CONSIDERATION OF A REQUEST TO ESTABLISH A PROCESS OF ACCREDITATION FOR ADVANCED DENTAL EDUCATION PROGRAMS IN GERIATRIC DENTISTRY

**Background:** On December 3, 2021 the Commission on Dental Accreditation (CODA) received correspondence from Dr. Stephanie Munz on behalf of the Special Care Dentistry Association (SCDA), requesting that the Commission establish a process of accreditation for advanced dental education programs in geriatric dentistry (Appendix 1).

The Commission’s Policies and Procedures for Accreditation of Programs in A New Dental Education Area or Discipline (Appendix 2) provides a framework for the Commission in determining whether a process of accreditation review should be initiated for advanced dental education programs in geriatric dentistry.

**Summary:** The Commission is requested to consider the December 3, 2021 correspondence from the Special Care Dentistry Association. The Commission may direct that an Ad Hoc Committee composed of Commission members be appointed to further study the request in accordance with the Commission’s Policies and Procedures for Accreditation of Programs in A New Dental Education Area or Discipline, with a report on the ad hoc committee’s progress at the Summer 2022 meeting of the Commission.

**Recommendation:**

Prepared by: Dr. Sherin Took and Ms. Peggy Soeldner
Date: December 2, 2021

To: American Dental Association (ADA) Commission on Dental Accreditation (CODA)

Re: Request for Accreditation in a New Dental Education Area or Discipline: Advanced Education Programs in Geriatric Dental Medicine

Prepared by: Special Care Dentistry Association (SCDA)

Signature: ________________________________
Stephanie M. Munz, DDS, FSCD
SCDA President

Signature: ________________________________
Dennis Bozzi
SCDA Executive Director

Signature: ________________________________
Leonardo Marchini, DDS, MSD, PhD
SCDA Vice President, Co-Chair of the ad hoc committee on advanced program recommendations in Geriatric Dentistry

Signature: ________________________________
Ronald Ettinger, BDS, MDS, DDSc, DDSc(hc)
Co-Chair of the ad hoc committee on advanced program recommendations in Geriatric Dentistry

Signature: ________________________________
Jennifer Hartshorn, DDS, FSCD
Chair, SCDA Geriatric Dentistry Council
Dear Dr. Tooks,

As the designated representatives of the Special Care Dentistry Association (SCDA), we present the following response to the Commission on Dental Accreditation (CODA) regarding the American Dental Association (ADA) House of Delegates Reference Committee C Resolution 69. This resolution asked SCDA to consider pursuing an accreditation process and accreditation standards for advanced education programs in geriatric dental medicine. We appreciate the findings of the 2019 feasibility study provided by the House of Delegates and presented in the Resolution 69 report, which stated:

“69. Resolved, that the findings of the feasibility study conducted by the Council on Dental Education and Licensure be provided to the Special Care Dentistry Association for its consideration in pursuing an accreditation process and accreditation standards for advanced education programs in geriatric dental medicine by the Commission on Dental Accreditation.”

We believe our response addresses the four key items outlined in CODA’s Policies and Procedures for Accreditation of Programs in Areas of Advanced Dental Education: 1) The dental education area of geriatric dental medicine aligns with the accrediting agency’s mission and scope. 2) There is a sufficient body of knowledge to educate individuals in a distinct dental education area or discipline, not merely on alternative techniques. 3) There are a number of established programs in existence, each of which contains a structured curriculum, qualified faculty and enrolled individuals so that accreditation can be a viable method of quality assurance. We believe that the programs which closed within the last five years were not due to waning interest nor commitment by the applicants or faculty, but rather due to the limited ability to provide funding to sustain the programs. If the accreditation process is successful, these programs would have the opportunity to apply for Graduate Medical Education (GME) funds to support sustainable geriatric dental medicine programs. 4) There is evidence of need and support from public and professional communities to sustain educational programs in the discipline of geriatric dental medicine.

SCDA found there was definitive support for this effort, and many members volunteered to lead and collaborate. Drs. Ronald Ettinger and Leonardo Marchini of the University of Iowa co-chaired the ad hoc committee, which was composed of nine experts in Geriatric Dental Medicine. The committee identified content experts, some of whom were non-members of SCDA, and asked them to be consultants to the ad hoc committee. SCDA collaborated with 18 consultants during the creation of this response. In total, the committee contained representatives from 15 different Universities across the United States and
Canada, and one representative from a non-profit dental organization. This document has been vetted thoroughly by members of the committee until consensus was achieved. Through a series of Town Hall Meetings, the general SCDA membership and Board of Directors refined our response and helped to prepare the attached Application for Accreditation of Advanced Education Programs in Geriatric Dental Medicine. Through this process, we believe our response to be inclusive of the diverse expert opinions in Geriatric Dental Medicine in the United States and Canada. This is a critically important step in the history of Geriatric Dental Medicine. We look forward to the response from CODA and are excited to help formalize these accreditation standards.

Sincerely,

Stephanie M. Munz, DDS, FSCD

SCDA President
Application for Accreditation of Advanced Education Programs in Geriatric Dental Medicine
Special Care Dentistry Association
December 2021

Introduction
Aging is complex, universal, and impacts all aspects of a person’s life. The average lifespan is increasing, and our nation’s population is aging. In the United States, Baby Boomers account for a quarter of the total population, or 76 million people. Of these, 10,000 will turn 65 years of age every day for the next 10 years. People 85 years of age and older are the fastest growing segment of this aging cohort. By the year 2030, our nation will have more older adults than children under the age of 18.¹

Age-related changes such as physical, sensory, and cognitive impairments vary widely among older adults and can significantly impact oral health. Because of mobility and health issues, many older adults have a difficult time accessing healthcare. Approximately 20% are frail and another 10% are functionally dependent. Unlike previous generations, most members of this cohort are dentate and will require the continued comprehensive services of a dentist, including an annual oral cancer screening. Older adults’ baseline oral health is complicated by multiple comorbid conditions, the regular use of several simultaneous pharmacotherapies, the cumulative effects of lifestyle choices, and many socio-economic determinants. To plan appropriate, rational, and patient-centered care and ensure outcomes that optimize oral health, general health, quality of life, and a prolonged health span, it is imperative that the dental workforce understands the complexities of aging and addresses the underpinning psychosocial, economic, cultural, and environmental factors influencing the oral health status of this cohort.

Accreditation in advanced education programs in Geriatric Dental Medicine is the next logical step to meet the needs of our aging society. Accreditation will provide the national recognition needed to improve the quality of training in this critical area, and to attract graduate students to Geriatric Dental Medicine programs. It will also prepare future educators to teach predoctoral students how to provide appropriate care to older adults and encourage other institutions to create new Geriatric Dental Medicine Programs. These new advanced education programs will stimulate research to support new ideas in basic sciences and clinical applications and will encourage advocacy to increase funding sources.

Does the dental education area or discipline align with the accrediting agency’s mission and scope?

✔ Define the nationally accepted scope of the dental education area or discipline.

The goals of advanced education programs in geriatric dental medicine will be to provide training in oral health care for frail and functionally dependent older adults that goes beyond the scope of predoctoral education. An evaluation of the most recently published ADA survey of predoctoral dental education curricula reveals that the amount of time allocated to “geriatrics/special needs patients” education averages 51 hours, or 14.5% of the time devoted to teaching “Behavioral, Social, Information and Research Sciences.” It is therefore probable that most dentistry students will not have the education necessary to feel comfortable treating frail older adults after their graduation from dentistry school.

The unique needs of this older at-risk population require technical skills, knowledge, competence, and a profound understanding of the impact that oral health can have on human health, quality of life, and psychosocial wellbeing. Teaching these skills at the predoctoral level is impossible due to time constraints.

Advanced education programs in geriatric dental medicine could expand the scope and depth of post-graduates’ knowledge of applied basic and behavioral sciences and skills in clinical decision-making and collaboration, which would make it possible for them to provide comprehensive and holistic oral health care to diverse older adult populations. Many of these older adults have multiple comorbidities and cognitive and physical disabilities that require them to be treated in non-traditional settings. Consequently, residents must have experience working within interdisciplinary teams to manage oral problems associated with systemic disease and to ensure patients receive the correct interventions.

✔ List the nationally accepted educational goals and objectives of the dental education area or discipline.

These programs will prepare graduates to:
1. Act as the primary dental care provider for older adults, especially those who have complex medical histories, multiple pharmacotherapies, cognitive disorders and/or functional disabilities.
2. Plan and provide interdisciplinary/multidisciplinary patient-centered health care for a wide variety of older adults who have intra- and extraoral disorders.
3. Apply effective, culturally competent, and plain language communication skills with all patients, families, and designated caregivers to deliver patient-centered care.
4. Collaborate and function within multidisciplinary healthcare teams to facilitate the patient’s care in multiple healthcare settings.
5. Apply patient and practice management concepts and quality improvement in oral health care that are responsive to the dynamic healthcare environment of the patient.
6. Apply principles of evidence-based dentistry to oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making, and technology-based information retrieval systems.
7. Utilize professional ethics, lifelong learning, patient-centered care, adaptability, and acceptance of cultural diversity in professional practice.
8. Achieve competency in clinical experiences using live patient encounters combined with optional simulated clinical practice. Simulated activities could include standardized live patients, virtual patients, and patient simulators (manikins).
9. Contribute to the academic and scientific fields of Geriatric Medicine and Geriatric Dental Medicine through research and teaching.
10. Understand and have the capability to implement emergent technologies, such as teledentistry, 3D printing, and artificial intelligence to improve dentistry practice and expand access to patient-centered care.
11. Inform and collaborate with the parent institutions on risk prevention and mitigation of catastrophic events such as COVID-19.
✔ Describe how the area or discipline aligns with the Commission on Dental Accreditation’s mission and scope.

The American Dental Association (ADA) website states that “The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.” The aging imperative of the US population has created a need for dental professionals to gain expertise in caring for frail and functionally dependent adults. Advanced education programs in geriatric dental medicine have been developed and certified by their sponsoring academic institutions. However, in the absence of CODA-established accreditation standards, the ability to achieve a consistent level of quality across all training programs is missing. Therefore, we are seeking accreditation by CODA so that the public, the profession, and prospective residents can be assured that advanced education programs in geriatric dental medicine will provide an identifiable and characteristic core of required training and experience. This will enable graduates of these programs to be recognized by the ADA as experts in this discipline, which is an important distinction.

✔ Describe the quality of the dental education area or discipline, and need for accreditation review of the programs, as an important aspect to the health care of the general public. Include evidence that the area of knowledge is important and significant to patient care and dentistry.

Currently, there are five Geriatric Dental Medicine programs in the US. These programs offer bona fide higher education experiences, with academic calendars, schedules of classes, designated and structured curricula, and syllabi that address the scope, depth, and complexity of the higher education experience. They have the formal approval of their parent institution that the curricula and courses they offer meet the institution’s academic requirements for advanced education. These five programs include clinical experiences with frail, medically compromised, and functionally dependent older adults in a variety of settings, including homebound and long-term care settings. These programs undergo regular review by their accrediting institutions to ensure they employ qualified faculty members and meet the needs of the public.

There are 47.8 million people over the age of 65 in the US. It is unrealistic to expect that there will be enough dentists trained in geriatric dental medicine to provide oral health care to all of them. Fortunately, most older adults (70%) are functionally independent and can receive dental care from general dentists in their community, providing those practitioners are cognizant of patients’ modifying factors related to chronic medical conditions and polypharmacy, the cumulative effects of lifestyle choices, and, for some, socio-economic determinants. Approximately 9.6 million (20%) older adults are frail, with decreased homeostatic reserves, which increases susceptibility to stressors and is associated with higher risks of negative outcomes. Members of this group have lost some independence but frequently still live in their community with the help of family, friends, and social services. These people can still access oral care from general dentists provided they can travel to the dentist’s office and the clinical setting of the dentist office is accessible to them. General dentists who treat this group of older adults must understand the multifactorial complexities of patients’ overall medical, psychological, social, and environmental vulnerabilities, and assess patients’ ability to maintain their oral health independently and to tolerate dental treatment. These patients can be treated in a general dental setting unless the complexity of their care requires a referral to a dentist with advanced training. Approximately 4.8 million older adults (10%) are either homebound or in institutions and most of them do not receive appropriate dental
care. For this cohort, whose disabilities have led to near total reliance on collaborative care, it is essential that they have access to a geriatric dental specialist as part of their interprofessional health team.

In summary, there is a significant need for advanced education programs in geriatric dental medicine to produce leaders in academia, increase research, support advocacy, and increase the number of clinical practices in geriatric dentistry. Graduates may serve as instructors, mentors, and role models to predoctoral students in a structured environment. In addition, there is a huge opportunity for these training programs to respond to the increasing demand of today’s practitioner for an intensive curriculum, beyond the conventional continuing education approach, so that they can function more effectively and with greater confidence when caring for older patients.

✔ Provide evidence that the programs are academic programs sponsored by an institution accredited by an agency legally authorized to operate and recognized by the United States Department of Education or, as applicable, by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS), rather than a series of continuing education experiences.

The five existing programs in geriatric dental medicine in the US have academic calendars, schedules of classes, designated curricula, and syllabi that address the scope, depth, and complexity of the higher education experience. The details of these programs are described in this document on pages 21-39. All programs have the approval of their parent institution that the curriculum and courses offered meet the institution’s academic requirements for advanced education. These institutions are accredited by oversight agencies that are legally authorized to operate by the United States Department of Education.

✔ Describe the sponsoring, professional organization/association(s), if any, and (if applicable) the credentialing body.

Geriatric Dental Medicine has been a part of the Special Care Dentistry Association (SCDA) since its inception in 1987. In 1981, the ADA brought together three dental entities specializing in fragile populations—the American Society of Hospital Dentistry, the American Society of Geriatric Dentistry, and the Academy of Dentistry for the Handicapped—to form the Federation of Special Care in Dentistry, which was housed at ADA headquarters in Chicago, Illinois. In 2006, the Federation of Special Care in Dentistry changed its name to the Special Care Dentistry Association (SCDA).

Currently, SCDA has three councils, which represent the original three organizations. Within SCDA, the Council of Geriatric Dentistry brings together experts in Geriatric Dental Medicine in teaching, clinical practice, and research. SCDA is the appropriate professional organization and credentialing body of Geriatric Dental Medicine in the US. There are 650 SCDA members and of these 296 are affiliated with the Council of Geriatric Dentistry. The names and contact information of association officers are listed below.

SCDA Board of Directors

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Clinical Associate Professor

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Mobile Dental Care

Director-at-Large - Dentistry for People with Disabilities  
Mai-Ly Duong, DMD, MPH, MAEd  
A.T. Still University, Arizona School of Dentistry & Oral Health
Appendix 1 lists the continuing education programs offered by SCDA for the years 2016-2020.

The American Board of Special Care Dentistry (ABSCD) was established in 2004 to advance the profession of special care dentistry through the development of a certification program. ABSCD is an independent certifying body of SCDA, a unique international organization of oral health professionals and other individuals who are dedicated to promoting oral health and well-being for people with special needs. ABSCD’s mission is to optimize the health of people with special needs by elevating the standards and advancing the art and science of oral health care for these individuals by promulgating certification standards for dentists. ABSCD is responsible for establishing the policies and procedures that govern the certification and recertification programs for SCDA. Earning the Diplomate designation recognizes professional achievement beyond the general dentistry program through participation in the voluntary certification program.

The creation of the Board was approved by the Board of Directors of SCD (now SCDA) on February 10, 2004. A committee of credentialed Fellows and leaders from the American Association of Hospital
Dentistry (AAHD), Academy of Dentistry for Persons with Disabilities (ADPD), and American Society of Geriatric Dentistry (ASGD) was formed to review the credentialing process within the organization and to create a credential for diplomate status that would provide an elevated standard for the three branches of Special Care Dentistry. ABSCD developed a credentialing process that would allow qualified candidates to sit for an examination and, upon successful completion of the exam, be recognized as a Diplomate of the American Board of Special Care Dentistry (DABSCD).

**Diplomate Examination Criteria**

A candidate applying for examination by the ABSCD shall have met the following requirements:

1. Graduate from an accredited dental program and possess a DDS, DMD, or an internationally equivalent degree.
2. Applicants must be an active member in good standing of SCDA.
3. Applicants must have attained Fellowship in one of the former component organizations of SCDA (AAHD, ADPD, ASGD) or Fellowship in SCD.
4. A candidate meeting these qualifications is considered an Educationally Qualified Candidate.
5. Once the application is approved by the ABSCD the candidate is eligible to sit for the examination.
6. Upon successful completion of the written examination the candidate becomes Board Eligible.
7. The Board Eligible Candidate will be contacted by the ABSCD to arrange the Oral Board Examination focused on the candidate’s area of special care expertise. Please note, the candidate is required to take the oral component of the certification examination the following year at the annual meeting or at least within two years of passing the written portion of the exam.

**About the Written Examination:**

The ABSCD partners with Schroeder Measurement Technologies, Inc, an independent testing company that assists with examination development, administration, and scoring. The examination content is based on a standardized surveying of the profession. Surveys are conducted every three to five years to ensure that examination content is current, valid, and representative of the responsibilities of special care dental professionals. The Diplomate certification examination is the only standardized certification examination currently offered to test the knowledge, skills, and abilities of special care dental professionals. The Diplomate examination is an objective examination consisting of 100 multiple-choice questions. Candidates have a total of four hours to complete this exam.

**Diplomate Maintenance:**

The diplomat is required to:

- Maintain membership in good standing with SCDA
- Pay an annual maintenance fee for the current fiscal year
- Attend at least 1 SCDA Annual Meeting every 3 years
- Recertify every 10 years, with verified 200 education hours in related fields of special care dentistry

Initial Certification is valid for 10 years. Recertification is required every 10 years. To be recertified the candidate must:

- Be a member of SCDA and ABSCD
- Have attended at least three SCDA meetings during past 10 years
- Have obtained at least 200 hours of Continuing Education in areas of special care dentistry during the past 10 years
- Be actively involved in dental care for individuals with special needs by providing clinical care, teaching or research
- Complete the application and submit all required documentation to ABSCD
- Fulfill any other requirements for re-certification as determined by the ABSCD and printed in the bylaws

**Number of Candidates 2015-2020:**
Estimate 12

**Pass Rate 2015-2020:**
Estimate 83%

*Is there a sufficient body of knowledge to educate individuals in a distinct dental education area or discipline, not merely one or more techniques?*

✔ Describe why this area of knowledge is a distinct dental education area or discipline, rather than a series of just one or more techniques.

Geriatric Dental Medicine is a distinct discipline and area of dental education that has been defined as one dealing with specific knowledge, attitudes, and technical skills required in the provision of oral health care for frail and functionally dependent older adults.

Older adults have age-related physical changes that affect their systemic and oral health and reduce their access to care. Many have functional, sensory, and cognitive impairments and reduced mobility that impact their access to oral health care. Approximately 20% of older adults are frail and another 10% are functionally dependent. Unlike previous generations, most of this cohort are dentate and will require the continued services of dentistry professionals for life. Often, their baseline oral health is complicated by multiple comorbid conditions, such as the use of several medications and socio-economic determinants. To ensure proper oral health and a good quality of life, it is imperative to have a dental workforce that is knowledgeable about the complexities of aging and the associated multifactorial psychosocial challenges, and that understands how to provide appropriate, rational, and patient-centered care for this population.

✔ Describe how scientific dental knowledge in the education area or discipline is substantive to educating individuals in the education area or discipline.

There are many resources available that demonstrate the depth and breadth of scientific knowledge associated with the proper exercise of “Geriatric Dental Medicine.” Specifically, there are two English language peer-reviewed journals, *Special Care in Dentistry* and *Gerodontology*, which have been in continuous publication since 1981 and 1982 respectively. In addition to the hundreds of academic papers published in these journals, there are many other peer-reviewed journals publishing articles focused on Geriatric Dental Medicine. PubMed lists a total of 3675 papers published on this topic between 1961 (when the term Geriatric Dentistry was first introduced as its own MeSH, or Medical Subjects Heading) and mid-November 2020. Nearly half of these papers (49%) were published in the past 5 years.

Figure 1 demonstrates the exponential growth of peer-reviewed publications referring to “Geriatric Dentistry” since the 1960s.

Figure 1
Published materials may be journal articles that include clinical and bench investigations, literature and systematic reviews, case-controlled studies and/or case reports, and guidelines. Other publications, not included in PubMed but also important, are textbooks that focus on Geriatric Dental Medicine and chapters in other medical, behavioral, and health care publications that include sections or chapters that focus on oral health for older adults.

✔ Document the complexity of the body of knowledge of the education area by identifying specific techniques and procedures.

Geriatric dental medicine programs prepare residents to collect, organize, analyze, and interpret data from medical, pharmacological, dental, behavioral, and psychosocial histories, including clinical evaluations, to determine the relationship of these factors to the older adult’s complex conditions. These data are then used to provide a differential diagnosis based on the chief complaint and modifying factors, which guides the development of a rational, comprehensive, and patient-centered treatment plan, ranging from sophisticated dental care to no treatment at all.

Programs must augment and broaden residents’ skill-level, so they are able to provide effective, quality, and patient-centered care at an advanced level of case complexity beyond that accomplished in pre-doctoral training. Programs must also train residents to understand that frail and functionally dependent older adults may also need additional specialist care in the areas of:

✔ prosthodontics  
✔ periodontics  
✔ endodontics  
✔ orthodontics (minor tooth movements)  
✔ oral and maxillofacial surgery  
✔ evaluation and treatment of dental emergencies  
✔ use of portable and/or mobile equipment in alternative care settings

✔ List the nationally accepted competency statements and performance measures for the dental education area, as developed by the ad-hoc committee for the preparation of this application which is based on existing programs.

Residents must:
1) demonstrate attitudes consistent with humane, enlightened, and compassionate care of frail and functionally dependent older adults
2) demonstrate clinical excellence in caring for the biomedical and psychosocial problems of frail and functionally dependent older adults
3) recognize the specific mental and behavioral problems of frail and functionally dependent older adults
adults and provide appropriate referral
4) apply the principles of interdisciplinary teamwork in the provision of care for frail and functionally dependent older adults
5) demonstrate skills and multicultural sensitivity in caring for frail and functionally dependent older adults, especially with regards to gaining informed consent
6) recognize and treat oral diseases in frail and functionally dependent older adults and provide assessment and/or appropriate referral when necessary
7) demonstrate the ability to interview frail and functionally dependent older patients and their caregivers; and adapt techniques to accommodate to their functional impairments, sensory losses, and psychosocial problems
8) have experience in teaching Geriatric Dental Medicine to a variety of persons involved with the care of frail and functionally dependent older adults
9) develop administrative skills in leadership of geriatric dental programs

✔ Identify the distinct components of biomedical, behavioral, and clinical science in the dental education area or discipline, as developed by the ad-hoc committee for the preparation of this application which is based on existing programs.

The programs must have formal instruction in biomedical sciences related to Geriatric Dental Medicine, including:
1) anatomy and physiology of the older adult patient including the musculoskeletal and articular system of the orofacial, head, cervical and pharyngeal structures
2) aging of the masticatory system
3) applied rheumatology in older adult patients with emphasis on the temporomandibular joint (TMJ) and related structures
4) oromotor disorders including dystonia, dyskinesias, and bruxism
5) epidemiology of geriatric diseases and disorders
6) nutritional impact in older adults
7) common systemic conditions in older adult patients
8) common intraoral dental findings, prevention, and treatment, as it relates to the aging population
9) soft tissue diseases and bony pathosis of the orofacial region
10) radiology and advanced imaging of the orofacial region
11) orofacial pain conditions
12) contemporary social issues in gerontology
13) evidence-based research assessment of the contemporary literature including research design and assessment.

The programs must have formal instruction in behavioral sciences related to Geriatric Dental Medicine, including:
1) cognitive disorders common in older adults and the behavioral modifications needed for these patients
2) assessment of the patient for the risk of anxiety, loneliness, social isolation, depression, and suicide, using screening questionnaires
3) methods to reduce dental anxiety and fear
4) familiarity with secondary gain and care seeking behavior
5) recognition of psychological disorders including depression, anxiety, somatization, and others as they relate to geriatric dental medicine disorders
6) ageism awareness, recognition, and sensitivity training

The programs must have formal instruction in clinical sciences related to Geriatric Dental Medicine, including:

1) providing live patient experiences, which may be enhanced by a combination of clinical rotations, standardized-simulated live patient sessions, virtual patient experiences, and patient simulator exercises

2) ability to conduct a comprehensive patient history interview and risk assessment that includes the patient’s chief complaint

3) ability to collect, organize, analyze, and interpret data from medical, pharmacological, dental, behavioral, and psychosocial histories and clinical evaluations to determine their relationship to the older adult patient’s complex conditions to provide a differential diagnosis based on the chief complaint and modifying factors

4) ability to perform clinical examinations and tests to interpret the significance of the results, which includes:
   a) establishing a diagnosis, which will allow the development of an appropriate treatment plan addressing patient’s oral health problem list considering the risks and benefits of treatment, including no treatment
   b) incorporating risk assessment of psychosocial and medical factors into the development of the individualized plan of care
   c) assessing the patients’ ability to make decisions and obtain informed consent
   d) counseling the patient or guardian, as appropriate, emphasizing the patient’s and caregiver’s responsibilities as needed to support the treatment plan
   e) demonstrating the ability to perform various treatment-based procedures, including selecting and applying preventive care modalities based on the patient’s needs and limitations

✔ Provide documentation that there is a body of established, substantive, scientific dental knowledge that underlies the dental education area or discipline.

The scientific knowledge encompassed by the term “Geriatric Dental Medicine” can be demonstrated by the large amount of peer-reviewed literature in a variety of dental and medical journals. PubMed lists a total of 3675 papers published on this topic between 1961 (when the term Geriatric Dentistry was first introduced as its own MeSH, or Medical Subjects Heading) and mid-November 2020. Nearly half of these papers (49%) were published in the past 5 years.

The peer-reviewed journals, Special Care in Dentistry (See Annex 1) and Gerodontology (See Annex 2), focus on Geriatric Dental Medicine and have been in continuous publication since 1981 and 1982 respectively. In addition to the papers published in these journals, there are many other peer-reviewed journals publishing articles about Geriatric Dental Medicine, including the Journal of American Geriatrics Society and several British and Scandinavian dental and medical journals.

These published materials include clinical and bench investigations, literature and systematic reviews, case-controlled studies and/or case reports, and guidelines. Among these, there are several editions of the Dental Clinics of North America that focus on Geriatric Dentistry, with the most recent published in April 2021.

There are also many textbooks that focus on Geriatric Dentistry or that include chapters about
Geriatric Dentistry in the context of medical and behavioral healthcare for the older adult. The first textbook on Geriatric Dentistry was published by AST Franks and B Hedegård in 1973. This textbook was followed by several others published in the UK, Scandinavia, Canada, and the US. The most recent textbooks published on the topic are “Oral Healthcare and the Frail Elder,” edited by MacEntee (2011); “Geriatric Dentistry,” edited by Friedman (2014); and the third edition of “Textbook of Geriatric Dentistry,” edited by Holm-Pedersen et al. (2015).

In addition, Geriatric Dental Medicine has study groups within multiple dental organizations, such as the American Dental Education Association and the American Dental Association. Geriatric Dental Medicine is also represented in multidisciplinary organizations such as the Gerontological Society of America and the American Geriatrics Society.

✔ Document that the dental education program is the equivalent of at least one twelve-month, full-time academic year in length.

Programs are designed as follows:
1) a 12-month full-time program
2) a 12-month full-time program with the option of an additional second year (where residents can enroll for the second year of training during the first year)
3) a 12-month, full-time GPR program with a second year dedicated to a Geriatric Dental Medicine program (not necessarily at the same institution)
4) a 24-month, full-time program (where residents enroll for two years at the beginning of the program)
5) a three-year program that includes the opportunity to earn a master’s degree that can be selected at the beginning of the program or during the first year of enrollment

The current curricula of each of the existing five Geriatric Dental Medicine programs are listed in the Appendices 2-6.

✔ Describe the current and emerging trends in the dental education area or discipline.

Members of the Baby Boomer generation were born between 1945 and 1964. They represent the largest proportion of the aging population and nearly a quarter of the total US population (76 million people). The oldest members of this cohort turned 65 years of age in 2010. It is estimated that 10,000 Baby Boomers will reach 65 years of age every day for the next 12 years. In comparison to past generations, Baby Boomers are keeping more of their natural teeth. These teeth are at increased risk of developing caries, periodontal disease, and major tooth wear. Baby Boomers’ teeth will likely require complex restorations, which will be complicated by chronic health issues. This could lead to periodontitis, soft tissue lesions, and impaired healing.

Baby Boomers’ complex dentitions, health histories, and high expectations for esthetics and function may challenge general dentists. Baby Boomers may not accept the extraction of their remaining teeth and replacement with dentures; they will likely advocate for implants. The clinical skills necessary to match these patients’ expectations will be difficult to find for Baby Boomers, and this means that more dentists will need to be trained in Geriatric Dental Medicine and Prosthodontics. In the most recent survey of US dental schools published in 2017, clinical training in Geriatric Dental Medicine is required in less than half of all dental schools. In 2019, CODA Standard 2-25 was updated and now reads: Graduates must be competent in assessing and managing the treatment of patients.
with special needs,” which includes (people with) ... cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

Older adults often have multiple systemic conditions and take multiple medications to treat their chronic diseases. Some medications needed to treat these diseases impact salivary flow, manual dexterity, and executive functioning, which increase plaque accumulation and the risk of caries and periodontal disease. Consequently, it has become increasingly important for dentists to consult with patients’ physicians and pharmacists to identify medications with the least xerostomic potential. As older adults tend to consult their physician and pharmacist more often than their dentist, interprofessional and holistic education of these colleagues on potential oral health problems may prevent irreversible damage to the dentition. Dentists should be able to teach physicians how to examine the oral soft and hard tissues of their patients on a regular basis, and physicians should refer their older patients to dentists as needed. In states where dentists are not required to complete the Minimal Data Set (MDS), it is imperative for dentists to inform and train nursing staff at long-term care facilities how to carefully examine the oral tissues of elderly people as required in MDS. Also, nursing staff should be taught how to brush the teeth of residents who are unable to perform this function, and how to help residents with oral hygiene in general. This type of education can be delivered in person through in-service programs, including the use of mobile device applications, or via electronic formats, including teledentistry.

The most common oral health problem in older adults is plaque-induced diseases, such as caries and periodontal disease. These conditions can cause severe and irreversible oral health deterioration with negative consequences to systemic health and overall well-being. For patients who are unable to reliably report on pain, like those with severe dementia, unrecognized pain of oral origin can cause changes in eating habits and aggressive behavior. Another consequence of untreated caries and periodontal disease is tooth loss. Tooth loss can have negative repercussions on patients’ dietary habits, as chewing efficiency is reduced and food choices become restricted. Tooth loss can also impact dental appearance and affect self-esteem and social interaction. There is evidence that tooth loss can lead to systemic conditions such as peripheral arterial disease, cognitive decline, and even mortality. In at-risk adults, periodontal disease is also associated with type 2 diabetes mellitus, atherosclerosis, and aspiration pneumonia.

Poor glycemic control has been associated with increased severity periodontal disease, and treating periodontal disease has been shown to improve glycemic control. Likewise, uncontrolled periodontal disease increases the risk of atherosclerosis and aspiration pneumonia.

Poor oral health has also shown to be associated with a decline in quality of life, which has a profound impact on physical, psychological and social performance.

The use of risk assessment tools has been advocated in predoctoral Geriatric Dental Medicine education in order to prepare the future workforce to identify risk factors among older adults. For the very frail elderly population, knowing how to assess the multiple factors that influence oral health and knowing when and how to treat the oral problems in conjunction with the patient’s medical, social, and emotional needs is important and requires training in the patient environment. This training should include how to interact with the patient’s medical team, family members, and caregivers, as well as how to deliver oral health care in non-traditional settings. Oral health care for the elderly requires an understanding of rational treatment planning, which may include techniques and strategies that vary from extensive care to palliative care. Consequently, dentists trained in
Geriatric Dental Medicine should be able to provide the full range of oral health care, from comprehensive care to minimally-invasive techniques. An example of a minimally-invasive technique is atraumatic restorative treatment (ART), which involves the use of glass ionomers or silver diamine fluoride (SDF) to preserve a patient’s remaining dentitions, prevent further deterioration of the patient’s overall oral health, and keep the patient from suffering from physical or emotional stress.

Digital dentistry also offers solutions when treating older adults. Dentists who have been trained to use this technology can use it when treating patients who need inlays, onlays, crowns or prosthetics to shorten the length of appointments or number of appointments. Digital dentistry can also enable dentists to use an electronic record to fabricate a new set of dentures for a patient in case of the loss of a set of dentures, a common occurrence in long-term care facilities.

In response to the COVID-19 pandemic, public health officials have made new recommendations regarding infection control precautions and the transmission of respiratory pathogens. These new measures include enhanced infection control protocols such as the use of N95 respirators, full-face shields, eye protection goggles, isolation gowns and head covers, as well as high-power suction and filters for dental office heating and cooling systems. The use of external high suction units as an adjunct during aerosol generating procedures has been shown to reduce the risk of SARS-CoV-2 infection.

These enhanced infection control protocols represent another challenge for dentists and the care of elderly adults. For example, patients who have hearing disabilities will not be able to lipread and this will impact informed consent. Those with cognitive impairment and/or dementia will be frightened by the appearance of dental personnel in full PPE. Residents in long-term care facilities, many of whom already suffer from the cumulative effects of multiple barriers, are unable to access oral care due to decisions by administrators to limit visitations. Dentists who care for frail and functionally dependent older adults must work collaboratively with general health care teams to assess and mitigate the risks for these vulnerable groups.

Teledentistry has become an important assessment and triage tool that dentists and their teams can use to access high-risk patients who can’t visit a dentist office due to illness, isolation, or quarantine in the time of Covid-19. Teledentistry is used by dentists to follow up on patients who had a recent procedure, or to assess a patient who is in acute dental pain and in need of analgesics and/or antibiotics. Frail older adults quarantined in nursing homes, as well as older adults sheltering at home, can benefit from teledentistry. Teledentistry reduces the number of trips to the dentist necessary to evaluate a suspicious lesion or to follow up on general oral complaints and conditions that do not need operative or surgical intervention. Although teledentistry has many advantages, especially in the care of medically-frail elderly patients, it requires specialized education to understand the correct use and limitations of this tool.
multivariate associations as predictors of dentists who were prepared to provide homebound care.²

Nationwide, 53% of all Medicare beneficiaries had a dental visit within the last year. A statewide study of the oral health of older adults in Arizona found that 46% had visited a dentist within the last year. A similar study in Kentucky reported that only 35.4% of older adult residents had visited a dentist within the last year. In Kentucky, 45.3% of homebound elders had not visited a dentist in the past five years.³

There is no data available regarding the number of dental professionals providing care to at-risk older adults unable to access a general dentist.

There is no published national study regarding at-risk older adults who are unable to access the clinical settings of general dentists.

Many nursing home (NH) residents do not receive regular oral health care because the facilities where they reside are not required by law to provide it to them. In long-term care facilities where dental care is provided, the type of care can vary dramatically, as there is no national standard for dental care in NHs. Medicaid does not require in-home and community-based service programs to provide oral health care to the elderly, and only .4% of these types of programs provide oral health care to older adults.⁴

As more and more people opt to age in place, there is a risk that there will not be enough practice models to care for homebound older adults. Common barriers to oral health care include lack of perceived need, transportation difficulties, shortage of appropriately trained workforce, attitude of health care providers, and patient frailty and functional limitations. Funding for oral health care is another barrier to those in long-term services and support (LTSS) programs. Medicare only covers medically necessary oral health procedures, and not every elderly person has supplemental dental coverage. Even supplemental packages vary in the types of oral health care covered. Typically, payment for dental services in LTSS programs occurs through self-pay, private insurance, and Medicaid. Despite these barriers, models of oral health care in LTSS programs are evolving, and as the LTSS market shifts away from NH care to serving more people in community-based programs, those who work in the dental profession must be prepared to deliver different oral health care options.

Do a sufficient number of established programs exist and contain structured curricula, qualified faculty and enrolled individuals so that accreditation can be a viable method of quality assurance?

✔ Document that the educational program is comprised of formal curriculum at the postsecondary or postgraduate level of education leading to a bona fide educational credential (certificate or degree) that addresses the scope, depth, and complexity of the higher education experience, rather than a series of continued education courses.

To date, there are five Geriatric Dental Medicine programs with structured curricula, qualified faculty, and enrolled individuals. All five programs are bona fide higher education experiences, all have academic calendars, schedules of classes, designated curricula, and syllabi that address the scope, depth, and complexity of the higher education experience. All programs have formal approval or acknowledgment from their parent institution that the curriculum and courses in certificate or degree programs meet the institution's academic requirements for advanced education. The programs include clinical experiences with frail, medically compromised and functionally dependent older adults in a variety of homebound and long-term care settings.

✔ Describe the historical development and evolution of educational programs in the dental education area or discipline. Do not submit information on the history of the sponsoring organization.

In the 1970s the terms “Geriatric Dentistry” and “Geriatric Dental Medicine” emerged with the recognized need for health care for aging Baby Boomers, and dental faculty members began to discuss the training of dental students in the care of medically compromised older adults. The political climate of the 1970s supported programs in aging, as age-related issues were widely discussed in the media, by politicians, and by university faculty.

In the 1980s, national funding became available to develop Geriatric Dental Medicine curricula and clinical training programs for faculty and graduate students. This funding consisted of the following:

- HRA-Health Research Administration- Pre-Doctoral Curriculum Development Grants 1978-1982 (6 grants awarded to dental school faculty members)
- NIA-National Institute on Aging - Geriatric Academic Awards 1981-1989 (8 grants awarded to dental school faculty members)
- VA-Veterans Administration - Dentist Geriatric Fellowships 1982-1994 (52 dentists trained)
- HRSA-Health Research Service Administration - Faculty Training Grants 1999-2015 (about 150 dentists trained)

Under the HRSA-Health Research Service Administration, there were 16 training sites in Geriatric Dental Medicine that provided multidisciplinary programs to physicians, dentists, and behavioral and mental health providers. Participants could develop programs that were responsive to the specific interprofessional geriatrics education and training needs of their communities. Unfortunately, government funding for these training sites was terminated in 2015. To make up for this loss of funding, medicine, psychiatry, internal medicine, and family practice fellows received supplemental funding from their sponsoring organizations. However, dentistry programs opted not to provide supplemental funding for fellows who wanted to attend this type of training, and as a result, many of the programs focused on geriatric dentistry closed. (See Table 1).
### Table 1- Institutions with advanced Geriatric Dental Medicine education programs that lost HSRA funding and closed, by years of operation, number of residents accepted per year, and total number of residents who completed the program.

<table>
<thead>
<tr>
<th>Program</th>
<th>Years of Operation</th>
<th>Number of residents accepted per year</th>
<th>Number who have completed program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutgers University</td>
<td>1989-2015</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Boston University</td>
<td>1990-2016</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>University of Maryland with Johns Hopkin School of Medicine</td>
<td>2005-2015</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>University of California San Francisco</td>
<td>2003-2015</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>University of Las Vegas</td>
<td>2010-2015</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>University of Pennsylvania</td>
<td>2010-2015</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>University of California Los Angeles</td>
<td>2006-2015</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>University of Rochester (1 Year Certificate)</td>
<td>1985-2015</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>University of Texas San Antonio</td>
<td>1990-2015</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Duke University</td>
<td>2007-2015</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Mt. Sinai School of Medicine</td>
<td>2010-2016</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Charles Drew University of Medicine and Science</td>
<td>2002-2005</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>University of North Texas Health Science Center at Fort Worth</td>
<td>1994-2005</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>University of Kentucky Sanders-Brown Center on Aging in Lexington, KY</td>
<td>1989-1992</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

A 1987 US Department of Health and Human Services (DHHS) report to Congress titled “Personnel for health needs of the elderly through year 2020” recognized the need for enhancing skills in treating older patients and recommended increased training in geriatrics at the pre-doctoral, post-doctoral, and continuing education level. The report projected there would be a need for at least 6,000 dentists in the USA with substantial training in Geriatric Dental Medicine by the year 2000. The report also projected a need for another 2,000 dentists to be minimally trained. It is estimated that there are currently 250 to 300 dentists who received some post-graduate training in geriatric dentistry since the
1980s. This does not include dentists who completed general practice residencies (GPR) in hospital programs, in which case they probably would have had some experience treating medically compromised older adults and persons with special healthcare needs.

As programs to teach dentists how to care for fragile elderly patients shuttered, the number of people aged 65 and older in the US increased substantially, from approximately 25.5 million (11.3%) in 1980 to 46.2 million (14.5%) in 2014. In 2018, the number of older adults was approximately 52.4 million (16%). By 2050, approximately 22% of the US population will be adults aged 65 and older. Much of this aging population (approx. 70%) is functionally independent and can utilize general dentists in the community provided these dentists are sensitized to the needs of this population during their training. It will not be possible to train enough specialists in Geriatric Dental Medicine to care for the remaining 13.9 million older adults who are frail or functionally dependent and have the most complex dental needs. Most of these persons will need to be cared for by general dentists in private practice. Therefore, it is necessary to increase the number of dentists trained in Geriatric Dental Medicine so that they can become academic leaders who will teach subsequent generations of practitioners, and educators. But with only five programs currently training dentists in Geriatric Dental Medicine in the US, there is no way we will be able to meet this need (see Table 2).

Dental schools are, for the most part, already overwhelmed teaching traditional and new materials, and technologies. There is not enough time to appropriately educate dental students to a level of competency in Geriatric Dental Medicine so that they can care for very frail and functionally dependent older adults in their private practices. CODA Standard 2.25, which requires competency in assessing and managing these patients, sets a standard of care that we cannot meet. Although all dental schools teach some didactic content in Geriatric Dental Medicine, only 50% teach clinical care of medically compromised older adults. The most recent published ADA survey of predoctoral dental education curricula data showed that the topic “Geriatric and Special Needs Patients” received  a mean of 51 clock hours in the curriculum.
Table 2- Universities with active advanced Geriatric Dental Medicine education programs with years of operation, current number of residents, total graduates, and funding sources.

<table>
<thead>
<tr>
<th>Program</th>
<th>Years of Operation</th>
<th>Current number of residents</th>
<th>Number who have completed program</th>
<th>Funding Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Minnesota</td>
<td>1981-Present</td>
<td>0</td>
<td>36</td>
<td>Patient income, student tuition, and local grants</td>
</tr>
<tr>
<td>2 Year Masters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvard University</td>
<td>1986-Present</td>
<td>1</td>
<td>30+</td>
<td>Previous HRSA grant, now student tuition</td>
</tr>
<tr>
<td>2 Year Masters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Iowa</td>
<td>1989-Present</td>
<td>2</td>
<td>13</td>
<td>Previous HRSA and Delta Dental grants, now patient income and student tuition as well as hard line budget</td>
</tr>
<tr>
<td>1 Year Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Year Masters</td>
<td></td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>University of Southern California</td>
<td>2014-Present</td>
<td>1</td>
<td>8</td>
<td>Student tuition</td>
</tr>
<tr>
<td>1 Year Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Year Masters</td>
<td></td>
<td>9</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Boston University</td>
<td>1990-Present</td>
<td>0</td>
<td>24</td>
<td>Student tuition and one scholarship</td>
</tr>
</tbody>
</table>
✔ Provide a list of all the currently operational programs in the dental education area or discipline

**University of Minnesota**

Sponsoring institution:
University of Minnesota School of Dentistry, Minneapolis, MN

Name and qualifications of the program director:
Stephen K. Shuman, DDS, MS (see link for biography)
Professor & Director,
Oral Health Services for Older Adults Program

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
• One full time (Shuman), 2 part time faculty (Owen and Ofstehage) who have both completed Geriatric Dental Fellowships:
  • Mary K. Owen, DDS, MS, 0.20 FTE, Clinical Professor, U of MN
  • John C. Ofstehage, DDS, 0.10 FTE, Clinical Associate Professor, U of MN and Minneapolis VAMC

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution’s academic requirements for advanced education)
• Syllabi for University-approved Geriatric Fellowship and MS-Dentistry Programs attached (Appendices 2 and 3, respectively)
• Sample course syllabi for Oral Health Services for Older Adults (OHSOA) clinic and seminar attached (Appendices 4 and 5). Others available on request.

Textbooks and journals, or other learning resources used within the educational program
Sample texts:
• Additional readings (books, chapters, journals, online material) assigned as needed

Evidence that the program is a bona fide higher education experience that addresses the scope, depth and complexity of higher education, rather than preceptorships or a series of continuing education courses
• OHSOA Clinical Fellowship is a Regents-approved Post Baccalaureate Certificate Program housed in the University of Minnesota School of Dentistry
  [University of Minnesota Professional Postbaccalaureate Programs]
• Additional MS-Dentistry Program is a formal graduate degree program housed in the University of Minnesota Graduate School

Outcomes assessment methods
• Formal examinations and grading by faculty for program courses, clinics and projects per University policies and procedures
• Oral examination by Graduate Faculty committee for MS degree (Plan A thesis or Plan B papers)

Minimum length of the program for full-time students/residents
• 12 months for OHSOA Clinical Certificate Program
• 18 months for MS-Dentistry program in Graduate School

Certificate and/or degree or other credential awarded upon completion
• Certificate in Oral Health Services for Older Adults (12-month program)
• Master of Science, Dentistry major (18-24 month program)

Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)
• Current capacity: 1 new fellow/year; 2 fellows total
• The OHSOA Geriatric Fellowship has intentionally not enrolled trainees since 2016 to allow time for a major reconstruction of the program’s affiliated community clinic and implementation of enhanced undergraduate (DDS, DH and DT) rotations. Recruitment and enrollment of new geriatric dental fellows is planned in the next 1-2 years. Prior to this intentional hiatus in geriatric fellowship rotations, the program enrolled and trained 36 fellows as attached. Below is information on trainees since 2000:
Confirmation that the program in the education area would seek voluntary accreditation review, if available

- This is to confirm that the University of Minnesota's OHSOA Geriatric Fellowship Program would seek accreditation review in the event that Geriatrics is certified as a new dental specialty.

Programs' recruitment materials (e.g., bulletin, catalogue)

- See: http://ohsoa.umn.edu/education/advancedgraduate-education
- Peterson's Guide

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies

- As officially enrolled advanced trainees in the University of Minnesota School of Dentistry, OHSOA Geriatric Fellows/Graduate Students are fully eligible and must maintain Resident Licensure per Minnesota Board of Dentistry regulations.
Harvard School of Dental Medicine
Sponsoring institution:
Harvard School of Dental Medicine

Name and qualifications of the program director:
Lisa Thompson, DMD

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
All part-time faculty. Currently, all dental faculty have formal training in geriatric dentistry, or at least 10 years of exclusive experience in geriatric dentistry and/or public health dentistry.
• Leonard Brennan, DDS, Instructor, Department of Oral Health Policy and Epidemiology
• Charles Seitz, DDS, Instructor, Department of Oral Health Policy and Epidemiology
• Brian Swann, DMD, MPH, Assistant Professor, Department of Oral Health Policy and Epidemiology
• Nona Sanai, DMD, Lecturer, Department of Oral Health Policy and Epidemiology

Affiliated faculty through the Multi-disciplinary Geriatric Fellowship:
• Sarah Berry, MD, Medical Director, HMS Multi-Campus Geriatric Medicine Fellowship Program

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution’s academic requirements for advanced education)
Please, see Appendix 6.

Textbooks and journals, or other learning resources used within the educational program
Textbooks:

Journals:

Other (online curricular modules, media):
● Smiles for Life - Geriatric Oral Health Course
● PBS: Rx: The Quiet Revolution

Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing education courses
The program follows the HSDM Advance Graduate Education curriculum and program requirements that meet higher education requirements. In addition, the clinical fellowship program follows the programmatic scaffolding of the former HRSA multi-disciplinary geriatric fellowship program. The fellows learn alongside multidisciplinary geriatric fellows in seminars on aging, interdisciplinary case review with...
a Hearth (formerly homeless elders) patient, as well as clinical rotations at the Cambridge Health Alliance, Nursing Home, and Participants of All-inclusive Care for the Elderly (PACE) program.

Outcomes assessment methods

- Clinical competencies are evaluated for fellows during patient care in clinical settings
- Written evaluations following case conferences, and geriatric journal club
- Fellows received feedback in monthly meetings with the program director
- Formal grading is required for all HSDM (and all cross-registration affiliate institutions) and coursework is reported by course directors to the registrar’s office with an associated letter grade or pass/fail. Additionally, an oral qualifying examination is required for MMSc, and thesis defense is required for DMSc.

Minimum length of the program for full-time students/residents

Two years

Certificate and/or degree or other credential awarded upon completion

Two-year certificate and degree (MMSc or DMSc)

Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)

- 2 graduated fellows in the last 5 years
- 1 current fellow (DMSc candidate)

Confirmation that the program in the education area would seek voluntary accreditation review, if available

This is to confirm that the Harvard School of Dental Medicine Geriatric Fellowship Program would seek accreditation review in the event that Geriatrics is certified as a new dental specialty.

Programs’ recruitment materials (e.g., bulletin, catalogue); and or government agencies

Please see: https://hsdm.harvard.edu/geriatric-dentistry

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies

As officially enrolled in the Harvard School of Dental Medicine in Advanced Graduate Education all trainees are fully eligible and must be licensed by the Commonwealth of Massachusetts
University of Iowa

Sponsoring institution:
University of Iowa

Name and qualifications of the program director:
Howard Cowen DDS, MS, DABSCD

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
-Full-time faculty:
  Jennifer Hartshorn DDS, FSCD
  Leonardo Marchini DDS, MSD, PhD
  Rohit Nair BDS, MDS
  Jhanvi Desai, BDS, MDS

- Part-time Faculty
  Margo Schilling MD, Clinical Professor, Internal Medicine/General Medicine’ UIHC
  Vicki Kijewski MD, Clinical Professor, Psychiatry, UIHC
  Ann Broderick MD, Clinical Professor, Director, Palliative Care, VA Hospital

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution’s academic requirements for advanced education)

Academic Calendar:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>SH</th>
<th>Instructor</th>
<th>Cert.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSND:570</td>
<td>Advanced Clinical Geriatric Dentistry I</td>
<td>4</td>
<td>Cowen</td>
<td>X</td>
</tr>
<tr>
<td>GSND:572</td>
<td>Outreach/Advanced Clinical Geriatric Dentistry I</td>
<td>3</td>
<td>Cowen</td>
<td>X</td>
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<tr>
<td>GSND:573</td>
<td>Interdiscipline Geriatric Patient Assessment I</td>
<td>2</td>
<td>Cowen</td>
<td>X</td>
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<tr>
<td>GSND:574</td>
<td>Advanced Topics in Geriatric Dentistry &amp; Special Needs I</td>
<td>2</td>
<td>Cowen</td>
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<tr>
<td>GSND:575</td>
<td>Geriatric Dental Case Study Seminar I</td>
<td>2</td>
<td>Cowen</td>
<td>X</td>
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<tr>
<td>GSND:577</td>
<td>Advanced Clinical Training for Developmentally Disabled Adult I</td>
<td>2</td>
<td>Cowen</td>
<td>X</td>
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</table>
## Elective

**Spring 1**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
<th>Instructor</th>
<th>Prerequisite</th>
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<td>4</td>
<td>Cowen</td>
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<td>Outreach/Advanced Clinical Geriatric Dentistry II</td>
<td>3</td>
<td>Cowen</td>
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<td>Interdiscipline Geriatric Patient Assessment II</td>
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<td>GSND:574</td>
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<td>Teaching Practicum in Geriatric Dent. I</td>
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<td>Advanced Clinical Training for Developmentally Disabled Adults II</td>
<td>2</td>
<td>Cowen</td>
<td>GSND:577</td>
</tr>
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</table>

**Summer 2**

<table>
<thead>
<tr>
<th>Course Code</th>
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<th>Credits</th>
<th>Instructor</th>
<th>Prerequisite</th>
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<tr>
<td>GSND:570</td>
<td>Adv. Clinical Geriatric Dent IV</td>
<td>4</td>
<td>Cowen</td>
<td>GSND:570</td>
</tr>
<tr>
<td>OMFS:850</td>
<td>Pain and Anxiety Control</td>
<td>1</td>
<td>Stein</td>
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<tr>
<td>111:217</td>
<td>Teaching Methods (spring only)</td>
<td>2</td>
<td>X</td>
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<tr>
<td>111:218</td>
<td>Clinical Teaching Practicum: Preventive Dentistry (fall arr/2 SH)</td>
<td>2</td>
<td>X</td>
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</tr>
<tr>
<td>ORSC:5280</td>
<td>Adv. Dental Therapeutics</td>
<td>1</td>
<td>Baker</td>
<td></td>
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</tbody>
</table>

Description of the curriculum: See Appendix 7

Sample Syllabus: See Appendix 8

Textbooks and journals, or other learning resources used within the educational program:

**Textbooks**

**Journals**
- Special Care in Dentistry
- Gerodontology
- Journal of American Geriatrics Society

Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing education
courses

- The Certificate Program is a Regents-approved Post Baccalaureate Certificate Program housed in the University of Iowa College of Dentistry
- The additional MS-Dentistry Program is a formal graduate degree program housed in the University of Iowa Graduate College

Outcomes assessment methods

(1) Clinical performance is evaluated daily and at the end of each semester. Evaluations are based on diagnosis and treatment planning, communication and interpersonal skills, health promotion, clinical skills, and patient care at each clinical setting:
- Geriatric Mobile Dental Unit, College of Dentistry
- Geriatric & Special Needs Clinic, College of Dentistry
- Interdisciplinary outpatient assessment (VA Geriatric Assessment Clinic)
- Center for Children with Disabilities (University of Iowa Hospitals and Clinics)

At the end of the program, fellows will be required to present five patient cases from their Patient Case/Logbook of written patient reports, one of which should be presented to an interdisciplinary panel

(2) Performance with regards to presentation of didactic content, assignments, and interdisciplinary communication will be evaluated during these interdisciplinary experiences, seminars, lectures, and journal clubs in each of the following experiences:
- Advanced Topics in Geriatric Dentistry Journal Club
- Interdisciplinary Inpatient and Nursing Facility Geriatric Grand Rounds
- Interdisciplinary Inpatient Geriatric Psychiatric Assessment
- Iowa City Veterans Association Palliative Care Team
- Outpatient Geriatric Evaluation and Management

At the end of the year, fellows will be required to complete a 30-minute oral viva examination which may contain content from any of their clinical experiences, lectures, seminars, and journal clubs. The oral viva will be in the format of visual prompts (e.g., pictures, radiographs, study models, preventive products etc.) used to guide and facilitate the discussion.

(3) Performance evaluation for each of the following optional courses will be made by the individual course directors, in conjunction with the fellowship director:
- Pain and Anxiety Control
- Teaching Methods
- Clinical Teaching Practicum: Preventive Dentistry
- Advanced Dental Therapeutics

Minimum length of the program for full-time students/residents
Twelve months for the Certificate Program
Three-years for the combined certificate and Masters program

Certificate and/or degree or other credential awarded upon completion
- Certificate in Geriatric Dentistry (12-month program)
• Master of Science, Dental Public Health major (combined 36-month program)

Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)
Maximum number enrolled each year: 2 (two)
Total number trained: 17

Confirmation that the program in the education area would seek voluntary accreditation review, if available
This is to confirm that the University of Iowa Geriatric Fellowship Program would seek accreditation review in the event that Geriatrics is certified as a new dental specialty.

Programs’ recruitment materials (e.g., bulletin, catalogue); and or government agencies.
See: https://www.dentistry.uiowa.edu/preventive-geriatric-special-needs-certificate-program

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies.
As officially enrolled advanced trainees in the University of Iowa College of Dentistry, Geriatric Dentistry Graduate Students are fully eligible and must maintain Resident License per Iowa Dental Board regulations.
University of Southern California
Sponsoring institution:
Herman Ostrow School of Dentistry of the University of Southern California, Los Angeles

Name and qualifications of the program director:
Roseann Mulligan DDS, MS

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty

- Full-time faculty:
  Piedad Suarez Durall DDS, MS
  Mehdi Mohammadi DDS, MS
  Reyes Enciso PhD, MS
  Glenn Clark DDS, MS
  Kamal Al-Eryani DDS, MS
  Parish Sedghizadeh DDS, MS
  Elham Radan DMD, MS

- Part-time Faculty
  Lisa Hou DDS, MS (0.6 FTE)
  Phuu Han DDS, PhD (0.5 FTE)
  Natalia Slusky DDS, PhD, MS (0.5 FTE)

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution’s academic requirements for advanced education)

THREE YEAR MASTER OF SCIENCE IN GERIATRIC DENTISTRY PROGRAM, THE HERMAN OSTROW SCHOOL OF DENTISTRY OF USC
(A) Schedule of Classes

Sample schedule of classes per trimester for three years MS in Geriatric Dentistry Program is as below.

GERIATRIC DENTISTRY RESIDENT SAMPLE SCHEDULE

Trimester I
OFPM-704 Bony Pathology, Radiology and Advanced Imaging for Dental Residents
OFPM-702a Soft Tissue Disease for Dental Residents
GDEN-713 Common Systemic Conditions in Older Patients

Trimester II
OFPM-707 Pharmacology Series for Dental Residents
OFPM-702b Soft Tissue Disease for Dental Residents
GDEN-730  OFPM Case Portfolio Preparation for Dental Residents
GDEN-722  Internal Medicine and Systemic Disease for Dental Residents

Trimester III
GDEN-725  Epidemiology, Nutrition and Aging for Dental Residents
OFPM-705  Neurogenic Based Oral and Facial Pains for Dental Residents
GDEN-723  OFPM Case Portfolio Preparation for Dental Residents

Trimester IV
OFPM-710a  Knowledge Assessment for OFPM Residents
OFPM-723  Systems Physiology, Motor Disorders and Sleep Apnea for Dental Residents

Trimester V
OFPM-726  Immunology and Immunosuppression for Dental Residents
GDEN-731  GDEN Case Portfolio Preparation for Dental Residents
GDEN-733  Research Methodologies in Dentistry

Trimester VI
GDEN-715  Geriatric Dentistry Issues
GDEN-731  GDEN Case Portfolio Preparation for Dental Residents
GDEN-712a  Capstone Research Project for GDEN Students

Trimester VII
GDEN-710  Knowledge Assessment for GDEN Students

Trimester VIII
GDEN-714  Topics in Gerontology
GDEN-712b  Capstone Research Project for GDEN Students

Trimester IX
GDEN-712c  Capstone Research Project for GDEN Students

Trimester X
GDEN-712d  Capstone Research Project for GDEN Students
GDEN 732  Case Portfolio Defense for GDEN Students

(B) Sample Syllabi
See the attached Syllabi for GDEN 725 Epidemiology, Nutrition and Aging for Dental Residents (Appendix 9) and GDEN 731 GDEN Case Portfolio Preparation for Dental Residents (Appendix 10)

(C) Formal acknowledgment by USC that the courses or curricula in the education area meet the institution’s academic requirements for advanced education
University of Southern California endorsed the hybrid onsite/online programs as meeting the academic requirements for advanced education after a thorough curriculum review process and does not differentiate this program from other on campus programs.

Textbooks and journals, or other learning resources used within the educational program

The library support services at USC are excellent. The Jennifer Ann Wilson Dental Library and Learning Centre are specific library resources for the Herman Ostrow School of Dentistry. The Wilson Dental Library maintains up-to-date knowledge of information technology and advances in oral health sciences informatics. Librarians select various electronic resources for the library that are in direct support of Ostrow School of Dentistry and health sciences goals and organize and disseminate them for efficient use and easy navigation. Students have comprehensive on-site and on-line access. The library also offers a subject guide specific for geriatric dentistry, including textbooks, journals and articles for easy access.

Links: https://libraries.usc.edu/locations/wilson-dental-library
https://libguides.usc.edu/healthsciences/geriatric

Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing education courses

The geriatric dentistry program offers a graduate certificate or Master of Science degree upon completion as announced in the USC catalogue. These are not preceptorships or a series of continuing education courses.

Master of Science in Geriatric Dentistry Program: https://catalogue.usc.edu/preview_program.php?catoid=12&poid=12908&hl=GDEN&returnto=search

Outcomes assessment methods

Residents are required to complete weekly quizzes, final examinations and homework assignments for each course. All course work is assessed by faculty members culminating in a final letter grade for each course. Students are also required to participate in weekly synchronous discussion sessions with faculty and peers on assigned geriatric cases. Each summer trimester, residents are required to complete onsite assessment activities including TOSCEs, viva voce examinations, written examinations, and additional hands-on training to demonstrate the clinical application of didactic knowledge. Masters students are required to complete and defend their capstone research project as well as 18 portfolio cases for graduation. Certificate students present 6 portfolio cases in front of the faculty panel.

Minimum length of the program for full-time students/residents

Minimum length of the program is nine trimesters (three years) for the Master of Science in Geriatric Dentistry Program and four trimesters (one year) for the Graduate Certificate in Geriatric Dentistry program.

Certificate and/or degree or other credential awarded upon completion
• Graduate Certificate in Geriatric Dentistry
• Master of Science in Geriatric Dentistry
Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)

<table>
<thead>
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<th>Number of Graduates</th>
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<td>2014</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>2015</td>
<td>4</td>
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<tr>
<td>2016</td>
<td>4</td>
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<td>5</td>
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<tr>
<td>2018</td>
<td>3</td>
<td>4</td>
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<tr>
<td>2019</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>2020</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Confirmation that the program in the education area would seek voluntary accreditation review, if available

The Master of Science in Geriatric Dentistry program will seek voluntary accreditation review if available. This is consistent with the history of Ostrow School of Dentistry of USC seeking accreditation for its other Advance General Dentistry programs.

Programs’ recruitment materials (e.g., bulletin, catalogue) and or government agencies

The information and recruitment materials on Geriatric Dentistry Programs at USC are posted on the dedicated website for interested parties to explore and contact the programs’ operations manager.

Link: https://ostrowon.usc.edu/geriatric-dentistry/

USC Catalogue

Links:
https://catalogue.usc.edu/preview_program.php?catoid=12&poid=12908&hl=GDEN&returnto=search
https://catalogue.usc.edu/preview_program.php?catoid=12&poid=13452&hl=GDEN&returnto=search

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies

Master of Science in Geriatric Dentistry Program at USC has been accredited by Western Association of School and Colleges (WASC) since 2012 and underwent a thorough and successful review by the Provosts office at USC via the University Committee on Academic Review (UCAR) in 2016.

More about the WASC Senior College and University Commission (https://www.wscuc.org/about)
https://www.wscuc.org/degree/131376

The WASC Senior College and University Commission (“the Commission”) is a regional accrediting agency serving a diverse membership of public and private higher education institutions throughout California, Hawaii, and the Pacific as well as a limited number of institutions outside the U.S. Through its work of peer review, based on standards agreed to by the membership, the Commission encourages continuous institutional improvement and assures the membership and its constituencies, including the public, that accredited institutions are fulfilling their missions in service to their students and the public good.
The WASC Senior College and University Commission (WSCUC) is recognized by the U.S. Department of Education as certifying institutional eligibility for federal funding in a number of programs, including student access to federal financial aid.
BOSTON UNIVERSITY
Sponsoring institution:
Boston University Henry M. Goldman School of Dental Medicine, Boston, Massachusetts

Name and qualifications of the program director:
Joseph M. Calabrese DMD

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
- Full-time Faculty:
  1 Geriatric Dentist Program Director
  1 Geriatric Dentist Clinic Director at Long Term Care Hospital

-Part-time Faculty:
  1 Clinic Director at Skilled Nursing Facility (0.6 FTE)
  1 Homecare service faculty member (0.6 FTE)
  3 Geriatric Dentists on faculty also available for presentations, case reviews, journal clubs and clinical consultations
  *All dental faculty have formal training in Geriatric Dental Medicine or at least 10 years of exclusive experience in Geriatric Dental Medicine

Link: https://www.bu.edu/dental/academics/departments/general-dentistry/faculty-staff/

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution’s academic requirements for advanced education)
The curriculum for the certificate program of study includes didactic, educational, and comprehensive patient care experiences preparing students to effectively treat adult and geriatric patients living with complex medical conditions and/or special needs. In addition to the core courses in the curriculum, each resident must complete the Boston University Center of Excellence in Geriatrics program and rotations at each of the three designated clinical sites.

First Semester
SDM OS 761 Medical Concerns of the Dental Patient
SDM PH 763 Bioethics and Law
SDM PH 780 Geriatrics and Gerontology Seminar
SDM PR 813 Literature Review in General Dentistry

Second Semester
SDM GD 918 Student Teaching
SDM PR 780 Medically Compromised Adults and Older Adults in a Clinical Setting: The Geriatric Dental Medicine Patient and Adults Living Longer with Special Needs
SDM PR 810 Case Presentation and Treatment Planning Seminar
Textbooks and journals, or other learning resources used within the educational program

- Textbooks
  Ferri’s Clinical Advisor, Hazzard Geriatric Medicine and Gerontology, Special Care Dentistry, American Geriatrics Society, Gerontological Society of America

Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing Education courses

The purpose of the Certificate of Advanced Graduate Study (CAGS) in Geriatric Dental Medicine (GDM) is to train students in the treatment of geriatric patients and adult patients with special needs. This program was approved by the Boston University Graduate Academic and Administrative Policies (GAAP) Committee, after review to ensure that the program met higher education requirements. The CAGS in GDM will utilize a combination of classroom education and clinical education. This 12-month program offers experiences with diverse patient populations in a variety of settings including a long-term care facility, nursing homes, a home care program in the greater Boston area, and a conventional dental clinic. It is designed for qualified dentists who have completed an accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR) program, or have at least two years of clinical experience after graduation from dental school. Students will practice with an interprofessional team, interacting with dental specialists and other clinicians from across a variety of health care disciplines.

Outcomes assessment methods

Graduates will be proficient in all aspects of oral health care for the older adult patient and adults living with special needs. This includes, but is not limited to, the assessment of the patient and delivery of comprehensive multidisciplinary oral health care; clear communication of treatment plans to patients, families, and caregivers; the replacement of teeth using fixed and removable appliances; periodontal therapy; endodontic therapy; treatment of medical and dental emergencies; medical risk management; the application of ethical reasoning, decision-making, and professional responsibility as they pertain to the academic environment, research, patient care, and practice management; and effectively teaching dental students in several oral health subjects. The students will also gain an understanding of end-of-life care that includes palliative care, hospice care, and the ethical decision of when it is best to treat or not to treat the issues presented. Residents receive feedback in quarterly meetings with the Program Director. All grades for coursework are reported by the course directors to the registrar’s office will be numerical with an associated letter grade. Rotation grades are determined by a committee of three faculty members that includes the Program Director and two Clinical Rotation Directors. Residents unable to complete any required component of the curriculum will be eligible for academic or clinical enrichment. Once the resident has successfully completed the enrichment program, they will be eligible to challenge the summative evaluation for the identified area(s).

Minimum length of the program for full-time students/residents

Twelve months

Certificate and/or degree or other credential awarded upon completion

Certificate of Advanced Graduate Study (CAGS)
Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)

Five enrolled in the first 3 years of the CAGS program and five completed the GAGS in the first 3 years of the program.

Confirmation that the program in the education area would seek voluntary accreditation review, if available

Support from the Provost, Dean, Associate Dean for Academic Affairs, Associate Dean for Global and Population Health, Department Chair and Program Director

Programs’ recruitment materials (e.g., bulletin, catalogue); and or government agencies

Website, emails, and advertising in JADA, SCDA and ADEA

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies

- Licensed by the Commonwealth of Massachusetts and fully accredited by the Commission on Dental Accreditation
- Parent institution is fully accredited by New England Commission of Higher Education
4. **Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?**

✔ Provide evidence of the ability to perform a robust, meaningful peer-reviewed accreditation process including a sufficient number of peers to conduct reviews at all levels of the Commission, as needed.

In the 1980s, national funding became available to develop geriatric dental medicine curricula and clinical training programs for faculty and graduate students. This funding consisted of the following: Health Research Administration Predoctoral Curriculum Development Grants, 1978-82 (six awarded); National Institute on Aging Geriatric Academic Awards, 1981-89 (eight awarded); Veterans Administration (changed to Department of Veterans Affairs in 1988) Dentist Geriatric Fellowships 1982-94 (52 dentists trained); and Health Resources and Services Administration (HRSA) Faculty Training Grants 1999-2015 (about 150 dentists trained).

Under the HRSA program, there were 16 HRSA training sites in geriatric dental medicine across the nation. Each site offered two-year educational programs to physicians, dentists, and behavioral and mental health providers. These training sites allowed participants to develop programs that were responsive to the specific interprofessional geriatrics education and training needs of their communities. Unfortunately, this funding was cancelled in 2015 because the programs could not consistently attract enough qualified applicants.

This application for accreditation attempts to address this recruitment issue. By offering several different program options, it allows institutions to tailor programs to their applicants’ needs. This includes a 12-month, full-time program with the option of an additional second year; a 24-month, part-time program; a 12-month GPR program with a second year dedicated to Geriatric Dental Medicine; a mandatory 24-month full-time program; and a three-year program that includes the opportunity to earn a master’s degree.

After HRSA funding was cancelled, some institutions decided to supplement the cost of training for fellows, with money to cover the additional cost often coming from patient-based revenue. However, many dentistry programs opted not to supplement the cost of dentistry fellows’ training, in most cases because the services they provided were not eligible for Medicare reimbursement. Accreditation of Geriatric Dental Medicine programs and partnership with GPR programs would open the door to funding that has been historically unavailable.

Based on the number of dentists who have had some postgraduate training in geriatric dentistry since the 1980s, we estimate that there are currently 250-300 dentists in the nation who have the necessary training to perform a robust and meaningful peer-reviewed accreditation of a postdoctoral program in Geriatric Dental Medicine. Currently there are 32 trained faculty members actively teaching in five geriatric dental medicine programs who would be available to serve as reviewers.

✔ List states where graduates of the dental education area or discipline are recognized for licensure and/or practice.

Currently, there is no state that recognizes Geriatric Dental Medicine as a specific discipline or specialty, however, the 2019 ADA Council of Dental Education and Licensure Survey on Feasibility of Accreditation for Geriatric Dentistry Residency Programs reported that 83.7% of respondents believed that dental care for...
older adults would benefit by having an accredited advanced education program in geriatric dentistry. Also, 66.7% of respondents believed that such a program would increase access to care for our nation's aging population.

✔ Provide evidence of the potential for graduates to obtain employment.

A 1987 U.S. Department of Health and Human Services report to Congress titled “Personnel for Health Needs of the Elderly Through Year 2020” recognized the need for enhancing skills in treating older patients and recommended increased training in geriatrics at the predoctoral, postdoctoral, and continuing education levels. The report projected there would be a need for at least 6,000 dentists in the U.S. with substantial training in geriatric dentistry by the year 2000. The report also projected a need for another 2,000 dentists to be minimally trained. Based on the number of dentists who have had some postgraduate training in geriatric dentistry since the 1980s, we can estimate there are currently 250-300 dentists who have the training necessary to serve our aging population. This number does not include dentists who completed a General Practice Residency (GPR) in a hospital program and who would have had some experience treating medically compromised older adults and persons with special needs in those programs. Between 1980 and 2018, the number of people aged 65 and older increased from 25.5 million (11.3%) to 52.4 million (16.0%). Most of the members of this cohort (approximately 70%) are functionally independent and can receive care from general dentists in the community, provided the dentists are sensitized to the needs of this population through programs during their initial dentistry training. It will not be possible to train enough specialists in geriatric dentistry to care for the 15.7 million older adults who are frail or functionally dependent and who have the most complex dental needs, so most of these patients will need to be cared for by general dentists in private practice. Therefore, it is necessary to increase the number of dentists trained in geriatric dentistry so they can be teachers in dental schools and consultants to general dentists in the community.

The following table provides historical information with regards to the employment of graduates from past and existing programs. It illustrates the many opportunities available to graduates of these programs.
### Table 3. Employment placement opportunities/settings of the graduates from the previous and current programs

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<thead>
<tr>
<th>Program</th>
<th>Private Practice</th>
<th>Academics</th>
<th>Hospital</th>
<th>Community Programs</th>
<th>PhD Programs</th>
<th>Other</th>
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</thead>
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<tr>
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<tr>
<td>Harvard University</td>
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<td>2</td>
<td></td>
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<tr>
<td>1 year Residency</td>
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<tr>
<td>2 year Fellowship</td>
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<td>Beth Israel Deaconess Medical Center*</td>
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<td>Johns Hopkins University</td>
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<tr>
<td>Mount Sinai School of Medicine*</td>
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<tr>
<td>University of California in San Francisco</td>
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<td>Rowan University School Osteopathic Medicine</td>
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<td>University of Pennsylvania</td>
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</tr>
</tbody>
</table>

*Data unavailable
Evidence of career opportunities, student interest, and an appropriate patient base

In 2018, the number of older adults living in the US was estimated at 52.4 million or 16% of the total population. This cohort has been projected to grow in the years to come, representing 22% of the total population by 2050. Most of the members of this cohort (approx. 70%) are functionally independent and can utilize general dentists in the community, provided the dentists are sensitized to the needs of this population during their initial dentistry training. It has been estimated that there are 13.9 million older adults who are frail or functionally dependent and who have the most complex dental needs. Most of these people will need to be cared for by general dentists in private practice, as it will not be possible to train enough dentists in advanced education programs in Geriatric Dental Medicine to care for all of them. However, these general dentists will need mentoring by and consultations with dentists trained in Geriatric Dental Medicine. Also, dentists trained in Geriatric Dental Medicine will be needed to serve as academic, advocacy, and research leaders; to teach in pre- and postdoctoral programs in dental schools; and to act as consultants in support of community- and hospital-based programs.
Overview

Special Care in Dentistry is the official journal of the Special Care Dentistry Association. It is the only journal published in North America devoted to improving oral health in people with special needs.

Aims and Scope

The mission of Special Care in Dentistry is to provide a forum for research findings, case reports, clinical techniques, and scholarly discussion relevant to the oral health and oral health care of patients with special needs. The designation of the patient with special needs is not limited to hospitalized, disabled or older individuals, but includes all patients with special needs for whom oral health and oral health care are complicated by physical, emotional, financial and/or access factors.

Keywords
dentistry, special care, disability, geriatric, dentists, oral health, special needs, ron ettinger, mental retardation, mental handicap, elderly, Special Care Dentistry Association, Academy of Dentistry for Persons with Disabilities, American Association of Hospital Dentists, American Society for Geriatric Dentistry, Council of Hospital Dentistry, Council of Geriatric Dentistry, Council of Dentistry for People with Disabilities

Abstracting and Indexing Information

- AgeLine Database (EBSCO Publishing)
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- Emerging Sources Citation Index (Clarivate Analytics)
- Health & Medical Collection (ProQuest)
- Health Research Premium Collection (ProQuest)
- HEED: Health Economic Evaluations Database (Wiley-Blackwell)
- Hospital Premium Collection (ProQuest)
- MEDLINE/PubMed (NLM)
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Tools

Submit an Article
Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry

Commission Only

Winter 2022
Special Care in Dentistry

**COUNTRY**
United States

**SUBJECT AREA AND CATEGORY**
Dentistry
Dentistry (miscellaneous)

**PUBLISHER**
Wiley-Blackwell

**H-INDEX**
39

**PUBLICATION TYPE**
Journals

**ISSN**
02751879, 17544505

**COVERAGE**
1981-2020

**INFORMATION**
- Homepage
- How to publish in this journal
- scdeditorial@wiley.com

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**SCOPE**

The mission of Special Care in Dentistry is to provide a forum for research findings, case reports, clinical techniques, and scholarly discussion relevant to the oral health and oral health care of patients with special needs. The designation of the patient with special needs is not limited to hospitalized, disabled or older individuals, but includes all patients with special needs for whom oral health and oral health care are complicated by physical, emotional, financial and/or access factors.

- Join the conversation about this journal

Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry

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Winter 2022

PeerJ - Open Access
Indexed in Scopus, WoS (JCR), Google Scholar and PubMed

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Overview

Aims and Scope

The ultimate aim of *Gerodontology* is to improve the quality of life and oral health of older people. The boundaries of most conventional dental specialties must be repeatedly crossed to provide optimal dental care for older people. In addition, management of other health problems impacts on dental care and clinicians need knowledge in these numerous overlapping areas. Bringing together these diverse topics within one journal serves clinicians who are seeking to read and to publish papers across a broad spectrum of specialties. This journal provides the juxtaposition of papers from traditional specialties but which share this patient-centred interest, providing a synergy that serves progress in the subject of gerodontology.

Other areas of interest covered by *Gerodontology* include commissioning reviews of key issues from experts in the field, reporting on policy developments in the care of the older adult, invited papers from international symposia, education and debate, evidence-based dentistry to inform best practice and clinical papers with color illustrations, as well as maintaining existing strengths in high quality research.

Keywords

gerodontology, dentistry, geriatrics, dental, endodontics, periodontal disease, elderly, dental, blackwell journals, blackwell munksgaard, munksgaard, munksgaard journals, blackwell munksgaard gerodontology,

Abstracting and Indexing Information

- Abstracts on Hygiene & Communicable Diseases (CABI)
- CAB Abstracts® (CABI)
- Current Contents: Clinical Medicine (Clarivate Analytics)
- Dairy Science Abstracts (CABI)
- Global Health (CABI)
- Journal Citation Reports/Science Edition (Clarivate Analytics)
- MEDLINE/PubMed (NLM)
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- Review of Plant Pathology (CABI)
- Rural Development Abstracts (CABI)
- Science Citation Index Expanded (Clarivate Analytics)
- Soybean Abstracts Online (CABI)
- Tropical Diseases Bulletin (CABI)
Scope/Description:

The ultimate aim of Gerodontology is to improve the quality of life and oral health of older people. The boundaries of most conventional dental specialties must be repeatedly crossed to provide optimal dental care for older people. In addition, management of other health problems impacts on dental care and clinicians need knowledge in these numerous overlapping areas. Bringing together these diverse topics within one journal serves clinicians who are seeking to read and to publish papers across a broad spectrum of specialties. This journal provides the juxtaposition of papers from traditional specialties but which share this patient-centred interest, providing a synergy that serves progress in the subject of gerodontology.
Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry

Gerodontology

3-year Impact Factor Trend

Note: impact factor data for reference only
Gerodontology

4-year Impact Factor Trend

Note: impact factor data for reference only
The impact factor (IF) or journal impact factor (JIF) of an academic journal is a scientometric factor based on the yearly average number of citations on articles published by a particular journal in the last two years. In other words, the impact factor of 2020 is the average of the number of cited publications divided by the citable publications of a journal. A journal impact factor is frequently used as a proxy for the relative importance of a journal within its field. Normally, journals with higher impact factors are often deemed to have more influence than those with lower ones. However, the science community has also noted that review articles typically are more citable than research articles.

(Read More: What is a good impact factor?)

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### Gerodontology

**Impact Factor History**

<table>
<thead>
<tr>
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Note: impact factor data for reference only

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Other Journal Impact Indicator

Any journal impact factor or scientometric indicator alone will not give you the full picture of a science journal. That’s why every year, scholars review current metrics to improve upon them and sometimes come up with new ones. There are also other factors to sider for example, H-Index, Self-Citation Ratio, SJR (SCImago Journal Rank Indicator) and SNIP (Source Normalized Impact per Paper).

Researchers may also consider the practical aspect of a journal such as publication fees, acceptance rate, review speed.

(Read More)

Gerodontology

H-Index

The h-index is an author-level metric that attempts to measure both the productivity and citation impact of the publications of a scientist or scholar. The index is based on the set of the scientist’s most cited papers and the number of citations that they have received in other publications.

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Gerodontology

SCImago Journal Rank (SJR)

SCImago Journal Rank (SJR indicator) is a measure of scientific influence of scholarly journals that accounts for both the number of citations received by a journal and the importance or prestige of the journals where such citations come from.

0.66
Thursday, April 15, 2016

Using Laerdal SimMan 3G to Train Dental Health Professionals

Workshop for Early Career Researchers

Conscious Sedation with Intranasal Midazolam to Facilitate Care for Children and Adults with Disabilities

Friday, April 15, 2016

Orofacial Desensitization and Oral Motor Training in Costello Syndrome - a Case Report

Understanding the Communication Style of People with Down Syndrome

Assessment of Dentally-Related Function in Patients with Cognitive Impairment: the Dental Activity Test

The Use and Value of Visual Pedagogies to Aid Communication for People requiring Special Care: A Clinical Trail among Children with ASD

Intranasal Midazolam Sedation

Effective Communication to Reduce Care Resistant Behaviors in People with Dementia

Behaviours that Challenge the Provision of Oral Health Care: Pharmacological Management

Expanding Dental Practice for People with Special Needs Using Telehealth-Connected Teams
How Can We Impact on the Oral Health of 0-6 Year Old Children with Disabilities in Ireland Through Individualised Risk Assessment?

Medical Emergencies in the Dental Office

Results of a Follow up Study of an Oral Health Program for Adults with Disabilities in Care Homes in Berlin

General Anesthesia Time for the Dental Management of Special Needs Patients


Medical/Dental Communications & Elders: The Great Divide

Dental Treatment Under General Anesthesia in Children with Disabilities with Special Focus on Child Functioning

Asthma: Review of a Common Comorbidity Found in Special Needs Patients Undergoing Sedation and General Anesthesia

Disability and the Sociology of Long Term Conditions: the importance of context.

Overview of Conditions Causing Bleeding Problems and Impact on their Oral Health

Palliative Care Dentistry - My Dying Practice!

The Use of Lateral Oblique Radiographs in Dental Treatment Planning for Patients with Special Needs

The Evolving Landscape of Haemophilia Care - a Doctor and Parent Perspective


A Perspective on the Care of People with Haemophilia

Dental Practitioner Fear in Respect to Patients with Special Care Needs a Survey at a Tertiary Care Centre

Saturday, April 16, 2016

Handicap-Able: a New Workshop for Improved Understanding of the Difficulties Faced by People with Disability in the Dental Surgery.

Prevention and Early Detection of Oral Cancer

Prosthodontic Pearls for Elderly Patients

Assessing Patients Who Take Blood-Altering Medications

Diploma in Special Care Dentistry, Royal College of Surgeons, England UK

Innovation in Teaching Methodology in the Changing Global Healthcare Environment for Levelling Inequalities of Oral Health Care for People With ID/DD
The Use of Positioning Appliances in Intensity-Modulated Radiation Therapy (IMRT) for Head and Neck Cancers
Using Medical Humanities in teaching SND
Tools for Successful Special Patient Care for Students & New Dentists
Everything you ever wanted to know about Von Willebrands Disease and Oral Health
Addressing the Oral Healthcare Needs of Patients in Sub-Acute and Rehabilitation Facilities
Addressing Complexity of Care in Student Casemix
Implementation of WHO ICF Framework into Predoctoral Dental School Curriculum
Open Forum on SCDA Advocacy and Policy Activities
Patients with Eating Disorders: Challenges for the Oral Health Professional
Oral Potentially Malignant Disorders
Handicap-Able: a New Workshop for Improved Understanding of the Difficulties Faced by People with Disability in the Dental Surgery.

Characteristics of ED Visits made by Patients with Schizophrenia and Psychotic Disorders for Dental Conditions
Head and Neck Cancer: Is Radiotherapy Being Delayed by Dental Screening and Subsequent Extractions?
The Past, Current, and Future State of E-Cigarettes
Change in Oral Health Related-Quality of Life of adults with intellectual disabilities undergoing dental general anaesthesia, from the primary caregiver perspective
Oral Health and Oral Health Related Quality of Life Among 6-17 Year Old Psychiatric Patients
The Ready, Set, Smile Program
Virtual Grand Rounds: an interprofessional case study forum of the American Academy of Developmental Medicine and Dentistry
Dental Practitioner Fear in Respect to Patients with Special Care Needs a Survey at a Tertiary Care Centre
Big Achievements: Expanding the World through Foreign Service
Enteric Short Chain Fatty Acids: Microbial Messengers of Metabolism, Mitochondria and Mind: Implications in Autism Spectrum Disorders. Current Research at Northwestern University Drs. Macfabe and Cannon
A Review of Service Delivery and the Oral Health Status of Patients Undergoing Haematopoietic Stem Cell Transplant (HSCT) at a Haematology Dental Unit in a Hospital Tertiary Cancer Centre
The Dental Navigator
'Easy' or "Uneasy"- Treating Specially Abled Children -A Pediatric Dentist's Perspective.
Making the Dental Visit a Positive Experience for Children with Autism Spectrum Disorder
Oral Health of Athletes with Intellectual Disability from Europe and Eurasia
The Use of Anti-Resorptive Agents, Their Dental Implications, and How to Mitigate Complications.
Oral Care Education and Intervention in the Critically-Ill Hospitalized Patient
Addressing Complexity of Care in Student Casemix

Sunday, April 17, 2016

Americans with Disabilities Act
Spatial Analysis to Associate Access to and Intention to Seek Oral Healthcare Among the Elderly
Review of the Case Mix Complexity of Patients Seen in the Oral Surgery, Oral Medicine, Facial Pain and Special Care Dentistry clinics at the Eastman Dental Hospital, London, UK
The Relationship Between Diet, Nutrition and Dentate Status Among Older Adults with Disabilities
Bane or Boon: Managing Older Adult Dental Patients on the New Anti-resorptives, Anti-coagulants and when Anti-psychotics are Cautioned
Measuring Disability & Diversity
Quality of Life: Prosthetic Rehabilitation of Acquired Intra and Extra Oral Defects with Implant Retained and Conventional Prostheses
Oral Health Care for Terminally-Ill Older Adults: When and How
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<td>Field Experience in Healthcare Systems for third Year Dental Students</td>
<td>Roderick MacRae, Columbia University College of Dental Medicine</td>
<td>Friday, March 10, 2017: 10:30 AM - 11:30 AM</td>
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<td>Let's Talk Silver Diamine Fluoride</td>
<td>Brooke Fukuoka, Your Special Smiles PLLC</td>
<td>Friday, March 10, 2017: 10:30 AM - 11:30 AM</td>
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<td>Our Role In Combating Childhood Obesity, A Synopsis Of The Findings From The Robert Wood Johnson Initiative For Oral Health</td>
<td>Stephen Beestra, Arkansas Children’s Hospital; Nancy Donnelly, Dds, NYU</td>
<td>Friday, March 10, 2017: 10:30 AM - 11:30 AM</td>
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<td>Asthma Considerations For Dentists</td>
<td>John Hansford, Greenpoint Pediatric Dentistry</td>
<td>Friday, March 10, 2017: 12:45 PM - 1:15 PM</td>
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<td>Diagnosis And Management Of Elderly Patients With Difficult Complete Denture Problems</td>
<td>Ronald Ettinger, University of Iowa, Department of Prosthodontics</td>
<td>Friday, March 10, 2017: 12:45 PM - 1:45 PM</td>
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<td>Helping People With Special Needs Become Tobacco Free</td>
<td>Engstrom, Apple Tree Dental; Michael J Helgeson, Apple Tree Dental</td>
<td>Friday, March 10, 2017: 12:45 PM - 1:45 PM</td>
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<td>What Your Patient Should Know About Oral Health Before Head And Neck Radiation</td>
<td>Kevin Hendler, Ina T Allen dental Center; Kristi Westhoven, Emory Healthcare</td>
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<td>Antibiotic Prophylaxis Protocols For Treating Patients With End-Stage Renal Disease: Results Of A Three Part Study</td>
<td>School of Dentistry &amp; Oral Health; Scott Howell, A. T. Still University, Arizona School of Dentistry &amp; Oral Health</td>
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<td>Xylitol Tooth Paste...The Alpha To Omega For Prevention Of Dental Disease</td>
<td>Stephen Branam, Oregon Pediatric Dentistry</td>
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<td>Posterior Permanent Tooth Restorations - Long-Term</td>
<td>Alison Sigal, Oral Health, Total Health</td>
<td>Friday, March 10, 2017: 2:30 PM - 3:00 PM</td>
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<td>Clinical And Radiographic Outcomes</td>
<td>Min Zhang</td>
<td>Friday, March 10, 2017: 2:30 PM - 3:00 PM</td>
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<td>Longevity of Stainless Steel Crown On Permanent Teeth</td>
<td>Jenelle Fleagle, Mercy Health Youngstown Hospital Dental Care</td>
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<td>Mercy Health Youngstown Hospital Pipeline For Dental Care In The Rural Health Setting</td>
<td>Andy Yen-Tung Teng, Center for Osteoimmunology &amp; Biotechnology Research, College of Dental Medicine, Kaohsiung Medical University &amp; University Hospital</td>
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<td>Clinical Manifests And Differential Potencies Of The Anti-Resorptives In MRONJ Subjects Upon Off-Medications Over Time: A Preliminary Analysis</td>
<td>Lyubov Slashcheva, University of Iowa College of Dentistry</td>
<td>Friday, March 10, 2017: 3:30 PM - 4:00 PM</td>
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<td>Oral Health Integration Into Long-Term Care: Qualitative Analysis Of A Virginia Dental Association Pilot Program</td>
<td>Michelle Ziegler, Medical University of South Carolina James B. Edwards College of Dental Medicine; Dr. Elizabeth Pilcher, Medical University of South Carolina James B. Edwards College of Dental Medicine</td>
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<td>Breaking Down Silos: Integrating Dentistry Into The Medical Clinic</td>
<td>Rosa Mathai, Blende Dental Group; David Blende, Dds, Blende Dental Group</td>
<td>Saturday, March 11, 2017: 9:15 AM - 10:15 AM</td>
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Viewing Disability Through A Diversity Lens
Kimberly Espinoza, University of Washington
School of Dentistry
Saturday, March 11, 2017:
9:15 AM - 10:15 AM

Hospital Dental Residency Educational Challenges - The Times Are Changing
Michael Sigal, Pediatric Dentistry Room 102
Faculty of Dentistry
Saturday, March 11, 2017:
10:45 AM - 11:15 AM

Disability: Building The Next Generation Of ID Healthcare Providers
Lyubov Slashcheva, University of Iowa College of Dentistry
Saturday, March 11, 2017:
10:45 AM - 11:15 AM

Edentulating Special Needs Patients The Answer? A 5 Year Retrospective Study
Eleith Brown, Monmouth Medical Center
Saturday, March 11, 2017:
11:15 AM - 11:45 AM

Pride: An Innovative Oral Health Interprofessional Of Dental Medicine
Arleene Sanchez, University of Puerto Rico School Of Dental Medicine
Saturday, March 11, 2017:
11:15 AM - 11:45 AM

Alternative Protective Stabilization Techniques FcJuan Molina, DR. JUAN L. MOLINA
Saturday, March 11, 2017:
1:00 PM - 2:00 PM

Electronic Nicotine Delivery Systems (ENDS): The Good, The Bad, And The Unknown
Mai-Ly Duong, A.T. Still University
Saturday, March 11, 2017:
1:00 PM - 2:00 PM

Multidisciplinary Care: The Role Of The Craniofacial Team
Educating Dental Students About Treating Patients With SHIN: A Comparison Of Five Student Cohorts
Nobrega, NYU Lutheran; Dr. Margaret Maclin, NYU Lutheran
Stephanie Munz, University of Michigan School of Dentistry; Marita R. Inglehart, University of Michigan;
Michigan; Rachel K. Niemer, University of Michigan; Meg A. Bakewell, University of Michigan
Saturday, March 11, 2017:
1:30 PM - 2:00 PM

Coming Out As An Advocate: Patient Care With A Focus On Transgender Patients And HIV Integration And Growth Of A Special Needs Clinic In A Multi-Specialty Private Dental Practice
Jonathan Nguyen, Herman Ostrow School of Dentistry of USC
Saturday, March 11, 2017:
3:30 PM - 4:30 PM

Service To Patients With Special Needs Report Of The 3rd Annual Guatemala Mission
Jeffery Hicks, U of Texas Health Science CEnter at San Antonio, School of Dentistry; Stephanie Lambour, Villa Nueva, Guatemala Open Wide Clinic; Rebecca Schaffer, AT Still School of Dentistry; John Dane, Missouri Department of Health and Senior Services; John Dane, Dds,Faahd, Dabscd,
Saturday, March 11, 2017:
3:30 PM - 4:30 PM

Workshop Training For Dental Professionals - Dental Care For Developmentally Disabled A Unique Interprofessional Collaborative Model For Community Based Sedation Dentistry
Missouri Department of Health and Senior Services; Karen Dent, Cda; Robin Rust Caren Cajas, The Dream Center, LLC; Carlos Cajas, The Dream Center, LLC; Casey Tupea, Virginia Enhanced Dental Services, LLC
Saturday, March 11, 2017:
4:00 PM - 4:30 PM

Autistic Patient with Dental Diseases, Anemia and Tuberculosis - a Case Report
Susan Reyes, East Avenue MedicalCenter
Sunday, March 12, 2017:
9:15 AM - 10:15 AM

Geriatrics 101: Are Dental Students In India Ready For The Silver Tsunami?
Kadambari Rawal, Boston University Henry M. Goldman School of Dental Medicine
Sunday, March 12, 2017:
9:45 AM - 10:15 AM

Let's Make SBIRT (Screening, Brief Intervention And Referral To Treatment) - A Vita Sign So You Want To Be Published! Publication Pearls: From Case Reports To Systematic Reviews
Nickola Ceglia, Mercy Health Youngstown Hospital; M Frank Beck, Mercy Health Youngstown
Lauren Patton, University of North Carolina at Chapel Hill
Sunday, March 12, 2017:
10:30 AM - 11:30 AM
FRIDAY

8:00 - 9:00 AM  
**Track 1: Geriatrics**  
Steve Gordon Memorial Lecture: The Power of Kindness  
Part I  
Wendy Lustbader, MSW

9:15 - 9:45 AM  
The Power of Kindness, Part II  
Wendy Lustbader, MSW

9:45 - 11:15 AM  
**Track 2: Hospital Dentistry**  
*Earth, Wind, and Fire or How the Environment Impacts Our Patients*  
Roseann Mangan, DDS, MS

9:15 - 10:15 AM  
CODA Updates for AEGD/GPR Directors & Faculty  
Jeffrey Hacks, DDS, FAAHD, DABSCD  
/ Judith Messura, DDS

9:15 - 10:15 AM  
Management of the Anticoagulated Ora Surgery Patient  
Dane Haghgh, DDS

10:15 - 11:15 AM  
**Track 3: Disabilities**  
*Seizures: A Common Comorbidity*  
John Hansford, DMD

10:15 - 11:15 AM  
SCD Tasks  
Ma-Ly Duong, DMD, MPH, MAEd

12:15 - 12:35 PM  
Teaching caregivers and empowering patients to provide adequate home dental care  
Sydnee Chavs, DMD

12:35 - 12:55 PM  
Dentist Surgery at a Retirement Age: A Model for a Sustainable Setting  
Archana Pradhan, FSCD, BDS, BScDent

12:55 - 1:15 PM  
Concierge Oral Health Services for India's Elderly  
Kadambari Rawa, BDS, CAGS, MSD, FICD

12:15 - 1:15 PM  
**Track 4: Communication**  
Pfaff Research with SCD Journal Editor  
Pedro Dz-Dos, DDS

1:00 - 1:45 PM  
**Track 5: Prevention**  
Antibiotic Stewardship: Implications for Dentistry  
Ann Sparuch, RDH, PhD

1:15 - 1:45 PM  
Who, What, Where, When, How and Why of Silver Dample  
Brooke Fukuoka, DMD

2:00 - 2:30 PM  
Video: Vscard Center PAOH Expanded OC  
John Kemp and David Mer, DDS

Video: Ba ey, Em y 2nd denta pract ce

Video: Ba ey, Em y denta v s t after 3 sess ons
### SATURDAY

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<td>8:15 - 9:15 AM</td>
<td>ABSCD Med ca Update, Neuro og c Cond t ons, Part I</td>
<td>Robert Henry, DMD, MPH</td>
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<tr>
<td>9:30 - 10:30 AM</td>
<td>ABSCD Med ca Update, Neuro og c Cond t ons, Part II</td>
<td>Robert Henry, DMD, MPH</td>
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<td>10:30 - 11:30 AM</td>
<td>From Snapshots to a Mov ng P cture: Cr t ca Th nk ng App ed to Ger atr c Dent stry</td>
<td>Jenna Hartshorn, DDS and Leonardo March n , DDS, PhD</td>
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<tr>
<td>10:30 - 11:30 AM</td>
<td>Anesthet c cons derat ons n management of the spec a needs pat ent</td>
<td>Robert Pesk n, DDS, DNDBA, FAAHD, FACD, FICD, FADSA, FAGD</td>
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<tr>
<td>12:45 - 2:45 PM</td>
<td>ABSCD Ger atr c Dent stry Update</td>
<td>Janet Ye ow tz, DMD, MPH</td>
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<td>4:15 - 5:15 PM</td>
<td>Mov ng from unconsc ous b as to consc ous awareness when t matters the most: What’s your “act on p an”?</td>
<td>Doug ass Jackson, DMD, MS, PhD</td>
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### SUNDAY

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<tr>
<td>8:00 - 9:00 AM</td>
<td>Contr but ons of a Denta Therap st n Long-Term Care</td>
<td>Heather Luebben, RDH, ADT</td>
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<tr>
<td>9:00 - 9:30 AM</td>
<td>Denta f nd ngs n a arge cohort of nd v dua s w th SATB2- assoc ated syndrome</td>
<td>Chad Adams, DDS / John Scott, DDS</td>
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<tr>
<td>8:00-9:30 AM</td>
<td>Res dent Cases and C n ca Quest ons</td>
<td>Emily Nguyen&lt;br&gt;Scott Howell&lt;br&gt;Colin Du DMD, Connie Lee DDS</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Dent stry for Peop e w th d sAb t es: Where are We Go ng</td>
<td>Amanda Muzz o, BS</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Deve opment of Commun cat on Sk s to Fac tate Denta Care n SPC</td>
<td>James Kennan, DDS</td>
</tr>
<tr>
<td>8:00 - 8:45 AM</td>
<td>Advocacy and Pub c Awareness of the Ora Hea th Needs of Spec a Olymp c</td>
<td>Shaz DaFa a, BDS</td>
</tr>
<tr>
<td>8:00 - 8:45 AM</td>
<td>Incorporat ng Group Ref ect on Into Spec a Pat ent Care C n c Rotat ons</td>
<td>Ma -Ly Duong, DMD, MPH, MAEd</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Ora Hea th amer ca W sandTooth Project- Advocacy</td>
<td>T na Montgomery</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Th ngs Every Denta Profess ona Shou d Learn From a Parent w th Ch dren w th Aut sm</td>
<td>Karen Mora ez</td>
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<tr>
<td>8:45 - 9:30 AM</td>
<td>S ver D am ne F our de: Sc ence, Pract ce and Prom se for Peop e w th Spec a Needs</td>
<td>E.C. Fou kes, DDS</td>
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<td>8:45 - 9:30 AM</td>
<td>Custom ed Care Commun cat on Cards for Opt m z ng Hea thcare Encounters for Ind v dua s w th Inte ectua/Deve opmenta D sab t es</td>
<td>Lyubov Sashcheva, DDS</td>
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<tr>
<td>8:45 - 9:30 AM</td>
<td>Vs on 2030 Denta Hea thcare for Peop e w th d sAb t es</td>
<td>Robert Frare, DMD</td>
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<td>8:45 - 9:30 AM</td>
<td>Development and implementation of a new informed consent form for the use of protective stabilization</td>
<td>Audra Robson, DDS</td>
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<tr>
<td>8:45 - 9:30 AM</td>
<td>Advocacy, Dedication, Negotiation, Partnerships and Leadership: The Your Special Needs Partnership Program</td>
<td>Brooke Fukuoka, DMD</td>
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<tr>
<td>9:45 - 11:15 AM</td>
<td>Oral Medicine/Ora Cancer</td>
<td>Sara Gordon, DDS, MSc</td>
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<tr>
<td>9:45 - 11:15 AM</td>
<td>Coping With Illness</td>
<td>Timothy Lukavsky / Ann Spoarch, RDH, PhD / Gerry Keenan, MMS PA-C</td>
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<td>9:45 - 11:15 AM</td>
<td>Things Every Dental Professional Should Learn From a Parent With Children With Autism</td>
<td>Karen Moralez</td>
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<tr>
<td>Friday April 12, 2019</td>
<td>Fulfilling the Promises of the Americans with Disabilities Act: Health, Equity and Social Justice Through Dentistry</td>
<td>John Kemp</td>
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<tr>
<td>8:45 a.m. - 9:30 a.m.</td>
<td>Disability and Health Data System (DHDS) – Information Resource on the Health of Persons with Disabilities in the U.S.</td>
<td>NaTasha Hollis</td>
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<tr>
<td>10:00 a.m. - 11:30 a.m.</td>
<td>Update on Cardiovascular Diseases</td>
<td>Adam Mitchell</td>
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<tr>
<td>10:00 a.m. - 10:30 a.m.</td>
<td>Evaluation of Existing Dental Health Program at St. Anthony Home - An Interview Based Survey</td>
<td>Pamya Kudpi</td>
</tr>
<tr>
<td>10:30 a.m. - 11:00 a.m.</td>
<td>Service to Patients with Special Needs' Report of the 5th Annual Guatemala Mission</td>
<td>Stephanie Lambour</td>
</tr>
<tr>
<td>10:30 a.m. - 11:00 a.m.</td>
<td>Managing Anxiety in Older Adults</td>
<td>Phuu Han and Lisa Hou</td>
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<tr>
<td>11:00 AM - 11:30 AM</td>
<td>Medical/Dental Integration and Forming Interdisciplinary Programs in Special Care Ageism, A Main Barrier to Age</td>
<td>Leonardo Marchini</td>
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<tr>
<td>11:00 AM - 12:00 PM</td>
<td>Medicaid 101</td>
<td>Samuel Zwechkenbaum</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>Marfan Syndrome with Intraoral Soft Tissue Lesion - A Case Report</td>
<td>Susan Reyes</td>
</tr>
<tr>
<td>1:00 PM - 3:00 PM</td>
<td>Mobile Special Care Dentistry: Challenges, Successes &amp; Total Failures.</td>
<td>Bill Milner, Betsy White, Martha</td>
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<td>Recap of Nearly 2 Decades of Care Mobile Dentistry Made Easy</td>
<td>Ogburn, Timothy Halligan</td>
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<td>Keeping Up With the Times: A Look at the Current and Future Status of Geriatric Dentistry</td>
<td>Jennifer Hartshorn, Ron Ettinger, Leonardo Marchini</td>
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</tbody>
</table>
Specialty Recognition: Special Needs, Hospital and Geriatrics. Let's take the "?" out.
Brooke Fukuoka

NIDCR - Research in Special Care Dentistry
NIDCR - Small Business Research Programs
NIDCR - Research in Special Care Dentistry (Children's Hospital in LA & USC)
From Operatory to OR and Back to Operatory 2,000 Times
2:00 PM - 3:00 PM
Harvey Levy

Orthodontic Challenges and Lessons Learned in Offering Perfect Smile for Children With Special Needs
3:30 PM - 4:30 PM
Andre Haerian

CODA Update Teleconference
Peggy Soeldner

Dental Utilization of Community Dwelling and Long-Term Care Seniors: Is Dental Coverage an Affordable Benefit
Lessons Learned: A Decade of Experience Addressing the Opioid Crisis Development of a Dentally-Related Function Cognitive Assessment
4:00 p.m. - 4:30 p.m.
Michael Helgeson
Frank Beck & Nickola Ceglia
Lex Cashmore

Dr. Steven Gordon Memorial Lecture: When Millennials meet Baby Boomers: Should Geriatric Dentistry Become a Specialty?
4:30 p.m. - 5:30 p.m.
Dr. Linda Niessen

Saturday April 13, 2019
8:00 a.m. - 9:00 a.m.
Michael Sigal

Challenges to Oral Care GeriTrek: The Next Generation Desensitization for Routine & Sedated Dental Treatment for ASD Patients Community Dental Practice Integration
9:00 a.m. - 10:00 a.m.
David Clark Roseann Mulligan Kunai Patel Casey Tupea
Developing an Administrative Team to Support a Profitable Special Needs Focused Private Practice

Geriatric Oral Care Expansion Program

La Eficiencia del Fluor de Diamina en el arresto de caries dentales: ampliano su uso

Special Needs Patient Comprehensive Care in the Predoctoral Dental Curriculum: Assessing the Level of Confidence of the Fourth-Year Dental Student

Service to Patients with Special Needs’ Report of the 5th Annual Guatemala mission

Alternativas de manejo dental del paciente con necesidades especiales...la experiencia del Programa de Residencia en Odontología General de la Universidad de Puerto Rico

Plenary: Dental Management of Medically Complex Patient for the ABSCD Lecture,

Sunday April 14, 2019

Advances and Challenges in Diagnosis of Dental Pain in Non-

8:00 a.m. - 8:45 a.m. communication Patients

Education Symposium Special Care Dentistry in Community Settings for Students

Grand Rounds and Evidence Based Dentistry – Panel Discussion

Oral health education, screenings, and referral for community-dwelling older adults
8:45 a.m. - 9:30 a.m.  
Applied Behavior Analysis for patients with Autism Spectrum Disorders  
Sandeep Pasumarthy  
Ayleen Cirion Morejon  
Tara Sheehan

9:45 a.m. - 10:45 a.m.  
Teledentistry - Changing the Look of Special Needs Dentistry  
Carol Roszel  
Mai-Ly Duong, Jeffery Hicks, Scott Howell, Roopa Gandi

9:45 a.m. - 10:45 a.m.  
SCD Talks  
Transition to Adults  
Symposium: Who treats adult patients with developmental disabilities?  
General Dentists Maintaining Operating Room Privileges for the Dental Care of Adult Intellectually Disabled Patients  
Transition From Pediatric to Adult Centered Dental Care for Patients With Special Needs  
The Wonderful World of Special Care  
Jeana McEvey  
Sydnee Chavis

10:45 a.m. - 11:45 a.m.  
Dental Prevention Coordinator: Taking the Dental Hygienist to the Community Pathway From Cognitive Impairment to Dental Caries in Older Adults  
Brooke Fukuoka  
Craig Spangler, Stephanie Demoss  
Xi Chen
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<tr>
<th>DATE/TIME</th>
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<tbody>
<tr>
<td>Thursday, August 20 7:00 PM - 8:00 PM EST</td>
<td>Leo Marchini, Ron Ettinger</td>
<td>Steve Gordon Memorial Lecture Update on Standards for Development of Geriatric Programs</td>
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<tr>
<td>Thursday, August 20 8:15 PM - 9:15 PM EST</td>
<td>Lauren Clark</td>
<td>Max Bramer Lecture Our Journey to Humanize Care for People with Special Needs</td>
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<tr>
<td>Friday, August 21 3:00 PM - 5:30 PM EST</td>
<td>UCLA</td>
<td>Updates on Head and Neck Cancer, Treatments, Along with Advances in Radiation Oncology and Medical Oncology</td>
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<tr>
<td>Thursday, August 27 7:00 PM - 8:00 PM EST</td>
<td>Student Session</td>
<td>Grand Rounds and Evidence Based Dentistry 2020</td>
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<tr>
<td>Thursday, August 27 8:15 PM - 9:00 PM EST</td>
<td>Student Session</td>
<td>Student Chapter Collaboration and Advancement Seminar</td>
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<tr>
<td>Friday, August 28 3:00 PM - 5:30 PM EST</td>
<td>Ali Nsair, Elan Moreno, Reeva Mincer</td>
<td>Updates on Cardiac Devices, Treatments, Along with Advance in Assist Devices and Transplantation</td>
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<td>Tuesday, September 15 8:15 PM - 9:15 PM EST</td>
<td>Scott Williams</td>
<td>Keynote Speaker Shane's Inspirations</td>
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<td>Tuesday, September 22 7:00 PM - 8:00 PM EST</td>
<td>James Hunt</td>
<td>Can I Sedate 'Em?</td>
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<td>Sydnee Chavis, Sonya Dunbar</td>
<td>Transition from Pediatric to Adult Based Dental Care</td>
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<td>Ann Spolarich</td>
<td>The Older Adult: The New Face of Addiction</td>
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<td>Mai-Ly Doung</td>
<td>SCD Talks: Ideas Worth Sharing</td>
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<td>Lisa Hou</td>
<td>Geriatric Care Delivery Modality at Herman Ostrow School of Dentistry of USC</td>
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<tr>
<td>Rohit Nair</td>
<td>Challenges and Rewards: Lessons from our Journey Towards Digital Workflows in Special Care Dentistry</td>
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<tr>
<td>Russel Reddell</td>
<td>Behavior Management: Immobilization, Sedation or Anesthesia for Individuals with Disabilities</td>
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<tr>
<td>Jennifer Hartshorn</td>
<td>Nuts and Bolts of Teledentistry</td>
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<tr>
<td>John Jones</td>
<td>Mouth Breathing in Children: Problem or Not?</td>
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ORAL HEALTH SERVICES FOR OLDER ADULTS
CLINICAL FELLOWSHIP PROGRAM

University of Minnesota School of Dentistry
15-136 Moos Tower
515 Delaware Street S.E.
Minneapolis, MN 55455-0348
Phone: (612) 626-0158

I. PROGRAM DESCRIPTION
The Oral Health Services for Older Adults (OHSOA) Clinical Fellowship is a 12-month, full-time program designed to develop the clinical expertise of dentists and dental hygienists in providing care for older adults. Upon successful completion of the program’s clinical and academic requirements, a Certificate is awarded by the University of Minnesota School of Dentistry. The program also provides an opportunity for those interested in further developing their leadership skills in geriatric dental or dental hygiene education, research, or program administration to prepare for entry into the MS-Dentistry and Graduate Gerontology programs offered in collaboration with the University of Minnesota Graduate School. The OHSOA Program is housed in the Division of Hospital & Special Care Dentistry, Department of Developmental & Surgical Sciences in the University of Minnesota School of Dentistry.

II. PROGRAM OBJECTIVES
The objectives of the OHSOA Clinical Fellowship Program are to develop:

- Expertise in the delivery of clinical oral health care to a broad range of older adults, from well to frail.
- Expertise in providing care to older adults from a variety of settings, including those in long-term care or other supportive environments.
- Understanding of the impact of biological aging, systemic disease, functional impairment, and drug therapy on the delivery of oral health care to older adults.
- Skills in working with a variety of health care professionals and the dental team to deliver effective oral health care for older adults.
- Administrative skills necessary to oversee clinical oral health programs for the elderly.

III. PREREQUISITES
Dentists must have a DDS/DMD degree or equivalent from a dental school accredited by the American Dental Association Commission on Accreditation. Dental Hygienists must have an RDH degree or equivalent and a baccalaureate degree from accredited programs. For dentist applicants, preference will be given to those who have completed general dentistry residencies. For all applicants, preference will be given to those who have professional experience related to program goals. Foreign student applicants may be considered on an individual qualifications basis. Applications from women and minorities are especially encouraged.

Applicants for whom English is a second language must take the Test of English as a Foreign Language (TOEFL). The preferred performance levels for the TOEFL are as follows (taken within past two years):

- Total Score: 100
- Writing Subscore: 21
- Reading Subscore: 19
IV. DISTRIBUTION OF EFFORT AND CREDIT REQUIREMENTS

The distribution of effort during this 12-month program is approximately:

Clinical rotations: 3-4 days/week
Courses, seminars, independent study: 1-2 days/week

Clinical requirements are completed primarily through rotations at outreach geriatric dental clinics operated in affiliation with Walker Methodist Health Center, Minneapolis. Additional rotations in geriatric hospital dentistry are completed at the Minneapolis V.A. Medical Center. Fellows must complete 24 semester credits in mandatory OHSOA activities and 4 semester credits in electives to constitute 28 semester credits during 12 months of continuous enrollment to complete the requirements for the Certificate. A grade point average (GPA) of 3.0 in and no more than 4 incomplete credits must be maintained throughout the program to remain in good standing.

V. TUITION, FEES, AND FINANCIAL SUPPORT

Fellows enrolled in the program must pay the tuition and fees established each year by the School of Dentistry and the University of Minnesota for participation in this educational program. However, most Fellows are eligible for financial support in the form of stipends and allowances through funding from the OHSOA’s sponsoring organizations and clinical revenues. In addition, each Fellow typically may receive a travel allowance to attend at least one clinically-focused geriatric conference during their one-year OHSOA Program at the discretion of the program director.

VI. APPLICATION FOR ADMISSION

Those wishing to apply for admission to the Oral Health Services for Older Adults Clinical Fellowship Program must submit: 1) a completed OHSOA application form; 2) official academic transcripts of all coursework taken after high school; 3) three OHSOA Recommendation Forms from individuals familiar with the applicant’s knowledge and clinical skills; 4) Scores on National Dental Boards or Dental Hygiene Boards; and 5) a brief essay (under 500 words) which relates the applicant’s career goals to the goals of the program. Foreign applicants must also submit a complete set of TOEFL scores and National Dental Board scores.

Applications are accepted throughout the year for study to begin during the Summer, Fall, or Spring Semesters. Completed applications should be received at least three months prior to the anticipated enrollment date.

VII. CURRICULUM

OHSOA Clinical Fellows are responsible for developing their program of clinical education and professional growth in conjunction with the OHSOA faculty. Initial curriculum planning by the Fellow is completed at the beginning of the first semester of enrollment. Course credits completed in the OHSOA Clinical Fellowship Program that are also included in the MS-Dentistry curriculum in the Graduate School may be transferred for credit towards the MS-Dentistry degree at the discretion of the student’s Advisor and Director of Graduate Studies for the MS-Dentistry Program. The components of the OHSOA curriculum are outlined below. Detailed descriptions of these courses are available on the University of Minnesota web site at: University of Minnesota Class Search. Information on programs and courses available through the University’s Center Healthy Aging and Innovation (CHAI) can be found at the CHAI Education website.
VIII. OHSOA COURSE LIST

(Key: \(m\) = mandatory; \(e\) = elective)

A. Clinical Rotations

\(m\)Geri 7200 - Advanced Clinical Geriatric Dentistry (1 credit per half-day per term; 12 credits required)

\(m\)Geri 7210 - Geriatric Hospital Dentistry (1 credit per half-day per semester; 2 credits required)

B. Required Courses, Seminars, and Sample Electives

\(m\)Geri 7100 - Seminar: Oral Health Services for Older Adults. (2 cr. per semester; 4 credits required)

\(m\)Gero 5105 – Multidisciplinary Perspectives on Aging (3 cr; preq #)

\(m\)Gero 5110 - Biology of Aging (3 cr; preq #)

\(e\)Gero 5111 - Studying Aging and Chronic Illness (2.0 cr; Prereq- Intro. course in epidemiology or #)

\(e\)Gero 5115 - Introduction to Geriatrics (2.0 cr; S-N only, every year, online course)

\(e\)Psy 5138 - Psychology of Aging (3 cr; preq #)

\(e\)Dent 7051 - Advanced Study in the Theory and Principles of Oral Medicine (2 cr; preq #)

\(e\)Dent 7061,7062 – Special Oral Pathology I & II (2 cr max; preq #)

\(e\)Dent 7102 – Conscious Sedation (2 cr; preq #)

C. Other Courses, Clinical Rotations, and Continuing Education

OHSOA Fellows may also elect to enroll in a limited number of clinical seminars or courses offered through the MS-Dentistry program and/or complete clinical rotations in one or two dental specialties to supplement their clinical experiences with older patients. Fellows are also expected to attend relevant continuing dental education programs and conferences during their training.

IX. SAMPLE OHSOA CALENDAR

This is an example of an educational program for an OHSOA Fellow who must complete all basic program requirements. Programs are individually developed and may vary depending on the background and interests of the Fellow.

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<tr>
<th>Course</th>
<th>Title</th>
<th>Total Credits</th>
<th>Summer</th>
<th>Fall</th>
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<td>Geri 7200</td>
<td>Adv. Clinical Geriatric Dent.</td>
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<tr>
<td>Geri 7210</td>
<td>Geriatric Hospital Dentistry</td>
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<tr>
<td>Geri 7100</td>
<td>OHSOA Seminar</td>
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<td>Gero 5105</td>
<td>Multidisc. Perspectives</td>
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<td>Gero 5110</td>
<td>Biology of Aging</td>
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<td>Electives</td>
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</table>
## X. FACULTY AND STAFF

### OHSOA Program Faculty and Staff

**Director**

Stephen K. Shuman, DDS, MS
Professor, Division of Hospital & Special Care Dentistry
Department of Developmental & Surgical Sciences

### Affiliated Faculty and Staff

John C. Ofstehage, DDS
Adjunct Associate Professor,
Department of Developmental & Surgical Sciences;
Co-director, General Practice Residency,
Minneapolis Veterans Administration Medical Center

Mary K. Owen, DDS, MS
Clinical Professor,
Department of Primary Dental Care

Sherry Smith
Administrative Supervisor,
Department of Developmental & Surgical Sciences

### Other Affiliated Faculty

**Dept. of Developmental & Surgical Sciences**

James Gambucci, DDS, MPH

**University of Minnesota Medical School**

Teresa McCarthy, MD, MPH
James Pacala, MD, MS

**University of Minnesota College of Pharmacy**

Shellina Scheiner, PharmD, CGP
University of Minnesota
School of Dentistry
and
Graduate School

Master of Science:
Dentistry
OVERVIEW
M.S. in Dentistry

(Plan A and Plan B)
Curriculum – The M.S. program in Dentistry offers training designed to prepare dentists in residency programs with expertise for positions of leadership in education, research, and programs administration in the oral health field. The program is housed in the School of Dentistry and is taught by a multidisciplinary faculty of educators, researchers and clinicians. All students complete core coursework in teaching and evaluation in dentistry, research methods and biostatistics, and health care administration. Additional advanced coursework is offered in these same focus areas, as well as in selected clinical and oral science topics with interdisciplinary impact, including conscious sedation, craniomaxillofacial pain, geriatrics, oral biology, oral medicine and radiology, oral pathology, practice administration, and psychology. Flexibility is available in planning individualized programs to accommodate students’ specific areas of interest, and courses from other disciplines may be included for credit in the major area.

Prerequisites for Admission – The graduate program in Dentistry is designed for individuals who have a desire to prepare for careers in dental education, research, or program administration. Applicants must have received a D.D.S. or D.M.D. degree from an accredited U.S. institution and first be enrolled or accepted in a School of Dentistry residency program. Students with comparable foreign degrees from recognized colleges or universities may also apply for admission. Applications from individuals who have completed or are enrolled in an advanced clinical dental training program (general dentistry or specialty residency program) are encouraged. Per Graduate School requirements, an undergraduate grade point average (GPA) of 3.0 is the preferred performance level for admission. Applicants for whom English is a second language must also take the Test of English as a Foreign Language (TOEFL). The preferred performance levels on the TOEFL are as follows:

- Paper-Based Total Score: 600
- Computer Based Total Score: 250
- Internet Based Total Score: 100

Special Admission Requirements – Applicants should submit three letters of recommendation from individuals familiar with their academic capabilities. (Letters from School of Dentistry residency programs may be acceptable.) Also required is a brief essay (under 500 words) which relates the applicant’s career goals to the goals of the program. Applications are received and reviewed throughout the year. Students may enter the program in any semester at the discretion of program faculty.

Commitment to Diversity: The M.S. Dentistry Program and the Graduate School embrace the University of Minnesota’s position that promoting and supporting diversity among the student body is central to the academic mission of the University. A diverse student body enriches graduate education by providing a multiplicity of views and perspectives that enhance research, teaching, and the development of new knowledge. A diverse mix of students promotes respect for, and opportunities to learn from other with the broad range of backgrounds and experiences that constitute modern society. Higher education trains the next generation of leaders of academia and society in general, and such opportunities for leadership should be accessible to all members of society. The M.S. Dentistry Program and the Graduate School are therefore committed to providing equal access to educational opportunities through recruitment, admission, and support programs that promote diversity, foster successful academic experiences, and cultivate the leaders of the next generation.

Concurrent Residency and M.S. Studies – Students who are enrolled in an advanced clinical dental training program (general dentistry or specialty residency) may be admitted to the Dentistry graduate program for concurrent study. However, students must carefully plan their studies with their faculty adviser and the Director of Graduate Studies so that their residency and M.S. programs are appropriately integrated and satisfy Graduate School registration and degree requirements.

Master’s Degree Requirements – The M.S. degree program usually requires at least 18 months and may be completed as either Plan A (with thesis) or Plan B (without thesis). Students in both plans must complete a minimum of 14 credits in the major field, including four core courses in: 1) teaching and evaluation in dentistry; 2) basic research methodology; 3) introductory biostatistics, and; 4) fundamentals of health care administration. All students must also complete a minor or related field option of at least 6 credits. Courses for credit in the major may also be taken from other disciplines with the approval of the student’s adviser and the Director of Graduate Studies. Students are also required to complete training in Research Ethics in accordance with Graduate School requirements.
For Plan A students, a minimum of 10 thesis credits are required for the M.S. degree. Plan B students do not complete a thesis, but take an additional 10 credits of coursework and submit three Plan B papers, one of which must involve the analysis and reporting of research information. Students must maintain a cumulative grade point average (GPA) of at least 3.0 and no more than 6 incomplete credits during their program. A final oral examination is required for both Plan A and Plan B programs. A minimum cumulative grade point average (GPA) of at least 3.0 in MS Dentistry Degree Program coursework is required for graduation.

**Use of 4xxx Courses** – Inclusion of a limited number of 4xxx courses on degree program forms is subject to Adviser and Director of Graduate Studies approval. Under NO circumstances are courses below 4000 level allowed for graduate degree credit by the Graduate School.

**Language Requirements** - None
DETAILED DESCRIPTION
M.S. in Dentistry

1. PROGRAM DESCRIPTION

The M.S. degree program in Dentistry is designed to prepare dentists in School of Dentistry residency programs for leadership positions in dental education, research, and program administration that will complement their areas of clinical expertise. The specific objectives of the program are to develop skills in:

- Designing and conducting research
- Teaching
- Administration of clinical and educational programs
- Advanced multidisciplinary clinical care

The program is housed in the School of Dentistry and taught by Dentistry’s multidisciplinary graduate faculty of dental educators, researchers, and clinicians. Core elements of the program include required courses in teaching and evaluation, research methods, biostatistics, and program administration. Additional advanced coursework may be taken in these focus areas, as well as selected areas of clinical and oral science that are of multidisciplinary concern, including anatomy, conscious sedation, craniofacial pain, geriatrics, oral biology, oral medicine and radiology, oral pathology, physical diagnosis, practice administration, and psychology. Flexibility is encouraged in planning individualized programs that will accommodate students’ specific areas of interest, and courses from other disciplines may be included for credit in the major area.

Students are responsible for developing their program of education and professional growth in conjunction with the Dentistry graduate faculty. Selection of an adviser is of critical importance, since the student and adviser will jointly plan the student’s curriculum and thesis or other projects. New students will be under the general supervision of the Director of Graduate Studies or assigned an initial adviser by the Director of Graduate Studies. Students will be expected to choose an adviser by the end of their first year in the graduate program and will be encouraged to familiarize themselves with the graduate faculty as soon as possible via seminars, tutorials, and informal contacts. Students may change advisers subsequently with the advice and consent of the Director of Graduate Studies.

2. CURRICULUM

The program will require a minimum of 18 months of study and may be completed as either Plan A (with thesis) or Plan B (without thesis). Students in both plans must complete a minimum of 14 credits in the major, which includes credit for four core courses in dental education (Teaching and Evaluation in Dentistry); basic research methodology (Methods in Research and Writing); introductory biostatistics (Biostatistics I or equiv.); and fundamentals of health care administration (Principles of Management in Health Services Organizations). At the discretion of the student’s adviser and the Director of Graduate Studies, core course requirements may be waived upon demonstration of previous completion of equivalent course(s) at the University of Minnesota or elsewhere. All students must complete a related field or a minor option of at least 6 credits, as well as training in research ethics per Graduate School requirements. Potential related field offerings of likely interest to Dentistry Program students are listed in Appendix A, while potential minors of possible interest are listed in Appendix B. Courses for credit in the major may also be taken from other disciplines outside to the Dentistry Program with the approval of the student’s adviser and the Director of Graduate Studies.

**Plan A Program:** In addition to the requirements outlined above, students in the Plan A program will complete a research project under the guidance and supervision of the faculty, and write and successfully defend a thesis. The Graduate School requires that Plan A students register for at least 10 Master’s thesis credits (DENT 8777) before receiving the degree. A final oral examination is required. Students will be encouraged to submit their thesis in the form of one or more manuscripts or published papers for the scientific literature in keeping with current Graduate School policies.

**Plan B Program:** Plan B students will not complete a thesis, but take an additional 10 credits of coursework and submit three Plan B papers. Titles of the three Plan B papers should be submitted with the student’s program registration no later than the second semester of enrollment. Papers may consist of
critical reviews of literature, comprehensive clinical case reports, or research papers. At least one of the three Plan B papers involve the reporting of research information conducted under the guidance of a faculty member. Research papers may be based on experimental work and discussions conducted as part of a tutorial experience arranged with the faculty. There is no specified format or length for Plan B papers but they must be of professional quality as determined by supervising faculty. Their content and scope will be also be determined in consultation with the faculty supervising the Plan B papers. The student will defend the three Plan B papers via an oral examination.

3. ADMISSION REQUIREMENTS

Applicants must have received a D.D.S or D.M.D. degree from an accredited U.S. institution and be accepted or enrolled in a School of Dentistry residency program. Students with comparable foreign degrees from recognized colleges or universities may also apply for admission. Applications from individuals who have already completed, or are enrolled in, an advanced clinical training program (e.g., general dentistry or specialty residency program) are encouraged. Per Graduate School Requirements, an undergraduate grade point average (GPA) of 3.0 is the preferred performance level for admission. Applicants for whom English is a second language must also take the Test of English as a Foreign Language (TOEFL). The preferred performance levels on the TOEFL are as follows:

- Paper-Based Total Score: 600
- Computer Based Total Score: 250
- Internet Based Total Score: 100

The graduate program in Dentistry is designed for individuals who have a strong desire and capacity to prepare for careers in advanced clinical care, dental education, research, or program administration as evidenced by three letters of recommendation from individuals familiar with their academic capabilities. (Letters from School of Dentistry residency program applications may be accepted.) Also required is a brief essay (under 500 words) which relates the applicant’s career goals to the goals of the program. Applications will be received and reviewed throughout the year. Students may enter the program in any semester.

4. COMMITMENT TO DIVERSITY:

The M.S. Dentistry Program and the Graduate School embrace the University of Minnesota’s position that promoting and supporting diversity among the student body is central to the academic mission of the University. A diverse student body enriches graduate education by providing a multiplicity of views and perspectives that enhance research, teaching, and the development of new knowledge. A diverse mix of students promotes respect for, and opportunities to learn from other with the broad range of backgrounds and experiences that constitute modern society. Higher education trains the next generation of leaders of academia and society in general, and such opportunities for leadership should be accessible to all members of society. The M.S. Dentistry Program and the Graduate School are therefore committed to providing equal access to educational opportunities through recruitment, admission, and support programs that promote diversity, foster successful academic experiences, and cultivate the leaders of the next generation.

5. EVALUATION OF STUDENT PROGRESS

A. Minimum Grade Point Average (GPA) Requirements: Students in the Dentistry Graduate Program must maintain a cumulative GPA of at least 3.0 and no more than 6 incomplete credits in order to remain in good standing within the program. This standard is higher than the minimum Graduate School requirements for M.S. candidates. A student who does not obtain a GPA of 3.0 in any one semester will be placed on academic probation for the following semester. Students who, for two consecutive semesters, have a cumulative GPA of less than 3.0 will be terminated from the program. A minimum cumulative GPA of at least 3.0 in MS Dentistry Degree Program coursework is required for graduation.

B. Data Requirements: Students must also satisfy all Graduate School requirements for the M.S. degree as outlined in the Graduate School Bulletin.
C. Concurrent Residency and M.S. Studies: Students who are enrolled in an advanced clinical training program (general dentistry or specialty residency) may be admitted to the Dentistry graduate program for concurrent study. However, students must carefully plan their studies with their faculty adviser and the Director or Graduate Studies so that their residency and the M.S. programs can be integrated while accommodating University policies prohibiting simultaneous registration in two colleges. Up to 40 percent of the credits required for the M.S. degree program that are taken outside of the University of Minnesota from another recognized institution or source may be transferred for credit at the discretion of the student’s adviser and the Director of Graduate Studies in accordance with University policies.

6. LEAVES OF ABSENCE

Graduate students are now permitted to take a leave of absence per Graduate School Policies. A leave of absence allows students to return to the University under the same rules and policies that were in place when they left, and without affecting their time to degree.

MS-Dentistry graduate students who are enrolled in clinical residency programs and/or receive fellowships, stipends, or other financial aid from the University must talk with their program director and/or department, Student Financial Aid, International Student and Scholar Services, or a One Stop counselor to learn about any effects a leave of absence will have on completion of their residency training and financial support or student loan repayments. Students who receive funding from a source outside of the University should talk with that agency to learn about any effects a leave of absence might have.

During the period of an approved leave of absence, students may not use student amenities and services, laboratories, equipment, and other research facilities, nor may they use the services of faculty or administrative staff, except as needed to return to active status. For more information and leave request forms, please refer to the complete policy:

http://www.policy.umn.edu/Policies/Education/Education/GRADSTUDENTLEAVE.html

7. DENTISTRY COURSES*

Listed below are the core required courses for the Dentistry M.S. Program, along with those interdisciplinary graduate level courses in the focus areas of teaching, administration, and clinical care that will be taught by program faculty. Additional related field courses are also included in Appendix A. Descriptions of these courses may be found in the Graduate School Bulletin or online at http://www.catalogs.umn.edu/courses.html under Twin Cities campus courses.

A. CORE COURSES (REQUIRED)

Grad 8200 – Teaching for Learning in Dentistry (1 cr.)

OBio 5001 – Methods in Research and Writing (2 cr.)

PubH 6751 – Principles of Management in Health Services Organizations (2 cr.); or PubH 6724 – The Health Care System and Public Health (3 cr)

PubH 6414 – Biostatistical Methods I (3 cr.) or PubH 6450 Biostatistics I (4 cr.)1

B. DENTISTRY PROGRAM CLINICAL ELECTIVES

Dent 7021 – Contemporary Diagnosis and Management of Orofacial Pain (1 credit)
Dent 7051 – Advanced Theory and Principles of Oral Medicine (2 credit)
Dent 7052 – Oral and Maxillofacial Radiologic Interpretation (2 credits)
Dent 7061, 7062 – Special Oral Pathology I and II (2 credits)
Dent 7082 – Craniofacial Growth and Development (2 credits)
Dent 7101 – Management Philosophy for Dental Practices (1 credit)
Dent 7102 – Conscious Sedation (2 credits)

1 PubH 6450, Biostatistics I is a more intensive course.
Dent 7111 – Current Literature Review in Dentistry (2 credits)
Dent 7112 – Treatment Planning Seminar (2 credits)
Dent 7121 – Psychological Issues in Medical and Dental Patient Mgmt (1 cr.)
Dent 7122 – Advanced Topics in TMD: Issues in Pain, Focus on Head and Neck (3 credits)
Dent 7991 – Independent Study (1-4 credits) Staff
Dent 8081 – Clinical Topics in TMD (2 credits)
Dent 8090 – Evidence-based Clinical Pediatric Dentistry (2 credits)
Dent 8091 – Interdisciplinary Care of the Cleft Palate Patient (1 credit)
Dent 8100 – Topics in Advanced Periodontology: Literature Review (2 credits)
Dent 8101 – Dental Implantology: A Multidisciplinary Approach (2 credits)
Dent 8120 – Advanced Principles and Techniques of Orofacial Pain Disorders (3 credits)
Dent 8121 – Current Literature in TMJ and Craniofacial Pain (1 credit)
Dent 8123 – Advanced Topics in Orofacial Pain (3 credits)
Dent 8333 – FTE: Advanced Master’s Status (1 credit)
Dent 8777 – M.S. Thesis Credits (variable 1 – 10 credits)

*Note: Course availability is subject to change and should be verified by students at least one semester in advance of planned registration.*
**APPENDIX A: COURSE LISTING**

**REQUIRED COURSES FOR THE DENTISTRY MAJOR**

- Grad 8200 – Teaching for Learning in Dentistry (1 cr.)
- OBio 5001 - Methods in Research and Writing (2 cr.)
- PubH 6414 - Biostatistical Methods I (3 cr.); PubH 6450 Biostatistics I (4 cr.)\(^1\) or equivalent
- PubH 6751 - Principles of Management in Health Services Organizations (2 cr.)
  OR PubH 6724 - The Health Care System and Public Health (3 cr.)

**EXAMPLES OF OTHER COURSES COUNTED FOR CREDIT IN THE MAJOR**

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education</td>
<td>Grad 8101 - Teaching in Higher Education (3 cr.)</td>
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<tr>
<td></td>
<td>Grad 8150 - Practicum for Future Faculty (3 cr.)</td>
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<tr>
<td></td>
<td>Grad 8200 - Professional Communication Skills (2 cr.)</td>
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<tr>
<td></td>
<td>EPsy 5115 - Psychology of Adult Learning and Instruction (3 cr.)</td>
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<tr>
<td></td>
<td>EPsy 5221 - Basic Principles of Educational Measurement (3 cr.)</td>
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<tr>
<td>2. Research</td>
<td>Dent 8777 - Thesis Credits: Masters required, Plan A only (10 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 6301 - Fundamentals of Clinical Research (3 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 6320 - Fundamentals of Epidemiology - online course</td>
</tr>
<tr>
<td></td>
<td>PubH 6341 - Epidemiologic Methods I (3 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 6342 - Epidemiologic Methods II (3 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 6415 - Biostatistical Methods II (3 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 6451 - Biostatistics II (4 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 7420 - Clinical Trials (3 cr.)</td>
</tr>
<tr>
<td>3. Administration</td>
<td>Dent 7101 - Management Philosophy for Dental Practices (1 cr.)</td>
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<tr>
<td></td>
<td>PubH 6557 - Healthcare Finance I (3 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 6547 - Healthcare Human Resource Management (2 cr.)</td>
</tr>
<tr>
<td></td>
<td>PubH 6567 - Health and Health Systems (2 cr.)</td>
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<tr>
<td></td>
<td>PubH 6541 - Statistics for Health Management Decision Making (3 cr.)</td>
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<td></td>
<td>PubH 6568 - Inter-professional Teamwork in Health Care (2 cr.)</td>
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<tr>
<td></td>
<td>PubH 6558 - Healthcare Finance II (3 cr.)</td>
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<tr>
<td></td>
<td>Dent 7052 - Oral and Maxillofacial Radiologic Interpretation (2 cr.)</td>
</tr>
<tr>
<td></td>
<td>Dent 7061 - Special Oral Pathology I (0 cr.)</td>
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<tr>
<td></td>
<td>Dent 7062 - Special Oral Pathology II (2 cr.)(^3)</td>
</tr>
<tr>
<td></td>
<td>Dent 7082 - Craniofacial Growth and Development (2 cr.)</td>
</tr>
<tr>
<td></td>
<td>Dent 7101 - Management Philosophy for Dental Practices (1 cr.)</td>
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<tr>
<td></td>
<td>Dent 7102 - Topics in Conscious Sedation (2 cr.)</td>
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<td>Dent 7111 - Current Literature Review in Dentistry (2 cr.)</td>
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<td></td>
<td>Dent 8090 - Evidence-based Clinical Pediatric Dentistry (2 cr.)</td>
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<tr>
<td></td>
<td>Dent 8091 - Interdisciplinary Care of Cleft Palate Patient (1 cr.)</td>
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<tr>
<td></td>
<td>Dent 8100 - Topics in Advanced Periodontology (2 cr.)</td>
</tr>
</tbody>
</table>

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\(^1\) PubH 6450, Biostatistics I is a more intensive course.

\(^2\) Other existing coursework in Oral Biology, Biomaterials, Immunology, and other areas pertinent to multiple dental disciplines can also be taken for credit in this category.

\(^3\) Dent 7061 & Dent 7062 is a sequential course. Students need to take both sessions to receive credit.
4. Clinical Sciences² (continued)

Dent 8101 – Dental Implantology: A Multidisc. Approach (2 cr.)
Dent 8120 - Adv. Prin. & Tech. of TMJ/Craniofacial Pain (3 cr.)
Dent 8121 - Current Lit. in TMJ & Craniofacial Pain (1 cr.)
Dent 8123 - Advanced Topics in Orofacial Pain (3 cr.)
Anat 7999 - Head & Neck Anat. for Med/Dent Residents (3 cr.)
OBio 8011 - Oral Biology (2 cr.)
OSur 5277 - Physical Diagnosis (2 cr.)
Gero 5110 - Biology of Aging (3 cr.)

* Note: Course availability is subject to change and should be verified by students at least one semester in advance of planned registration

TRAINING IN THE RESPONSIBLE CONDUCT OF RESEARCH

All students are required to complete formal training in the responsible conduct of research as part of their graduate education. To fulfill this requirement, MS-Dentistry Students must complete the online Collaborative Institutional Training Initiative (CITI) course in Responsible Conduct of Research as follows or equivalent training offered by the University, and submit proof of course completion to the Graduate Program Coordinator or Director of Graduate Studies. The link to this training program is as follows:

https://www.citiprogram.org

² Other existing coursework in Oral Biology, Biomaterials, Immunology, and other areas pertinent to multiple dental disciplines can also be taken for credit in this category.
Purpose of Rotation:
An increasing number of older adults are now posing significant challenges to dentists whose goal is to optimize oral health and function. Older adults more frequently present with complex dental, medical, and psycho-social problems, including difficult restorative situations, multiple chronic medical problems and associated medications, as well as physical and sensory impairments. Lack of social supports, limited financial resources, and dependence on others may further complicate the ability of older individuals to maintain oral health. Meeting the oral health needs of long-term care recipients poses additional challenges due to the unique and evolving nature of this environment. The purpose of this rotation is to enable dentists in postdoctoral training to develop greater clinical expertise in the management of older adults, especially those with complex dental and/or medical problems, difficulty accessing care, and those served by the long-term care system.

Rotation Objectives:
Upon completion of all rotations at the OHSOA Clinics, fellows should demonstrate competence in:

1. Appropriate utilization of the patient medical and dental history together with findings from comprehensive oral examination, as well as pertinent physical and mental status assessments and laboratory tests.

2. Broad-based decision-making in the treatment planning of older adults, as well as the ability to evaluate the course of therapy and modify treatment when appropriate.

3. Safe and effective clinical procedures for the treatment of dental problems more common in older patients, including:
   - management of secondary caries and root caries, as well as elongated, recurrently decayed, malposed, and/or previously restored teeth
   - prosthodontic care, including management of patients with resorbed alveolar ridges, altered vertical dimension of occlusion, and irregular planes of occlusion
   - oral surgical and periodontal care, including pre-prosthetic surgery, periodontal procedures to facilitate restorative care, and traditional periodontal therapies
   - implementation of appropriate preventive care regimens

4. Recognizing and appropriately managing those oral soft tissue conditions and oral manifestations of systemic disease that are more prevalent in older patients.
5. Effectively managing dental care for patients with concurrent medical problems more common in the aged, including cardiovascular, pulmonary, neuro-psychiatric, neoplastic, musculoskeletal, and infectious diseases, as well as common geriatric syndromes.

6. Appropriate clinical consideration of the impact of drug therapy in the elderly, employing knowledge of: appropriate prescribing of drugs needed for dental care, non-dental drugs commonly used by older patients, drug interactions, potential for adverse drug reactions, and compliance issues.

7. Communicating effectively with patients, families, and/or other caregivers.

8. Communicating effectively with and appropriately utilize other health professionals to assist in patient care, including the dental office team, other dental specialists, dental laboratory staff, other members of a multidisciplinary health care team (e.g., physicians, nurses, pharmacists, social workers, rehabilitation therapists, etc.).

9. Appropriate interactions in alternative care settings such as the nursing home, adult daycare, and other alternative residential environments.

10. Sensitivity to the legal and ethical issues frequently associated with health care delivery to older patients.

11. Documenting the course of dental care clearly and thoroughly; gathering and using other supporting documentation appropriately.

12. Applying principles of good practice management to maximize effective and productive use of clinic time and resources.

13. Recognizing the importance of conveying a positive professional image and attitude in the health care environment by attention to: punctuality, appropriate attire, mature behavior, as well as appropriate response to program needs and constructive criticism.
Faculty and Staff:
Mary Owen, DDS, MS (Clinical Professor)
Stephen Shuman, DDS, MS (Associate Professor & Program Director)
John Ofsthelage, DDS (Associate Clinical Professor)

 Recommended texts and materials:
3. Handouts and reprints as distributed.

 Evaluation:
Semester evaluation using attached OHSOA Clinical Evaluation Form (attached) to be completed first by the student and then reviewed and revised with them by faculty. Since all elements of clinical performance are included in this evaluation, this will constitute 100% of the assigned grade for this rotation. Components that will be included in this evaluation are Clinical Case Review Forms as well as any other relevant information regarding the student’s clinical performance during the period under evaluation. The OHSOA Clinical Evaluation Form must be completed each term for students registered for clinic in order for a grade to be assigned. Failure to do so in a timely way will lead to a failing grade unless approved by faculty in advance. Any grade disputes will follow applicable University and School of Dentistry policies, and all such grade disputes must first be addressed with the course director.

 Remediation:
Failure of the course will require repeating the course. All such course failures will be reviewed by the entire OHSOA faculty and the ultimate decision about remediation will rest with them.

 Attendance:
Attendance is required for all assigned clinic sessions. Planned leaves or absences must be requested in writing at least two weeks in advance using forms available at all clinics and from the program director’s office. Unforeseen absences due to illnesses or emergencies should be reported immediately by calling the clinic or Dr. Shuman so that alternate arrangements can be made for patient coverage. Last minute decisions to attend classes, take dental boards or other such activities that conflict with assigned clinic days are not considered unforeseen absences and should be approved in advance.

 Feedback:
Faculty will provide feedback to students via ongoing discussions as part of clinical care delivery. Student feedback for faculty can be provided directly to faculty in clinic or outside of clinic by appointment.

 Student Integrity:
Academic misconduct is broadly defined as “any act that violates the rights of others in the academic setting or that involves misrepresentation of your own work.” Such misconduct includes (but is not necessarily limited to) misrepresenting work; interfering with the work of
other students, staff or faculty; not being truthful about your actions related to the obligations of this course; taking equipment or materials that are not yours without permission; or other conduct that is professionally inappropriate (e.g., inappropriate physical or verbal behavior, harassment, etc.). Such academic misconduct will result in immediate dismissal from the clinic and possible failure of this course.

**Communication:**
All individual and class communication will be through your University of Minnesota e-mail account. Announcements intended for all students will be sent by e-mail, and it is a requirement of the clinic to check your e-mail daily. While in clinic, please turn off all cellular phones.

**Disabilities:**
It is University of Minnesota policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have disabilities that may affect their ability to participate in course activities or to meet course requirements. Students are referred to the School of Dentistry’s Office of Student Affairs and/or the University’s Office of Disability Services for evaluation and determination of accommodations. To make an appointment for evaluation, please call Disability Services (612-626-7379).
## Geri 7200: Advanced Clinical Geriatric Dentistry

### Performance Review

**FELLOW:** ____________________________  **SEMMSTER:** ____________

**REVIEWER:** ____________________________

### EVALUATION

#### A. DECISION MAKING /JUDGMENT

<table>
<thead>
<tr>
<th>Needs</th>
<th>Excellent</th>
<th>Improvement</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diagnosis</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
</tr>
<tr>
<td>2. Treatment Planning</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
</tr>
<tr>
<td>3. Broad-based decision making</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
</tr>
<tr>
<td>4. Ability to evaluate/modify treatment</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:** ____________________________________________________________

### B. CLINICAL KNOWLEDGE/SKILLS

<table>
<thead>
<tr>
<th>5. Geriatric Medicine</th>
<th>1 2 3 4</th>
<th>UA</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Infection control</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>7. Materials handling</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>8. Endodontics</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>9. Operative Dentistry</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>10. Oral Medicine/Oral Pathology</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>11. Oral Radiology</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>12. Oral Surgery</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>13. Periodontics</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>14. Pharmacology</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>15. Preventive Care</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>16. Prosthodontics, Removable</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
<tr>
<td>17. Prosthodontics, Fixed</td>
<td>1 2 3 4</td>
<td>UA</td>
</tr>
</tbody>
</table>

**COMMENTS:** ____________________________________________________________

### C. PROVIDER-CLIENT INTERACTION

| 18. Communication (patient, family, or others) | 1 2 3 4   | UA          |
| 19. Patient Education (patient, family, or others) | 1 2 3 4 | UA          |
| 20. Behavior Management                       | 1 2 3 4   | UA          |
| 21. Ethical Sensitivity                       | 1 2 3 4   | UA          |

**COMMENTS:** ____________________________________________________________
D. PRACTICE MANAGEMENT

22. Documentation 1 2 3 4 UA
23. Time Management 1 2 3 4 UA
24. Productivity 1 2 3 4 UA

COMMENTS: __________________________________________________________

E. INTERACTION WITH OTHER PROFESSIONALS

Dental
25. Communication 1 2 3 4 UA
26. Knowledge of team member functions 1 2 3 4 UA
27. Appropriate utilization 1 2 3 4 UA

Non-dental (medical, nursing home, other professionals)
28. Communication 1 2 3 4 UA
29. Knowledge of team member functions 1 2 3 4 UA
30. Appropriate utilization 1 2 3 4 UA

COMMENTS: __________________________________________________________

F. ATTITUDE

31. Attire 1 2 3 4 UA
32. Positive team member 1 2 3 4 UA
33. Punctuality 1 2 3 4 UA
34. Responsiveness to program needs 1 2 3 4 UA
35. Response to constructive criticism 1 2 3 4 UA

COMMENTS: __________________________________________________________

SUMMARY AND RECOMMENDATIONS: ______________________________________

________________________________________
Fellow’s Signature:

________________________________________
Faculty Signature: Date Reviewed: __________
Course Information: Geri 7100, Oral Health Services for Older Adults Seminar

Date: 1/20/16

Department/Program: Primary Dental Care/Oral Health Services for Older Adults

Course Number(s): Geri 7100 (OHSOA students)
Dent 7031 (Others)

Credits: 2 credits per semester

Number of hours: 30 contact hours per semester (seminar)

Faculty: Stephen Shuman, DDS, MS (Course Director)
15-136 Moos Tower; E-mail

John Ofstehage DDS
VA Med. Center; E-mail

Description/Rationale
The OHSOA Seminars provide core content for advanced training in the field of geriatric dentistry. The seminar consists of small group presentations and discussions of key topics, scholarly articles, challenging clinical cases, and ongoing research projects, which are useful in enhancing theoretical and practical knowledge, as well as skills in communication, critical thinking, evaluation, and problem-solving. These abilities are necessary to promote success state-of-the-art clinical care as well as in scholarly pursuits (e.g. research, teaching) that are major objectives of the Oral Health Services for Older Adults Clinical Fellowship and MS-Dentistry Program. Small group, problem-oriented discussions are also helpful in promoting teamwork and in-depth faculty-student interaction that make learning more effective and enjoyable.

Course Objectives
1. Participants will develop knowledge of the literature on aging and dentistry, and skills in literature review and critical analysis by:
   a. identifying significant articles related to dentistry and aging.
   b. summarizing/paraphrasing articles.
   c. identifying strengths and weaknesses in articles.
   d. appraising the value of articles.

2. Participants will develop their skills in clinical case presentation and analysis by:
   a. summarizing cases clearly for the group.
   b. using appropriate, good quality supporting materials (e.g. models, radiographs, slides).
   c. identifying significant problems and issues in clinical cases.
   d. relating established concepts and principles to clinical problems.
   e. identifying, appraising, and using resources to resolve clinical problems.
   f. generating management strategies to address clinical problems.

3. Participants will develop their research skills and understanding of ongoing research projects by:
   a. identifying research questions and their significance.
   b. reviewing and discussing the literature relevant to the project.
   c. describing and appraising research methods and materials.
   d. summarizing and discussing the progress of investigations, results, and interpretation of findings.

4. Participants will develop their skills in working together by:
   a. initiating discussions of problems and solutions in the group.
   b. joining ongoing discussions in the group.
   c. sharing information and resources with the group.
Course Organization

The agenda for the seminar will be determined by the participants based on significant scholarly publications, ongoing research projects, or clinical cases of interest. Faculty will provide input to maintain focus on seminar objectives or to serve as information resources.

Guidelines for Presentations

1. Articles, cases, and research for discussion must pertain in some way to the provision of oral health services to older populations.
2. Participants may present any article(s), clinical case, or ongoing research project at the seminar.
3. Articles should be distributed to seminar participants 5 to 7 days before the seminar date to allow adequate time for them to be read. Background materials for research or case presentations are also helpful if distributed in advance, at the discretion of the presenter.
4. For clinical cases, appropriate case materials should be available for participants' inspection, including medical history/medications, radiographs, mounted models, dental and/or peri-oral charts, progress notes, correspondence, etc. Depending on the particular case, some materials may be more essential than others.
5. Supplemental handouts should be professional in quality: neat, well-organized, and concise.

Attendance

Attendance and punctuality are required for all participants. Planned absences must be requested in writing at least two weeks in advance using forms available at all clinics and from the program director's office. Unforeseen absences due to illnesses or emergencies should be reported immediately by calling the course director. If any classes are missed, arrangements must be made to make up missed course content at the discretion of OHSOA faculty. Last minute decisions to miss classes for dental boards or other such activities that conflict with OHSOA Seminars are not considered unforeseen absences and should be approved in advance.

Grading

Contributing components of the final course grade will be participation (40%) and presentations (60%). Presentations will be evaluated on the quality of both verbal and written materials. No special considerations or extra credit assignments will be provided. The grading system for OHSOA fellows will be A/F. Other students may enroll on an A/F or S/N basis. Any grade disputes will follow applicable University and School of Dentistry policies, and all such grade disputes must first be addressed with the course director. Grading criteria are as follows:

- Attendance and participation (40%)
  1. Attends all sessions (10%)
  2. Initiates discussions in the group (10%)
  3. Joins discussions in the group initiated by others (10%)
  4. Shares useful information with the group (10%)

- Presentations (60%)
  1. Significance/relevance of topic(s) to Geriatric Dentistry (10%)
  2. Level of preparation (10%)
  3. Clarity of presentation(s) (10%)
  4. Thoroughness of presentation(s) (10%)
  5. Quality of background or supporting articles/materials (5%)
  6. Quality of in-class handout(s) (5%)
  7. Appropriateness of presentation format(s) (5%)
  8. Ability to respond to questions (5%)

Required and supplementary texts and materials

Course handouts and other written or web-based materials as assigned by faculty (required).

Homework

Assigned readings and preparation of in-class literature reviews, case reports, or research presentations.

Feedback

Feedback will consist of ongoing weekly verbal self, peer, and faculty comments at the completion of class presentations and discussions. Student feedback for faculty can be provided directly to faculty during seminars or outside of seminar by appointment.
Course Failure/Remediation
Failure of the course will require repeating the course. All such course failures will be reviewed by the entire OHSOA faculty and the ultimate decision about remediation will rest with them.

Student Integrity
Academic misconduct is broadly defined as “any act that violates the rights of others in the academic setting or that involves misrepresentation of your own work.” Such misconduct includes (but is not necessarily limited to) plagiarism or other misrepresentation of work; interfering with the work of other students, staff or faculty; not being truthful about your actions related to the obligations of this course; taking equipment or materials that are not yours without permission; or other conduct that is professionally inappropriate (e.g., inappropriate physical or verbal behavior, harassment, etc.). Such academic misconduct will result in immediate dismissal from the class and possible failure of this course.

Communication
All individual and class communication will be through your University of Minnesota e-mail account. Announcements intended for all students will be sent by e-mail, and it is a requirement for this course to check your e-mail on a regular basis. While in class, all cellular phones should be turned off and pagers should be set on “vibrate” out of consideration for others.

Disabilities
It is University of Minnesota policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have disabilities that may affect their ability to participate in course activities or to meet course requirements. Students are referred to the School of Dentistry’s Office of Student Affairs and/or the University’s Office of Disability Services for evaluation and determination of accommodations. To make an appointment for evaluation, please call Disability Services (612-626-7379).
Key Geriatric Fellowship Components

All Fellows (Medical, Behavioral Health, Dental) will:
1. Receive Supervision and teaching by faculty members certified in Geriatric Medicine within the CRA system in ambulatory, in-patient and extended care settings.
2. Interact within the broader health care system, taking different forms in different settings. As Fellows participate in community-based ambulatory programs (discussed later in this Section) they interact with various agencies responsible for delivering support services to frail elders in an interdisciplinary team process.
3. Interact with one another, specialized faculty members and other experts in the field of geriatrics to develop an understanding, appreciation and working knowledge of geriatric medical, dental and behavioral health practices.
4. Learn about administrative issues as well as health care financing and health systems delivery issues that are pertinent to the practice of geriatrics. Fellows will develop an appreciation for Medicate billing practices, the roles of Agencies on Aging and Medicaid policy that largely drives nursing home financing.

Core Curriculum for all Fellows

All fellows will participate in:

a. Three-hour block of time per week be designated on a specific day as "protected" for didactics and "seminars in aging" will be held during the Housecalls meetings. (Topics to include subjects in medical, dental, and mental health and Interdisciplinary case presentations);
b. Housecalls Rounds (Interdisciplinary care for patients of Housecalls);
c. Geriatric Grand Rounds at Beth Israel Deaconess Medical Center (BIDMC) one session per month;
d. Combined clinical teaching sessions in oral health at Windsor Street Clinic;
e. Clinical Rounds at Element Care (a Participants of All-inclusive Care for the Elderly (PACE) site);
f. Interdisciplinary presentations at the Medical/Mental Health Conference;
g. Monthly research methodology seminars at Hebrew Rehabilitation Center;
h. Leadership training seminars,
i. Health Services Administration seminar series;
j. Cultural Issues in Medical Care of older adults seminar series;
k. Care of homeless elders lectures

Specialized Curriculum for Dental Fellows

The dental fellow will participate collaboratively with the Mental Health and Medicine fellows in all activities described in the Core Curriculum above. In addition, the specialized curriculum for Dental fellows will include:

Clinical (practice based learning) 25%:
- Minimum of three sessions per week of clinical dentistry at Windsor Street Clinic;
- Clinical dentistry at Element Care and subsequent care planning meetings;
- Oral screenings in community outreach settings such as homes, long term care facilities, and assisted living facilities;
- Home visits to provide limited dental care to frail elders residing in the Cambridge area;
- Dental exams, consultations, and limited dental services will be made for patients within Cambridge Hospital, Element Care and Didactics will include biological aging of the oral cavity,
normal and abnormal aging, treatment planning, prevention, long term care, interdisciplinary approach to healthcare, and behavioral management.

- Fellows will participate in didactics that contribute to and further knowledge in geriatric clinical care

**Teaching 25%:**

- Under the supervision of the program director, fellows will deliver three geriatric dental lectures to third and fourth year pre-doctoral HSDM students every year.
- Fellows will develop and deliver two lectures to post-doctoral HSDM General Practice Residents (GPR) every year.
- Fellows will precept over post-doctoral GPR’s and pre-doctoral students within the clinical setting.
- Fellows will provide one lecture on oral health to the BIDMC Multidisciplinary Geriatric Fellowship program during the “seminars in aging” series.
- Fellows will be required to be on second call rotation for the GPR.
- Fellows will participate in oral health education programs in the community.
- Fellows will be required to attend the American Dental Education Association’s and the Academy for Academic Leadership's Annual Institute for Teaching and Learning Program for Dental School Faculty during the second year of the fellowship.

**Administration 25%:**

- Responsibilities will include selection of sites, ordering and maintenance of supplies, and recruitment of screeners for any oral health screenings.
- The fellows will coordinate and operate the portable dental practice at the Element Care, including scheduling appointment visits, post-op care and education to family members and site staff at Element Care.
- The fellows will also be required to manage pre-doctoral students and post-doctoral GPR’s and Dental Public Health Residents in off-site clinical settings.
- Fellows help with the geriatric curriculum development at HSDM. Fellows will be required to attend meetings at the Windsor Street Dental Clinic.
- Fellows will have an option to participate in CHA’s IRB committee
- Didactics include oral health policy and management for older adults, strategies to improve access, financing, program planning and evaluation.

**Research 25%:**

- Fellows will be required to complete at least one research project and a paper of publication quality and will attend one literature session per week. They will gather/interpret data from oral health screenings.
- Fellows will participate in didactics that may include epidemiology, study design, principles of biostatistics, decision analysis, and research methods at the Harvard School of Public Health.
- Fellows will participate in monthly journal clubs.

**Interprofessional aspects:**

- Geriatric dental fellows rotate with the Geriatric Medicine and Mental Health fellows at Element Care in Lynn, MA. All fellows participate in interdisciplinary care meetings as well as engage in teaching different disciplines on-site.
- A fellow from each discipline (medical, dental and mental health) arranges to visit a HEARTH resident together to collaborate in patient care and evaluation for recommendations to the
HEARTH staff for patient care and management. A presentation is made collaboratively to all fellows and HEARTH staff to discuss the case and provide further recommendations for care and management of the HEARTH resident.

- All fellows participate in a Clinical Reasoning discussion of a case presented by a medical fellow.
- Geriatric dental fellows participate in a monthly journal club hosted by the HSDM Dental Public Health Residency program and includes residents and fellows from Boston University School of Dental Medicine, Tufts Dental School and HSDM.
<table>
<thead>
<tr>
<th>Semester One (July-Dec)</th>
<th>Semester Two (Jan-May)</th>
<th>Semester One (July-Dec)</th>
<th>Semester Two (Jan-May)</th>
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<tbody>
<tr>
<td>HSL Journal Club – Monthly</td>
<td>HSL Journal Club – Monthly</td>
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<td>HSL Case Conferences - Monthly</td>
<td>HSL Case Conferences - Monthly</td>
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<tr>
<td>Biostatistics (HSDM or HSPH), optional Intro to Epidemiology (HSPH)</td>
<td>The Healthcare Management of Older Adults: Developing and Interdisciplinary Approach (GR705.40)</td>
<td>Health Policy Issues: Access to Dental Services (DH722.PS) (Held every other year)</td>
<td>Other Electives</td>
</tr>
<tr>
<td>Epidemiology - HSPH</td>
<td>Attendance and elective presentation at Nat. Conference</td>
<td>HSL Seminars in Aging/nursing home rounds</td>
<td>Attendance and mandatory presentation at Nat. Conference</td>
</tr>
<tr>
<td>Lecture on Geriatric Oral Health to Geriatric Fellows at HSL</td>
<td>Lecture on Geriatric Oral Health to Geriatric Fellows at HSL</td>
<td>Teaching: pre-doc HSDM students, AGE students, faculty, and conferences</td>
<td>Teaching: pre-doc HSDM students, AGE students, faculty, and conferences</td>
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<tr>
<td>Clinical Rotations (CHA* and Element Care)</td>
<td>Clinical Rotations (CHA* and Element Care)</td>
<td>Clinical / Administrative rotations</td>
<td>Clinical / Administrative rotations</td>
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<tr>
<td>Nursing Home Visits</td>
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<td>Nursing Home Visits</td>
<td>Nursing Home Visits</td>
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<tr>
<td>Other Electives</td>
<td>Research proposal and initiate research project</td>
<td>Research proposal</td>
<td>Presentation at HSDM Research Day – April.</td>
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</table>

*HSL (Hebrew Senior Life) BIDMC Multidisciplinary Geriatric Fellowship program
*CHA (Cambridge Health Alliance)
Geriatric Dentistry Journal Club Topics: *Generated from HRSA Geriatric Dentistry Program*

*Directors*

The goals of the journal club are multiple. It will help to train fellows to be future leaders in geriatric dentistry by:

1) Reinforcing and supplementing learning
   in a wide-range of topics.
2) Challenging them to think beyond traditional aging/health care/clinical topics.
3) Preparing them for board exams (ASGD Fellowship to end 2015)

The following are topics that can be used as starting points for discussion. (no specific order)

1. Geriatric concerns:
   a. altered presentation of disease
   b. comorbidities
      i. Signs/symptoms of one may mask or exacerbate another
      ii. ex) Arthritis, CHF, pneumonia, UTI etc
   c. Importance of functional status
   d. Underreporting of disease
      i. Fear of economic, social, functional consequences
   e. Risk Assessment/Prevention
2. Patient Assessment - assessment tools:
   a. clinical examination
   b. medical/health history
   c. social history
3. Treatment planning –
   a. Behavioral management approaches
   b. Restraints
   c. Reimbursement options
4. Review of Systems: Oral/Dental Concerns
   a. Physical/physiologic changes of aging
      i. sensory
      ii. cognitive
   b. Oral changes of aging
   c. Salivary dysfunction
5. Aging theories, cellular aging
   a. inflammation

6. Systemic Diseases: oral and medical management (short list)
   a. Diabetes
   b. Heart diseases / CHF
   c. Hypertension
      i. TIA / Stroke
   d. Parkinson’s Disease
   e. Dementia, Alzheimer’s disease
   f. Depression, dehydration, delirium
   g. Intellectual disabilities
   h. Movement disorders
      i. Tardive Dyskinesia
      i. MS, ALS
   j. Aspiration pneumonia
   k. Osteoporosis, bisphosphonates, multiple myeloma

7. Oral care of elders
   a. caries – coronal and root
   b. periodontal disease
   c. oral cancer
   d. soft tissue lesions
   e. implant care
   f. esthetic concerns
   g. prosthetic concerns/options

8. Pharmacology and Drug Use,
   a. Interactions, & side affects
   b. antibiotic prophylaxis

9. Epidemiology and Statistics
   a. dental and medical disease
   b. population

10. Emergency Management / assessment, care

11. Informed Consent Issues
   a. Advanced Directives

12. Elder abuse/ mistreatment
13. Agism – Dismiss symptoms/impairments as “age-related” changes that have no treatment
   a. professionals
   b. patients

14. Models of Care – Access issues:
   a. Locations: private practice, LTC, mobile, portable, working with homebound
   b. Patient concerns: Financial, Mobility
   c. Transportation, Communication
   d. Dental safety nets, distance dentistry, Appletree, PACE
   e. Treatment settings
      i. protocols, staffing, credentialing,
   f. Financing of oral/dental health care,
      i. Medicare/Social Security supplemental care reimbursement mechanism
      ii. Medicaid, AHCA

15. Innovation to treatment approaches

16. public health hygienists, social media, telecommunication, etc

17. Interdisciplinary collaboration:
   a. Psychosocial issues
   b. interdisciplinary management

18. Ageism - professional and patient concerns
   a. Impact on patient management

19. Ethics of Aging OR is it ethical to age?

20. Cultural Competency / Cultural Humility

21. LTCF –
   a. Health status of residents
   b. Oral health status
   c. Dental Directors
   d. Training health professionals
   e. Models of care -

22. Oral health literacy among older adults

23. Caregivers/caregiving
   a. formal and informal

24. Advocacy and Aging

25. History of Geriatric dentistry training programs - how it has evolved, where we are now and
   where/what needs to go
26. Geriatric dentistry as a recognized specialty in the ADA—will we ever get there?

27. Role of dental hygienists in oral health maintenance and alternative practice
Appendix 7 – University of Iowa

Description of the Program:

The Geriatric and Special Needs Dentistry Certificate is either a 12 month full-time program or a 24 month part-time program, designed to develop a dentist’s knowledge and clinical expertise in providing care for older medically, physically and intellectually disabled adults, as well as the developmentally and intellectually disabled adults. The program will include a diversity of experiences at various sites, including:

- The University of Iowa College of Dentistry
  - Geriatric Mobile Dental Unit
  - Geriatric & Special Needs Dental Clinic

- University of Iowa Hospitals and Clinics
  - Interdisciplinary Geriatric Inpatient and Nursing Facility Resident Assessment
  - Inpatient Geriatric Psychiatric Care
  - Outpatient Geriatric Evaluation and Management
  - Outpatient care at the Center for Disabilities and Development
  - General anesthesia dental care for patients with special needs

- Iowa City Veterans Health Care System
  - Palliative/Hospice Care

- Unity Point Health St. Luke’s Hospital
  - Dental Health Center
  - General anesthesia dental care for patients with special needs

The Program fulfills the guidelines for Geriatric Dental Certificate Programs previously recommended by the American Society for Geriatric Dentistry and US Bureau of Health Professions. The program is housed in the Department of Preventive and Community Dentistry at the University of Iowa College of Dentistry.

Upon successful completion of the program's clinical and didactic requirements, including a minimum of 33 total credits during their course of enrollment, residents are awarded the Geriatric & Special Needs Dentistry Certificate.
Geriatric & Special Needs Dentistry Core Competencies:

1. Integrate the core values of geriatric and special needs adult general and oral health care and the application of these values in the clinical care of older adults and adults with special needs
2. Develop clinical excellence in caring for the biomedical and psychosocial problems of older adults
3. Identify professional disciplines that comprise the interdisciplinary health care team and apply the principles of interdisciplinary teamwork in the provision of care
4. Apply the principles of multicultural sensitivity in communication with patients and the development of assessment and treatment strategies
5. Recognize and treat oral diseases in older adults and provide assessment and/or appropriate referral
6. Successfully interview older patients and adapt techniques to accommodate functional impairments, sensory loss, psychosocial features, and cultural characteristics
7. Develop teaching skills in geriatric health care and gerontology
8. Develop skills needed to assure leadership roles in geriatric health care programs
**Course Content descriptions:**

**Clinical Geriatric Patient Dental Care –**  
**Geriatric & Special Needs Clinic (GSND:5700)/Geriatric Mobile Dental Unit (GSND:5720)**

Dental fellows will complete a range of emergency, palliative, and comprehensive clinical dental care at a specialist standard for older adults and adults with special needs attending the College of Dentistry Geriatric & Special Needs Clinic and Geriatric Mobile Unit. Fellows will spend a minimum of 12 hours/week in the G&SNC (111:C10) and 8 hours/week on the GMU (111:C12).

Fellows must maintain an ongoing Patient Case/Log Book of written patient reports (template of Log Book form electronically provided), including clinical photographs and other relevant study models, radiographs and documentation. At the completion of the fellowship fellows must present 6 of these clinical patient cases, with content as described in **Appendix 2** (Patient Report Content). Minimal essential clinical experiences must be documented at the front of the Patient Case/Log Book (**Appendix 3**) of written patient reports in the following areas, as agreed to with the Dental Fellowship Director and/or Co-Director, and include:

**Treatment Planning:**
- Caries Risk Assessment
- Disease control phase
- Restorative phase
- Maintenance phase

**Chronic medical conditions:**
- Dementia- early, moderate and severe
- Depression
- Anxiety
- Parkinson’s disease
- Other neurological condition
- Stroke - TIAs
- Cardiovascular disease – MI
- Hypertension
- Diabetes
- Rheumatoid arthritis
- Sjogren’s syndrome
- Anticoagulant therapy
- Head and neck cancer
- Other terminal illness
- Physical disability
- Long-term steroid therapy
- Pathologic heart valve requiring antibiotic coverage

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**Complete dentures:**
- Conventional
- Overdenture (traditional & implant supported)
- Immediate
- Incremental reline/rebase
- Duplicate

**Fixed/Removable Prosthodontics:**
- Crowns for abutments
- Transitional crowns and RPD
- Cast RPD
- Flexible RPD
- Additive:
- Construction of crown abutment on existing RPD
Prosthetic joint/s requiring antibiotic coverage

**Interdisciplinary Geriatric Patient Assessment (GSND:5730)**
(4 hours/week, 1st semester only)

The Iowa Geriatric Education Center (a statewide consortium including the colleges of Medicine, Dentistry, Pharmacy and Nursing, Palmer College of Chiropractic, Aging Resources of Central Iowa, Iowa Health Systems, and the Iowa Foundation for Medical Care which brings together diverse resources for developing programs in geriatric education) has pledged support of the program. Consequently, we have integrated the following experiences in to the Geriatric & Special Needs Fellowship:

a. Interdisciplinary Geriatric Inpatient and Nursing Facility Resident Assessment
   Dr Margo Schilling leads a team of geriatric fellows in medicine, dentistry, pharmacy, nursing and psychiatry in the comprehensive medical assessment of geriatric inpatients at the University of Iowa Hospitals & Clinics (UIHC) and at local nursing facilities.

b. Interdisciplinary Inpatient Psychiatric Assessment
   Dr Vicki Kijewski leads a team of geriatric fellows in medicine, dentistry and psychiatry in the comprehensive assessment of inpatient geriatric psychiatry patients at UIHC

c. Iowa City Veterans Association Palliative Care Team
   Dr. Ann Broderick leads a team of physicians, nurse practitioners, pharmacists, music therapists and clergy in a comprehensive assessment and provision of care to Veterans who are receiving palliative and hospice care within the Veterans Association Health Care System.

d. Outpatient Geriatric Evaluation and Management
   Dr Margo Schilling leads a team of geriatric fellows in medicine, dentistry and pharmacy in the comprehensive medical assessment of geriatric outpatients at the University of Iowa Hospitals & Clinics (UIHC) Geriatric Health Assessment Clinic.

**Advanced Topics in Geriatric Dentistry/Geriatric Dentistry (GSND:5740)**
(2 hours/1 per session week)

Students will select a topic of interest (a list of potential topics will be provided/suggested), review published literature, select pertinent articles, and develop a PowerPoint presentation summarizing their literature search. A minimum of 4 articles are selected by the resident and Course Director each week on a given topic, with a minimum of 8 presentations per semester.

Main Dentistry Scientific Journals to be referenced are:
- Special Care Dentistry
- Gerontology
- Journal of Prosthodontics
- Community Dentistry and Oral Epidemiology
- Community Dental Health
Geriatric Dentistry Case Study Seminar (GSND:5750)
(2 hours/1 session per week)

Each 2 hour session will consist of discussion of one or more of cases that the fellow has been treating in the clinical settings. Presentations will include all demographic, medical, pharmacological and cognitive findings, as well as radiographs, clinical photographs, study casts and discussion of various options for treatment.

These seminars may include the Prosthodontic Graduate Student Geriatric Seminars held every alternate year 2009, 2011 etc. Wed 7.30-9.30am Spring Semester

Teaching practicum: Geriatric & Special Needs Dentistry (GSND:5760)
(8 hours/week – 2nd semester)

The teaching practicum activities are settings where fellows will provide education, refine their clinical teaching skills, and apply their growing expertise in educational strategies, and share their evolving expertise in geriatric health care. Dental fellows will participate in a variety of interdisciplinary geriatric undergraduate teaching settings for didactic and clinical educational activities including: lectures, seminars, and clinical student supervision (e.g. D3 geriatric dentistry course, clinical supervision in Geriatric & Special Needs Clinic and the Geriatric Mobile Dental Unit). Where appropriate, fellows will also participate in continuing education seminars and courses for health and allied health professionals, as well as dental team members.

The competencies in health education are intended to be interdisciplinary and focus on the expertise needed by fellows to develop as effective clinical educators. Fellows will be expected to apply accurate, reliable knowledge and technology to produce valid and innovative education within the limits of the resources available to them. They will also develop the skills to plan, implement, and evaluate instruction.

Fellows will demonstrate competency and be able to:
- learn and implement strategies to give effective educational programs
- become skilled in the education of dental students and other practicing health care providers
- demonstrate competency in the techniques and venues for clinical education: lecture, small group, and bedside teaching
- learn the principles, strengths, limitations and opportunities in the use of electronic resources in teaching and assessment
Advanced Clinical Training for Developmentally Disabled Adults (GSND:5770) (4 hours/week)

An introduction to dental treatment for adults with special needs will be undertaken in combination with experiences in the Geriatric and Special Needs Clinic at the College of Dentistry and 2-4 extramural rotations. Additional rotations will include providing residents dental care at Unity Point St. Luke’s Dental Clinic and UIHC Center for Disability and Disease. Additional rotations may include UIHC Hospital dentistry and Pediatric Dentistry general anesthesia cases pending hospital privileges approval by UIHC.
# Example of weekly clinical schedule

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<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td><strong>AM</strong></td>
<td>Interdisciplinary Geriatric Pt Assessment</td>
<td>Advanced Clinical Training for Disabled Adults</td>
<td>G&amp;SNCl GSND:5700/02,03,04:0001 - clinical care</td>
<td>GMU GSND:5720/21:0001 - clinical care</td>
<td>G&amp;SNCl GSND:5700/02,03:04:0001 - clinical care</td>
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<tr>
<td></td>
<td>(1st semester)</td>
<td>GSND:5770:0001</td>
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<td></td>
<td>Optional Courses/Clinic</td>
<td>UIHC – 2x/mo St Luke’s 2x/mo</td>
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<td></td>
<td>(2nd semester)</td>
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<tr>
<td><strong>PM</strong></td>
<td>Interdisciplinary Geriatric Pt Assessment</td>
<td>4-6:00 pm Geriatric Dentistry Case Study Seminar</td>
<td>G&amp;SNCl GSND:5700/02,03:04:0001 - clinical care</td>
<td>GMU GSND:5720/21:0001 - clinical care</td>
<td>G&amp;SNCl GSND:5700/02,03:04:0001 - clinical care</td>
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<td>(1st semester)</td>
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<td></td>
<td>5-7:00 pm Advanced Topics in Geriatric Dentistry</td>
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Appendix 8 – University of Iowa

GSND 5700, 5702, 5703, 5704 Syllabus
Advanced Clinical Geriatric Dentistry I-IV

Course Information
GSND 5700, 5702, 5703, 5704
Year: 2021-2022

Course Description:
Dental residents will complete a range of emergency, palliative, and comprehensive clinical dental care at a specialist standard for older adults and adults with special needs attending the College of Dentistry Geriatric & Special Needs Clinic. Residents will spend a minimum of 12 hours/week in the G&SNC providing patient care.

Department: Preventive and Community Dentistry

Instructors:
Course Director
Howard Cowen
W329

Secondary Instructors
Jennifer Hartshorn
Howard Cowen
W327

Leonardo Marchini
N337-1

Rohit Nair
N337-2

Jhanvi Desai
N331

Purpose of the Course:
Prepare dental residents to evaluate older adult’s medical, physical, psychological, cognitive or social situations in order to develop rational treatment plans and provide patient centered care.

Student Learning
Course Learning Outcomes:

1. Integrate the core values of geriatric general and oral health care and the application of these values in the clinical care of older adults

   1. Demonstrate attitudes consistent with humane, enlightened, and compassionate care of the elderly by developing:
      (a) a positive therapeutic approach;
      (b) emphasis on prevention, rehabilitation, and maintenance of function;
      (c) an enlightened attitude toward terminal illness and death;
(d) attention to ethical and legal issues in care of the elderly (e.g., competence, guardianship, advanced directives, informed consent, treatment refusal).

2. **Develop clinical excellence in caring for the biomedical and psychosocial problems of older adults**

   I. **Demonstrate applied knowledge of:**
   
   (a) diagnosis and management of diseases in the elderly that occur more frequently or have altered or nonspecific presentations, and multiple interacting diseases;
   
   (b) special geriatric problems (e.g., acute confusional state, dementias, gait disorders, falls, urinary incontinence, sleep disorders, osteoporosis, pressure sores, nutritional problems);
   
   (c) pharmacologic changes associated with aging (pharmacokinetic and pharmacodynamic alterations, drug-drug and drug-disease interactions, compliance);
   
   (d) iatrogenic illness (including appropriate use of drugs and procedures);
   
   (e) preoperative assessment and postoperative care of elderly patients;
   
   (f) comprehensive geriatric assessment: physical health, mental health, social and economic status, nutrition, environmental circumstance, functional status (ADLs and IADLs);
   
   (g) psychosocial aspects of aging, including depression, anxiety, suicide, grief, housing, transportation, economic issues;

   II. **Recognize the specific mental and behavioral problems of older adults and provide appropriate referral:**
   
   (a) Delirium, Depression and pseudodementia
   
   (b) Confusion
   
   (c) Cognitive impairment and dementia
   
   (d) Sensory impairment
   
   (e) other neurological conditions

3. **Identify professional disciplines that comprise the interdisciplinary health care team and apply the principles of interdisciplinary teamwork in the provision of care**

   I. **Demonstrate professional attitudes consistent with humane, enlightened, and compassionate care of the elderly by:**
   
   (a) recognizing and accepting personal feeling about providing care for older adults;
   
   (b) recognizing and accepting responsibility for providing care for the elderly;
   
   (c) understanding the dentist’s role as one facet of the multifaceted health care team;
   
   (d) understanding the legal and ethical issues involved in dental care for the aging patient (competence, guardianship, informed consent and treatment refusal);

   II. **Demonstrate skill in cooperation with other health professionals in treating the various oral health needs of elderly patients by:**
   
   (a) obtaining thorough health histories and interpreting their influence on the oral cavity;
   
   (b) performing appropriate extra and intraoral examinations;
(c) applying one’s knowledge of physiologic and pathologic processes with the available data to develop accurate diagnoses;
(d) developing rational treatment plans, including referrals;
(e) delivering treatment with technical excellence;
(f) managing cognitively and physically disabled patients (e.g. wheelchair transfer skills, etc.);
(g) effecting acceptable postoperative and follow-up protocols, including quality assessment and understanding appropriate scheduling of patients.

4. Apply the principles of multicultural sensitivity in communication with patients and the development of assessment and treatment strategies

I. Demonstrate skill and multicultural sensitivity in caring for geriatric patients by:
   (a) effectively interviewing and communicating with elderly patients and their families;
   (b) acknowledging and encouraging the family as informal caregivers; providing information about community resources;
   (c) recognizing psychological problems and their impact on health behavior and health care;
   (d) interacting appropriately with multiple professionals applying diagnostic and therapeutic strategies commensurate with the needs of and best benefits for the individual.

5. Recognize and treat oral diseases in older adults and provide assessment and/or appropriate referral

I. Demonstrate knowledge of:
   (a) scope and content of training of dentists and their auxiliaries;
   (b) normal structures of the oral cavity;
   (c) pathology of the oral cavity (including dental caries, periodontal disease, oral cancer, craniofacial abnormalities, and other oral pathologies);
   (d) systemic manifestations of oral disease in the elderly (e. g., bacteremia, nutritional disorders);
   (e) oral manifestations of systemic disease in the elderly (e. g., diabetes mellitus, parkinsonism);
   (f) oral manifestations of physiologic aging (e. g., sensory loss);
   (g) pharmacologic relationship between medications and the oral cavity (e. g., drug-induced xerostomia, osteonecrosis and specific medications);
   (h) relationship between physical and oral health, and social well-being (e. g., personal appearance, chronic dental pain, temporomandibular joint disorders);
   (i) dental care delivery systems (including types, utilization, economics, ethical and legal aspects);
   (j) preventive dental care (e. g., prophylaxis for subacute bacterial endocarditis, oral hygiene methods including use of fluoride and chlorhexidine).

II. Demonstrate skill as a clinical participant with a dentist and dental auxiliary as members of a geriatric health team by being able to:
(a) complete an appropriate dental history;
(b) perform an oral-facial examination and functional assessment, including evaluation for oral cancer, periodontal disease, dental caries, and incorrectly fitting dentures;
(c) understand basic aspects of appropriate rational dental treatment and preventive plans for the older adult patient;
(d) interpret the dental record;
(e) clinically detect the need for dental consultation in ambulatory, inpatient, and long-term care settings;
(f) understand dental patient management (e. g., management of the dental patient with dementia);
(g) be familiar with interdisciplinary consultations and protocols for care (e. g., end-stage renal dialysis).

III. Demonstrate attitudes conducive to improved dental health of the elderly patient by:

(a) readily seeking appropriate dental consultations;
(b) incorporating dental care concepts into a geriatric medicine practice;
(c) attending to psychological aspects of oral health;
(d) attending to ethical aspects of dental care in the elderly.

6. Successfully interview older patients and adapt techniques to accommodate functional impairments, sensory loss, psychosocial features, and cultural characteristics

I. Demonstrate skill in caring for the geriatric patient by:

(a) effectively interviewing and communicating with elderly patients, their families, and other health professionals and understanding geriatric health literacy issues;
(b) recognizing and encouraging the family as informal caregivers; providing information about community resources;
(c) diagnosing and managing illness in the elderly;
(d) managing multiple interacting medical problems;
(e) recognizing and coordinating care of psychosocial problems;
(f) coordinating the interdisciplinary team to the patient’s benefit by assisting in assessment and treatment.

**Grading Criteria**

**Final Grade Scale**
Evaluation Components and Values
Students will be evaluated on their daily performance in clinic and are expected to show continuous improvement in their general knowledge, clinical skills, and patient care throughout the year. Daily evaluations will be based on the following categories.

a) Diagnosis and treatment planning
b) Communication and Interpersonal Skills
c) Health Promotion
d) Clinical skills
e) Professionalism and Ethical behavior
f) Critical Thinking
g) Practice Management

In addition, students will be expected to present two patient cases in their final cast study presentation in the last month of their enrollment in the program. Case selection should show a culmination of the resident’s knowledge and skills gained throughout the program. The cases should be examples of the resident’s work in providing comprehensive dental care in multiple areas including but not limited to diagnostics, prevention, operative, periodontics, surgery, endodontics and/or prosthodontics. The case presentation should follow the ROHD (Rapid Oral Health Deterioration) outline and include references to scientific literature where appropriate. The ROHD outline is appended at the end of the syllabus.

Learning Resources
Required reference material: None

Optional references:
Dental Management of the Medically Compromised Patient
Little J.W. et al., 9th ed. Mosby 2017

Textbook of Geriatric Dentistry

Geriatric Dentistry: Caring for Our Aging Population
Friedman, P.K. Wiley Blackwell 2014
***Note: E-versions available online

Additional resources:
Hardin Library databases (PubMed)

Additional Course Information:
Course Policies and Procedures

Attendance:
Attendance is mandatory in clinic with exception of unexpected illness or previously approved absences. Residents are allowed 10 clinic absences throughout the one year program. Any additional clinic absences may require the student to make-up their clinic time on non-clinic days with approval of the program director and supervising faculty.

When students experience unexpected illness, they should immediately email the program director and clinic clerks.

Late Course Work:
Late course work will result in the resident’s grade deduction unless an extension has been previously approved by the course director.

Missed/Make-up Exam
University Statement:
Students at The University of Iowa are permitted to make up exams missed due to religious holidays, illness, or unavoidable circumstances. Part III, Chapter 22, Section 10, "Religious Diversity and the University Calendar", of the University Operations Manual. Arrangements should be made prior to testing.

Extra Credit:
After January residents may ask for additional clinic time to complete their patient cases or take on additional patient cases. This additional clinic time should be approved by the program director and supervising faculty.

Plagiarism Detection
All required writing assignments may be submitted to a plagiarism-detection tool Turnitin. Turnitin is a software resource intended to address plagiarism and improper citation. The software works by cross-referencing submitted materials with an archived database of journals, essay, newspaper articles, books, and other republished work. In addition, other methods may be used to determine the originality of assignment/papers. This software is not intended to replace or substitute a faculty member’s judgement regarding detection of plagiarism.

Professionalism & Academic Integrity:
Students are expected to adhere to the CoD Professional and Academic Code of Conduct found in the Graduate Handbook on the Intradent: [https://intradent.dentistry.uiowa.edu/](https://intradent.dentistry.uiowa.edu/). Resident and graduate students are expected to maintain standards of professionalism in regard to their academic performance and are expected to protect the integrity of their work at all times during the course, whether in the classroom, laboratory or clinic. For further information, residents/graduate students should refer to the College of Dentistry Graduate Handbook found on the Intradent: [https://intradent.dentistry.uiowa.edu/](https://intradent.dentistry.uiowa.edu/) and The University of Iowa Code of Student Life: [https://dos.uiowa.edu/accountability/](https://dos.uiowa.edu/accountability/).

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Remediation & Retakes:
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COD Student Handbook Reference: Section VI, Student Services, Student Academic Accommodations Policy.

**Nondiscrimination Statement: University of Iowa Office for Affirmative Action:**
The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Director, Office of Equal Opportunity and Diversity, The University of Iowa, 202 Jessup Hall, Iowa City, IA, 52242-1316, 319-335-0705 (voice), 319-335-0697 (TDD), diversity@uiowa.edu.

The university's Nondiscrimination Statement must be included in all departmental publications, such as brochures, pamphlets, manuals, and guidebooks, describing or inviting participation in programs affiliated with the University of Iowa. The inclusion of the Nondiscrimination Statement is required by federal regulation and is designed to make clear to prospective applicants or participants the university's commitment to equal opportunity in employment and equal access to its programs and activities.

For more information see: [http://diversity.uiowa.edu/policies/non-discrimination-statement](http://diversity.uiowa.edu/policies/non-discrimination-statement). To review the complete policy, please see: [https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement](https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement).

**Nondiscrimination Language**
The University of Iowa is committed to making the classroom a respectful and inclusive space for people of all gender, sexual, racial, religious, and other identities. Toward this goal, students are invited in MyUI to optionally share the names and pronouns they would like their instructors and advisors to use to address them. The University of Iowa prohibits discrimination and harassment against individuals on the basis of race, class, gender, sexual orientation, national origin, and other identity categories set forth in the University’s Human Rights policy. For more information, contact the Office of Equal Opportunity and Diversity (https://diversity.uiowa.edu/eod; 335-0705 or diversity.uiowa.edu).

Sexual Harassment/Misconduct and Class Accommodations:
The University of Iowa prohibits sexual misconduct, dating/domestic violence, and stalking in any form, including sexual assault or sexual harassment, and any form of nonconsensual sexual conduct. Students should be able to live, study, and work in an environment free from all forms of sexual misconduct, dating/domestic violence, and stalking.

Incidents of sexual misconduct can be reported to the Office of Sexual Misconduct Response Coordinator (OSMRC) or to the Department of Public Safety. If you are uncertain if what you have experienced from a student is sexual misconduct, view the Sexual Misconduct, Dating/Domestic Violence, or Stalking Involving Students policy. If you are uncertain if what you experienced from a faculty or staff member is sexual harassment, view the Sexual Harassment policy.

Students impacted by a Title IX issue (sexual misconduct, dating/domestic violence, or stalking) may be eligible to request an academic accommodation. Contact the Office of Sexual Misconduct Response Coordinator for assistance, definitions, and the full University of Iowa policy.

If you or someone you know experiences sexual assault, sexual harassment, dating/domestic violence, stalking, or any other behaviors prohibited under this policy, you are strongly encouraged to seek assistance and support. Information about confidential resources (see the Confidential Resources: Where to Start video for an explanation) can be found here, Confidential Resources for Students.

Syllabus Revision:
The course director and College of Dentistry reserve the right to make changes as necessary to this course syllabus. All students will be notified of any changes. Each student is responsible for being aware of the policies, resources, and expectations as specified in the syllabus and Graduate Handbook.

Free Speech & Expression
The University of Iowa supports and upholds the First Amendment protection of freedom of speech and the principles of academic and artistic freedom. We are committed to open inquiry, vigorous debate, and creative expression inside and outside of the classroom. For information on the university’s policies on free speech and academic freedom, see https://freespeech.uiowa.edu

Course Schedule:

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AUGUST-DECEMBER SCHEDULE

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### JANUARY-MAY

### JUNE SCHEDULE

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GSND 5740, 5742 Syllabus
Advanced Topics in Geriatric and Special Needs Dentistry

Course Information
GSND 5740, 5742
Year: 2021-2022

Course Description:
Students will select a topic of interest (a list of potential topics will be provided/suggested), review published literature, select pertinent articles, and develop a Power Point presentation summarizing their literature search. A minimum of 4 articles are selected by the resident and Course Director each week on a given topic, with a minimum of 8 presentations per semester.

College: College of Dentistry
Department: Preventive and Community Dentistry

Instructors:
Course Director
Howard Cowen
W329

Secondary Instructors
Jennifer Hartshorn
Leonardo Marchini
Rohit Nair
Jhanvi Desai
W327
N337-1
N337-2
N331

Purpose of the Course:
The course gives residents an opportunity to review current and pertinent literature related to geriatrics and patients with special needs and present their findings in the literature to the program faculty. The literature review and discussion provide opportunities for dental students to better understand their patient’s medical, physical, psychological, cognitive or social situations.

Student Learning
Course Learning Outcomes:

1. Integrate the core values of geriatric general and oral health care and the application of these values in the clinical care of older adults

   I. Demonstrate attitudes consistent with humane, enlightened, and compassionate care of the elderly by developing:

   (e) emphasis on prevention, rehabilitation, and maintenance of function;
(f) attention to ethical and legal issues in care of the elderly (e.g., competence, guardianship, advanced directives, informed consent, treatment refusal).

2. **Develop clinical excellence in caring for the biomedical and psychosocial problems of older adults**

   I. **Demonstrate applied knowledge of:**
   
   (h) biology of aging (including theories of aging, demography of aging, primary and secondary aging, physiology and pathology);
   
   (i) diagnosis and management of diseases in the elderly that occur more frequently or have altered or nonspecific presentations, and multiple interacting diseases;
   
   (j) special geriatric problems (e.g., acute confusional state, dementias, gait disorders, falls, urinary incontinence, sleep disorders, osteoporosis, pressure sores, nutritional problems);
   
   (k) pharmacologic changes associated with aging (pharmacokinetic and pharmacodynamic alterations, drug-drug and drug-disease interactions, compliance);
   
   (l) iatrogenic illness (including appropriate use of drugs and procedures);
   
   (m) geriatric preventive medicine (health maintenance including nutrition and exercise, immunizations, screening techniques);
   
   (n) psychosocial aspects of aging, including depression, anxiety, suicide, grief, housing, transportation, economic issues;
   
   (o) the health care system for the elderly (e.g., Medicare, Medicaid, Older American’s Act) and available community resources.

   II. **Recognize the specific mental and behavioral problems of older adults and provide appropriate referral:**

      (a) Delirium, Depression and pseudodementia
      
      (b) Confusion
      
      (c) Cognitive impairment and dementia
      
      (d) Sensory impairment
      
      (e) other neurological conditions

   III. **Identify professional disciplines that comprise the interdisciplinary health care team and apply the principles of interdisciplinary teamwork in the provision of care**

   I. **Demonstrate professional attitudes consistent with humane, enlightened, and compassionate care of the elderly by:**

      (e) understanding the legal and ethical issues involved in dental care for the aging patient (competence, guardianship, informed consent and treatment refusal);

   II. **Demonstrate skill in cooperation with other health professionals in treating the various oral health needs of elderly patients by:**

      (h) applying one’s knowledge of physiologic and pathologic processes with the available data to develop accurate diagnoses;
(i) effecting acceptable postoperative and follow-up protocols, including quality assessment and understanding appropriate scheduling of patients.

4. **Apply the principles of multicultural sensitivity in communication with patients and the development of assessment and treatment strategies**

I. Demonstrate **skill and multicultural sensitivity** in caring for geriatric patients by:

   (e) recognizing psychological problems and their impact on health behavior and health care;

5. **Recognize and treat oral diseases in older adults and provide assessment and/or appropriate referral**

I. Demonstrate **knowledge of**:

   (k) normal structures of the oral cavity;
   (l) pathology of the oral cavity (including dental caries, periodontal disease, oral cancer, craniofacial abnormalities, and other oral pathologies);
   (m) systemic manifestations of oral disease in the elderly (e.g., bacteremia, nutritional disorders);
   (n) oral manifestations of systemic disease in the elderly (e.g., diabetes mellitus, parkinsonism);
   (o) oral manifestations of physiologic aging (e.g., sensory loss);
   (p) pharmacologic relationship between medications and the oral cavity (e.g., drug-induced xerostomia, osteonecrosis and specific medications);
   (q) relationship between physical and oral health, and social well-being (e.g., personal appearance, chronic dental pain, temporomandibular joint disorders);
   (r) dental care delivery systems (including types, utilization, economics, ethical and legal aspects);
   (s) preventive dental care (e.g., prophylaxis for subacute bacterial endocarditis, oral hygiene methods including use of fluoride and chlorhexidine).

II. Demonstrate **skill as a clinical participant with a dentist and dental auxiliary as members of a geriatric health team** by being able to:

   (h) understand basic aspects of appropriate rational dental treatment and preventive plans for the older adult patient;
   (i) understand dental patient management (e.g., management of the dental patient with dementia);
   (j) be familiar with interdisciplinary consultations and protocols for care (e.g., end-stage renal dialysis).

III. Demonstrate **attitudes conducive to improved dental health of the elderly patient** by:

   (e) attending to psychological aspects of oral health;
   (f) attending to ethical aspects of dental care in the elderly.
6. Successfully interview older patients and adapt techniques to accommodate functional impairments, sensory loss, psychosocial features, and cultural characteristics

I. Demonstrate skill in caring for the geriatric patient by:

(g) diagnosing and managing illness in the elderly;
(h) managing multiple interacting medical problems;
(i) recognizing and coordinating care of psychosocial problems;

7. Develop teaching skills in geriatric health care and gerontology

I. Development of teaching skills in academic geriatric dentistry to:

(a) Demonstrate an understanding of effective presentation and audiovisual techniques including PowerPoint.

8. Develop skills needed to assure leadership roles in geriatric health care programs

I. Develop administrative skills in leadership of geriatric dental programs:

(a) demonstrate knowledge of administration of long-term institutional and non-institutional care and levels of care, appropriate interventions, and the continuum of care from short-term to long-term;
(b) describe organizational analysis of geriatrics at the federal level (e.g., National Institute on Aging, Medicare, and Social Security Administration) and state level;
(c) understand a program of activities for an academic geriatric program;
(d) describe recent federal and state legislative actions

Grading Criteria

Final Grade Scale
Evaluation Components and Values
Students will be evaluated on each presentation in the following areas
1) Comprehensive review of the topic presented
2) Student’s understanding of the material presented
3) Inclusion of relevant supporting literature preferably of good quality
4) Application of the concepts presented in relation to older adults and patients with special needs.

Learning Resources
Required reference material: None

Suggested resources:
Hardin Library databases (PubMed)

Additional Course Information:
When selecting a topic for the week, students should consult with the program director for guidance in their literature search. Each week the resident should select a minimum of 4 articles on a given topic, and prepare a PowerPoint presentation to be presented to the program faculty. Each student should expect to prepare a minimum of 8 presentations per semester. A full list of seminar topics is appended to this document.

Course Policies and Procedures
Attendance:
Attendance is mandatory in seminar with exception of unexpected illness or previously approved absences. When students experience unexpected illness, they should immediately email the program director and clinic clerks.

Late Course Work:
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Extra Credit:
Students may offer to complete additional topic reviews. Any additional reviews must be approved by the program director.

Plagiarism Detection
All required writing assignments may be submitted to a plagiarism-detection tool Turnitin. Turnitin is a software resource intended to address plagiarism and improper citation. The software works by cross-referencing submitted materials with an archived database of journals, essay, newspaper articles, books, and other republished work. In addition, other methods may be used to determine the originality of assignment/papers. This software is not intended to replace or substitute a faculty member’s judgement regarding detection of plagiarism.

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COD Student Handbook Reference: Section VI, Student Services, Student Academic Accommodations Policy.

**Nondiscrimination Statement: University of Iowa Office for Affirmative Action:**
The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Director, Office of Equal Opportunity and Diversity, The University of Iowa, 202 Jessup Hall, Iowa City, IA, 52242-1316, 319-335-0705 (voice), 319-335-0697 (TDD), diversity@uiowa.edu.

The university's Nondiscrimination Statement must be included in all departmental publications, such as brochures, pamphlets, manuals, and guidebooks, describing or inviting participation in programs affiliated with the University of Iowa. The inclusion of the Nondiscrimination Statement is required by federal regulation and is designed to make clear to prospective applicants or participants the university's commitment to equal opportunity in employment and equal access to its programs and activities.

For more information see: [http://diversity.uiowa.edu/policies/non-discrimination-statement](http://diversity.uiowa.edu/policies/non-discrimination-statement). To review the complete policy, please see: [https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement](https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement).

**Nondiscrimination Language**
The University of Iowa is committed to making the classroom a respectful and inclusive space for people of all gender, sexual, racial, religious, and other identities. Toward this goal, students are invited in MyUI to optionally share the names and pronouns they would like their instructors and advisors to use to address them. The University of Iowa prohibits discrimination and harassment against individuals on the basis of race, class, gender, sexual orientation, national origin, and other identity categories set forth in the University’s Human Rights policy. For more information, contact the Office of Equal Opportunity and Diversity ([https://diversity.uiowa.edu/eod](https://diversity.uiowa.edu/eod); 335-0705 or [diversity.uiowa.edu](http://diversity.uiowa.edu)).

**Sexual Harassment/Misconduct and Class Accommodations:**
The University of Iowa prohibits sexual misconduct, dating/domestic violence, and stalking in any form, including sexual assault or sexual harassment, and any form of nonconsensual sexual conduct. Students should be able to live, study, and work in an environment free from all forms of sexual misconduct, dating/domestic violence, and stalking.

Incidents of sexual misconduct can be reported to the Office of Sexual Misconduct Response Coordinator (OSMRC) or to the Department of Public Safety. If you are uncertain if what you have experienced from a student is sexual misconduct, view the Sexual Misconduct, Dating/Domestic Violence, or Stalking Involving Students policy. If you are uncertain if what you experienced from a faculty or staff member is sexual harassment, view the Sexual Harassment policy.

Students impacted by a Title IX issue (sexual misconduct, dating/domestic violence, or stalking) may be eligible to request an academic accommodation. Contact the Office of Sexual Misconduct Response Coordinator for assistance, definitions, and the full University of Iowa policy.

If you or someone you know experiences sexual assault, sexual harassment, dating/domestic violence, stalking, or any other behaviors prohibited under this policy, you are strongly encouraged to seek assistance and support. Information about confidential resources (see the Confidential Resources: Where to Start video for an explanation) can be found here, Confidential Resources for Students.

**Syllabus Revision:**
The course director and College of Dentistry reserve the right to make changes as necessary to this course syllabus. All students will be notified of any changes. Each student is responsible for being aware of the policies, resources, and expectations as specified in the syllabus and Graduate Handbook.

**Free Speech & Expression**
The University of Iowa supports and upholds the First Amendment protection of freedom of speech and the principles of academic and artistic freedom. We are committed to open inquiry, vigorous debate, and creative expression inside and outside of the classroom. For information on the university’s policies on free speech and academic freedom, see https://freespeech.uiowa.edu

**Course Schedule:**
September 1st - December 15th: Wednesdays from 5-7pm in W333
January 12-May 31st: Wednesdays from 5-7pm in W333

**Advanced Topics in Geriatric & Special Needs Dentistry I-II**
Suggested Topics for weekly Journal Club

**Systemic Conditions**
1. Theories of aging and relationships to oral diseases and conditions
2. Geriatric dentistry – demography and epidemiology
3. Oral epidemiology basic principles
4. Diabetes
5. Dementia
6. Cardiovascular diseases
7. Kidney diseases
8. Liver diseases
9. Steroid therapy
10. Autoimmune diseases and connective tissue diseases
11. Bone diseases and malignancy
12. Pain pathways
13. Parkinson’s disease and Cerebral Palsy
14. Aspiration pneumonia
15. Other oral-systemic associations
16. Pharmacology and therapeutics in older adults
17. Common drug interactions in dentistry

**Patient Management**
1. Medical emergencies in dentistry
2. Antibiotic premedication in dentistry
3. Ethics and decision making + medico legal issues in geriatric dentistry
4. Dental pain management
5. Use of sedation and general anesthesia in older adults

Oral Conditions
1. Aging changes in hard and soft oral structures
2. Cariology in older adults
3. Periodontology in older adults
4. Osteoradionecrosis
5. MRONJ
6. Xerostomia and salivary dysfunction
7. Candida infections
8. Oral Cancer
9. Salivary gland diseases
10. Non-odontogenic pain: Neuralgias, atypical facial pain, burning mouth syndrome…etc.
11. TMD
12. Reactive intraoral lesions
13. Intraoral ulcers
14. Head and Neck Lymphadenopathy

Clinical Procedures
1. Rational treatment planning
2. Preventive dentistry for older adults and their caregivers
3. Restorative materials commonly used in geriatric dentistry
4. Minimally invasive Dentistry
5. Management of Post-operative complications
6. Management of bleeding complications
7. Management of oro-antral communications
8. Prosthodontic treatment planning
9. Full denture anatomy
10. Full denture impression techniques and materials
11. Full denture occlusion
12. Complete denture esthetics
13. Denture problems
14. Partial denture design
15. Denture adhesives
16. Denture Reline/Rebasing procedures
17. Implant supported Overdentures
18. Flexible Partial Dentures
19. Retrofitting crowns to partial dentures
20. Restoration of the worn dentition

Administration
1. Portable and mobile dental equipment
2. Access to Care
3. Nursing home rules and regulations
4. Review of federal and state programs and legislature for older adults
HERMAN OSTROW SCHOOL OF DENTISTRY OF USC INSTRUCTIONAL SYLLABUS – GDEN 725 EPIDEMIOLOGY, NUTRITION AND AGING FOR DENTAL RESIDENTS

Course ID: GDEN 725: Epidemiology, Nutrition, and Aging for Dental Residents
Term—Day—Time: Fall 2020

Location: Hybrid Online

Program: Masters’ Degree in Orofacial Pain and Oral Medicine, Masters’ Degree in Geriatric Dentistry, Certificate in Geriatric Dentistry, Certificate in Orofacial Pain

Residents: Master of Science in Orofacial Pain and Oral Medicine, Master of Science in Geriatric Dentistry, Certificate in Geriatric Dentistry, Certificate in Orofacial Pain

Units: 2

Instructor:
1. Roseann Mulligan, DDS, MS (Program and Course Director)
Office: Ostrow School of Dentistry of USC
AT&T Building, 1149 S. Hill St. Suite H550, L.A., CA 90015
Office Hours: Fridays 9:30 AM – 10 AM

2. Phuu Han DDS, PhD
Office: DEN #4339, Herman Ostrow School of Dentistry
Office hours: Thursdays 9:00 AM – 9:30 AM

3. Lisa Hou DDS, MS
Office: DEN #4206, Herman Ostrow School of Dentistry
Office hours: Fridays 2:00 PM – 2:30 PM

Office Hours ZOOM Meeting Code: [REDACTED]
Teaching Assistant: NA

Blackboard address: Login to https://blackboard.usc.edu: OFPM #725- Epidemiology, Nutrition and Aging for Dental Residents

Resource materials: Lecture PDF and reading materials can be downloaded from the blackboard course website. Electronic learning resources can be accessed through Wilson Dental Library.

Course Description
The purpose of this course is to educate the resident about the aging patient. Highlighted areas will include the epidemiology of oral disease in the elderly; the most common systemic diseases and the changes in disease presentations seen with aging; and the effect of altered nutrition upon healing and maintaining the health of the oral tissues as aging occurs. There will be multiple formats used in this course ranging from lectures to small group discussions, independent readings and presentations by the residents. Assigned readings and reviews and discussions of materials (videos, PowerPoint presentations and literature) are required as assigned.

Each class session will involve a 2 hour lecture. The lectures will be recorded with Panopto’s recorder and then uploaded to the online server. The students will have the URL to the video lectures, learning materials and quizzes posted on the blackboard each of which will be available to the students on the respective scheduled date. All the course materials are statistically tracked and the course instructor can determine the student participation.

Learning Objectives
Note the statements below are the Learning Objectives and outcomes at USC that are required for an Orofacial Pain and Oral Medicine resident and geriatric dentistry resident to graduate

Upon completion of the course, each student will be able to:
1. Identify, interpret and summarize the aging process and its associated epidemiologic, sociologic, psychosocial factors and the impact of these conditions on oral health, various oral disease findings and subsequent therapies.
2. Understand and recognize common medical conditions including their etiology and appropriately design a plan of action for their older adult patients who present with these conditions in a systematic fashion to achieve evidence-based treatment.
3. Acquire, interpret and summarize all physical, psychological and historical data from their patients in a systematic fashion that considers signs, symptoms, diagnosis, monitoring and disease progression and analyze medication usage and its impact to achieve an evidence-based differential diagnosis.
4. Compare global aging trends relative to life expectancy and influencing factors.
5. Explain how systemic diseases alter normal laboratory values and the rationale for ordering specific laboratory tests
6. Recognize cognitive and behavioral disorders commonly seen in older adults, including assessment and treatment methods.
7. Compare and contrast current clinical medical and oral health assessment tools.

Prerequisite(s): NA

Co-requisite(s): NA
Concurrent Enrollment: NA

Course Notes
This is a hybrid online course. The students are expected to stay current with the coursework.

Communication
- Students are required to check their USC email regularly, at least once a day. All the correspondences for the program and course related matter will be sent to your USC email ONLY.
- Students are encouraged to contact the instructor by USC email and during office hours. The instructor will reply to emails within 72 hrs, excluding holidays. The instructor does not respond to questions during the 24 hrs prior to an exam or assignment due date and WILL NOT respond to emails sent from non-USC accounts.
- While emailing the instructor, indicate the course number and your full name in the subject line. Simple questions will be answered by email but for more complex discussions, students could be instructed to have a ZOOM meeting with the instructor at the next available office hour session.
- To promote independence and critical thinking, students are encouraged to work through the following process for obtaining answers to course-related questions before contacting the instructor(s).
  - Consult the course syllabus and blackboard course instructions
  - Consult a classmate for anything that you may have missed during the class or discussion
  - Consult the IT Help desk if it is an IT question. dlohhelp@usc.edu.
  - If you have tried the above methods and did not get the answer(s) to your question(s), please email the instructor through your USC email.

Technological Proficiency and Hardware/Software Required
Computer and Software Recommendations for the Online Programs at Herman Ostrow School of Dentistry of USC: The following are the minimum recommended specifications for Hardware/Software required.
Windows: (Laptop recommended)
- Microsoft Windows 10 Professional or later
- Processor: Intel Core i5 or higher
- Memory (RAM): 4GB or higher
- Hard Drive: 256GB
- Built-in HD WebCAM
- Network Connectivity: Wireless (WIFI) and/or Wired Gigabit LAN for Internet access
- Microsoft Office Suite 2013 or later (Suite must include PowerPoint)
  - Currently enrolled students have access to USC’s Microsoft Office software. Go to https://itservices.usc.edu/office/ to download and install.
- Mozilla Firefox Browser (latest version)

Apple: (MacBook Pro recommended)
- MAC OS X 10.13 “High Sierra” or later
• Processor: Intel Core i5 or higher
• Memory (RAM): 4GB or higher
• Hard Drive: 256GB
• Built-in HD WebCAM
• Network Connectivity: Wireless (WIFI) and/or Wired Gigabit LAN for Internet access
• Microsoft Office for MAC 2013 or later (Suite must include PowerPoint)
  - Currently enrolled students have access to USC’s Microsoft Office software. Go to https://itservices.usc.edu/office/ to download and install.
• Mozilla Firefox Browser (latest version)

Miscellaneous Hardware:
• External USB Headset with microphone and noise cancellation for video conferences
• USB Hard Drive for data backup

Internet:
• Minimum of 5 Megabit per second (Mbps) download speed/bandwidth and 5 Mbps upload speed/bandwidth.
• Test your Internet connection’s bandwidth and performance at http://www.speedtest.net

Technical Support:
• Students can request technical support for program related issues by emailing the Distance Learning Office help desk at dlohelp@usc.edu.

USC Technology Support Links
Zoom information for students
Blackboard help for students
Software available to USC Campus

Optional Materials
Residents are expected to attend all the lectures and review the pdf of the lectures made available to them. The primary resource for this course is the course manual available on Blackboard. Selected reading assignments are given as PDF files or links associated with each lectures. The following textbooks are recommended for further reading.

1. Medline and Cochrane Database
2. Joseph J. Gallo (Editor), Jan Busby-Whitehead (Editor), Peter V. Rabins (Editor), Rebecca A. Silliman (Editor), John B. Murphy (Editor), William Reichel (Editor) Reichel's Care of the Elderly: Clinical Aspects of Aging (7th Edition) Lippincott Williams & Wilkins, Baltimore, MD 2016.
Description and Assessment of Assignments

1. Grading Elements: There are 3 elements to the grade in this course including (1) viewing the lectures and taking and passing the weekly quiz (50% of final grade), (2) completing satisfactorily the homework assignments and any learning need assigned (10% of final grade) and (3) the final written examination score (40% of final grade).

A) Participation/Weekly Quiz: All students must view each lecture from start to finish (all views and time viewing are tracked and there are 15-16 lectures per trimester). The students must also take and pass the lecture-associated short multiple-choice quiz (5-10 questions) on a timely basis (no more than 2 weeks after the lecture is posted). All lectures and quizzes missed without a legitimate medical or a program director’s approve excuse will result in a zero score for each missed lecture or quiz. Advance notice for any absence is required unless an unexpected severe illness or related serious event precludes such advance planning or notification. If an emergency develops, Drs. Mulligan and Han should be notified by phone, text or email as soon as possible. In some cases, at the discretion of the course director, a lecture make up assignment may be offered and it is most likely to be an additional homework assignment and audio recorded case presentation.

B) Homework assignments: This course has at least one scheduled homework assignment with specific due dates. As the course director sees fit, additional individual homework assignments (learning needs) may be given to online residents. The resident will have until the end of the course to prepare and upload these extra assignments. Homework assignments will involve the online resident in preparing two case reports with associated 15 min PPT presentations with audio narration. All homework assignments must be uploaded into the designated file exchange folder on the blackboard course website. The homework will be assigned 10 points of the final course grade and will be judged by the faculty. Turning in a homework assignment after this date/time will result in a zero grade for the homework and is unacceptable and may be grounds for a failing grade in the course.

C) Final Exam: The final exam will usually contain 50-100 multiple choice questions (MCQ) derived directly from the weekly lectures, course manual and the reading materials.

2. Grading Criteria: Students who complete the course will be issued a grade as follows:
   “A” grade will be issued to the student who: achieves a 90-100% or higher score
   “B” grade will be issued to the student who: achieves a 80 – 89% of the score
   “C” grade will be issued to the student who: achieves a 70 – 79% of the score
   “F” grade will be issued to the student who: achieves below a 70% of the score

   NOTE: An F grade will be issued for any student who fails to submit satisfactory assignments.
   + or – on the grade can be given for final grading.

3. Remediation: Failure to pass any of the three elements of the course will lead to a failing grade in the course. If a failing grade is issued, appropriate action will be taken (usually the student is placed on probation) and an individualized remediation opportunity will be created and administered usually within a few weeks of the beginning of the next trimester. Failure to pass the remediation test/activity will mean the second failing grade and again appropriate action will be taken (usually the student is required to repeat the course or may be dismissed from the program). NOTE: Students who do not achieve a B or higher
grade point average may be placed on probation and they may be required to raise their grades or they will be dismissed from the program after two consecutive below B grade point average trimesters.

Grading Breakdown

<table>
<thead>
<tr>
<th>Assignment</th>
<th>% of Grade</th>
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<tbody>
<tr>
<td>Participation/Weekly Quizzes</td>
<td>50%</td>
</tr>
<tr>
<td>Homework Assignments</td>
<td>10%</td>
</tr>
<tr>
<td>Final Exam</td>
<td>40%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</tbody>
</table>

Course-specific Policies (Assignment Submission, Grading Timeline, Late work, and Technology)

**Assignment Submission**
Homework assignment files are to be uploaded on Blackboard the latest on the due date Friday Nov 13, 2020. Two case work up and narrative PowerPoint presentations are required for the homework. Please check Blackboard for more detail.

**Grading Timeline**
Weekly quizzes and homework assignments will be graded within 2 weeks of submission.

**Late work**
Quizzes are to be completed two weeks after the release of the lecture. The student may still access the quiz and complete it, but points will be deducted for late submission. Late homework assignments will also have points deducted from the final score (10 points per every 24 hrs past due date).

**In Class Participation**
The students are required to finish the lectures and reading assignments weekly. During the lectures, the students may need to complete pop up quizzes.

**Zoom etiquette**
Please make sure everyone can participate with both video and audio communication. Please pay attention and respect the presenter. When not presenting, please mute your microphone to prevent feedback. When you have question to the presenter, use the raise hand option or chat box to alert the faculty that you have question and wait for the presenter to respond to you. Please contact the faculty prior to the class session to discuss expectations and accommodations needed if any student(s) is/are not able to keep the camera on during the ZOOM session.

**Sharing of course materials outside of the course**
USC has a policy that prohibits sharing any synchronous and asynchronous course content outside of the course.
SCampus Section 11.12(B)
Distribution or use of notes or recordings based on university classes or lectures without the express permission of the instructor for purposes other than individual or group study is a violation of the USC Student Conduct Code. This includes, but is not limited to, providing materials for distribution by services publishing class notes. This restriction on unauthorized use also applies to all information, which had been distributed to students or in any way had been displayed for use in relationship to the class, whether obtained in class, via email, on the Internet or via any other media. (See Section C.1 Class Notes Policy).

Course Evaluation
Course evaluation occurs at the end of the semester university-wide. It is an important review of students’ experience in the course. Please evaluate the course content and the faculty assessing elements that meet or exceed your expectations or needs improvement in the course. Mid-sememester evaluation may be released.

Course Schedule: A Weekly Breakdown
The course begins on the first week of the Trimester. There are 15 sessions in the course and the topics are listed below in the table. Each session of the course will have a particular focus. Frequently the focus will be on a body system. An understanding of the physiology, histology, pathology and pathophysiology of the relevant system will be covered. Case formats may be used at times to elucidate particular conditions.
<table>
<thead>
<tr>
<th>Week 1</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>01 - Global and Local Trends in Aging Epidemiology I</td>
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<tr>
<td></td>
<td>02 - Global and Local Trends in Aging Epidemiology II</td>
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<thead>
<tr>
<th>Week 2</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>Complete Geriatric Assessment and Screening</td>
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<tr>
<th>Week 3</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>Depression in Older Adults</td>
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<tr>
<th>Week 4</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>Suicide: Direct and Indirect Self – destructive Behaviors</td>
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<tr>
<th>Week 5</th>
<th>Topics/Daily Activities</th>
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<tr>
<td></td>
<td>Anemia in Older Adults</td>
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<tr>
<th>Week 6</th>
<th>Topics/Daily Activities</th>
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<tr>
<td></td>
<td>Health Aging: Nutrition Needs and Food Access for Older Adults</td>
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<tr>
<th>Week 7</th>
<th>Topics/Daily Activities</th>
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<tr>
<td></td>
<td>Over and Under Nutritional in the Elderly I</td>
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<tr>
<td></td>
<td>Over and Under Nutritional in the Elderly II</td>
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<tr>
<th>Week 8</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>Gastrointestinal Disease in Older Adults</td>
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<tr>
<th>Week 9</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>Geropharmacokinetics and Geropharmacodynamics</td>
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<th>Week 10</th>
<th>Topics/Daily Activities</th>
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<tr>
<td></td>
<td>Polypharmacy and Medication Related Problems</td>
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<tr>
<th>Week 11</th>
<th>Topics/Daily Activities</th>
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<tr>
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<td>Adherence to Treatment Regimens, Substance Misuse and Abuse in Older Adults</td>
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<tr>
<th>Week 12</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>Use of Herbal and Dietary Supplements and Alternative Medicine in Older Adults</td>
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<tr>
<th>Week 13</th>
<th>Topics/Daily Activities</th>
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<tr>
<td></td>
<td>Constipation and Fecal Incontinence</td>
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<tr>
<th>Week 14</th>
<th>Topics/Daily Activities</th>
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<tr>
<td></td>
<td>Homework Assignment Due</td>
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<table>
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<tr>
<th>FINAL</th>
<th>Topics/Daily Activities</th>
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<tbody>
<tr>
<td></td>
<td>Final Exam</td>
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**Herman Ostrow School of Dentistry New Policies (effective Fall 2018):**
The following Statements have been drafted by the University and augmented with School specific details. They will be automatically included in all syllabi.

**Statement on Academic Conduct and Support Systems**

**Academic and Professional Conduct (Ostrow SPPEC):** Should there be any suspicion of academic, professional or ethical dishonesty, students are referred to the Ostrow Student Professional Performance Evaluation Committee (SPPEC). The review process can be found in the Code of Ethics and Behavioral Guidelines on the School intranet.
**Emergencies (Ostrow):** If an officially declared emergency makes travel to campus infeasible, USC Emergency Information [http://emergency.usc.edu/](http://emergency.usc.edu/) will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, case library, intranet, email listserv, and other technology. In addition, the Herman Ostrow School of Dentistry provides the case library, intranet, email listserv, and other technologies specific to the school. Ostrow students should access the Ostrow School of Dentistry Intranet for additional specific information in the event of an emergency.

**In the Event of Technical Breakdowns (Ostrow):** Students may submit assignments to the instructor via e-mail by the posted due date. Remember to frequently back up your work, post assignments once completed, load files onto a digital drive, and keep a hard copy of papers/projects.

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**Statement on Academic Conduct and Support Systems**

*The current Statement on Academic Conduct and Support Systems is a required component of all USC syllabi and is updated yearly. Faculty should use the latest version of the Statement on Academic Conduct and Support Systems found in the Curriculum Coordination Office’s Syllabus Template. The Statement below is current as of August 2018*

**Statement on Academic Conduct and Support Systems**

**Academic Conduct:**

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in SCampus in Part B, Section 11, “Behavior Violating University Standards” [policy.usc.edu/scampus-part-b](http://policy.usc.edu/scampus-part-b). Other forms of academic dishonesty are equally unacceptable. See additional information in SCampus and university policies on scientific misconduct, [policy.usc.edu/scientific-misconduct](http://policy.usc.edu/scientific-misconduct).

**Support Systems:**

*Counseling and Mental Health - (213) 740-9355 – 24/7 on call*

[studenthealth.usc.edu/counseling](http://studenthealth.usc.edu/counseling)

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

*National Suicide Prevention Lifeline - 1 (800) 273-8255 – 24/7 on call*

[ suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)
Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

*Relationship and Sexual Violence Prevention Services (RSVP) - (213) 740-9355(WELL), press “0” after hours – 24/7 on call*

studenthealth.usc.edu/sexual-assault

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

*Office of Equity and Diversity (OED) - (213) 740-5086 | Title IX – (213) 821-8298*
equity.usc.edu, titleix.usc.edu

Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

*Reporting Incidents of Bias or Harassment - (213) 740-5086 or (213) 821-8298*

usc-advocate.symplicity.com/care_report

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity and Diversity |Title IX for appropriate investigation, supportive measures, and response.

*The Office of Disability Services and Programs - (213) 740-0776*
dsp.usc.edu
Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

*USC Campus Support and Intervention - (213) 821-4710*
campussupport.usc.edu
Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

*Diversity at USC - (213) 740-2101*
diversity.usc.edu
Information on events, programs and training, the Provost’s Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

*USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call*
dps.usc.edu, emergency.usc.edu
Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

*USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call*  
dps.usc.edu  
Non-emergency assistance or information.
HERMAN OSTROW SCHOOL OF DENTISTRY OF USC INSTRUCTIONAL SYLLABUS – GDEN 731 GDEN Case Portfolio Preparation for Dental Residents

Course ID: GDEN – 731: GDEN Case Portfolio Preparation for Dental Residents
Location: Virtual - Synchronous, ZOOM Meeting Code: 998-8344-3770, Password: 054609
Program: Master’s Degree in Geriatric Dentistry, Graduate Certificate in Geriatric Dentistry program
Residents: Online Students of Master’s Degree in Geriatric Dentistry and Certificate in Geriatric Dentistry
Term-Day-Time: Fall 2020, Weekly on Fridays 8:00 -9:30 am
Units: 0.5 unit, Repeatable for a maximum of two trimesters
Instructor:
1. Roseann Mulligan, DDS, MS (Program and Course Director)
   Office: Ostrow School of Dentistry of USC
   AT&T Building, 1149 S. Hill St. Suite H550, L.A., CA 90015
   Office hours: Fridays 9:30 AM – 10:00 AM

2. Phuu Han DDS, PhD
   Office: DEN #4339, Herman Ostrow School of Dentistry
   Office hours: Thursdays 9:00 AM – 9:30 AM

3. Lisa Hou DDS, MS
   Office: DEN #4206, Herman Ostrow School of Dentistry
   Office hours: Fridays 2:00 PM – 2:30 PM

4. Mehdi Mohammadi
   Office: DEN #4331, Herman Ostrow School of Dentistry
   Office Hour: Wednesdays 1:30 PM – 2:00 PM

Office Hours ZOOM Meeting Code:

TA/Volunteers: N/A
Blackboard address: Login to https://blackboard.usc.edu
Resource materials: Case PDF can be downloaded from the blackboard course website. Electronic learning resources can be accessed through Wilson Dental Library.

Course/Unit Description: This is a case portfolio presentation course where students must: (A) participate in weekly online (web-based) conference presentations and discussions of de-identified composite patient cases that have been posted for discussion and analysis; (B) oral and written presentation of assigned weekly cases/questions; (C) based on these weekly discussions the students will be given a set of case-driven learning need assignments that they must deliver within one week after the assignment at the appropriate scheduled weekly follow-up case conference. Apart from the weekly conferences, residents also need to prepare their own case workups for the e-Portfolio as described below.

Master degree students: The residents are expected to select, prepare and defend their e-Portfolio that includes their own work ups of 18 de-identified patient cases. The specific focus of the last trimester (summer of year 3) of the master program will involve the residents in the presentation and defense (GDEN 732) of their approach to the 18 de-identified patient cases that they have documented. Six of the 18 cases are due at the end of this term.

Certificate students: The students are expected to select, prepare and defend their e-Portfolio that includes their own work-ups of 6 de-identified patient cases. At the end of the certificate program, the residents need to present their approach to 6 de-identified patient cases that they have documented. Three of 6 cases are due at the end of this term.

Course/Unit Objectives/Outcomes: Upon completion of the course, each student will: be able to 1) identify, interpret and summarize the aging process and its associated epidemiologic, sociologic, psychosocial factors and the impact of these conditions on oral health, various oral disease findings and subsequent therapies; 2) understand and recognize common medical conditions including their etiology and appropriately design a plan of action for their older adult patients who present with these conditions in a systematic fashion to achieve evidence-based treatment; 3) acquire, interpret and summarize all physical, psychological and historical data from their patients in a systematic fashion that considers signs, symptoms, diagnosis, monitoring and disease progression; and, 4) analyze medication usage and its impact to achieve an evidence-based differential diagnosis. This course will focus on geriatric cases with significant medical conditions that require dental management modifications.

Prerequisite(s): NA

Co-requisite(s): NA

Concurrent Enrollment: NA

Recommended preparation: Students should be familiar with medications, medical conditions and dental treatment modifications pertinent to treating older dental patients.

Course Notes
This course is a synchronous virtual course with active discussion format between faculty, student and peers.

**Communication**

- Students are required to check their USC email regularly, at least once a day. All the correspondences for the program and course related matter will be sent to your USC email ONLY.
- Students are encouraged to contact the instructor by USC email and during office hours. The instructor will reply to emails within 72 hrs, excluding holidays. The instructor does not respond to questions during the 24 hrs prior to an exam or assignment due date and WILL NOT not respond to emails sent from non-USC accounts.
- While emailing the instructor, indicate the course number and your full name in the subject line. Simple questions will be answered by email but for more complex discussions, students could be instructed to have a ZOOM meeting with the instructor at the next available office hour session.
- To promote independence and critical thinking, students are encouraged to work through the following process for obtaining answers to course-related questions before contacting the instructor(s).
  - Consult the course syllabus and blackboard course instructions
  - Consult a classmate for anything that you may have missed during the class or discussion
  - Consult the IT Help desk if it is an IT question. dlohelp@usc.edu.
  - If you have tried the above methods and did not get the answer(s) to your question(s), please email the instructor through your USC email.

**Technological Proficiency and Hardware/Software Required:**

Computer and Software Recommendations for the Online Programs at Herman Ostrow School of Dentistry of USC: The following are the minimum recommended specifications for Hardware/Software required.

**Windows:** (Laptop recommended)

- Microsoft Windows 10 Professional or later
- Processor: Intel Core i5 or higher
- Memory (RAM): 4GB or higher
- Hard Drive: 256GB
- Built-in HD WebCAM
- Network Connectivity: Wireless (WIFI) and/or Wired Gigabit LAN for Internet access
- Microsoft Office Suite 2013 or later (Suite must include PowerPoint)
  - Currently enrolled students have access to USC’s Microsoft Office software. Go to https://itservices.usc.edu/office/ to download and install.
- Mozilla Firefox Browser (latest version)

**Apple:** (MacBook Pro recommended)

- MAC OS X 10.13 “High Sierra” or later
- Processor: Intel Core i5 or higher
- Memory (RAM): 4GB or higher
- Hard Drive: 256GB
- Built-in HD WebCAM
- Network Connectivity: Wireless (WIFI) and/or Wired Gigabit LAN for Internet access
- Microsoft Office for MAC 2013 or later (Suite must include PowerPoint)
  - Currently enrolled students have access to USC’s Microsoft Office software. Go to https://itservices.usc.edu/office/ to download and install.
- Mozilla Firefox Browser (latest version)

Miscellaneous Hardware:
- External USB Headset with microphone and noise cancellation for video conferences
- USB Hard Drive for data backup

Internet:
- Minimum of 5 Megabit per second (Mbps) download speed/bandwidth and 5 Mbps upload speed/bandwidth.
- Test your Internet connection’s bandwidth and performance at http://www.speedtest.net

Technical Support:
- Students can request technical support for program related issues by emailing the Distance Learning Office help desk at dlohelp@usc.edu.

USC Technology Support Links
Zoom information for students
Blackboard help for students
Software available to USC Campus

Technology Policies
Students are required to test their computer, headphone, camera, install needed software and internet connectivity prior to each class session. During the scheduled class session, all students are requested to turn on video and audio (as requested by the instructor).

In-Class Work Policies
Students are required to attend all class sessions and participate in active discussion with peers and faculty. This will be considered as In-Class work and active participation will account for one to three points toward the grade for each class session. Students who miss the In-Class work due to arriving late, leaving early or missing the class as a whole will not have an opportunity for making up the work.

Schedule: On a weekly basis a video conference will be held wherein every student in the course will attend and present cases as assigned. The weekly schedule of meetings is published on the blackboard website at the corresponding course location.

Description and Assessment of Assignments:
On a weekly basis video conferences will be held wherein every student will attend and present their responses to assigned questions or cases. The weekly schedule of meetings is published in blackboard at the corresponding course website.
Students are required to submit their assignment one week prior to the actual case presentation date to give time for the faculty and their peers to read each assignment prior to the following week’s discussion. Late work will be penalized by a 10% deduction in earned grade every 24 hrs late unless due to an emergency that is excused by the instructor(s). Email instructor as soon as possible to discuss alternate arrangements if/when there is an emergency.

Course/Unit Requirements and Grading/Evaluation:

1. Grading Elements: There are 3 elements to the grade in this course including:

A) Participation at the weekly video conferences: All students must actively attend each video conference from beginning to end (there are 12 - 16 sessions per trimester and participation is important). If a student does not actively participate (i.e. asks questions during the various case presentations) they may be asked a question by the faculty member and the student’s response will be considered as part of the participation score for each session. All sessions missed without a legitimate medical or a program director’s approved excuse must be made up (see below). Advance notice for any absence is required unless an unexpected and severe illness or related serious event precludes such advance planning or notification. Missing a video conference requires that an instructor of the course be notified by phone, text or email prior to the session or as soon as possible thereafter. There will be a session make up assignment such as an additional homework assignment, audio recorded case presentation or equivalent activity as determined by the faculty. When the session is missed without a legitimate medical or approved excuse, the student will not be able to make up the 3 points in class participation during the live session as previously stated in the In-Class participation policy.

B) Oral and written presentation of the weekly assigned cases: Every resident in this course will be assigned case questions for presentation. This means that every student will have to work up a case, answer the assigned case questions, submit their written answers to the group’s file exchange folder (no later than ONE WEEK before the scheduled video conference addressing that case). Across the entire trimester each resident will have to prepare 12 cases. While each student will have assigned question(s) they are responsible for, these presentations are considered a “group activity” and every student is expected to read and review the submitted answers of the other students before the video conference. Each of the presentations will be scored based on the quality of the written response and the oral presentations (see the grading rubric). The total score for these cases will be calculated and then assigned to every student in the group. Relevant questions may be posed during these presentations to either the case presenter or to other members of the group and the quality of the responses will be computed as part of the presentation score.

C) Satisfactory completion of assigned “learning need” during the trimester: As the course director or other faculty in attendance sees fit, additional individual homework assignments (learning needs) may be given to online residents. The resident will have 1 week to prepare
and upload these extra assignments. Not turning in the learning assignment or if the learning need assignment is considered not properly done will result in a deduction to the presentation grade for that case.

**Grading Rubric for each case/week (Total 18 points)**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EXCELLENT (3 points)</th>
<th>MEETS EXPECTATIONS (2 points)</th>
<th>NEEDS IMPROVEMENT (1 point)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Assignment</td>
<td>All written assignments (assigned question for the case, preventive plan, medical condition prioritization chart) submitted on time.</td>
<td>The majority of the written assignments submitted on time but not all. Some important components are missing.</td>
<td>Less than half to none of the written assignments (assigned question for the case, preventive plan, medical condition prioritization chart) submitted past the due date.</td>
</tr>
<tr>
<td>Case Submission</td>
<td>The assigned question is very clearly answered; the preventive plan is tailored to the case; the student can explain clearly the significance of medical conditions of the case.</td>
<td>The assigned question is answered but missing certain details; the preventive plan is written generically without specifics for the case; the student can explain the significance of some medical conditions.</td>
<td>The assigned question is not answered or incomplete; the preventive plan is generalized; the student only lists the medical conditions and unable to describe the significance of each condition.</td>
</tr>
<tr>
<td>Focus</td>
<td>Outside sources are incorporated logically, insightfully, and elegantly; sources are documented accurately; Sources are derived from legitimate scientific works.</td>
<td>Source material is incorporated logically and adequately; sources are documented accurately for the most part and are derived from legitimate scientific works.</td>
<td>Source material is never incorporated or incorporated inappropriately or unclearly; documentation is inaccurate. Sources are not derived from legitimate scientific works.</td>
</tr>
</tbody>
</table>

**Synchronous Session**
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EXCELLENT (3 points)</th>
<th>MEETS EXPECTATIONS (2 points)</th>
<th>NEEDS IMPROVEMENT (1 point)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>All main and supporting points are supported by specific and highly effective examples/evidence; the main and supporting points all relate to the case.</td>
<td>Most main and supporting points include specific evidence/examples; most main and supporting points relate to the case and are of good quality.</td>
<td>Main points are not supported by specific examples/evidence; little or no supporting material is used, or it is of poor quality; main and supporting points do not relate to the case</td>
</tr>
<tr>
<td>Delivery</td>
<td>The presentation is concise; Speech is clear and comprehensible; student is articulate in explaining the concept instead of reading off the writeup; gestures and verbal cues are used to reinforce particularly important ideas; Adheres to time limit/requirement.</td>
<td>The presentation answers the question; Speech is not always clear and comprehensible; student is articulate in explaining the concept but reading off the writeup; gestures and verbal cues are sometimes used to reinforce particularly important ideas; Adheres to time limit/requirement.</td>
<td>The presentation does not answer the question clearly; Speech is unclear and incomprehensible; student is not able to articulate the concept or simply reading off the writeup; gestures and verbal cues are not used to reinforce particularly important ideas; Exceeds time limit/requirement.</td>
</tr>
<tr>
<td>In Class Participation</td>
<td>The student is attentive at all time; the student is engaging with the material and other presentations respectfully; the student is actively participating in the discussion (such as asking insightful questions pertaining to the case).</td>
<td>The student is somewhat attentive and engaged with the material and other presentations; the student participates minimally during the discussion.</td>
<td>The student is not attentive and engaged with the material; the student does not participate during the discussion or is disruptive and disrespectful during the discussion.</td>
</tr>
</tbody>
</table>

2. **Grading Scale:** Students who complete the course will be issued a grade as follows:
   - “A” grade will be issued to the student who: achieves a 90-100% or higher score
   - “B” grade will be issued to the student who: achieves a 80 – 89% of the score
   - “C” grade will be issued to the student who: achieves a 70 – 79% of the score
   - “F” grade will be issued to the student who: achieves below a 70% of the score

   **NOTE:** An F grade will be issued for any student who fails to submit satisfactory assignments. + or – on the grade can be given for final grading.

3. **Remediation:** If a student gets a F grade for the course, s/he will have to prepare and submit a replacement case(s)/homework assignment as instructed by the faculty. These replacement
cases/homework assignments must be judged to be at least “average” in accomplishment in order to be acceptable. If that is achieved the course grade will be changed to a “C” as a minimum but at no time will an A be given for remedial work. Failure to pass the remediation test/activity will mean the resident will be recommended for dismissal from the program and his/her performance record will be forwarded by the course director to the program director and the appropriate committee in the school for review and action.

**Assignment Submission**
Every student will have assigned question(s) per each case and the answer to the assigned question(s) must be submitted to the file exchange folder with the final name as Case number, question number, student name e.g Case 006_Q1_Mary Poppins. Independent work for prioritization of the relevant medical conditions and the individualized preventive plan for the case are to be submitted to each case assignment folder with the case number and the designation of contents and the student name e.g Case 006_Prioritization of Medical Condition_Mary Poppins. The independent work should not be shared among the class peers.

**Grading Timeline**
Students will be graded weekly for each case according to the grading rubric at the end of the video conferencing session. Grading updates will be completed in the week following the student(s) submission and the relevant video session or the resubmission when needed.

**Late work**
If a student misses a session or multiple sessions without a legitimate excuse, the student will need to work up and present the whole case(s) he/she missed (not only the assigned questions) for remediation but will not be able to make up the 10% In-class participation.

If a student misses a session or sessions due to legitimate medical concerns or an emergency, the student will need to work up and present the whole case(s) he/she missed (not only the assigned questions) for the remediation to be eligible for “A” grade.

**Zoom etiquette**
Please make sure everyone can participate with both video and audio communication. Please pay attention and respect the presenter. When not presenting, please mute your microphone to prevent feedback. When you have question to the presenter, use the raise hand option or chat box to alert the faculty that you have question and wait for the presenter to respond to you. Please contact the faculty prior to the class session to discuss expectations and accommodations needed if any student(s) is/are not able to keep the camera on during the ZOOM session.

**Sharing of course materials outside of the course**
USC has a policy that prohibits sharing any synchronous and asynchronous course content outside of the course.

SCampus Section 11.12(B)
Distribution or use of notes or recordings based on university classes or lectures without the express permission of the instructor for purposes other than individual or group study is a violation of the USC Student Conduct Code. This includes, but is not limited to, providing materials for
distribution by services publishing class notes. This restriction on unauthorized use also applies to all information, which had been distributed to students or in any way had been displayed for use in relationship to the class, whether obtained in class, via email, on the Internet or via any other media. (See Section C.1 Class Notes Policy).

Course Evaluation
Course evaluation occurs at the end of the semester university-wide. It is an important review of students’ experience in the course. Please evaluate the course content and the faculty assessing elements that meet or exceed your expectations or needs improvement in the course. Mid-semester evaluation may be released.

Course Schedule: A Weekly Breakdown

<table>
<thead>
<tr>
<th>Week/Case</th>
<th>Submission Date</th>
<th>Presentation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1 – Case 006</td>
<td>Aug 21</td>
<td>Aug 28</td>
</tr>
<tr>
<td>Week 2 – Case 007</td>
<td>Aug 28</td>
<td>Sept 04</td>
</tr>
<tr>
<td>Week 3 – Case 015</td>
<td>Sept 04</td>
<td>Sept 11</td>
</tr>
<tr>
<td>Week 4 – Case 016</td>
<td>Sept 11</td>
<td>Sept 18</td>
</tr>
<tr>
<td>Week 5 – Case 017</td>
<td>Sept 18</td>
<td>Sept 25</td>
</tr>
<tr>
<td>Week 6 – Case 018</td>
<td>Sept 25</td>
<td>Oct 02</td>
</tr>
<tr>
<td>Week 7 – Case 026</td>
<td>Oct 02</td>
<td>Oct 09</td>
</tr>
<tr>
<td>Week 8 – Case 027</td>
<td>Oct 09</td>
<td>Oct 16</td>
</tr>
<tr>
<td>Week 9 – Case 034</td>
<td>Oct 16</td>
<td>Oct 23</td>
</tr>
<tr>
<td>Week 10 – Case 037</td>
<td>Oct 23</td>
<td>Oct 30</td>
</tr>
<tr>
<td>Week 11 – Case 038</td>
<td>Oct 30</td>
<td>Nov 06</td>
</tr>
<tr>
<td>Week 12 – Case 039</td>
<td>Nov 06</td>
<td>Nov 13</td>
</tr>
</tbody>
</table>

There is no final exam for this course.

Statement on Academic Conduct and Support Systems

Statement on Academic Conduct and Support Systems (Ostrow Specific)

Academic and Professional Conduct (Ostrow SPPEC): Should there be any suspicion of academic, professional or ethical dishonesty, students are referred to the Ostrow Student Professional Performance Evaluation Committee (SPPEC). The review process can be found in the Code of Ethics and Behavioral Guidelines on the School intranet.

Emergencies (Ostrow): If an officially declared emergency makes travel to campus infeasible, USC Emergency Information http://emergency.usc.edu/will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, case library, intranet, email listserv, and other technology. In addition, the Herman Ostrow School of Dentistry provides the case library, intranet, email listserv, and other technologies specific to the school. Ostrow students should access the Ostrow School of Dentistry Intranet for additional specific information in the event of an emergency.
In the Event of Technical Breakdowns (Ostrow): Students may submit assignments to the instructor via e-mail by the posted due date. Remember to frequently back up your work, post assignments once completed, load files onto a digital drive, and keep a hard copy of papers/projects.

Statement on Academic Conduct and Support Systems (University)

The current Statement on Academic Conduct and Support Systems is a required component of all USC syllabi and is updated yearly. Faculty should use the latest version of the Statement on Academic Conduct and Support Systems found in the Curriculum Coordination Office’s Syllabus Template. The Statement below is current as of August 2018

Academic Conduct:

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in SCampus in Part B, Section 11, “Behavior Violating University Standards” policy.usc.edu/scampus-part-b. Other forms of academic dishonesty are equally unacceptable. See additional information in SCampus and university policies on scientific misconduct, policy.usc.edu/scientific-misconduct.

Support Systems:

Counseling and Mental Health - (213) 740-9355 – 24/7 on call studenthealth.usc.edu/counseling
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline - 1 (800) 273-8255 – 24/7 on call suicidepreventionlifeline.org
Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Relationship and Sexual Violence Prevention Services (RSVP) - (213) 740-9355(WELL), press “0” after hours – 24/7 on call studenthealth.usc.edu/sexual-assault
Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

Office of Equity and Diversity (OED) - (213) 740-5086 | Title IX – (213) 821-8298 equity.usc.edu, titleix.usc.edu
Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

Reporting Incidents of Bias or Harassment - (213) 740-5086 or (213) 821-8298
Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity and Diversity [Title IX for appropriate investigation, supportive measures, and response.

The Office of Disability Services and Programs - (213) 740-0776
dsp.usc.edu
Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

USC Campus Support and Intervention - (213) 821-4710
campussupport.usc.edu
Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Diversity at USC - (213) 740-2101
diversity.usc.edu
Information on events, programs and training, the Provost’s Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call
dps.usc.edu, emergency.usc.edu
Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call
dps.usc.edu
Non-emergency assistance or information.

Students to consult the latest COVID-19 testing and health protocol requirements for on campus courses and Continuously updated requirements can be found on the USC COVID-19 resource center website.
CAGS in Geriatric Dental Medicine

Contact

For contact information, please visit the School of Dental Medicine’s Geriatric Dental Medicine Residency website.

The purpose of the Certificate of Advanced Graduate Study (CAGS) in Geriatric Dental Medicine (GDM) is to train students in the treatment of geriatric patients and adult patients with special needs. The CAGS in GDM will utilize a combination of classroom education, clinical teaching, and clinical education. This 12-month program offers experiences with diverse patient populations in a variety of settings including a long-term care facility, nursing homes, a home care program in the greater Boston area, and a conventional dental clinic. It is designed for qualified dentists who have completed an accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR) program, or have at least two years of clinical experience after graduation from dental school. Students will practice on an interprofessional team, interacting with dental specialists and other clinicians from across a variety of health care disciplines.

Curriculum

The certificate program of study includes didactic, educational, and comprehensive patient care experiences preparing students to effectively treat adult and geriatric patients living with complex medical conditions and/or special needs.

First Semester

- SDM OS 761 Medical Concerns of the Dental Patient
- SDM PH 763 Bioethics and Law
- SDM PH 780 Geriatrics and Gerontology Seminar
- SDM PR 813 Literature Review in General Dentistry
Second Semester

- SDM GD 918 Student Teaching
- SDM PR 780 Medically Compromised Adults and Older Adults in a Clinical Setting: The Geriatric Dental Medicine Patient and Adults Living Longer with Special Needs
- SDM PR 810 Case Presentation and Treatment Planning Seminar

Completion is not tracked by credit accumulation but by successful completion of individual courses and duration requirements.

Proficiencies

Graduates will be proficient in all aspects of oral health care for the older adult patient and adults living with special needs. This includes, but is not limited to, the assessment of the patient and delivery of comprehensive multidisciplinary oral health care; clear communication of treatment plans to patients, families, and caregivers; the replacement of teeth using fixed and removable appliances; periodontal therapy; endodontic therapy; treatment of medical and dental emergencies; medical risk management; the application of ethical reasoning, decision making, and professional responsibility as they pertain to the academic environment, research, patient care, and practice management; and effectively teaching dental students in several oral health subjects. The students will also gain an understanding of end of life care that includes palliative care, hospice care, and the ethical decision of when it is best to treat or not to treat the issues presented.
POLICIES AND PROCEDURES FOR ACCREDITATION OF PROGRAMS IN A NEW DENTAL EDUCATION AREA OR DISCIPLINE

In the initiation of an accreditation review process for programs in a dental education area or discipline, the Commission on Dental Accreditation seeks only to ensure the quality of the education programs in the area or discipline, for the benefit and protection of both the public and students/residents. The Commission’s accreditation process is intended to promote and monitor the continuous quality and improvement of dental education programs and does not confer dental specialty status nor endorse dental disciplines.

Items 1 through 4 listed below provide a framework for the Commission in determining whether a process of accreditation review should be initiated for the new dental education area or discipline. Each item must be addressed in a formal, written request to establish an accreditation process for programs in an area or discipline of dentistry.

1. Does the dental education area or discipline align with the accrediting agency’s mission and scope?

   Elements to be addressed:
   - Define the nationally accepted scope of the dental education area or discipline.
   - List the nationally accepted educational goals and objectives of the dental education area or discipline.
   - Describe how the area or discipline aligns with the Commission on Dental Accreditation’s mission and scope.
   - Describe the quality of the dental education area or discipline, and need for accreditation review of the programs, as an important aspect to the health care of the general public. Include evidence that the area of knowledge is important and significant to patient care and dentistry.
   - Provide evidence that the programs are academic programs sponsored by an institution accredited by an agency legally authorized to operate and recognized by the United States Department of Education or, as applicable, by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS), rather than a series of continuing education experiences.
   - Describe the sponsoring, professional organization/association(s), if any, and (if applicable) the credentialing body, including the following information:
     - number of members;
     - names and contact information of association officers;
     - list of sponsored continuing education programs for members within the last five (5) years; and
     - for credentialing body: exam criteria; number of candidates; and pass rate for the past five (5) years.
2. Is there a sufficient body of knowledge to educate individuals in a distinct dental education area or discipline, not merely one or more techniques?

Elements to be addressed:

- Describe why this area of knowledge is a distinct dental education area or discipline, rather than a series of just one or more techniques.
- Describe how scientific dental knowledge in the education area or discipline is substantive to educating individuals in the education area or discipline.
- Document the complexity of the body of knowledge of the education area by identifying specific techniques and procedures.
- List the nationally accepted competency statements and performance measures for the dental education area.
- Identify the distinct components of biomedical, behavioral and clinical science in the dental education area or discipline.
- Provide documentation that there is a body of established, substantive, scientific dental knowledge that underlies the dental education area or discipline.
- Document that the dental education program is the equivalent of at least one twelve-month full-time academic year in length.
- Describe the current and emerging trends in the dental education area or discipline; and
- Document that dental health care professionals currently provide health care services in the identified dental education area or discipline.

3. Do a sufficient number of established programs exist and contain structured curricula, qualified faculty and enrolled individuals so that accreditation can be a viable method of quality assurance?

Elements to be addressed:

- Document that the educational program is comprised of formal curriculum at the postsecondary or postgraduate level of education leading to a bona fide educational credential (certificate or degree) that addresses the scope, depth and complexity of the higher education experience, rather than a series of continued education courses.
- Describe the historical development and evolution of educational programs in the dental education area or discipline. Do not submit information on the history of the sponsoring organization.
- Provide a list of all the currently operational programs in the dental education area or discipline, including the following information:
  a. sponsoring institution;
  b. name and qualifications of the program director;
  c. number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty;
Appendix 2
Subpage 3

Request to Establish a Process of Accreditation for Advanced Dental Education
Programs in Geriatric Dentistry
Commission Only
CODA Winter 2022

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4. Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?

Elements to be addressed:

- Provide evidence of the ability to perform a robust, meaningful peer-reviewed accreditation process including a sufficient number of peers to conduct reviews at all levels of the Commission, as needed.
- List states where graduates of the dental education area or discipline are recognized for licensure and/or practice.
- Provide evidence of the potential for graduates to obtain employment, including the following information:
  - Employment placement rates (when available);
  - Documentation of employment/practice opportunities/settings; and
  - Evidence of career opportunities, student interest, and an appropriate patient base.

Adopted: 8/19

(Former Policies and Procedures for Accreditation of Programs in Areas of Advanced Dental Education and Principles and Criteria Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation)