groups such as CDC, and national medical and dental professional and educational organizations. Clinical healthcare providers may be restricted in their clinical activities.

3. **Tuberculosis:**

Each clinical healthcare provider shall undergo TB testing using the Mantoux method (5 tuberculin units of intradermal PPD), or an FDA-approved blood assay for TB, prior to employment at UIC/COD. All PPD tests must be administered, read and interpreted in accordance with Centers for Disease Control and Prevention (CDC) guidelines (see Reference B). All FDA-approved blood assays for TB must be administered, read and interpreted according to guidelines issued by the CDC, FDA and the manufacturer. Positive reactions shall be appropriately followed up. The two-step method shall be used if the initial PPD test at UIC is negative and there is not another documented negative PPD test within the preceding 12 months. If baseline TB testing is performed with an FDA-approved blood assay for TB, the above-described two-step method is not necessary.

Thereafter, annually or more frequently if indicated, clinical healthcare providers with negative reactions shall be re-tested. Clinical healthcare providers with positive reactions shall be followed and treated as appropriate.

Clinical healthcare providers with a history of BCG (bacille Calmette-Guerin) vaccination are not exempt from the TB testing requirement because there are no data to indicate that these individuals experience an excessively severe reaction to TB screening test, and because anyone with a history of BCG with a positive TB screening test result is considered infected with TB and is treated accordingly.

Clinical healthcare providers who have initial positive TB test results, subsequent TB test conversions, or symptoms suggestive of TB must be evaluated promptly for active TB. This evaluation should include a history, clinical examination and a chest X-ray. If the history, clinical examination or chest X-ray is compatible with active TB, additional tests, such as sputum microscopy and culture, should be performed. If symptoms compatible with active TB are present, the clinical healthcare provider will be excluded from clinical activities until either (a) a diagnosis of active TB is ruled out or (b) a diagnosis of active TB is established, treatment is begun and a determination is made by the director of the UIC Health Service that the clinical healthcare provider is noninfectious. Clinical healthcare providers who do not have active TB should be evaluated for preventive therapy according to published CDC guidelines. However preventive therapy for latent infection in the absence of active disease cannot be required. If the evaluation for active TB, treatment for active TB and/or preventive therapy for latent infection is carried out at a facility other than a UIC site or UIC-approved site, all test results and documentation of care provided must be shared with the director of the appropriate UIC Health Service. Clinical healthcare providers receiving preventive treatment for latent TB infection need not be restricted from usual clinical activities.

4. **Measles-mumps-rubella:**

Each clinical healthcare provider must submit documented proof of immunity to measles, mumps and rubella prior to or within thirty (30) days of beginning at UIC/COD. (People...
Born before 1957 may be immune from childhood exposure to the naturally occurring diseases, but this evidence has proved unreliable. Immunity can be proved by:

a. Serologic (laboratory) evidence of immunity to each disease.

Clinical healthcare provider lacking the necessary documentation of immunity as described above must receive at least one dose of MMR prior to or within thirty (30) days of beginning at UIC/COD; a second dose must be taken no less than one month later. Six weeks following the second dose a titer must be drawn to show serologic (laboratory) evidence of immunity to each disease.

5. **Tetanus and Diphtheria:**

Each clinical healthcare provider must submit documented proof of immunity to Tetanus and Diphtheria prior to or within thirty (30) days of beginning at UIC/COD. (People born before 1957 may be immune from childhood exposure to the naturally occurring diseases, but this evidence has proved unreliable.) Immunity can be proved by:

a. Documentation of receipt of an initial series of at least three doses of TD, DT or DPT vaccine or

b. This requirement may be met by two doses of TD vaccine given one month apart followed by a third dose six months later.

c. Proof of primary series of vaccinations or a booster for those who had the primary series, must be shown to have occurred within the last ten years.

6. **Polio:**

(Please note – Polio immunization is not required for College of Dentistry healthcare providers but is required for student University registration)

Each clinical healthcare provider must submit documented proof of immunity to Polio prior to or within thirty (30) days of beginning at UIC/COD. (People born before 1957 may be immune from childhood exposure to the naturally occurring diseases, but this evidence has proved unreliable.) Immunity can be proved by:

a. Documentation of receipt of an initial series of at least three doses of inactivated poliovirus vaccine (IPV), live oral poliovirus vaccine (OPV), or four doses of any combination of IPV and OPV.

7. **Influenza:**

It is recommended that clinical healthcare providers are immunized each year during the fall season with the current influenza vaccine.

8. **Varicella:**

Clinical healthcare providers must, prior to beginning at UIC/COD or prior to patient contact, prove immunity to varicella-zoster virus via serology. If immunity is not shown then the clinical healthcare provider must receive two doses of varicella vaccine 4 to 8 weeks apart. Six weeks following the second dose immunization should be tested via serology. Because of potential transmission of the vaccine virus to susceptible high-risk patients, such as immunocompromised patients, newborns and pregnant women, contact with high-risk susceptible patients should be avoided if a vaccine-related rash develops within three weeks of receipt of either the first or second dose of the vaccine.

B. **Exemptions/Exceptions**

1. A clinical healthcare provider may be exempted from any required immunization if he/she has a medical contraindication for that immunization and if failure to receive this
immunization does not prevent fulfillment of the requirements of the training program and/or employment at UIC/COD. Conditions comprising valid medical contraindications to vaccine administration are those set forth by the Centers for Disease Control and Prevention. Such clinical healthcare providers must present a written statement from a physician licensed to practice medicine in the United States or a foreign country stating that a specific immunization is medically contraindicated, and giving the reasons for and duration of this contraindication. These written physician's statements shall become part of the individual's immunization record and shall be reviewed annually by the Office for Patient Services in conjunction with the Director of Clinics to determine whether this exemption shall remain in effect for the next year. When a medical contraindication no longer exists, the clinical healthcare provider must then comply with the immunization requirements. The College of Dentistry shall provide reasonable accommodations to those clinical healthcare providers whose medical conditions contraindicate immunizations so long as the failure to be vaccinated will not prevent the individuals from fulfilling the requirements of the training program and/or employment at UIC/COD. Clinical healthcare providers should be informed of the immunization and testing requirements prior to starting at the UIC/COD.

2. A clinical healthcare provider may present reason(s) to be exempted from any required immunization to the Office for Patient Services. The reason(s) must not prevent fulfillment of the requirements of the training program and/or employment at UIC/COD. If the reason(s) are acceptable to the College, the individual will be required to acknowledge in writing that he or she was informed of the value of immunizations and has knowingly declined to have such immunizations for stated reasons. Clinical healthcare providers should be informed of the immunization and testing requirements prior to starting at the UIC/COD.

3. Clinical healthcare providers who are not able to complete immunizations and tests by the start of the training program and/or employment at UIC/COD may start on a provisional basis if temporary exemption is granted by the Office for Patient Services. However, depending upon which documentation, immunization or test is lacking, these clinical healthcare providers may be excluded from certain activities such as patient contact. For example, clinical healthcare providers may be restricted from contact with patients or with blood or other potentially infectious body fluids if they have not received at least one dose of hepatitis B vaccine or cannot provide serologic evidence of current immunity to hepatitis B or have not signed a waiver. Clinical healthcare providers shall not be permitted to have contact with patients unless they have received tuberculin testing and any required follow up. Provisional start of the training program and/or employment at UIC/COD on this basis may be limited by the College. Educational program: if a clinical healthcare provider is restricted from patient contact and is unable to fulfill the academic requirements of the program, the clinical healthcare provider may be subject to dismissal.

C. Record-Keeping Requirements

1. There must be acceptable evidence of required immunizations, immune status or health status listed in Section VI.A for each clinical healthcare provider prior to beginning the training program and/or employment at UIC/COD.

2. Acceptable documents serving as evidence of previous immunization and/or immunity may include:

   a. an official school immunization record or copy thereof from any primary, secondary, undergraduate, graduate, health professions or other school;

   b. a record from any public health department;

   c. a medical record or form summarizing a medical record and prior immunizations signed by a physician licensed to practice medicine in any
jurisdiction of the United States or foreign country or other licensed health professional;

d. a report of serology from a licensed laboratory.

3. Records shall be maintained of the documented histories, physical exams, immunizations, immune status and any exemptions of all clinical healthcare providers. These records shall be updated upon additional immunization, immunity testing or occurrence of a relevant infectious disease. Immunization records shall be kept for thirty (30) years following completion of the program, termination, transfer or other departure of a clinical healthcare provider from UIC.

4. Records shall be maintained in the following locations:

a. Records on employees of the UIC College of Dentistry shall be maintained by the UIC University Health Service.

b. Records on student’s immunization to Measles, Mumps, Rubella, Polio and the initial TB testing will be maintained by the UIC Department of Immunization Records.

c. Records on student’s immunization to varicella, influenza, hepatitis B, and subsequent TB testing will be maintained by the UIC College of Dentistry.

d. Employees hired through a Temporary Staffing Agency: When College of Dentistry contracts with a Temporary Staffing Agency the individual healthcare workers are employees of the agency and not the College of Dentistry. It is the responsibility of the agency to ensure that all employees provided to the College of Dentistry show compliance with all the immunization requirements found in this document prior to their start date at the College. The agency must be able to provide proof of immunization to the College upon request.

D. Fees

4. Fees are covered as follows:

a. Employees: Fees for paid employees to receive physical exams, titers and any immunizations required by this policy are covered by the UIC College of Dentistry.

b. Non-salaried faculty, adjunct faculty and volunteer faculty: Fees for adjunct and volunteer faculty to receive physical exams, titers and any immunizations required by this policy are covered by the individual.

c. Employees hired through a Temporary Staffing Agency: When College of Dentistry contracts with a Temporary Staffing Agency the individual clinical workers are employees of the agency and not the College of Dentistry. It is the responsibility of the agency to ensure that all employees provided to the College of Dentistry show compliance with all the immunization requirements found in this document prior to their start date at the College. The College is not responsible for any of the fees associated with the immunizations and testing outlined in this policy.

d. Students: Fees for students to receive physical exams, titers and any immunizations required by this policy are covered by the student.
Postgraduate Compensation Program
Effective July 1, 2013 – June 30, 2014

Purpose

The Postgraduate Compensation Program is intended to provide a source of income for eligible postgraduate students in the Endodontic, Orthodontic, Periodontic (Class of 2016 only) and Prosthodontic Advanced Specialty Education programs.

Specifically the Postgraduate Compensation Program is designed to accomplish the following objectives:

1. allow post-graduate students to earn income to offset tuition assessments;
2. encourage increased patient care to contribute to post-graduate student learning; and
3. continue the College-wide initiative to reduce accounts receivable.

The expectation is that the program will also enhance revenues with a goal of having postgraduate programs that are self supporting. There are no guarantees expressed or implied as to the amount of income a resident may generate.

Eligibility

Students (hereinafter referred to as “Post Graduate Students”) enrolled in one of the above listed programs during the period covered by this agreement, and who are eligible to be paid for work in the United States under the terms of this program, can participate.

Continuing Post Graduate Students in the Post-Graduate Program in Periodontics are not eligible for participation in this program. Those students in the Post-Graduate Program in Periodontics who matriculated prior to July 1, 2013 will continue to receive tuition waiver and stipends.

Post Graduate Students who do not pay tuition (e.g. government sponsored, tuition waivers, etc.) are not eligible to participate in this program. Students who are not eligible when they matriculate but become eligible subsequently (e.g. permanent residency status, tuition waiver ends, etc.) will be eligible for payment on applied cash (see Note below) for patient services rendered after the official date of revocation of their exempted status.

Note: Applied Cash is the collection (payment) for treatment that has been both received from the patient or insurer, and “applied” to the treatment in the system (currently AxiUm). Payments that have been received, but not yet applied, in the reporting period will be paid in the reporting period in which the “applied” status is posted. The only report for determining disbursements that will be used by College is the Provider Allocated Payments report found in the axiUm system.
Compensation and Disbursements

Compensation will be 20% of applied cash from services provided by the post-graduate student during the reporting period. All students, faculty and staff are responsible for attempting to collect current charges and any unpaid balance from previous appointments. Compensation will be determined based upon the Allocated Payments IM report as found in AxiUm. Post Graduate Students will have access to their personal report in AxiUm.

Continuing Students

Disbursements will be made to the eligible post-graduate student on February 16th of each year (for applicable applied cash from July 1st through December 31st) and on August 16th (for applicable applied cash from January 1st through June 30th). The gross disbursements will be subject to applicable federal and state taxes and other deductions, as appropriate.

Students Graduating in 2014

In the final year of the Prosthodontic post-graduate program the last disbursement will be calculated based on the applicable collected revenue from January 1st through May 31st with the final disbursement made on July 16th. In the final year of the Endodontic post-graduate program the last disbursement will be calculated based on the applicable collected revenue from January 1st through June 30th and will include an estimated amount to be collected from outstanding filed Medicaid accounts with a service date of less than one year and the final disbursement will be made on July 16th. For post-graduate students of the Orthodontic program the disbursement will be based on the applicable collected revenue from January 1st through April 30th and will include an estimated amount to be collected from outstanding filed Medicaid accounts with a service date of one year or less with the final disbursement made on June 16th.

Departmental Distribution

Departmental sharing of revenues under this program is suspended.

Special Considerations

Medicaid

For the disbursement preceding the post-graduate student’s graduation, the College will generate a report of all outstanding unpaid claims due from Medicaid for charges generated by the student. For each outstanding claim of less than one year an estimated payment (based upon the last payment received by the College for the outstanding CDT code) will be generated and included in the calculation of the final disbursement.
Pro bono and professional courtesy care

There is NO pro bono care or professional courtesy adjustments allowed on work performed by post-graduate students. PG programs must use the educational discount code for uncompensated care. Any care delivered through education discounted adjustments will be compensated by the above formula only to the extent of fees collected (applied cash).

Undergraduate patient care

Patient care provided by a post-graduate student related to correcting or finishing care begun in the undergraduate will be compensated based on the applied cash in the undergraduate program plus such additional applied cash per agreement between the Program Director and the Associate Dean for Clinical Affairs. Applied cash in the predoctoral program will be transferred to the graduate program. It is understood that the Program Director will distribute such care so as to maximize post-graduate student education and minimize the impact on income potential. It is expected that such patient care will be equably distributed among the post-graduate students of any program.

Post-graduate student withdrawal or dismissal

In the event a post-graduate student withdraws from the program, or is dismissed from College of Dentistry, all applied cash eligible for disbursement since the last disbursement will be forfeited. If a student is on an approved leave of absence for a semester but is a student in good standing the following semester, they are eligible for a disbursement in the next disbursement date based on applied cash through the last date of attendance as an active student.

Program Continuance

This program will be renewed annually and a decision of continuance made on or before June 30th of each year. The decision will be effective for classes entering on or after July 1. For eligible post-graduate students, however, should a change in tuition status occur change eligibility may cease. The program may be cancelled by the Dean of the College of Dentistry with 30 days written notice to the participants.

On June 6, 2013, the decision was made to revise the Postgraduate Compensation Program for all eligible post-graduate students for FY14. The program will be administered as described above.
Membership in the Edgar D. Coolidge Endodontic Study Club consists of completion of each of the following:

1. Application form
2. Endorsement by two active members
3. Payment of $250.00 annual dues to the EDC Endodontic Study Club

APPLICATION

Name: ________________________________________________________________

Type of Membership (circle one): 1. Active   2. Student   3. Associate

A. Office Address(es):
   ____________________________________________________________ Phone __________
   ____________________________________________________________ Phone __________

B. Home Address:
   ____________________________________________________________ Phone __________
   ____________________________________________________________

C. Education:

   Pre-Dental:
   ____________________________________________________________ Dates __________
   ____________________________________________________________ Dates __________
   ____________________________________________________________ Dates __________
   Degrees ________________________________________________________________

   Dental: ____________________________________________________________ Dates __________

   Graduate/Postgraduate in Endodontics:
   ____________________________________________________________ Dates __________
   ____________________________________________________________ Dates __________

D. Professional Activities:
   Teaching (School or Hospital)
   ____________________________________________________________ Dept __________ Dates __________
   ____________________________________________________________ Dept __________ Dates __________
   ____________________________________________________________ Dept __________ Dates __________

   Percentage of practice devoted to Endodontics __________
Endodontic Presentations and/or Publications:
Meeting/Journal:_____________________________Date__________________
Meeting/Journal:_____________________________Date__________________
Meeting/Journal:_____________________________Date__________________

Membership in Professional Organizations (Yes or No)
American Dental Association_________________Student Member_________________
ADA Member No.____________________________
American Association of Endodontists________Student Member_________________
AAE Member No.____________________________(On JOE mailing label)
If not, are you currently making application?________

Other Professional Societies:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Personal Data:
Name of Spouse:_____________________________________________________________

E. **Endorsement:**
Sponsored by:
1. (sign)_________________________________________________Date__________________
   (print)_____________________________________________________________________
2. (sign)_________________________________________________Date__________________
   (print)_____________________________________________________________________

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**TO BE FILLED OUT BY THE STUDY CLUB**
Recommendation of Membership Committee:

Information verified? Yes/No (Circle one) Accepted/Rejected (Circle one)

Membership Chairperson_________________________________________________Date__________________
Action of Membership:____________________________________________________Date__________________
Secretary____________________________________________________Date__________________
Fees received: Dues:____________________________________________________Date__________________
Treasurer____________________________________________________Date__________________
College of Dentistry

POLICY AND PROCEDURES FOR PROMOTION AND DISMISSAL
FOR ACADEMIC REASONS
STUDENTS IN ADVANCED SPECIALTY EDUCATION PROGRAMS

1. Recommendations for dismissal of student for academic deficiencies or academic misconduct shall be made by the Department Head and Program Director in consultation with the faculty of the respective certification program. Students holding General Medical Education (GME) residency positions are also subject to the GME Resident Professional Conduct policies.

2. The Program Director shall notify the Department Head and student who has been recommended for dismissal for academic deficiencies in writing (if present) or by certified mail. In the case of an absent student, notification shall be sent to the student via the student’s University email and by certified mail to the address of record as found in the Banner system. A copy will also be sent to the Executive Associate Dean for Academic Affairs. The notification will include a copy of the Policy and Procedures for Promotion and Dismissal for Academic Reasons – Students in Advanced Specialty Education Programs in Dentistry.

3. Review procedure
   a. Upon receipt of written notification of recommendation for dismissal, a student may request, in writing, a review of the recommendation for dismissal. The written request for review must be received by the Executive Associate Dean for Academic Affairs within five (5) working days of the student’s receiving notification of the action.
   b. The student is entitled to and should attend all classes, seminars and clinic sessions (unless the dismissal is for clinical incompetence) until final disposition of the case is determined as set forth below.
   c. The Executive Associate Dean for Academic Affairs shall set a date and time for the review hearing by the Graduate Dental Education Committee (GDEC) which is to be held within ten (10) working days of the receipt of a written request for a review from the student. The Executive Associate Dean for Academic Affairs may extend the 10 working day limitation with the verbal concurrence of the involved student.
   d. The Executive Associate Dean for Academic Affairs shall notify the student and the student’s Department Head and Program Director of the time and place for the review. Notification shall be sent to the student via the student’s University email. In the case of an absent student, notification shall be sent to the student via the student’s University email and by certified mail to the address of record as recorded in the Banner system.
e. The review will be conducted by the Executive Associate Dean for Academic Affairs along with the Program Directors of each of the other programs. No entitlements accrue to the student at this review except that the student will be requested to be present.

f. A simple majority of Program Directors from the departments (excluding the student’s department) shall constitute a quorum.

g. The review hearing will be held in accordance with the Process for Appeals Hearing UIC Students in Predoctoral and Post-Grad Programs.

h. The Executive Associate Dean will chair the hearing and will have no vote unless there is a tie vote, in which case, the Executive Associate Dean must cast the deciding vote.

4. After the review has been held, the Executive Associate Dean for Academic Affairs shall notify the Department Head, the Program Director and the student in writing of the final decision within seven (7) working days of the completion of the review. Notification shall be given to the student in a formal meeting with the student. In the case of an absent student, notification shall be sent to the student via the student’s University email and by certified mail to the address of record as recorded in the Banner.

5. PROCEDURES FOR APPEAL OF GDEC ACTION

a. General

A student affected by any GDEC action may appeal the decision. The Executive Associate Dean for Academic Affairs (or designee), upon receipt of a written petition for appeal from the student, shall initiate the formal GDEC appeal procedures.

A student petitioning for appeal of an action by the GDEC shall be allowed provisional registration until final resolution of the action is made. However, if the cause for the action, in whole or in part, is based on an "F" grade in clinical courses involving patient care, the student shall not be permitted to participate in the clinical program of the College of Dentistry while the appeal is in progress. If the student is considered to be a danger, in any way, to his/her patients, peers, or staff, the student shall not be permitted to participate in the academic or clinical program of the College of Dentistry while the appeal is in progress.

b. Request and Grounds for Appeal

The student’s appeal request must be in writing and received by the Executive Associate Dean for Academic Affairs (or designee) within five (5) working days of the student receiving notice of GDEC action. In the appeal request, the student must allege one or more of the following grounds as justification for an appeal to overturn a GDEC decision.
1. Substantial evidence not previously considered:

New evidence exists, sufficient to alter a decision, which was not available to
the student at the time of the original hearing.

2. Evidence of prejudice by a member of the GDEC:

Significant evidence exists that a member of the GDEC who took part in the
original decision was prejudiced against the student and used that prejudice to
influence the other voting members of the committee.

3. Significant policy or procedural errors by the GDEC:

A procedural error occurred in the original hearing on the matter by the
GDEC as set forth above, which substantially affected the outcome of the
review.

c. Selection of the Appeals Panel

Three (3) full time faculty members who were not part of the original hearing, and
who are not members of the appealing student’s department shall be appointed by the
Dean within five (5) working days of the student’s written request. The Dean shall
notify the Executive Associate Dean for Academic Affairs of the names of the
Appeals Panel members.

d. Scheduling of Appeal

The Executive Associate Dean for Academic Affairs (or designee) shall schedule a
meeting of the Appeal Panel within five (5) working days following receipt of the
names of the Appeals Panel members. The meeting shall be convened no sooner than
ten (10) working days and no later than twenty (20) working days from receipt of the
student’s appeal request. The student may waive the ten (10) working day provision
by signing and dating a waiver agreement. Should the student waive the ten (10)
working day provision, all involved parties of interest shall be notified promptly as to
the date, time and location of the Appeal Hearing.

e. Notice of Appeal Hearing

The Executive Associate Dean for Academic Affairs shall notify the student, the
Appeal Panel and any involved Program Director(s) of the date, time, and place of the
appeal hearing. Copies of the GDEC on POLICY AND PROCEDURES FOR
PROMOTION AND DISMISSAL FOR ACADEMIC REASONS-STUDENTS IN
ADVANCED SPECIALTY EDUCATION PROGRAMS and the PROCESS FOR
Hearing – UG-PG STUDENTS shall be furnished to the departments at the same time
that notice of the appeal is given.
e. Appeal Procedures

1. Composition of the Appeal Panel:

   The Appeal Panel shall be chaired by the Executive Associate Dean for Academic Affairs, who shall not have a vote. All voting members of the Appeal Panel must be present for the appeal to proceed as scheduled. Ex-officio GDEC members may be present at the discretion of the Chair. In the event of a tie vote, the Executive Associate Dean for Academic Affairs must cast the tie-breaking vote.

2. Evidence to be considered:

   The Appeal Panel shall examine the appeal request, consider all relevant information presented to the GDEC at the time its original decision was made and may hear new evidence, interview new witnesses or review new evidence as the Appeal Panel members deem necessary.

   a. The student must submit to the Executive Associate Dean for Academic Affairs (or designee) a list of witnesses he/she would like the Appeal Panel to interview, with reasons (in writing) why the interviews would be relevant. The list of witnesses must be submitted at least 48 hours prior to the scheduled hearing. The Appeal Panel shall have discretion to determine if the evidence or interviews would be relevant.

   b. The chair of the Appeal Panel shall limit discussion to only those issues contained in the appeal request.

   c. The Appeal Panel may recess and reconvene as necessary to consider the evidence presented or as is otherwise appropriate.

   d. The action of the Appeal Panel shall be based on all of the evidence presented at the appeal.

3. Student Involvement:

   The student need not appear at the appeal hearing, but the student may request that he/she along with the Associate Dean for Student and Diversity Affairs or his/her advocate be present at times when new evidence is presented. If the student opts to have an advocate present, the Executive Associate Dean for Academic Affairs (or designee) must be notified in writing at least 48 hours prior to the scheduled hearing. Should the advocate be a lawyer, the College of Dentistry must notify University legal counsel and have legal counsel present at the hearing. The Appeal Panel shall determine whether or not it is appropriate to include the student, the Associate Dean for Student and
Diversity Affairs, witnesses and/or the student's advocate at the appeal hearing.

4. Decision of the Appeal Panel:

The Appeal Panel is empowered to do one of the following:

a. uphold the original hearing decision of the GDEC
b. modify the decision of the GDEC
c. overturn the decision of the GDEC

The decision of the Appeal Panel shall be final and shall be implemented immediately. The Executive Dean for Academic Affairs must notify the student, in writing, within two (2) working days of the Appeal Panel’s decision. If the student is not present this notification will be sent via registered courier and U. S. mail to the student’s address of record in the Banner system.

Approved by the Graduate Dental Education Committee June 17, 2013
Process for Appeals Hearing
UIC Students in Predoctoral and Post-Grad Programs

Executive Session
1) Assure a quorum is present
2) Explain purpose for the Hearing
3) Ask for questions or discussions prior to the Student/resident being seated (but only questions for process or procedure)

Open Session
4) Escort the student and advisor and the Department Representatives into the hearing room
5) Call Meeting to order.
6) Explain the purpose of the hearing.
7) Introduce the student and advocate
8) Have each committee member introduce him/herself to the student
9) Explain the process and procedure and rules for advocate (if present).
10) Ask student/resident if he/she has any questions prior to the start of the hearing.
11) Chairperson of Hearing, Department Head, Program Director or Course Director addresses the committee and explains the reason for action (dismissal). Any materials that are presented should be distributed to all members of the committee and to the student/resident.
12) Committee asks questions of the Department Head/Program Director.
13) Student/resident is asked to address the committee. Any materials that are presented should be distributed to all members of the committee.
14) The committee asks questions of the student/resident.
15) Witness or Spokesperson (if present)
   a) Witness or spokesperson for student invited into hearing room
   b) Witness speaks, committee asks questions
   c) Witness leaves hearing room
16) Chairperson, Department Head, Program Director or Course Director closing statement
17) Student closing statement
18) Ask the student/resident if he/she felt that they had a fair opportunity to present his/her case to the committee.
19) Thank the student/resident for presenting
20) Thank the department for presenting
21) Inform the student/resident that they will receive a written response (certified US mail or delivery service) of the committee’s decision within seven (7) working days.

22) Department Head/Program Director/Course Director and Student/Resident are escorted out of the hearing room.

23) Ask all parties to remain in the area should amplification be needed.

**Executive Session**

24) Return to the conference room.

25) Advise the committee of the various options that are available. (a. continue academic dismissal or b. recommend the reinstatement of the student into the program with or without conditions).

26) Ask that a motion be made.

27) Ask for a second to the motion.

28) Open the floor for discussion.

29) Vote on the motion.

30) Repeat 25-28 until a resolution is reached.

**Open Session**

31) Thank the committee for meeting.

32) Dismiss the department and student from the waiting area.

33) Arrange for communication of outcome to all parties (department, university officials, student/resident.)

Approved by SSP September 20, 2012
Approved by Graduate Dental Education Committee June 30, 2013