

- 2-23** At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
- h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;

The University of Florida College of Dentistry is in compliance with Standard 2-23h.

Standard 2-23h: Replacement of teeth including fixed, removable and dental implant prosthodontic therapies	
UFCD Competency	14: Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prostheses. See Appendix 2-3.5 UFCD Competencies for the New Dental Graduate.
UFCD Certifying Courses	Appendix 2-5.1 Competency Reference Manual lists all courses, competency assessments including forms. Appendix 2-1.5 Course Syllabi Manual contains all course syllabi. DEN8859L: Clinical Prosthodontics 5
UFCD Certifying Examinations <i>* students may complete this competency assessment on a patient or in simulation, as needed.</i>	<p>(Class of 2015) Case Presentation Competency Overall Prosthodontics Competency Examination</p> <p>(Class of 2015) Clinical Skills Assessments for competency Removable partial denture design Removable partial denture treatment Complete dentures treatment *Fixed partial denture treatment Laboratory communication</p> <p>(Class of 2015) Simulation Skills Assessments for competency Implant prosthesis laboratory assessment *Fixed partial denture simulation (option)</p> <p style="padding-left: 40px;">(Class of 2014 & prior) Clinical Competency Assessments Removable partial denture design Removable partial denture treatment Complete denture treatment *Fixed partial denture treatment</p> <p style="padding-left: 40px;">(Class of 2014 & prior) Simulation Competency Assessments *Fixed partial denture assessment (option)</p>
Narrative	UFCD graduates are competent in the replacement of teeth including fixed, removable and dental implant prosthodontic therapies.

	<p>Students build the foundation to become competent in the replacement of missing teeth through a series of biomedical, preclinical and clinical formative experiences that extend throughout the four year DMD curriculum. These course experiences are detailed in the <i>Formative Experiences</i> section of this document.</p> <p>Because formative experiences are critical not only to the development of competency, but also to the continued maintenance of competency, student evaluation in prosthodontics includes a combination of both clinical competency assessments and other clinical expectations.</p> <p>Beginning with the class of 2015, in conjunction with the self-study for this accreditation site visit, the clinical prosthodontics curriculum was modified as following:</p> <p>Beginning with the class of 2015, clinical prosthodontics instruction culminates with the Overall Prosthodontics Competency Examination, a global patient care assessment in prosthodontics which is in the form of a completed case presentation. Students select, document, present and defend a completed clinical case to a panel of faculty, including decision-making and problem solving. Students are required to document all clinical treatment procedures including clinical photos for each competency step to create a power point case presentation.</p> <p>As in the past, students are expected to demonstrate competency in individual patient treatment procedures through the prosthodontics skills assessments (formerly called competencies – Class of 2014 & prior) in removable partial denture design, removable partial denture treatment, complete denture patient treatment, and fixed partial denture patient care.</p> <p>Beginning with the class of 2015, students are expected to also demonstrate competency in laboratory communication and implant restoration by means of the implant prosthesis laboratory skills assessment.</p> <p>Students are also expected to complete a total of 20 units of prosthodontics patient care, an implant clinical patient care treatment experience through either direct patient care or assisting with two implant-related patient treatments (one fixed and one removable) and are expected to accumulate no less than 13,250 RVUs in prosthodontics patient care to be certified for graduation.</p>
Formative Experiences	<p>First-year curriculum <i>DEN5404C: Dental Anatomy and Stomatognathics.</i> This course acquaints the student with morphologic components of the natural dentition including essential vocabulary and details of the anatomy of teeth and the relationship of anatomic structures to caries formation and tooth restoration. Evaluation is by means of quizzes, written and laboratory practical examinations.</p>

Second-year curriculum

DEN6213C: Fundamentals of Occlusion. Presents foundational knowledge in occlusion, functional jaw movements and restoration of occlusion. Evaluation is by means of quizzes, a case presentation, written and laboratory practical examinations.

DEN6415C: Fixed Prosthodontics II. This preclinical technique course includes instruction on concepts of fixed partial denture tooth preparation and provisional fabrication, final impression making using conventional and digital technology, types and properties of cements, shade selection, esthetic principles and cast post and core treatment.

DEN6460C: Prosthodontic Treatment of the Edentulous Patient. This preclinical technique course presents the basic knowledge for complete denture patient anatomy, and clinical and laboratory procedures involved in the fabrication of a complete denture. Students are provided with edentulous simulated cases that allow them to make impressions, fabricate record bases and wax occlusion rims and arrange teeth in different occlusal schemes.

Third-year curriculum

DEN7411C: Overview of Implant Dentistry. This preclinical course introduces the concepts and skills necessary to treat patients with implant-based prosthodontic restorations. Students work with two different implant systems, components and procedures in this course. They fabricate radiographic and surgical stents, as well as a provisional restoration and work with different types of final impressions in simulated cases in the laboratory.

DEN7413C: Removable Partial Prosthodontics: This preclinical laboratory course is taught in small groups using the team-based learning approach. Removable partial denture design principles, techniques and procedures are introduced in this course. Students learn to survey, design, treatment plan and perform laboratory procedures related to the treatment of the partially edentulous patient using simulated cases.

DEN7845L and DEN7846L: Clinical Prosthodontics 1 & 2. The clinical patient care experiences in this series of courses prior to competency demonstration are formative experiences in prosthodontics. Students receive daily clinical feedback on TEAM clinic patient care in the replacement of missing teeth as they progress through the clinical prosthodontics curriculum, building experience to prepare them to challenge competency in prosthodontic patient care.

Fourth-year curriculum

DEN8857L, DEN8858L: Clinical Prosthodontics 3 and 4. Students receive daily clinical feedback on TEAM clinic patient care in the replacement of missing teeth as they progress through the clinical prosthodontics curriculum, building experience to prepare them to challenge the related skills assessments for competency in replacement of missing teeth.

Summative Experiences

* denotes an optional choice for students to complete this competency on a patient or in simulation, as needed.

Fourth-year curriculum

(Class of 2015) *DEN8859L: Clinical Prosthodontics 5 Overall Prosthodontics Competency Examination*-case presentation. Students must select, document and complete treatment of two clinical patients following the guidelines for this competency. One case is presented before a faculty panel. Student prosthodontic clinical care is evaluated using the rubric and criteria included in the syllabus. This same case presentation is also included in *DEN8768L: Oral Diagnosis/Medicine & Treatment Planning 3, Case Completion Presentation Board Competency* assessment. Different aspects of student clinical patient care are assessed in these two competency assessment.

(Class of 2015) *DEN8859L: Clinical Prosthodontics 5 Clinical Skills Assessments* for competency. Students must demonstrate their ability to independently treat patients in the following skills assessments for competency:

Removable partial denture design: Students must independently assess patient treatment needs, create and present the rationale for an appropriate removable partial denture framework design in this skills assessment for competency.

Removable partial denture treatment: Students are evaluated on their ability to independently treat a patient with a tooth-tissue borne removable partial denture from the design phase through denture delivery, including the student's ability to independently evaluate the prosthodontic treatment and patient satisfaction.

Complete denture treatment: Students are evaluated on their ability to independently assess edentulous patients, treatment plan the case and provide appropriate treatment, including conventional, immediate and/or overdenture treatment in this skills assessment for competency.

*Fixed partial denture treatment. Students independently treatment plan and treat a patient to receive a 3-unit fixed partial denture, including all related clinical and laboratory procedures.

(Class of 2015) *DEN8859L: Clinical Prosthodontics 5 Implant prosthesis laboratory skills* assessment. Students are evaluated on their ability to independently complete the selection, placement, final impression and fabrication of a provisional restoration for a single unit implant restoration in a simulation model.

(Class of 2015 & prior) *Fixed partial denture (option) Students without sufficient patient care experiences to challenge this competency in a clinical setting are offered the option of challenging this competency in a simulation setting during *DEN8960: Clinical Examination 2*. Students independently prepare a three-unit fixed partial denture and fabricate an acrylic provisional restoration on typodont teeth.

	<p>(Class of 2014 & prior) Clinical Competency Assessments Removable partial denture design Removable partial denture patient treatment Complete denture treatment *Fixed partial denture treatment The competency assessments above were renamed <i>skills assessments</i> for the class of 2015, but are otherwise identical to the descriptions for the Class of 2015.</p>
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Documentation submitted with the self-study

- Appendix 2-3.5 UFCD Competencies for the New Dental Graduate
- Appendix 2-5.1 Competency Reference Manual
- Appendix 2-1.5 Course Syllabi Manual

UF COMPASS



Campus-wide Modernization Program to Advance Student Services

UF COMPASS UNIVERSITY OF FLORIDA

ABOUT COMPASS | TIMELINE | TRAINING | COMMUNICATIONS & SUPPORT | LEADERSHIP & CONTACTS

UF COMPASS

Campus-wide Modernization Program to Advance Student Services

WELCOME TO COMPASS
The University of Florida's COMPASS (Campus-wide Modernization Program to Advance Student Services) implementation will unify student services systems to benefit students as well as faculty and staff who use and need access to student-related information.

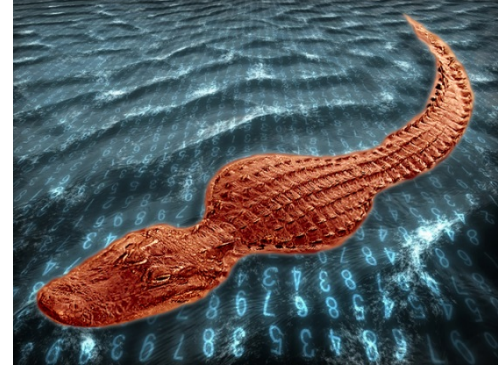
COMPASS UPDATES & ANNOUNCEMENTS:
Now Available: April 2017 Update

COMPASS [Website](http://compass.ufl.edu): compass.ufl.edu



Data & Reporting

- Data and reporting leaders actively engaging consumers, assessing specific needs for data/business process continuity
- Colleges/units are a big part of this effort, including cleanups to legacy data and new system adjustments
- COMPASS.ufl.edu has links to documentation and resources on data.ufl.edu, including:
 - Recording of April 17th town hall focused on ODBC data consumers, data application integrations and data on ESODBC and DB2
 - Student: Data Dictionaries, ERD's, pre-joined views, SQL tips, etc.
 - Person: Data Model, ERD's, Quick Start guide, wiki information, etc.



COMPASS Impact on Professional Schools



- **Benefits:** Enhancements and new capabilities in Gator360, learning ecosystem, master data management and governance, reporting and analytics, and ONE.UF and myUFL portals. Future calendar assimilation
- **Admissions:**
 - Professional schools will continue to use their own systems to manage their specialized needs and do their own application processing and decision making
 - New professional supplemental apps opened in September 2017. Moved from legacy applications to CollegeNet Applyweb vendor application
 - Professional supplemental applications will load into our CRM processing tool starting August 2018
 - Admissions is piloting with the law school for a direct feed of their LSAC applications. This process allows for a direct feed of application and decisions to the Office of Admissions. We hope to be able to eventually make this option available to other professional programs, though it is dependent on willingness of the individual vendor to collect the required material and application fees necessary to replace the supplemental application



COMPASS Impacts on Graduate School

- **Benefits:** Similar to undergraduate and professional (learning ecosystem, master data management and governance, reporting and analytics, and ONE.UF and myUFL portals)
- **Graduate Information Management System (GIMS):**
 - Redesigning GIMS for more seamless, near-real-time integration with new SIS. Graduate School and UFIT evaluating best permanent home for GIMS functions
 - Starting January 2018, degree program changes entered and stored via new SIS rather than GIMS, providing everyone same view of what degree program(s) a student is pursuing
 - Milestones move into new SIS in March 2018
 - For now, students will still submit theses and dissertations via GIMS, and changes to graduate committees will still be entered in GIMS



The purpose of this document is to establish guidelines for the management of acute oral and maxillofacial pain using a combination of techniques with the intent of providing an optimal pain management strategy.

Acute Pain Management Guidelines for Non- Malignant Dental Pain

University of Florida
College of Dentistry

2018

Preface

Management of acute pain after surgery in the oral and maxillofacial region has evolved with recent research advancements in our understanding of pain and healing processes. For example, peripheral and central neurophysiological and inflammatory events that occur in response to damage of superficial or deep orofacial structures has been a focus of research over the past 25 years and it is now well-documented that uncontrolled acute pain has a high potential to progress to persistent pain. Management strategies that minimize a barrage of nociceptive afferent activity from the periphery during and after surgery are recognized as an effective approach towards management of acute pain.

It is important that periodic reviews of our pain management strategies for acute pain be undertaken to maximize the most efficient outcomes for our patients and minimize unnecessary suffering. With the recent focus on the use (and abuse) of opioids as a part of pain management strategies, it is incumbent upon our dental profession to examine alternative pain management strategies as they become available. Pharmacological management of acute pain using opioids has a role in acute pain management but newer evidence suggests that many patients can have very good pain management either without including opioids or using opioids in combination with other non-narcotic analgesics for a short duration and then progressing to non-narcotic alternatives. The addition of physical modalities such as ice or heat and/or behavioral interventions such as anxiety/stress reduction has also been shown to be valuable strategies to complement pharmacological management.

The purpose of this document is to establish guidelines in the College of Dentistry at the University of Florida that represent a consensus of the faculty for college-wide management of acute pain. These guidelines are developed with the understanding that identification of more efficacious, evidence-based acute pain management strategies will necessitate a re-assessment as new information and new techniques become available. These guidelines also document the current American Dental Association (ADA) recommendations for the use of opioids in the dental practice approved by the ADA House of Delegates in 2016.

University of Florida College of Dentistry

Acute Pain Management Guidelines for Non-Malignant, Dental Pain¹⁻⁴

Dental Care Sequence

STEP 3

Strong⁹ Opioid +/- NSAID⁵ or APAP⁶
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management⁷
Consider referring patient to a pain management specialist.



Proceed to STEP 3 if patient has multiple episodes of breakthrough pain and has not responded to alternative pain management approaches such as low dose opioid preparations and physical modalities/behavioral pain management.

STEP 2

Weak⁸ Opioid +/- NSAID⁵ or APAP⁶ prescribed for short duration (3-5 days)
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management⁷



Proceed to STEP 2 if patient has multiple episodes of breakthrough pain or has contraindications to NSAIDs and/or APAP and has not responded to alternative pain management approaches such as physical modalities and/or behavioral pain management.

STEP 1

Non-Steroidal Anti-Inflammatory Medication (NSAID)⁵ + Acetaminophen (APAP)⁶
+ Physical Modalities (Ice/Heat) and/or Behavioral Pain Management⁷



¹Modified from the World Health Organization (WHO) analgesic ladder for cancer pain (World Health Organization, *Traiment de la douleur cancéreuse*, Geneva, Switz. World Health Organization, 1987.

²Guidelines based on Statement on the Use of Opioids in the Treatment of Dental Pain, American Dental Association, House of Delegates, 2016.

³Moore, PA and Hersh, EV. Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions, J. Am. Dent. Assoc., 144(8): 898-908, 2013.

⁴Chou, R. et al, Guidelines on the management of postoperative pain, J. Pain, 17(2): 131-157, 2016.

⁵NSAID contraindicated in patients with kidney or liver impairment, cardiovascular disease or recent MI, hypertension, congestive heart failure (CHF), gastrointestinal bleeding history, asthma, bleeding disorders, pregnancy starting at 30 wks, chronic alcohol abuse or known hypersensitivity to the drug. Starting dosage should be in the low-midrange and titrate to achieve pain management.

⁶APAP (*N*-acetyl-*p*-aminophenol or acetaminophen) contraindicated in patients with kidney or liver impairment or known hypersensitivity to the drug. Starting dosage <1000 mg/day to a maximum of 3000 mg/day.

⁷Behavioral pain management includes rest, adequate sleep duration and/or stress/anxiety management.

⁸Low dose, short-acting opioids such as codeine, hydrocodone (in combination with NSAIDs or APAP) or tramadol titrated until pain relief is achieved.

⁹Low dose, long-acting opioids such as fentanyl, oxycodone, morphine, methadone, buprenorphine titrated until pain relief is achieved.

Statement on the Use of Opioids in the Treatment of Dental Pain² **American Dental Association, 2016 House of Delegates**

1. When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.
2. Dentists should follow and continually review [Centers for Disease Control](#) and state licensing board recommendations for safe opioid prescribing.
3. Dentists should register with and utilize [prescription drug monitoring programs](#) (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.
4. Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.
5. Dentists should consider treatment options that utilize best practices to prevent exacerbation of or relapse of opioid misuse.
6. Dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
7. Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.
8. Dentists should consider coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
9. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
10. Dental students, residents and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing.

Strategies to Consider for Optimal Acute Pain Management

1. Use of longer-lasting local anesthetics during surgery can allow time for post-operative analgesics consumed immediately after surgery to achieve a therapeutic level and minimize breakthrough pain episodes.
2. The patient must understand that it is important to follow the recommended schedule for oral analgesics as prescribed by their dentist. Discussion of prescribing strategies with the patient has been shown to reduce anxiety and stress and can be a valuable part of pain management.
3. A patient that is suspected or acknowledges having a substance abuse disorder should be referred to their primary care physician, to a substance abuse treatment program or other appropriate referral.

PRESCRIPTION GUIDE FOR ACUTE DENTAL PAIN MANAGEMENT

IMPORTANT: After a thorough clinical exam and appropriate clinical management, additional care may be appropriate to address acute orofacial pain. These are suggested guidelines for acute pain management in the UF College of Dentistry. Always consider the patient's health conditions, prior pain management experience, age, and weight when prescribing. Prescribe the lowest doses possible to achieve effective relief. These suggested guidelines are for PO administration in adults only. Discuss pain management plans with patients prior to prescribing.



Non-Pharmacological Treatments

Consider the following non-pharmacological interventions for pain management: rest, sleep, stress & anxiety management, acupuncture, ice/heat, behavioral pain management (create realistic expectations, psychological effects)



History of Substance Abuse/Addiction or Contraindications

to NSAIDs, ASA, or Acetaminophen (APAP) History of CV disease, kidney impairment, or liver impairment

Consult with the patient prior to the procedure to develop a pain management plan.

If a patient has contraindications, consult the patient's primary care provider before prescribing pain medications.

If a patient has a history of substance abuse or addiction, consult a pain specialist or the patient's primary care provider before prescribing pain medication.



No Contraindications to NSAIDs, ASA, or Acetaminophen (APAP)

Prescribe treatment for 3 days or less, which is usually enough for most acute conditions.

MILD	Ibuprofen 200-600mg q 4-6 h OR APAP 325-650mg q 4-6 h
MODERATE	Ibuprofen 200-600mg + APAP 650mg q 4-6 h OR Diclofenac K 50mg (Cataflam®) TID
SEVERE	APAP 650mg + Ibuprofen 600mg q 4-6h <div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p>OPIOIDS Consult the PDMP Database Oxycodone 5mg + APAP 325mg (Percocet® 5/325) 1 tab q 4h OR Tramadol (Ultram®) 50mg +/- Ibuprofen 600mg + APAP 500mg q 6h OR Hydrocodone 5mg + APAP 325 mg (Norco 5®) 1 tab q 6h</p> </div>

SAMPLE PRESCRIPTION

University of Florida College of Dentistry
Faculty Associates, Inc.
P.O. Box XXXXX, Gainesville, FL 32610

Date: **May 8, 2018**

Dr. _____ Phone: _____

Patient Name

Patient DOB

Patient Address

Rx: **Ibuprofen 600mg**

Disp: **12 (twelve) tabs**

Sig: **1 tab q 6h**

Refill _____ times in _____ months

Substitution allowed (initials) _____

DDS/DMD

Prior Approval Required _____

DEA # _____

REFERENCES

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Opioids for Acute Pain

What You Need to Know



Types of Pain

Acute pain usually occurs suddenly and has a known cause, like an injury, surgery, or infection. You may have experienced acute pain, for example, from a wisdom tooth extraction, an outpatient medical procedure, or a broken arm after a car crash. Acute pain normally resolves as your body heals. Chronic pain, on the other hand, can last weeks or months—past the normal time of healing.

Prescription Opioids

Prescription opioids (like hydrocodone, oxycodone, and morphine) are one of the many options for treating severe acute pain. While these medications can reduce pain during short-term use, they come with serious risks including addiction and death from overdose when taken for longer periods of time or at high doses.

Acute pain can be managed without opioids

Ask your doctor about ways to relieve your pain that do not involve prescription opioids. These treatments may actually work better and have fewer risks and side effects.

Ask your doctor about your options and what level of pain relief and improvement you can expect for your acute pain.

Nonopioid options include:



Pain relievers like ibuprofen, naproxen, and acetaminophen



Acupuncture or massage



Application of heat or ice



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Learn More: www.cdc.gov/drugoverdose

If You Are Prescribed Opioids

Know your risks

It is critical to understand the potential side effects and risks of opioid pain medications. Even when taken as directed, opioids can have several side effects including:

- Tolerance, meaning you might need to take more of a medication for the same pain relief
- Constipation
- Nausea and vomiting
- Dry mouth
- Sleepiness and dizziness
- Physical dependence, meaning you have withdrawal symptoms when a medication is stopped—this can develop within a few days
- Confusion
- Depression
- Itching

Know what to expect from your doctor

If your doctor is prescribing opioids for acute pain, you can expect him or her to protect your safety in some of the following ways. Your provider may:

- Prescribe the lowest effective dose of immediate-release opioids
- Prescribe treatment for 3 days or less, which is usually enough for most acute conditions
- Ask you to follow up if your pain is not resolving as quickly as expected
- Check your state's prescription drug monitoring program
- Conduct urine drug testing during the course of your therapy
- Provide instructions on how to taper opioids to minimize withdrawal symptoms

Know your responsibilities

It is critical to know exactly how much and how often to take the opioid pain medications you are prescribed, as well as how to safely store and dispose of them.

- Never take opioids in higher amounts or more often than prescribed
- Do not combine opioids with alcohol or other drugs that cause drowsiness, such as:
 - Benzodiazepines, also known as “benzos” including diazepam and alprazolam
 - Muscle relaxants
 - Sleep aids
- Never sell or share prescription opioids
- Store opioids in a secure place and out of reach of others (including children, family, friends, and visitors)
- If you have unused opioids at the end of your treatment:
 - Find your community drug take-back program,
 - Find your pharmacy mail-back program, or
 - Flush them down the toilet following guidance from the Food and Drug Administration: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>



Curriculum Committee Proposal Due Dates

The Curriculum Committee, as part of the shared governance process, has the responsibility to oversee changes in the UFCD academic program. Please complete the appropriate course change form template, <https://dental.ufl.edu/education/dmd-program/forms-publications/> to request a change and submit the request to the Office of Education using the timeline below. Meeting these deadline dates will allow better utilization of shared teaching spaces, class recording scheduling and utilization of instructional design assistance.

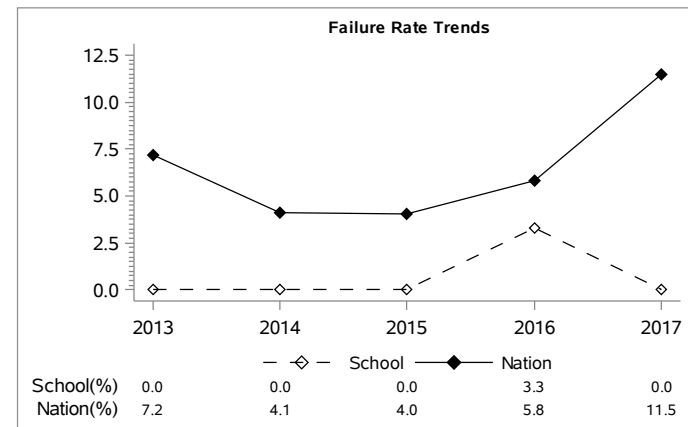
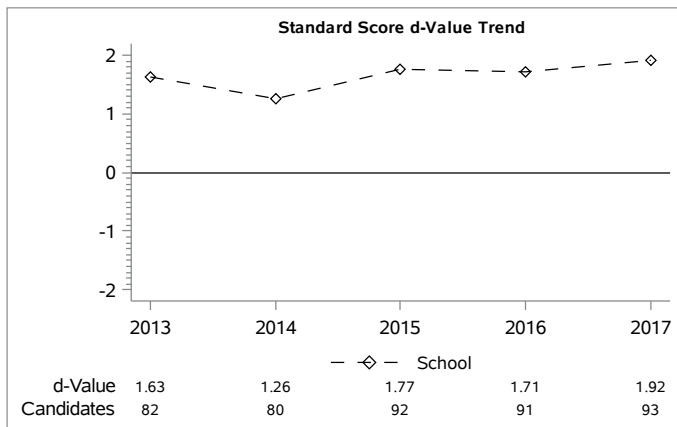
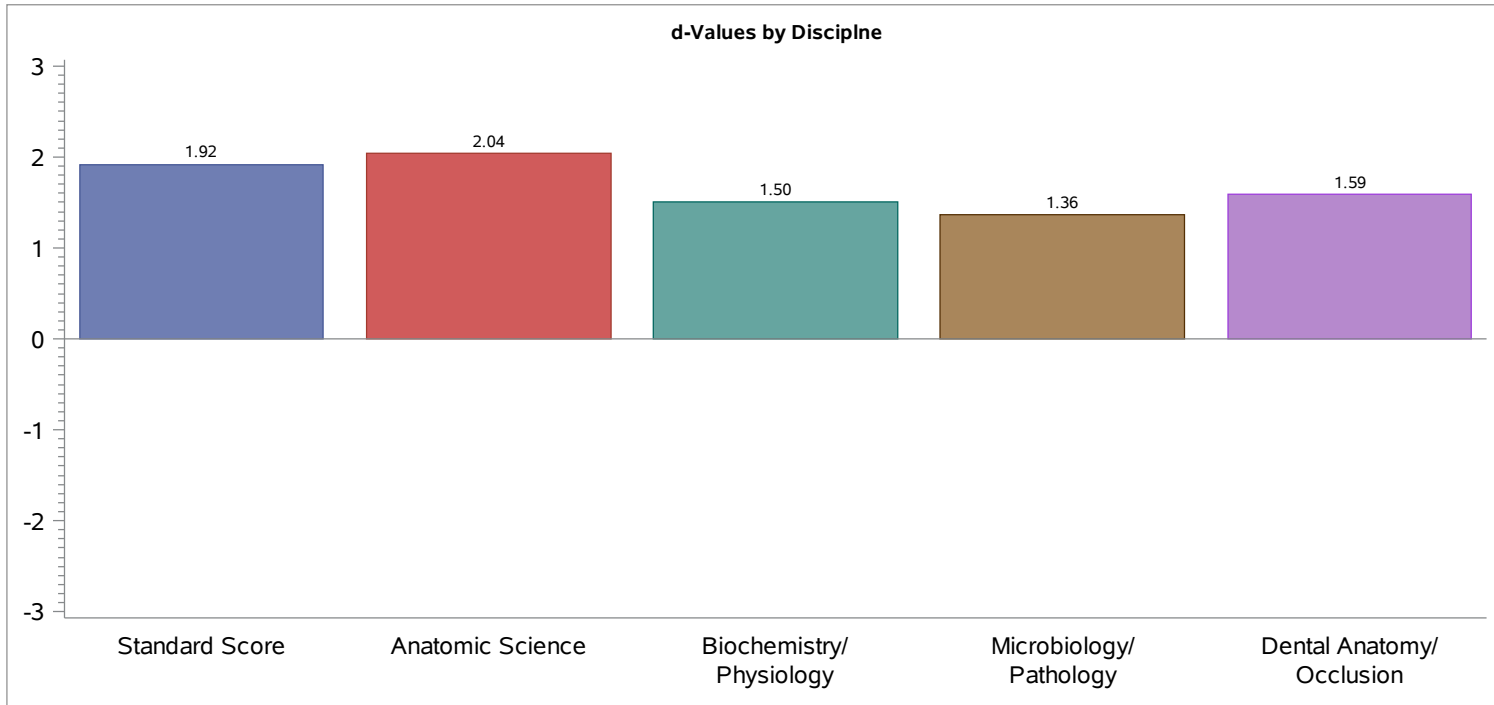
The Office of Education faculty and staff are available to assist you. They can also advise if the changes you are planning will also require University Curriculum Committee, Registrar and/or State University System approval.

Academic Program Approval Required for:

- student contact hours (increasing or decreasing >2hrs),
- course grading,
- changing competency assessments,
- moving courses or course content,
- terminating courses,
- requesting new courses (core courses and electives)

Curriculum Proposal Due Date	Committee Meeting Date	Earliest Implementation Semester
6/12/2018	7/12/2018	Spring 2019
7/2/2018	8/2/2018	Spring 2019
8/6/2018	9/6/2018	Spring 2019
9/4/2018	10/4/2018	Spring 2019
10/8/2018	11/8/2018	Summer 2019
11/6/2018	12/6/2018	Summer 2019
12/10/2019	1/10/2019	Summer 2019
1/7/2019	2/7/2019	Summer 2019
2/14/2019	3/14/2019	Fall 2019
3/4/2019	4/4/2019	Fall 2019
4/2/2019	5/2/2019	Fall 2019
5/6/2019	6/6/2019	Fall 2019
6/11/2019	7/11/2019	Spring 2020

NBDE Part I Profile Report For 2017 3172 FLA



NBDE Part II Profile Report For 2017 3172 FLA

