



# UNIVERSITY *of* MARYLAND SCHOOL OF DENTISTRY

Office of Academic  
Affairs Use Only

*Course Prefix and No:*

*Approved Credits:*

*Department:*

*Course Director:*

*Term Date for Course  
Review:*

## **COURSE AUDIT FORM 2024-2025**

### **Instructions:**

1. Please electronically complete all applicable fields and submit any supplemental documentation as needed.
2. Course audits should be completed in close proximity to the completion of the course or following the end of the academic year, and reviewed with the Departmental Pre-Doctoral Director and signed by Pre-Doctoral Director and Department Chair.
3. Audit forms should be completed and copies maintained by both the Office of Academic Affairs and the Department.
4. Send a scanned copy, with signatures to the Office of Academic Affairs (dbjones@umaryland.edu). A copy should also be maintained within respective departments.

Note: If following the course audit, there are substantial proposed changes (course organization, sequencing, course information/ content), please submit a course proposal form to the Curriculum Committee and/or consult with the Director of Academic Affairs.

Date:

Date of last course review?

Submitted by:

Department:

Name of course director (s):

Course prefix and number:

Course Title:

Total number of credits:

**In what academic term(s) is the course offered?**

Fall Only

Spring Only

Yearlong

**This course is provided for:**

Year 1 Predoctoral

Year 2 Predoctoral

Year 3 Predoctoral

Year 4 Predoctoral

**Provide the number of clock hours per student for the course:**

Lecture

Lab

Clinic

E-Lecture

Exam

Externship/rotation

Small group/seminar

Do the number of clock hours recorded agree with the approved credit hours assigned for the course? ([SOD Credit Hours Policy](#))

Yes

No

\*

\*Plan to correct credit hour discrepancy:

**Syllabus and Resource Review:**

|  |     |    |   |
|--|-----|----|---|
| Does the course require a syllabus?  | Yes | No | * |
| Did the syllabus follow the UMSOD course syllabus template (Blackboard ETC HELP- Course syllabus Template)?                  | Yes | No | * |
| For the upcoming 2025-2026 academic year, have you posted the updated syllabus using the updated 2025-2026 syllabi template? | Yes | No | * |

\* Fall only and year-long courses should be posted no later than August 18, 2025. Spring only courses should be posted no later than January 5, 2026.

If no, when will the syllabus be posted so it can be reviewed by the Office of Academic Affairs? Date to be posted: \_\_\_\_\_

\* If no, please explain:

Do the grading guidelines follow SOD policy (SOD Grading System Policy), including guidelines for when remediation/re-examinations is offered (E grade).

Yes  No  \*

\*Comments:

What is the attendance policy for the course? Check all that apply

- Lecture:
- Attendance is required.
  - Attendance/lack of attendance impacts course grade.
  - Attendance is not required.
- Lab:
- Attendance is required.
  - Attendance/lack of attendance impacts course grade.
  - Attendance is not required.
- Small Group:
- Attendance is required.
  - Attendance/lack of attendance impacts course grade.
  - Attendance is not required.

Is the attendance policy consistent with the SOD policy? ([SOD Attendance Policy](#))

Yes

No

\*

If no, please explain:

What are the resources you utilize to update your course content (check all that apply)?

Textbooks  
Professional Conferences  
Journals  
Other

What resources are students expected to utilize as required or recommended (check all that apply)?

Textbooks  
Journals  
Other

What types of assessments are utilized (check all that apply):

Written Examinator:

Multiple Choice  
Essay  
Short answer  
Case-Based

To assist in planning for the implementation of the Integrated National Board Dental Examination by the Joint Commission on National Dental Examinations please answer the questions below. It is expected that not all questions would follow the format but that some questions will fulfill the intent of the INDBE. The INDBE is defined by the Joint Commission by two key concepts:

### Clinical Relevance

Clinical Relevance refers to factors that impact patient outcomes in clinical/professional contexts. This includes all aspects of patient care and encompasses considerations involving how dentists approach the practice of dentistry (Practice Relevance) and keep up with the profession and advances that impact the profession (Professional Relevance). Broadly speaking, for the INBDE Clinical Relevance involves the actual experiences of entry-level, general dentists, practicing independently, as they work to improve patient outcomes. Clinical relevance is maximized in the INBDE when there is a strong degree of fidelity between the content of examination items, the knowledge and cognitive skills required to answer those items, and the actual experiences of entry-level, practicing general dentists.

### Integration

Integration brings to bear knowledge of basic, clinical, and/or behavioral sciences along with cognitive skills to understand and solve problems in clinical/professional contexts. Each item in the INBDE MUST have clinical relevance. A question should be presented in a way that maximizes its similarity to how a general dentist might encounter the issue.

Do you use questions in your course examinations and quizzes that test integration and clinical relevance using knowledge of basic, clinical and/or behavioral sciences? Yes No

If you answered Yes, what percentage of all questions tested in your course demonstrate integration and clinical relevance using knowledge of basic, clinical and/or behavioral sciences. \_\_\_\_\_%

Clinical Examination/ Clinical Competency Examination(s) Type (select one):

Demonstration-clinical performance simulation

Presentation oral to faculty member

Presentation oral (case-based) to faculty member

Computer based written (Questionmark) (OSCE/ case-based)

OSCE station examination (written)

Demonstration-clinical performance patient-based

Demonstration-clinical performance patient-based (faculty review and evaluation GPA)

List all clinical competency exams associated with this course and provide pass rates. There are multiple tables for entering competency pass rates for courses with multiple competencies. Enter a number for Attempted, Passed, and Failed. Enter a percent for Pass Rates. [Click here](#) for a list of Competencies.

| Competency Name | Attempted (number)      | Passed (number)        | Failed (number)        | Pass Rate (%)                        |
|-----------------|-------------------------|------------------------|------------------------|--------------------------------------|
|                 | 1 <sup>st</sup> Attempt | Passed 1 <sup>st</sup> | Failed 1 <sup>st</sup> | 1 <sup>st</sup> Time<br>Pass<br>Rate |
|                 | 2 <sup>nd</sup> Attempt | Passed 2 <sup>nd</sup> | Failed 2 <sup>nd</sup> | 2 <sup>nd</sup> Time<br>Pass<br>Rate |
|                 | 3 <sup>rd</sup> Attempt | Passed 3 <sup>rd</sup> | Failed 3 <sup>rd</sup> | 3 <sup>rd</sup> Time<br>Pass<br>Rate |

| Competency Name | Attempted (number)      | Passed (number)        | Failed (number)        | Pass Rate (%)                        |
|-----------------|-------------------------|------------------------|------------------------|--------------------------------------|
|                 | 1 <sup>st</sup> Attempt | Passed 1 <sup>st</sup> | Failed 1 <sup>st</sup> | 1 <sup>st</sup> Time<br>Pass<br>Rate |
|                 | 2 <sup>nd</sup> Attempt | Passed 2 <sup>nd</sup> | Failed 2 <sup>nd</sup> | 2 <sup>nd</sup> Time<br>Pass<br>Rate |
|                 | 3 <sup>rd</sup> Attempt | Passed 3 <sup>rd</sup> | Failed 3 <sup>rd</sup> | 3 <sup>rd</sup> Time<br>Pass<br>Rate |

| Competency Name | Attempted (number)      | Passed (number)        | Failed (number)        | Pass Rate (%)                        |
|-----------------|-------------------------|------------------------|------------------------|--------------------------------------|
|                 | 1 <sup>st</sup> Attempt | Passed 1 <sup>st</sup> | Failed 1 <sup>st</sup> | 1 <sup>st</sup> Time<br>Pass<br>Rate |
|                 | 2 <sup>nd</sup> Attempt | Passed 2 <sup>nd</sup> | Failed 2 <sup>nd</sup> | 2 <sup>nd</sup> Time<br>Pass<br>Rate |
|                 | 3 <sup>rd</sup> Attempt | Passed 3 <sup>rd</sup> | Failed 3 <sup>rd</sup> | 3 <sup>rd</sup> Time<br>Pass<br>Rate |

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|                 | 2 <sup>nd</sup> Attempt | Passed 2 <sup>nd</sup> | Failed 2 <sup>nd</sup> | 2 <sup>nd</sup> Time<br>Pass<br>Rate |
|                 | 3 <sup>rd</sup> Attempt | Passed 3 <sup>rd</sup> | Failed 3 <sup>rd</sup> | 3 <sup>rd</sup> Time<br>Pass<br>Rate |

**Course Content Review:**

What are the types of content delivery utilized\* (check all that apply)?

\*ADA Annual Survey categories

Lecture

Seminar

Case-based learning

IPE Team

Community-based Education

Clinical

Please provide additional details below (e.g. continuity of learning modules during COVID)

Is this course sequenced appropriately within the curriculum?

Yes

No\*

\*If no, please explain:

Are there content areas that need to be added/updated/removed based upon evidence-based dentistry/other information?

Yes\*

No

\*If yes, please explain.

Are similar content areas covered in other department courses?

Yes\*

No

If yes, please list the topics and the courses:

**Following the audit, please describe any proposed changes:**

Describe the reason for any proposed change:

Proposed Effective Date:

Academic Year:

Semester:

Fall

Spring

**Provide the plan for implementation:**

**(If changes are to be made incrementally, provide details of how and when each phase will be implemented and whether the changes require Curriculum Committee review and approval, as well as a variation in the course credits.)**

Signatures below indicate agreement that the course audit has been conducted.

**Course Director:**

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|           |            |      |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

**Predocctoral Director/Chair:**

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|           |            |      |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

**Department Chair:**

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|           |            |      |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

**Associate Dean, Academic Affairs:**

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|           |            |      |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|