



*CDM 4120 - Regional Board Preparation*

## I. Course Information

**Course:** CDM 4120 - Regional Board Preparation  
**Semester Credit Hours:** 1.0  
**Course CRN and Section:** 24057 - D01  
**Semester and Year:** Fall 2021  
**Course Start and End Dates:** 07/26/2021 - 12/12/2021  
**Building and Room:** HPD-Assembly I Building - 2106JONA

## II. Instructor Information

**Professor:** Jeffrey Shiffman  
**Email:** jshiffman@nova.edu  
**Office Hours:**  
 Thursday afternoon and by appointment.

## III. Class Schedule and Location

Day	Date	Time	Location	Building/Room
W	07/28/2021 - 07/28/2021	8:10 AM - 10:59 AM	Ft Lauderdale/Davie Campus	HPD-Assembly I Building- 2106JONA
W	08/04/2021 - 08/11/2021	8:10 AM - 10:59 AM	Ft Lauderdale/Davie Campus	HPD-Assembly I Building- 2105HULL
W	08/18/2021 - 12/08/2021	8:10 AM - 10:59 AM	Ft Lauderdale/Davie Campus	-

## IV. Course Description

State and Regional Board Preparation serving students requiring dental licensure in any state(s) and Canada. This 20-week course provides lectures and bench procedures of all technique phases of dentistry with special accommodation for unique requirements of any board.

## V. Course Objectives / Learning Outcomes

### Course Learning Outcomes

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

1. Familiarize with the roles of the various state regulatory boards.
2. Understand the various standards by which clinical licensure is granted and successfully complete the appropriate examination.
3. Calibration of examiners, clinical procedures, criteria for grading, laws, rules and ethics, mock-board and timed exams are but a few examples upon which student familiarization is based.

4. Understand that remediation will be provided as needed on an individual basis.

**COLLEGE OF DENTAL MEDICINE COMPETENCY STATEMENTS Faculty Note: Use the most updated version of the CDM Predoctoral Competency document to select the corresponding competencies for this course. Be sure to select the number of the competency statement and the verbatim competency as it appears on the competency document. For each competency indicate the type of assessment (formative or summative) that will be employed to measure the attainment of the competency.**

**Core Competencies:**

**6. Graduates must be competent in the restoration of teeth.**

*Formative-daily lab projects; Summative- Case-based practicals*

*[CODA Predoctoral Standard 2-24(f)]*

**26. Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.**

*Formative-daily lab projects; Summative- Case-based practicals*

*[CODA Predoctoral Standard 2-10]*

**27. Graduates must demonstrate competence in the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.**

*Formative-daily lab projects; Summative- Case-based practicals*

*[CODA Predoctoral Standard 2-11]*

- This refers to the same as the items in the CDM Competency Document

## **FOUNDATION KNOWLEDGE STATEMENTS FOR THE GENERAL DENTIST**

**FK1: Apply knowledge of molecular, biochemical, cellular, and systems-level development, structure and function to the prevention, diagnosis, and management of oral disease and the promotion and maintenance of oral health.**

**FK1-7:** Apply knowledge of biological systems and their interactions to explain how the human body functions in health and disease. (Encompasses Physiology, General and Systems Pathology, etc.).

**FK1-8:** Apply knowledge of the principles of feedback control to explain how specific homeostatic systems maintain the internal environment and how perturbations in these systems may impact oral health. (Encompasses in Physiology, Systems Pathology, Oral Medicine, Pharmacology, etc.).

**FK3: Apply knowledge of physics and chemistry to explain the characteristics and use of technologies and materials used in the prevention, diagnosis, and management of oral disease and the promotion and maintenance of oral health.**

**FK3-2:** Apply knowledge of the principles of chemistry to understand the properties and performance of dental materials and their interaction with oral structures in health and disease. (Encompasses Dental Material Sciences, Biomaterials, etc.).

## **VI. Materials and Resources**

**Course Required Texts and Materials:**

**Required Texts:**

1. **Candidate Information Booklets (all boards)-updated annually**

a. Available on-line through respective exam websites

**Supplemental Texts or Readings:**

1. Regional Board Candidate Manuals 2020 (CDCA). Note: Online website are provided for each board's requirements and application. <https://www.cdcaexams.org/dental-exams/dental-exam-manuals/>

2. Fundamentals of Fixed Prosthodontics 3<sup>rd</sup> ed. – Shillingburg, Hobo, Whitsett, Jacobi& Brackett Publishers: Quintessence

Faculty Note: Please indicate the textbooks that are **required** for the class and if available, hyperlinks to the textbook. Also, indicate if there are articles or links to required readings that are required for the class *and* the site where the articles are available for the student (such as Canvas, library, database).

**Course Supplemental Materials:**

Handouts will be provided as supplemental material.

Supplemental, Recommended, Optional, NOT required

**The access to all instructional resources included in this course, such as, lectures, handouts, manuals, PowerPoint presentations, videos, photographs, pictures, articles and web links is limited to students who are enrolled in the course and is not for public distribution. The use of these instructional resources is exclusively for non-commercial and non-profit educational use. Students are recommended to download the instructional resources provided in the course, UNLESS, the course director instructs NOT to download specific files. We recommend that all students download, save, and keep the instructional materials from all the courses. These instructional resources will be very helpful references as you progress from year to year in the program.**

## VII. Course Schedule and Topic Outline

### Course Schedule:

Simulation Laboratory (Fall/Winter): Wednesdays: 8:10 am - 10:59 am

Clinic Screening (Winter): Wednesdays: 8:10 am - 10:59 am

The simulation laboratory is specifically reserved for practice and feedback - attendance is required.

Clinic screening appointments are for pre-doctoral clinic with special interest in identifying board lesions early.

Students are required to use the allotted times wisely.

Lab		Regional Boards Preparation – Fall – Endo/Prosth (Schedule and format subject to change)			
	Date	Topic	Lecturer	Location	
1	08-04-21	Overview and Hands on	Dr. Shiffman	Sim Lab	
2	08-11-21	Tooth #3 FGC— distal bridge abutment	Dr. Shiffman	Sim Lab	
3	08-18-21	Tooth #5 PFM— mesial bridge abutment	Dr. Shiffman	Sim Lab	
4	08-25-21	Tooth #9 All-Ceramic	Dr. Shiffman	Sim Lab	
5	09-01-21	Tooth #14 Access and Canal Identification	Dr. Shiffman	Sim Lab	
6	09-08-21	Tooth #8 Access, Clean & Shape and Obturate	Dr. Shiffman	Sim Lab	
7	09-15-21	Tooth #3 FGC & Tooth #5 PFM	Drs. Shiffman & Siegel	Sim Lab	Bridge Experience
8	09-22-21	Tooth #14 Access and Canal Identification Tooth #8 Access, Clean & Shape and Obturate	Dr. Shiffman	Sim Lab	
9	09-29-21	Tooth #14 Access and Canal Identification Tooth #8 Access, Clean & Shape and Obturate	Dr. Shiffman	Sim Lab	
10	10-06-21	Mbck Boards – Endo	Dr. Shiffman	Sim Lab	3 hours
11	10-13-21	Mbck Boards – Prosth	Dr. Shiffman	Sim Lab	4 hours
12	10-20-21	Mbck Boards Prosth/Endo	Dr. Shiffman	Sim Lab	

13	10-27-21	Mbck Boards Prosth/Endo	Dr. Shiffman		SimLab	
	11-06-21	ADEX/CDCA - Endo/Prosth	Dr. Shiffman		SimLab	
	11-07-21	ADEX/CDCA - Endo/Prosth	Dr. Shiffman		SimLab	
14	11-17-21	Restorative Exercises	Dr. Shiffman		SimLab	
15	11-24-21	Restorative Exercises	Dr. Shiffman		SimLab	
16	12-01-21	Restorative Exercises	Dr. Shiffman		SimLab	
17	12-08-21	Restorative Exercises	Dr. Shiffman		SimLab	

**Topic Outline:**

Prosthodontics: Preparation for PFM bridge and full ceramic indirect restorations.

Endodontics: Access, canal identification, cleaning, shaping and obturation.

Restorative: Lesion identification, Class II and Class III preparation, restoration, and materials.

Periodontal: Etiology identification, qualification, scaling and root planning, and instrumentation.

**“Important note – Please note that due to the current Coronavirus pandemic, course schedules and course activities may be modified now and in future.**

**Faculty and students are responsible for keeping apprised of these changes and adjusting their schedules accordingly.”**

## VIII. Instructional Methods

**In this section of the syllabus you will find information about any course (instructional, assessment, assignments, benchmarks and/or clinical) modifications that were added to the course as a result of COVID-19**

**There are no changes to the format of the course due to COVID-19**

## IX. Assignments

### Description of Assignments, Point Value and Rubrics

Students are required to pass a written exam and prepare the following teeth. The exam will be weighted 16% of the final grade and the tooth preparations will be weighed evenly (4% each) and graded utilizing Pass/Fail grading criteria adapted from current board exam manual.

- 2021 Candidate Manual Exam
- ModuPro Pros Teeth #3, #5 and #9 (Qty 5 each)
- Real- Endo Tooth #8 (Qty 3)
- Real-T #14 W/RL Insert (Qty 3)

Below are adapted rubrics for that can be used for both the Prosthodontic and Endodontic evaluations.

ADEX Mock Bridge: #3 - X - #5				
START CHECK	Tooth # 3 Cast Metal	TOKEN #	Grade Achieved	Faculty S or N or U
Grade				Faculty S or N or U
S	N	U		
Margin Extension	(i) The cervical margin is at the level of or $\leq 1.5$ mm occlusal to the simulated free gingival margin	(i) The cervical margin is over-extended $> 0.5$ mm below the crest of the simulated free gingival margin	(i) The cervical margin is over-extended by $\geq 0.5$ mm below the crest of the simulated free gingival margin and causes visual damage to the typodont (ii) The cervical margin is under-extended by $> 1.5$ mm above the simulated free gingival margin	
Margin Definition	(i) The margin varies slightly in width from visually and explorer detectable to $\leq 1.0$ mm	(i) The cervical bevel, when used, is $> 1.5$ mm but $\leq 2.0$ mm (ii) The cervical bevel, when used, has very poor definition	(i) The cervical bevel, when used, is $> 2.0$ mm (ii) The cervical margin has no continuity or definition (iii) The cervical margin is cupped or J-shaped	
Margin Width	(i) The facial shoulder is $> 0.5$ mm but $\leq 2.0$ mm in width	(i) The margin width is $> 1.0$ mm but $\leq 2.0$ mm	(i) The margin width is $> 2.0$ mm (ii) The margin is not detectable and/or is feathered	
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%
Note: 3 Substandards = Unsuccessful Attempt				

ADEX Mock Bridge: #3 - X - #5				
START CHECK	Tooth # 3 Cast Metal	TOKEN #	Grade Achieved	Faculty S or N or U
Grade				Faculty S or N or U
S	N	U		
Line of Draw	(i) The path of insertion/line of draw deviates $< 20^\circ$ from the long axis of the tooth	(i) The path of insertion/line of draw deviates $20^\circ$ to $< 30^\circ$ from the long axis of the tooth	(i) The path of inser ov/line of draw deviates $\geq 30^\circ$ from the long axis of the tooth	
Axial Tissue Removal	(i) The axial tissue removal is $\geq 0.5$ mm but $\leq 2.0$ mm	(i) The axial tissue removal is $> 2.0$ mm but $\leq 2.5$ mm.	(i) The axial tissue removal is $> 2.5$ mm (ii) The axial tissue removal is $< 0.5$ mm	
Axial Wall Smoothness/Undercut	(i) The walls may be slightly rough and may lack some definition	(i)	(i) There is an undercut, which, when blocked out, would compromise margin width criteria and/or is $> 0.5$ mm deep	
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%
Note: 3 Substandards = Unsuccessful Attempt				

ADEX Mock Bridge: #3 - X - #5				
START CHECK	Tooth # 3 Cast Metal	TOKEN #	Grade Achieved	Faculty S or N or U
Grade				Faculty S or N or U
S	N	U		
Taper	(i) Taper is present, from nearly parallel to $\leq 12^\circ$ per wall	(i) There is excessive taper that is $> 12^\circ$ and $\leq 16^\circ$ per wall	(i) Taper is grossly over-reduced $> 16^\circ$ per wall	
Occlusal Reduction	(i) Occlusal reduction is $\geq 1.0$ mm but $\leq 2.0$ mm	(i) Occlusal reduction is $> 2.5$ mm but $\leq 2.5$ mm	(i) Occlusal reduction is $> 3.0$ mm (ii) Occlusal reduction is $< 1.0$ mm	
Internal Line Angles	(i) Internal line angles and cusps tip areas may not be completely rounded and may show a slight tendency of being sharp	(i)	(i) The internal line angles or cusps tip areas are excessively sharp with no evidence of rounding	
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%
Note: 3 Substandards = Unsuccessful Attempt				

ADEX Mock Bridge: #3 - X - #5				
START CHECK	Tooth # 3 Cast Metal	TOKEN #	Grade Achieved	Faculty S or N or U
Grade				Faculty S or N or U
S	N	U		
Bridge Factor/ Path of Insertion/Line of Draw	(i) The line of draw or path of insertion is direct or may require altering the path of insertion from a direct vertical axis to allow full seating	(i)	(i) No line of draw or path of insertion exists through any plane of rotation without the removal of additional tooth structure in the axial 1/2 of eitherboth of the preparations	
Condition of Adjacent/Opposing Teeth	(i) Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact	(i) Damage to adjacent tooth/teeth requires recontouring that changes the shape and/or position of the contact (ii) Coping hard tissue shows minimal evidence of damage and/or alteration inconsistent with the procedure	(i) There is gross damage to adjacent tooth/teeth requiring a restoration (ii) There is evidence of gross damage and/or alteration to opposing hard tissue inconsistent with the procedure	
Condition of Surrounding Tissue	(i) There may be slight damage to simulated gingiva and/or typodont consistent with the procedure	(i) There is isotropic damage to the simulated gingiva and/or typodont inconsistent with the procedure	(i) There is gross isotropic damage to the simulated gingiva and/or typodont inconsistent with the procedure	
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%
Note: 3 Substandards = Unsuccessful Attempt				

ADEX Mock Bridge: #3 – X – #5					
START CHECK	Tooth # 5 PFM		TOKEN #	Grade Achieved	Faculty S or N or U
	Grade				
	S	N	U		
Margin Extension	(i) The cervical margin is $\leq 0.5$ mm below to $\leq 1.5$ mm above the simulated free gingival margin	(i) The cervical margin is over-extended $> 0.5$ mm below the simulated free gingival margin	(i) The cervical margin is over-extended by $> 0.5$ mm below the simulated free gingival margin, causing visual damage to the tooth (ii) The cervical margin is under-extended by $> 1.5$ mm above the simulated free gingival margin		
Margin Definition	(i) The cervical margin is continuous but may be slightly rough and may lack some definition. The cervical bevel, when used, is $\leq 1.5$ mm, and/or may lack some definition	(i) The cervical bevel, when used, is $> 1.5$ mm but $\leq 2.0$ mm	(i) The cervical bevel, when used, is $> 2.0$ mm (ii) The cervical margin has no continuity or definition (iii) The cervical margin is cupped or J-shaped		
Margin Width Facial	(i) The facial shoulder is $> 0.5$ mm but $\leq 2.0$ mm in width	(i) The facial shoulder is reduced $> 2.0$ mm but $\leq 2.5$ mm	(i) The facial shoulder is $> 2.5$ mm in width (ii) The facial shoulder is $< 0.5$ mm in width		
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%	
Note: 3 Substandards = Unsuccessful Attempt					

ADEX Mock Bridge: #3 – X – #5					
START CHECK	Tooth # 5 PFM		TOKEN #	Grade Achieved	Faculty S or N or U
	Grade				
	S	N	U		
Margin Width Lingual	(i) The margin width varies slightly from visually & explorer detectable to $\leq 1.0$ mm	(i) The lingual margin is $> 1.0$ mm but $\leq 2.0$ mm	(i) The lingual margin is $> 2.0$ mm. (ii) The lingual margin is feathered and/or is not explorer detectable		
Line of Draw	(i) The path of insertion/line of draw deviates $< 20^\circ$ from the long axis of the tooth	(i) The path of insertion/line of draw deviates $20^\circ$ to $< 30^\circ$ from the long axis of the tooth	(i) The path of inser online of draw deviates $\geq 30^\circ$ from the long axis of the tooth.		
Axial Tissue Removal	(i) The axial tissue removal is $\geq 0.5$ mm but $\leq 2.0$ mm	(i) The axial tissue removal is $> 2.0$ mm but $\leq 2.5$ mm	(i) The axial tissue removal is $> 2.5$ mm (ii) The axial tissue removal is $< 0.5$ mm		
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%	
Note: 3 Substandards = Unsuccessful Attempt					

ADEX Mock Bridge: #3 – X – #5					
START CHECK	Tooth # 5 PFM		TOKEN #	Grade Achieved	Faculty S or N or U
	Grade				
	S	N	U		
Axial Wall Smoothness/Undercut	(i) The walls may be slightly rough and may lack some definition		(i) There is an undercut, which, when blocked out, would compromise margin width criteria and/or is $> 0.5$ mm deep		
Taper	(i) Taper is present, from nearly parallel to $\leq 12^\circ$ per wall	(i) There is excessive taper that is $> 12^\circ$ and $\leq 16^\circ$ per wall	(i) Taper is grossly over-reduced $> 16^\circ$ per wall		
Occlusal Reduction	(i) Occlusal reduction is $\geq 1.0$ mm, but $\leq 2.5$ mm	(i) Occlusal reduction is $> 2.5$ mm but $\leq 3.0$ mm	(i) Occlusal reduction is $> 3.0$ mm (ii) Occlusal reduction is $< 1.0$ mm		
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%	
Note: 3 Substandards = Unsuccessful Attempt					

ADEX Mock Bridge: #3 – X – #5					
START CHECK	Tooth # 5 PFM		TOKEN #	Grade Achieved	Faculty S or N or U
	Grade				
	S	N	U		
Internal Line Angles	(i) Internal line angles and cusp tip areas may not be completely rounded and may show a slight tendency of being sharp		(i) The internal line angles or cusp tip areas are excessively sharp with no evidence of rounding		
Condition of Adjacent Opposing Teeth	(i) Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact	(i) Damage to adjacent tooth/teeth requires recontouring that changes the shape and/or position of the contact (ii) Opposing hard tissue shows minimal evidence of damage and/or alteration inconsistent with the procedure	(i) There is gross damage to adjacent tooth/teeth requiring a restoration (ii) There is evidence of gross damage and/or alteration to opposing hard tissue inconsistent with the procedure		
Condition of Surrounding Tissue	(i) There may be slight damage to simulated gingiva and/or tyodont consistent with the procedure	(i) There is isotropic damage to the simulated gingiva and/or tyodont inconsistent with the procedure	(i) There is gross isotropic damage to the simulated gingiva and/or tyodont inconsistent with the procedure		
S = Acceptable (91%)		N = Substandard (75%)		U = Deficient = 65%	
Note: 3 Substandards = Unsuccessful Attempt					

ADEX Mock Endo: Tooth #8			
START CHECK	TOOTH #8 ENDO	TOKEN #	GRADE ACHIEVED
Grade			Faculty
S			N
U			S or N or U
Access Opening Placement	(i) Placement of the access opening is on the lingual surface directly over the pulp chamber and allows for pulp horns to be fully removed and complete debondment of the pulp chamber and straight-line access to the root canal system.	(i)	(i) Placement of the access opening is NOT over the pulp chamber and/or does NOT allow complete debondment of the pulp chamber or access to the root canal system.
Access Opening Size	(i) The incisal aspect of the access opening is $\geq 2.0$ mm from the incisal edge which provides for a fully supported incisal edge.	(i)	(i) The incisal aspect of the access opening is $< 2.0$ mm from the incisal edge which compromises the incisal edge.
	(ii) The cervical aspect of the access opening is $\geq 3.0$ mm from the lingual CEJ which provides for a fully supported gingival margin.	(i)	(ii) The cervical aspect of the opening is $< 3.0$ mm from the lingual CEJ which compromises the gingival margin.
	(iii) The widest portion of the preparation on mesiodistally is $\leq 1/2$ of the lingual surface which provides for fully supported marginal ridges (approximately 1.0 mm).	(i)	(iii) The preparation compromises the mesial and/or distal marginal ridge(s) ( $\leq 1.0$ mm).
Access Opening Internal Form	(i) From the lingual surface to the cervical portion, the internal form tapers to the canal opening with slight ledges.	(i)	(i) Internal form exhibits excessive gouges, which compromise the integrity of the tooth.
S = Acceptable (81%)		N = Substandard (75%)	
U = Deficient = 65%			
Note: 3 Substandards = Unsuccessful Attempt			

ADEX Mock Endo: Tooth #8			
START CHECK	TOOTH #8 ENDO	TOKEN #	GRADE ACHIEVED
Grade			Faculty
S			N
U			S or N or U
Canal Instrumentation Cervical Portion	(i) Canal is shaped to a continuous taper to allow adequate debondment and obturation and the cervical portion of the canal is of appropriate location and size to allow access to the apical root canal system.	(i)	(i) Cervical portion of the canal is grossly over-prepared affecting the integrity of the tooth structure.
Canal Instrumentation Mid-Root Portion	(i) Mid-root portion of the canal blends smoothly with the cervical portion without ledges or shoulders.	(i)	(i) Mid-root portion of the canal has significant irregularities that will compromise obturation.
	(i) Apical portion of the canal is prepared to the anatomical apex of the tooth or $\leq 5.0$ mm short of the anatomical apex.	(i)	(i) Apical portion of the canal is over-prepared beyond the anatomical apex. (ii) Apical portion of the canal is not instrumented. (iii) Apical portion is under-prepared $> 3.0$ mm short of the anatomical apex.
S = Acceptable (81%)		N = Substandard (75%)	
U = Deficient = 65%			
Note: 3 Substandards = Unsuccessful Attempt			

ADEX Mock Endo: Tooth #8			
START CHECK	TOOTH #8 ENDO	TOKEN #	GRADE ACHIEVED
Grade			Faculty
S			N
U			S or N or U
Root Canal Obstruction Overfill/Underfill	(i) Root canal is obturated with gutta percha at the anatomical apex or $\leq 2.0$ mm short of the root apex.	(i)	(i) Root canal is obturated with gutta percha $> 2.0$ mm short of the anatomical apex or beyond the anatomical apex.
Root Canal Obstruction Voids in Gutta Percha	(i) Apical third of the obturation in the root canal is dense and without voids.	(i)	(i) There are significant voids throughout the obturation of the root canal. (ii) There is no gutta percha present in the root canal. (iii) A material other than gutta percha was used to obturate the canal.
	(i) Gutta percha in the root canal is $\leq 3.0$ mm apical to the CEJ when measured from the facial or lingual side. Gutta percha and/or sealer is/are evident in the pulp chamber extending $\geq 2.0$ mm coronal to the CEJ when measured from the facial or lingual side.	(i)	(i) Gutta percha in the root canal is $> 3.0$ mm apical to the CEJ when measured from the facial or lingual side. (ii) Gutta percha and/or sealer is/are evident in the pulp chamber extending $\geq 2.0$ mm coronal to the CEJ when measured from the facial or lingual side. (iii) There is restorative material present in the pulp chamber.
Root Canal Obstruction File above/below CEJ	(i) File is not separated; or, file is separated in the root canal but does not affect obturation of the root canal.	(i)	(i) File is separated in the root canal and either prevents the obturation or allows obturation at a critically deficient level.
S = Acceptable (81%)		N = Substandard (75%)	
U = Deficient = 65%			
Note: 3 Substandards = Unsuccessful Attempt			



ADEX Mock Endo: Tooth #14			
START CHECK	Tooth #14 Endo	TOKEN #	Grade Achieved
	Grade		Faculty
	S	N	S or N or U
Access Opening Placement	(i) Placement of the access opening is over the pulp chamber allowing for debondment of the pulp chamber and straight-line access to the three root canals located in the tooth.	(i)	(i) Placement of the access opening is not over the pulp chamber and/or does not allow complete debondment of the pulp chamber or access to the 3 root canals.
Access Opening Size	Access opening is in the mesial triangular and central fossa of the tooth and the following are true: (i) The mesial extent of the access preparation is $\geq 2.0$ mm from the mesial margin ridge. (ii) The buccal extent of the access preparation is $\geq 1.0$ mm from the line bisecting the mesiobuccal and distobuccal cusp tips. (iii) The distal extent of the access opening is $\geq 1.0$ mm mesial to the distal oblique groove. (iv) The palatal extent of the access preparation is $\geq 1.0$ mm from the mesiobuccal cusp tip.	(i)	(i) The mesial extent of the access preparation is $\geq 2.0$ mm distal to the mesial marginal ridge. (ii) The buccal extent of the access preparation is $< 1.0$ mm from the line bisecting the mesiobuccal and distobuccal cusp tips. (iii) The distal extent of the access preparation is $< 1.0$ mm mesial to the distal oblique groove. (iv) The palatal extent of the access preparation is $< 1.0$ mm from the mesio-lingual cusp tip access opening. (v) The access size is too small $< 2.5$ mm at its widest mesio-distally and/or $< 2.5$ mm at its widest bucco-lingually.
Access Opening Depth	(i) The depth of the access preparation removes the entire roof of the pulp chamber.	(i)	(i) The pulpal floor at the center of the floor is $> 10.0$ mm deep when measured from the buccal cavosurface margin of the access preparation. The depth of the access preparation does not remove the roof of the pulp chamber to the extent that all pulp tissue can be removed. (ii)
S = Acceptable (91%)      N = Substandard (75%)      U = Deficient = 65%			
Note: 3 Substandards = Unsuccessful Attempt			

ADEX Mock Endo: Tooth #14			
START CHECK	Tooth #14 Endo	TOKEN #	Grade Achieved
	Grade		Faculty
	S	N	S or N or U
Access Opening Internal Form	(i) The internal form of the access preparation leaves $\geq 1.0$ mm of supported lateral tooth structure at any point of the preparation and tapers to the canal orifices with no or slight gouges.	(i)	(i) The internal form of the access preparation leaves $< 1.0$ mm of lateral supported tooth structure at any point of the preparation and/or tapers to the canal orifices with gross ledges that will inhibit access to the root canal orifices.
Treatment Management Condition of Adjacent Tooth/Teeth	(i) Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.	(i)	(i) There is gross damage to adjacent tooth/teeth, requiring a restoration.
Treatment Management Condition of Surrounding Tissue	(i) There is slight damage to simulated gingiva and/or tipoint consistent with the procedure.	(i)	(i) There is gross iatrogenic damage to the simulated gingiva and/or tipoint inconsistent with the procedure.
S = Acceptable (91%)      N = Substandard (75%)      U = Deficient = 65%			
Note: 3 Substandards = Unsuccessful Attempt			



## X. Grading Criteria

**Provide a List of all the graded work in the course (Assessments, Class Activities, Classwork and Assignments) with Point or Percentage Values, or required Completion item.**

**Grading Scale:**

**Grading Policy:**

All grades are Pass, Fail or In Progress. The Course Director will monitor instructors regarding standardized grading criteria. All crown preparations are to be prepared on the appropriate dentoform teeth. All endodontic procedures are to be performed on the appropriate dentoform teeth. At the discretion of the Course Director, mock exams can be scheduled and administered in various settings (clinical or simulation) utilizing Pass/Fail grading criteria adapted from current board exam manual.

**Grading Mechanism:**

In order to receive a PR at the end of Fall semester and a P at the conclusion of the Winter semester, students must consistently attend all scheduled lectures and complete the Mock Exams (Prosth and Endo, Resto and Perio) with passing grade.

**Description of Written Assignments (if applicable):** Multiple choice exam adapted from current board exam manual.

**Grading Break Down:**

Pass/Fail grading criteria adapted from current board exam manual.

- 2021 Candidate Manual Exam - 16%
- ModuPro Pros Teeth #3 (Qty 5) 4% each totaling 20%
- ModuPro Pros Teeth #5 (Qty 5) 4% each totaling 20%
- ModuPro Pros Teeth #9 (Qty 5) 4% each totaling 20%
- Real- Endo Tooth #8 (Qty 3) 4% each totaling 12%
- Real-T #14 W/RL Insert (Qty 3) 4% each totaling 12%

All assignments, exams, works, patient care - written, laboratory, oral, clinical must be done as the independent work of each individual student. Plagiarism, copying or sharing the work of another or altering documentation to reflect something is your own work that is not; reflect false attendance, are considered serious offences that will not be tolerated. THESE ACTIONS WILL BE CONSIDERED IN VIOLATION OF THE CDM CODE OF BEHAVIORAL CONDUCT AND WILL BE REFERRED FOR APPROPRIATE ACTION. Students who need assistance in their learning goals should communicate with the appropriate NSU-CDM course director and/or faculty.

**Remediation Policy:**

**Please refer to appropriate pages of the NSU-CDM 2021-2022 Student Handbook.**

**Attendance Policy:** Attendance is MANDATORY at every session of all Board discussions. Sign-in sheet will be used to track student attendance. Start times will be given in the course schedule to be distributed at the first session in the summer.

**Please refer to appropriate pages of the NSU-CDM 2021-2022 Predoctoral Student Handbook Course Final Grade Mode for the course (Pass/Fail, PR/NPR or Letter Grade). For a continuum course, please specify the grade mode for each semester.**

**Final Course Grade:**

Pass/Fail

**Course Grading Scale**

Letter Grade	GPA	Equivalence
A	4	93 to 100
A-	3.75	90 to < 93
B+	3.5	86 to < 90
B	3	83 to < 86
B-	2.75	80 to < 83
C+	2.5	76 to < 80

<b>C</b>	2	70 to < 76
<b>F</b>	0	<70

## XI. Course Policies

### COURSE ATTENDANCE REQUIREMENTS, REMEDIATION POLICY, ALL CDM POLICIES

**Attendance Policy :** Please refer to appropriate pages of the NSU-CDM 2020-2021 Student Handbook.

**Link to the handbook:**

<https://liverootnova.sharepoint.com/dentmed/Active%20Docs/Policies%20and%20Procedures/Pre%20a2020%20CDM%20PreDoctoral%20Student%20Handbook.pdf?wa=wsignin1.0>

**Remediation Policy:** Please refer to appropriate pages of the NSU-CDM 2020-2021 Student Handbook.

**“Successful completion of each CDM course requires compliance with the CDM Code of Behavioral Conduct.”**

**CDM College Attendance Policy** Please note that, the Office of Admissions, Student Affairs and Services manages excused absences including sick days, mission trips, dental meetings, externships, interviews, family events, and other personal leave time, etc. and all student absences will continue to be tracked in axiUm. (Please refer to NSU Wide Religious Holidays Policy in the Student Handbook.) • Planned excused absences: please fill out the appropriate paperwork, with backup documentation (e.g. physician’s note), and submit on the online portal for the Office of Student Services prior to the scheduled absence, so that we can approve the leave time, and help you map out a plan to make up the work. It is the student’s responsibility to inform the course director for any courses you will be missing, your team leader for any clinic sessions that will be missed and/or the Coordinator of Extramural Programs (Dr. Mairelina Godoy), etc. of your planned absence(s). • Unplanned excused absences: please email Dr. Galka at [agalka@nova.edu](mailto:agalka@nova.edu) with a cc to [cdmservices@nova.edu](mailto:cdmservices@nova.edu) to report that you will be out, the reason for your absence and to also let us know if you plan to return to school the following day. You should also email the course director for any courses you will be missing, Dr. Mairelina Godoy [mg1189@nova.edu](mailto:mg1189@nova.edu) for any rotations you will be missing and/or your team leader for any clinic sessions scheduled for that day. You must continue to email us daily to keep us updated if you will be out additional days and you can submit your SREA form together with backup documentation when you know the date you will return to school. • The student will be responsible for making up all missed rotations, all material presented in lectures, all laboratory projects, all written and practical examinations (including OSCEs) and must fulfill all didactic and clinical responsibilities as outlined in the individual course syllabi. Also, please review the attendance policy in the individual course syllabi. • Please do not schedule externships or interviews when you are scheduled for an examination or rotation. • Remember, it is your responsibility to reach out to our office for any unexcused absences to see if these fall under excused absences and/or to see how the unexcused absence will be managed. Also, please contact Dr. Mairelina Godoy directly to arrange makeup of any and all missed rotations, which will take place during optional clinicweeks. • Every student will be able to take 1 Personal Day/per Semester (3 Personal Days/Academic Year) with NO BACKUP DOCUMENTATION REQUIRED, provided the day(s) are not taken when you are scheduled for a rotation, written examination, practical/competency examination, OSCE or taken directly before/after a school holiday, etc. These absences will be managed through our office and designated as excused absences, provided our office is notified by email in advance or on the day of the absence. (Please indicate in the email if you will be using a personal day and designate D-1, D-2, D-3 or D-4 student.) For any additional absences to the 1 Personal Day/per semester, or in the event that you will be missing a written examination, a preclinical or clinical practical/competency examination, including an OSCE, or rotation, backup documentation WILL be required. Again, it is the student’s responsibility to notify all course

directors, team leaders, and/or the Coordinator of Extramural Programs, etc. affected by your absence(s). Please check your individual schedule before requesting a personal day, to be sure that you will not be missing a rotation or an exam. A personal day will be recorded as a full day. (Half days cannot be requested.) A personal day must be requested on or before the day in question and cannot be used retroactively. **COVID-19 Protocol (subject to change)**1. NO STUDENT IS TO COME TO SCHOOL SICK- if you do not feel right- please do NOT come to school. Email Dr. Galka- Assistant Dean for Admissions, Student Affairs and Services (agalka@nova.edu) 2. If a student has had direct/close contact with someone who has been infected with COVID-19 or is experiencing COVID-like symptoms- immediately self- isolate/quarantine. Email Dr. Galka and Dr. Schweizer- Director Infection Prevention Programs (schweize@nova.edu). a. Direct Exposure/ Asymptomatic: test on day 7- if negative test result- can come back after 10 days : if NO test- quarantine 14 days b. Symptomatic (with or without Direct Exposure): test immediately and then again on day 7- if negative test result on day 7- can come back after 10 days : NO test- quarantine 14 days and must be symptom-free for 72 hours 3. If a student tests positive for COVID-19: remain self-isolated. To return to school: student needs to have 2 consecutive negative test results in a row (at least 24 hours apart). 4. Students who are in quarantine, need to contact both Dr. Galka and Dr. Hernandez (marher@nova.edu) to determine if they can participate in online courses during this time

## XII. University Policies

### Section XII. University Policies:

Class content throughout this course may be recorded in accordance with the NSU Class Recording Policy. If class content is recorded, these recordings will be made available to students registered for this course as a supplement to the classroom experience. Recordings will be made available to all students who were registered to attend the live offering of the class, regardless of a student's section or discipline, or whether the student is participating in the course online. If recordings are intended to be accessible to students or third parties who were not registered for the live offering of the class, students' personally identifiable information will be removed or redacted from the recording, unless (1) their written consent to such disclosure was previously provided, or (2) the disclosure is permissible in accordance with the Family Educational Rights and Privacy Act ("FERPA").

Students are prohibited from recording audio or video, or taking photographs in classrooms (including online classes) without prior permission from the instructor or pursuant to an approved disability accommodation, and from reproducing, sharing, or disseminating classroom recordings to individuals outside of this course.

Students found engaging in such conduct will be in breach of the Student Code of Conduct and subject to disciplinary action.

**Academic Integrity:** Cheating or inappropriate behavior during any written examination, quiz, any assignment, any project; plagiarism of any work(s), or other unethical behavior will not be tolerated; the student risks receiving a grade of zero (0) for said examination, quiz, assignment, project and may be referred to the Associate Dean for Academic Affairs and the Student Progress Committee. Please refer to appropriate pages of the NSU-CDM 2020-2021 Student Handbook. and the NSU Student Handbook located at

<https://liverootnova.sharepoint.com/dentmed/Active%20Docs/Policies%20and%20Procedures/Pre%20and%202020%20CDM%20PreDoctoral%20Student%20Handbook.pdf?wa=wsignin1.0> .

**Plagiarism Policy:** All assignments, exams, works, patient care - written, laboratory, oral, clinical must be done as the independent work of each individual student. Plagiarism, copying or sharing the work of another or altering documentation to reflect something is your own work that is not; reflect false attendance, are considered serious offences that will not be tolerated. THESE ACTIONS WILL BE CONSIDERED IN VIOLATION OF THE UNIVERSITY AND THE CDM CODE OF BEHAVIORAL CONDUCT AND WILL BE REFERRED FOR APPROPRIATE ACTION. Students who need assistance in their learning goals should communicate with the appropriate NSU-CDM course director and/or faculty. Please refer to appropriate

pages of the NSU and the CDM 2020-2021 Student Handbook. Following a link to the NSU Student Handbook

<https://liverootnova.sharepoint.com/dentmed/Active%20Docs/Policies%20and%20Procedures/Pre%20and%202020%20CDM%20PreDoctoral%20Student%20Handbook.pdf?wa=wsignin1.0>