

JACKSONVILLE UNIVERSITY

**BROOKS REHABILITATION COLLEGE OF HEALTHCARE SCIENCES
SCHOOL OF ORTHODONTICS**



GRADUATE STUDENT

HANDBOOK 2021 - 2022

The policies stated in this handbook are consistent with University policies but are set forth in terms that are more specific so the resident or fellow enrolled in the orthodontic residency will have a concise statement of expectations.

ORTHODONTIC DEPARTMENT FACULTY AND STAFF

ADMINISTRATION

Dean, BRCHS

Mark Tillman, PhD

Chairman & Program Director

James Trouten, DDS, MSD

Clinic Director

Grant C. Vezina, DDS, MSD

Director of Fellowship Program

Eman Othman, DDS, MS

FULL-TIME FACULTY

Isil Aras, DDS, PhD

Richard Griffith, DDS, MSD

Sawsan Tabbaa, DDS, MS, ABO

James Trouten, DDS, MSD, Cert Ortho, ABO

Grant C. Vezina, DDS, MSD

PART-TIME FACULTY

Gabi El-Bahri, DDS

RESEARCH AND INTERDISCIPLINARY RESOURCE

Peter Buschang, DDS, PhD

Tirbod Fattahi, DDS, MD, FACS

Salam O. Salman, DDS, MD

Rui P. Fernandes, DMD, MD, FACS

David Kerns, DMD

ADMINISTRATIVE STAFF

Business Operations Manager

Sharon Frazier

Academic & Ins. Credentialing Cor.

Paula Bates

Simulation IT Technician Specialist

Barbara Tucker

Patient Treatment Administrator

Anita Vandergriff

Patient Care Coordinators

Catrena Harris

Patricia Kendall

Shirley Lesser

Insurance Coordinator

China Frazier

Chairside Assistants

Maria Aleman

Yolanda Cooper

Kenecia Dennard

Ryan DePauw

Estevan Garcia

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Notice

This handbook is informational in nature and is not an express or implied contract. It is subject to change due to unforeseen circumstances, as a result of any circumstance outside the University's control, or as other needs arise. If, in the University's sole discretion, public health conditions or any other matter affecting the health, safety, upkeep or wellbeing of our campus community or operations requires the University to move to remote teaching, alternative assignments may be provided so that the learning objectives for the course, as determined by the faculty and the University, can still be met. The University does not guarantee specific in-person, on-campus classes, activities, opportunities, or services or any other particular format, timing, or location of education, classes, activities, or services.

Overview

The Jacksonville University Brooks Rehabilitation College of Healthcare Sciences, School of Orthodontics (JUSO) mission, philosophy and program outcomes are congruent with those of Jacksonville University and consistent with the Council on Dental Accreditation standards of the American Dental Association and the guidelines for the preparation of orthodontic professionals.

Mission of the School of Orthodontics

The JUSO values the diverse backgrounds and experiences of its residents/fellows and emphasizes the importance of professional ethics, scholarly inquiry, engaged learning opportunities and clinical competence in the practice of orthodontics.

The mission of the JUSO is the success of each resident/fellow as a self-assured, proficient orthodontist, who can practice in dynamic health care environments, provide leadership to promote and improve oral health, is committed to the advancement of orthodontic knowledge and practice, and aspires to life-long learning and achievement in advanced studies.

Philosophy of the School of Orthodontics

The philosophy of the JUSO is derived from the faculty's beliefs regarding person, environment, health and wellness, professional practice, graduate orthodontic education, and teaching- learning. The philosophy reflects the mission statements of Jacksonville University and the School of Orthodontics.

People are unique in their capacity for self-awareness, rational thinking, creativity, response to patient's chief concerns, and deliberate action to resolve these problems and meet valued goals. Each person evolves from a diverse background and has innate and acquired internal resources to meet multidimensional needs. People interact continuously with the environment and are the essence of a dynamic global community.

Environment is any facet of the community and culture external to the person. The interaction between the person and environment may affect the person's health, illness and access to services. Delivery of orthodontic care will be responsive to the person and environment. People become clients of orthodontists when they actively seek an improvement in their dentofacial appearance and/or oral function.

Orthodontic health is the expression of physical, psychological, spiritual, and social well-being manifested and determined by the adaptive abilities of persons. Perceptions and levels of health vary among people throughout the life span. Health is affected by personal initiative and interaction between health care providers and persons as they access complex, dynamic health care systems. Orthodontics has a major role in being culturally sensitive to the needs of increasingly diverse populations and in helping people

access oral health care services.

Orthodontics is an art and science, which facilitates health promotion in individuals, families and communities. Critical thinking and the application of theory and research are inherent in the orthodontist's role and provide the basis for judicious decision-making, problem solving and health planning. Orthodontists embrace values, behaviors, and recognized standards that are the foundation for ethical and legal practice.

Orthodontists use critical thinking and problem solving to assess, design, manage and evaluate care in collaboration with clients and other health professionals. The orthodontist is accountable for the delivery of competent, cost-effective care that will result in expected outcomes.

The faculty believes that graduate orthodontic education is the basic entry level into professional practice. Graduate orthodontic study prepares dentists as self-assured, competent practitioners who think critically, communicate effectively, and assess and manage the oral health care needs of clients. The curricular progression fosters professional socialization for future roles and responsibilities within the global oral health community. As residents/fellows learn and mature in orthodontic knowledge and ability, they enter practice as competent orthodontists adept in the use of information and health care technology, provide leadership to promote and improve health, and aspire to life-long learning and achievement.

Learning is viewed as a life-long process facilitated by creative thinking and creative inquiry. Faculty view teaching as a process that actively engages the resident/fellow. Clearly defined learning objectives are accomplished through expert blending of a variety of interactive, clinical methods and traditional classroom approaches. Residents/fellows are responsible for their own learning and achievement of outcomes. Faculties serve as role models and mentors and are responsible for creating an environment conducive for learning. A supportive environment is fostered through close interaction among residents, fellows, faculty, and staff. Residents/fellows and faculty share responsibility in contributing to the development and support of persons associated with the JUSO community.

Program Outcomes

Upon completion of the Program, the graduate will be able to:

Biomedical Sciences

- Develop treatment plans and diagnoses based on information about normal and abnormal growth and development;
- Use the concepts gained in embryology and genetics in planning treatment;
- Include knowledge of anatomy and histology in planning and carrying out treatment; and
- Apply knowledge about the diagnosis, prevention and treatment of pathology of oral tissues.

Clinical Sciences

- Deliver evidence-based orthodontic treatment; (EBD is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.)
- Gain extensive and comprehensive clinical experience, which must be representative of the character of orthodontic problems encountered in private practice;
- Coordinate and document detailed interdisciplinary treatment plans which may include care from other providers, such as restorative dentists and oral and maxillofacial surgeons or other dental specialists

- Treat and manage developing dentofacial problems which can be minimized by appropriate timely intervention;
- Use dentofacial orthopedics in the treatment of patients when appropriate;
- Treat and manage major dentofacial abnormalities and coordinate care with oral and maxillofacial surgeons and other healthcare providers;
- Provide all phases of orthodontic treatment including initiation, completion and retention;
- Treat patients with at least one contemporary orthodontic technique;
- Manage patients with functional occlusal and temporomandibular disorders;
- Treat or manage the orthodontic aspects of patients with moderate and advanced periodontal problems;
- Develop and document treatment plans using sound principles of appliance design and biomechanics;
- Obtain and create long term files of quality images of patients using techniques of photography, radiology and cephalometrics, including computer techniques when appropriate;
- Use dental materials knowledgeably in the fabrication and placement of fixed and removable appliances;
- Develop and maintain a system of long-term treatment records as a foundation for understanding and planning treatment and retention procedures;
- Practice orthodontics in full compliance with accepted Standards of ethical behavior;
- Manage and motivate patients to participate fully with orthodontic treatment procedures: and study and critically evaluate the literature and other information pertaining to this field.

Research

- All residents/fellows will participate in research endeavors through the initiation and completion of a research project. Instructions for developing a research proposal and writing a research manuscript will be provided in the program coursework. Check the current academic catalogue for the most recent course descriptions. At the conclusion of the series of research courses, the student will be expected to provide:
 - Final presentation of their research project.
 - Analysis of the collected data.
 - Interpretation and conclusion of the project.
 - Final write-up of the research capstone project approved by the student's advisory committee.
 - Submission of a manuscript of the research project to a recommended peer-reviewed journal.

Application for Admission

Admission is open to qualified people of any race, color, religion, and national or ethnic origin. The JUSO has its own admission process that is distinct and separate from that of the rest of the University. It is a highly selective process. Approximately two hundred and fifty (250) applications are received for fifteen (15) available seats.

Fifteen (15) or sixteen (16) new residents are selected each year to be enrolled in the combined orthodontic certificate (CAGS) and the Master of Science in Dentistry (MSD) program. Ten (10) applicants are selected for the one-year Fellowship Program. JUSO requires all applications to go through PASS, however, we DO NOT participate in MATCH. The PASS application is found at www.adea.org. Applicants are to follow the directions on the PASS website.

JU also requires completion of its own supplemental application available on the website: <https://www.ju.edu/orthodontics/prospective-students/admissions.php>. The following documents must accompany the fully completed supplemental application:

- 2X2 recent passport photo (preferred)
- TOEFL scores (if applicable) or IELTS
- Curriculum Vitae

As this is a self-directed application, it is the applicant's sole responsibility to ensure the application is completed and received on a timely basis.

JU Minimum Requirements for U.S. Students

- DDS/DMD or equivalent
- US National Board Scores Part I and Part II (if applicable)
- Letters of Recommendation (3) from:
 - Dean of the Dental School, or
 - Dental School Faculty, or
 - Professional Colleagues all of whom can attest to the character and background of the applicant
- Autobiographical sketch stating goals and purpose
- Recent 2X2 passport style photo (preferred)
- Standard PASS application fees, currently \$185 base fee and \$65 for each additional program

JU Minimum Requirements for International Students

- International dental graduate students must possess a U.S. or Canadian Dental Degree or the educational equivalent as determined by the Program Director of the School of Orthodontics.
- US National Board Scores Part I (required) and II (if available)
- TOEFL scores
- Letters of recommendation (3) from
 - Dean of your Dental School, or
 - Dental School Faculty, or
 - other Professional Colleagues; all of whom can attest to the character and background of the applicant
- Autobiographical sketch stating goals and purpose
- Recent 2X2 passport style photo (preferred)
- Standard PASS application fees, currently \$185 base fee and \$65 for each additional program

- Current US Visa (in case of interview)

Applications for admission are accepted through a priority date of August 15, and a final date of September 1. Applications will only be considered if all admission materials have been filed on time with the JUSO according to the calendar posted on the website. All applicants will be evaluated on the strength of their academic and professional record.

Selection Process

Admission is highly selective and limited to those applicants who demonstrate potential for successfully completing the program. The decision is based on evaluation of the applicant's dental school portfolio, research experience, work experience (if applicable), letters of recommendation, and the personal interview, including the written essay. Candidates seeking to augment their orthodontic experience and background are recommended to apply to the one year Fellowship in Orthodontic Clinical Research. Completion of the fellowship does not confer a guarantee of admission to Residency in Orthodontics, but the Faculty will have the opportunity to better assess the Fellow's potential for future admission cycles.

Required Documentation

- **Basic Life Support/CPR**
All residents must have a current BLS/CPR card. JUSO offers card renewal classes at various times of the year. A copy of your current card (front and back) must be on file with the Business Operations Manager prior to the start of the program.
- **Dental Resident Permits**
The Business Operations Manager will file the necessary paperwork for the Florida Dental Residency Permit. You must answer the questions on the permit form and sign the application. In order for the permit to be issued, the resident/fellow must supply the two-sided copy of the current BLS/CPR form, official graduate transcripts and a social security number.
- **Health and Immunizations**
As you are entering a healthcare or educational profession, you are required to adhere to certain public health requirements. The following immunizations must be up-to-date when you enter our program. Health screening is required and immunization records, including results from TB testing must be on file, prior to the start of the residency.
 - Tuberculin skin test within the past 12 months or documentation as a previous positive reactor; and
 - Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and
 - Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
 - Proof of Hepatitis B immunization or declination of vaccine, if patient contact is anticipated; and
 - Tetanus shot within the last 5 years; and
 - Flu shot during each active flu season. If you are unable to take the flu shot, you must have documentation of this from your physician.

People not correctly immunized pose a significant public health risk to their patients, co-workers and themselves. TB tests must be renewed each year. It is your responsibility to update your TB test and any immunizations that have expired during your time at the University.

Students are encouraged to receive the Covid-19 vaccination.

- **Match**
Proof of withdrawal from MATCH is required to accept a position in the residency program.
- **Local Phone Number:**
In order for patients to be able to reach you, it is required that you have a local (904) area code phone number. If you do not want to change your current cell number, you can opt for a GOOGLE VOICE number (which is a free forwarding service to your cell or home (<http://www.google.com/support/voice>)).
- **Student Health Insurance**
All full-time Traditional Undergraduate students enrolled for a minimum of twelve (12) credit hours will automatically be enrolled in the Jacksonville University Student Medical Insurance Plan and the premium for coverage is added to the tuition billing upon registration. **This plan is also added automatically for Orthodontics students, *excluding* those participating in the Clinical Research in Orthodontic Fellowship Program.** Coverage can be waived if evidence of other comparable coverage is presented prior to the waiver deadline. Once the 2021-2022 information is available, it will be posted at <https://www.ju.edu/controller/student-health-insurance.php>
- **Transcripts**
Official transcripts are required to be on file before you enter the program. The resident will need to contact their school to have the transcripts directly to the Business Operations Manager by mail to: School of Orthodontics, Jacksonville University, 5491 Dolphin Point Blvd, Jacksonville, FL 32211. Official transcript translations (ECE or WES) for all international transcripts are to be handled the same way. Transcripts loaded into your PASS application are not considered official.

The availability of specific E-Transcript delivery options depends on the individual institution. This means that some institutions may offer one or more options for delivering your transcript electronically and other institutions may not offer any electronic options. If your institution offers E-Transcripts have them sent to juorthoadmissions@ju.edu. At least one sealed official paper transcript is required for the Dental Residency Permit application with the Florida Board of Dentistry.

Academic Standards

Residents/Fellows must maintain an academic grade point average (GPA) of at least 3.0 (B) during their enrollment in the program. In order to graduate, residents must have at least a 3.0 (B) GPA. Each course taught in the program will provide residents with a syllabus that explains the grading system for that course. The type of remediation needed to lift a grade of C to passing will also be explained in the course syllabus.

Academic Standing

Orthodontic residents/fellows will be placed on academic probation if their cumulative GPA drops below 3.0 (B). Those who do not achieve a cumulative GPA of 3.0 (B) within two semesters of being placed on academic probation will be dismissed from the program. A resident/fellow who receives one "C" or below will be placed on academic probation. A subsequent grade of 'C' or below will dismiss them from the program regardless of GPA. Any resident who receives an "F", designating a grade that has no potential for remediation, will be dismissed from the program. Residents dismissed from the Orthodontic program may appeal the action to the JUSO Disciplinary Committee.

Program Completion

In order to receive their diploma, residents at a minimum must:

- Receive a grade of B or higher in all didactic courses
- Complete all patient care related administrative duties
- Turn in a hard and electronic copy of their successfully defended research thesis

Grading

Grades given in the School of Orthodontics are based on acquired points rather than percentages. The grade equivalent is discussed in the syllabus for each course.

Grading Scale:

A	90-100
B	80-89
C	70-79

In courses designated to prepare residents for the American Board of Orthodontics (ABO) written exam a minimum test average of 80% must be achieved.

An "I" indicates that a resident/fellow did not complete a course for a reason acceptable to the professor and requested and received permission from the Program Director to complete the course within the first four weeks of the next semester. The resident/fellow must be passing and have completed all but a particular segment of a course to qualify for a grade of "I". The "I" will be converted to the appropriate letter grade if the course work is completed by the end of the fourth week of the next semester. If the "I" course work is not completed on time, the "I" will convert to an "F". The "I" converted to grades "A" through "F" will then be used in computing the GPA and may result in a change of academic status if the resulting GPA so indicates. An orthodontic resident cannot register for the second year while an "I" grade remains on the resident's record without permission of the Program Director.

In the event that a student feels he/she has been treated unfairly, or that an instructor has deviated from his/her prescribed formula for grading in an arbitrary or unwarrantedly punitive manner, the student may appeal the grade. See Appendix Q for Jacksonville University's Standard Procedure for Appeals of Grades and Sanctions.

Class Attendance

Faculty believe strongly that class attendance is necessary for residents and fellows to learn the assigned material and achieve course objectives. All residents/fellows are expected to attend and participate in scheduled classes according to published courses syllabi. **The same applies to all guests' lectures, continuing education courses and lunch & learns scheduled by the school.**

Residents/Fellows are expected to attend class on time. Unavoidable and/or unexpected circumstances beyond the resident's ability to control or anticipate may be considered acceptable reasons for tardiness. A pattern of tardiness will result first in a verbal/written warning and if continued will result in a Disciplinary Committee proceeding. Unless permission to leave class early is granted by the professor, residents/fellows are expected to remain in class until the class is completed.

Attendance Protocol

Attendance is taken by the faculty for all classes. The list is kept in the office of the course director. It is the resident's/fellow's responsibility to justify absence or excessive tardiness. The course director will determine academic consequences with the approval of the Program Director.

Clinical attendance will be tracked through reports from Faculty and scheduling in Oasys. Irregular scheduling patterns, phantom patients, and changing the schedule or improper scheduling in order to have more time off, will be monitored by the administrative staff, Clinical Director, and Program Director. The Clinical Director and Program Director will determine appropriate responsive measures, including but not limited to the loss of personal days, suspension, and/or loss of a letter grade.

Frequent absences will be discussed with the resident/fellow by the course director with the knowledge of the Program Director. Frequent unexcused absences are referred to the disciplinary committee for appropriate recommendation and then to the Program Director for final determination.

Request for Absence

A Request for Time Off is to be submitted in a timely manner to the Program Director with appropriate signatures. (See Appendix C). Current guidelines for personal days, scientific conferences and study days are to be followed at all times.

Residents/Fellows are expected to be present at the school during all operating hours unless otherwise allowed. Proper coverage is to be arranged with a classmate by the absent doctor beforehand whenever possible, with the knowledge of the Program Director. The designated Front Desk representative and Patient Treatment Administrator is to be informed every time the doctor is expected to be away from the clinic.

Unanticipated absence or illness are handled as an exception:

- The resident/fellow notifies the faculty member in charge of the seminar/class to be missed by e-mail.
- The resident/fellow notifies the front desk representative and Patient Treatment Administrator to reschedule their patients accordingly by e-mail.
- The resident/fellow notifies the Clinical Director and Program Director by email.
- A request for absence form must be submitted upon the resident/fellow's return to the Program Director.

Whenever possible, an unexpectedly absent resident should arrange to provide coverage for their assigned presentations. Class representatives will coordinate the schedule accordingly. If last minute coverage is impossible, the resident/fellow will present first upon their return and schedule will be adjusted to accommodate this.

Vacation/Holiday/Personal Time Off

This policy is informational in nature and is not an express or implied contract. It is subject to change due to unforeseen circumstances, as a result of any circumstance outside the University's control, or as other needs arise. Changes may be required if, in the University's sole discretion, public health conditions or any other matter affect the health, safety, upkeep or wellbeing of our campus community or operations.

Each resident in the program can request up to six personal days during each of the two full years of the program beyond which a remedial course work will be required from the resident at the discretion of the Program Director. Fridays are considered 1 full day. Time off should not exceed two weeks. The six personal days may be taken between July 1 and June 30 of the following year, and do not roll over to the subsequent year of residency. No personal days may be taken by the third year residents between July 1 and the date of graduation. A resident may be absent from the school for these personal days at the discretion of the Program Director. Remediation in clinical coursework may include performing clinical tasks beyond the duration of the residency if the clinical schedule so dictates. Providing coverage for assigned tasks such as emergency rotation must be ensured by the resident prior to requesting time-off. Residents should not request all of their time off at the end of the residency. Fellows and Residents of any year should not take personal days during orientation.

Irregular scheduling patterns, phantom patients, and changing the schedule or improper scheduling in order to have more time off, will be monitored by the administrative staff, Clinical Director, and Program Director. The Clinical Director and Program Director will determine appropriate responsive measures, including but not limited to the loss of personal days, suspension, and/or loss of a letter grade.

Residents/Fellows must submit the personal day request in writing at least six weeks in advance and supply appropriate documentation, e.g., medical documentation. Documentation for unexpected medical absences should be provided after the fact. Course syllabi should specify the nature of the in-class participation expected and the effects of absences on grades. Residents/Fellows with written excused absences are entitled to a makeup exam at a time mutually convenient for the instructor and resident/fellow. This includes that residents/fellows are responsible for submitting notification of the projected absence(s) six weeks in advance to the Course/s Director/s as well as the Program Director. This is especially important for final examinations. Not all requests will be automatically approved depending on academic standing, impact on patient care, or other relevant factors.

The school conforms to the academic calendar of the University regarding scheduled vacations where possible. The Holidays currently recognized by the University are:

- Veterans Day
- Thanksgiving Break
- Winter Holiday Break
- Martin Luther King Day
- Memorial Day
- Juneteenth

- Independence Day

The specific dates are issued by the Office of the President at the beginning of each new academic year.

Residents will be granted up to **five** days total to study for the American Board of Orthodontics written examination. Should a resident wish to take an international Board exam during the second year, the five total days may be split between the ABO and the international exam. No more than five total days may be taken. Residents taking regional board of dentistry examinations will be given **one day** of travel time to the exam in addition to the actual time to take the exam.

Academic Conference Policy

The Jacksonville University School of Orthodontics will allow residents to attend two (2) conferences per academic year (July 1 to June 30) in their first and/or second years of residency:

- **First Year:** Graduate Orthodontic Residents Program (GORP) and the American Association of Orthodontists (AAO) Annual Session
- **Second Year:** the American Association of Orthodontists Annual Session and a second scientific meeting if the resident is presenting a paper, table clinic, or contribution to the program.
- **Third Year:** conference approval required from the Program Director. If approved, no financial support will be approved.

Meeting attendance requires prior approval. The Program Director will determine the amount of reimbursement allowance. Reimbursement allowances are not guaranteed, and are subject to overall university policies regarding sponsored travel. Reimbursement allowance may up to \$1,500 for two (2) meetings per resident per academic year and cannot exceed \$1,500 total for two (2) meetings per resident per academic year. Funds do not roll over from year to year nor can they be used for more than 2 meetings.

Maternity Leave Policy

Jacksonville University School of Orthodontics residents/fellows may request to take up to **6** weeks of maternity leave. Independent of the duration of maternity leave, residents/fellows will be required to perform remediation in both didactic and clinical coursework which may include performing clinical remedial tasks beyond the duration of their residency if the clinical schedule so dictates. The Program Director with the aid of Faculty will design an individualized course of remediation.

Disability Support Services

If you seek assistance or request “reasonable accommodations” under the ADA Section 504 Act, you must provide complete medical and/or psychological documentation to the Director for Disability Support Services. Documentation must be current – *not more than three years old*. Requests for “reasonable accommodations” must be completed in a timely manner so faculty/staff can plan for the accommodations. Students with disabilities are responsible for maintaining the same academic levels as other students, maintaining appropriate behavior and providing timely notifications of special needs. Students must request “reasonable accommodations” each semester of enrollment to receive the accommodations. Contact Olga Lucia Flórez, M.Ed., M.P.A. *Director of Disability Support Service at oflorez@ju.edu or by phone at 1 (904) 256-7787*

Students with hearing and speech related disabilities should call the Florida Relay Service at 1 (800) 955-8771 for TTY assistance. The website is <https://www.ftri.org/relay>

Professional and Academic Conduct

It is essential that all individuals associated with the Jacksonville University School of Orthodontics behave with integrity and in accord with the American Association of Orthodontists code of ethics (<https://www.aaoinfo.org/news/2017/07/updated-principles-ethics-and-code-professional-conduct-available-members>) Failure to guard confidentiality and/or to accurately report and record information may result in disciplinary action. Any violation of academic honesty must immediately be reported to the faculty.

For individual assignments, each resident/fellow is required to submit a complete paper that is unique to that resident/fellow and not a compilation of material created by two or more residents/fellows working together. Unless specified by instructor, it is permissible for residents/fellows to discuss with one another the requirements of an assignment and to explore possible ways in which to complete the assignment. When a resident/fellow uses an idea or concept created by another resident/fellow, it must be cited just as any other idea or concept is cited. For group projects, collaboration between class members is vital to the successful completion of the assignment. Sources used to fulfill requirements must be included in the bibliography or reference section of the assignment.

If there are any questions regarding professional and/or academic honesty, residents/fellows must seek clarification from faculty in a timely manner. Faculty is to provide guidelines that are precise and unambiguous. Residents/Fellows are to conduct themselves in a professional manner at all times. Any resident/fellow who is judged to be discourteous, rude, profane or hostile to faculty, staff or fellow residents/fellows will be reported immediately to the Program Director of the School of Orthodontics regarding continuation in the program and an appearance before the SOO Disciplinary Committee.

Academic misconduct is defined as follows (JU Student Handbook):

Any form of cheating, including concealed notes during exams, copying or allowing others to copy from an exam, students substituting for one another in exams, submission of another person's work for evaluation, preparing work for another person's submission, unauthorized collaboration on an assignment, submission of the same or substantially similar work for two courses without the permission of the professors. Plagiarism is a form of Academic Misconduct that involves taking words, ideas or any other material from a source, either verbatim or in paraphrase, without acknowledging the original author through proper citation(s). Cutting and pasting from any source including the Internet, as well as purchasing papers, are forms of plagiarism. (Warshauer, M., 2002.)* * Matthew Warshauer, History Department, Central Connecticut State University, Academic Misconduct/Plagiarism Questionnaire;
<http://www.history.ccsu.edu/>

Such conduct may be subject to disciplinary action including:

Penalizing a student's grade on the assignment or examination in question
Assigning a failing course grade

- Dismissal from the University (in cases of especially egregious or repeated offenses).

The faculty regards all incidents of academic misconduct as major offenses that merit disciplinary action. Faculty members will handle each case of academic misconduct in accordance with their own course policy. In the spirit of academic freedom, no further action is required from the instructor following the action taken in response to the incident of academic misconduct if the student agrees to the penalty. However, it is strongly recommended that faculty members report all incidents of academic misconduct to the Provost, with notification to the division chair and appropriate college dean, in order to identify students who commit additional future incidents of academic misconduct. In addition, the instructor may

recommend to the to the appropriate Division Chair, or College Dean if the department or academic unit in which the course is taught is not part of a division, further sanctions against the student deemed appropriate for the level of academic misconduct. These sanctions may include academic probation, suspension or expulsion. If the sanctions recommended by the instructor are not approved, the instructor may appeal the decision of the Chair/Dean to the Provost. If there is still disagreement, the instructor may refer the decision of the Provost back to the Chair/Dean of the Academic Unit from which the appeal originated. The Chair/Dean shall then form a five-person appeal committee along the same guidelines used for the formation of a committee to hear a student appeal

Honor Code

Truth is a value essential to the profession of dentistry. To underscore the importance of truth, honesty, and accountability, residents, fellows, faculty, and staff in the School of Orthodontics adhere to the following honor code:

I do not lie, cheat, or steal nor condone those who do.

Residents/Fellows must agree to the code of honor acknowledging that they understand this concept of honor. It is required that every resident/fellow practice academic and professional honesty.

Disciplinary Policy Release

Each resident/fellow accepted into the program agrees to:

- Represent the University in a manner that upholds the integrity and standards of the University and the School of Orthodontics (professional meetings or events where the resident/fellow represents the Program);
- Notify the Program Director and/or a designated representative of any misconduct on the part of the resident/fellow;
- Understand the Program Director reserves the right to discipline the resident/fellow beyond actions taken by the Disciplinary Committee.

Examinations

During an examination, there will be no talking in the classroom, and all notebooks, textbooks, and papers will be closed and put away unless it is an open book examination. A resident/fellow may leave the testing room as soon as he/she has completed the examination and turned in testing materials to the person monitoring the examination. Faculty involved in testing have the prerogative of implementing additional security measures.

Residents/Fellows are expected to take exams on the day and time scheduled. If he/she must take an examination at a time other than the one established in the course syllabus, permission must be obtained from the professor prior to the date on which the exam is set. If he/she cannot take a scheduled examination because of illness or other valid reason, the appropriate instructor must be contacted prior to the examination. For unexpected or unforeseen events, when prior notice is impossible, the resident/fellow must contact the professor and explain the reason for missing the examination within the 24 hours following the scheduled exam time. If the reason for missing an examination is considered valid by instructor, he/she will be scheduled to take a makeup exam within five days of the original examination date or at a time convenient to the faculty.

If the instructor does not consider the reason given for missing the examination valid, the resident/fellow will not be permitted to take a makeup examination. If he/she fails to notify the professor prior to the examination when it is possible to do so, no makeup examination will be given. If a resident/fellow fails to

notify the lead instructor within the twenty-four-hour period when an unforeseen event occurs, no makeup examination will be given. A zero will be given for any test that is missed and not made up.

Written Assignments

Each resident is expected to submit written assignments on the date specified in the class syllabus. Permission to turn in written assignments later than the scheduled time must be obtained from the Course Director prior to the due date. The Course Director has the right to refuse any written assignment submitted past the due date where the resident has not obtained prior permission to turn in the assignment late. The Course Director may elect to allow a paper to be turned in late for less than full credit. All residents/fellows are encouraged to maintain a copy of every paper submitted for a grade.

Use of Resident/Fellow Created Materials

Written permission must be obtained before Faculty, administrators, or residents/fellows may use materials created by residents/fellows (written assignments, non-patient related PowerPoint material). Patient PowerPoints are considered part of the patient's orthodontic record and may be used by faculty and residents/fellows in teaching and external peer-attended presentations while they are a resident or employed by Jacksonville University. Each resident/fellow will be asked to sign the "Consent to Use Student Work" at the beginning of the academic year, and has the right to refuse to do so (Appendix M). Signed forms are filed in individual resident file. If a resident/fellow exercises the right to refuse to sign the form, faculty can request permission to use materials on an individual, project-by-project basis.

PERFORMANCE APPRAISALS OF RESIDENTS, THE PROGRAM, AND FACULTY

In compliance with the current CODA standards, class meetings between the residents/fellows and the program director are scheduled as need arises. Class representatives are elected by the residents each term in order to facilitate communication between administration and the residents/fellows.

Residents/Fellows are evaluated:

- Through individual courses' grades
- By the Faculty at least once per year. The Student's Evaluation Form is completed online.
- Through a Final Oral Exam in July of each year

Faculty members are evaluated:

- By the residents/fellows using individual course evaluations administered by the institution (SRI)
- By the residents/fellows using individual evaluation forms once a year. The Faculty Evaluation completed online. Completion of this evaluation is mandatory.
- By the Program Director using Faculty Activity Assessment Report once a year.

Feedback about the institution is obtained when the third-year residents undergo an exit survey to solicit input regarding all aspects of the program, and is required in order to graduate and receive a diploma.

ALL RESPONSES REMAIN ANONYMOUS. THE DEAN, PROGRAM DIRECTOR, AND FACULTY DO NOT HAVE ACCESS TO INDIVIDUAL SURVEY RESPONSES. THE PROGRAM DIRECTOR RECEIVES A SUMMARY OF ALL RESPONSES WITHOUT ANY INDICATION OF INDIVIDUAL RESPONSES.

Clinical Policies

Any Clinical Faculty has complete authority to remove any resident whose behavior is unsafe or unsatisfactory from clinical care. The incident will be reviewed by the Program Director and Clinical Director. He/she will evaluate the nature of the incident and either apply the appropriate sanction on the resident/fellow or refer the incident for review by the School of Orthodontics Disciplinary Committee.

Treatment of Patients

In addition to our duly appointed faculty and appropriately trained support staff, only post-doctoral residents and or research fellows who are matriculated and are in good standing with the University, are permitted to treat patients in our facility. In order for ANY patient to be treated, they must be registered as patients of JUSO at the time treatment is rendered. Though patient care is most often rendered by our post graduate residents, the ultimate responsibility for a patient's treatment rests with the supervising Faculty member and ultimately the Program Director. Patients may only be treated during regular clinic hours. Exceptions pertain to emergencies and must conform to the school policy addressing this issue as noted on the following two pages. All regular treatment must be supervised by an instructor in accordance with the policy for obtaining faculty signatures noted elsewhere in this document. Only patients who have been accepted for treatment in our clinic or program may be treated. Without exceptions: NO private patients or non-registered patients may be treated in the JU clinic.

In cases of orthodontic emergencies, follow the policy for dealing with emergencies as outlined below. For patients having non-orthodontic dental emergencies, patients should be told to contact their dentist or local hospital emergency room.

Clinical Dress Code, Attire and Professional Appearance:

- A neat, clean professional appearance while engaged in patient care is required. Such a professional appearance communicates an image of quality work and respect for the patient's well-being. Clothing must be clean, safe and in good repair. Discretion and modesty should prevail in the choice of clothing. Professional attire is especially enforced when speakers or other guests are present at the school.
- All residents/fellows will wear white clinic coats or disposable gowns, provided by the school, during patient treatment. Clinic coats/gowns are to be worn in all patient care areas, and must be fully buttoned (including the top snap or button) during patient treatment. A clean coat or gown is to be worn each day; it will be changed should it become visibly stained or contaminated during the clinic session. CLINIC COATS SHOULD NOT BE WORN OUTSIDE THE BUILDING OR INTO NON-CLINICAL AREAS OF THE BUILDING.
- Appropriate (Personal Protective Equipment) PPE is to be worn for procedures required by CDC/OSHA/WISHA/DOSH guidelines, which are stated in the SOO 'Exposure Control Plan'. Once exposed to potentially infectious material, PPE is not to be worn outside the treatment area. White clinic coats are not considered appropriate if exposure to blood-borne pathogens is anticipated. PPE is required for all surgical procedures or where saliva splatter is expected.

Male Residents

Residents/Fellows must wear the appropriate color scrub shirt with slacks (no jeans or shorts), shoes, and socks. Shoes may be dress shoes, or clean, neat, athletic-type shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. All sandals or other types of open-toe shoes are prohibited. Plain white T-shirts may be worn under the scrub shirts. Short, white blazer jackets or lab coats that are clean and pressed may be worn over scrub shirts when in lab or class. Hats or non-professional caps are not permitted.

Female Residents

Residents/Fellows must wear the appropriate color scrub shirt with slacks (no jeans, shorts or capri pants), shoes and socks or stockings. Skirts may be worn instead of slacks, as long as the skirts are an appropriate length for a professional school. Shoes may be flat dress shoes, but must cover the upper part of the foot; or clean, neat, athletic-type shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. All sandals or other types of open-toe shoes are prohibited. Plain white T-shirts may be worn under the scrub shirts. Short, white blazer jackets or lab coats that are clean and pressed may be worn over scrub shirts when in lab or class.

- If scrub attire is not worn in the clinic setting, men and women will wear attire appropriate for a professional environment. Men should wear clean, neat slacks and a collared dress shirt. T-shirts are not permitted. Women may wear slacks, skirts or dresses. Skirts and/or dresses may be no shorter than two inches above the knee. Open toed shoes or other shoes with openings on the tops of the shoes (e.g., Crocs, flip flops or sandals) cannot be worn.
- With the exception of a smooth band, rings should not be worn. Earrings should not interfere with personal protective equipment or patient treatment.

Personal Hygiene

- Residents/Fellows must come to clinic well-groomed and clean.
- Hairstyle must not interfere with patient or staff safety. Long hair (below shoulder length) should be contained or tied back so that it does not interfere.
- Mustaches, beards, and sideburns should be clean, neat, and well-trimmed, so facial hair can be contained within a surgical mask.
- Fingernails are to be clean and well-manicured.
- Perfumes or colognes are not permitted. (People can be highly allergic to these chemicals and an allergic response may be precipitated.)
- Jewelry cannot interfere with patient care. Finger rings and wrist watches need to be removed, because they may generate holes in gloves and interfere with protection from potentially infectious material (saliva, blood).
- Facial piercings or body tattoos must be removed or covered when treating patients. Earrings are acceptable.

Clinical Performance

Residents will receive a pass/fail grade in all aspects of clinical orthodontics. A pass is required to successfully complete the course. A clinical failure will result in a course grade of "F". Any of the following behaviors constitute a clinical failure: Using mood altering substances (drugs or alcohol) within 12 hours of clinical care; violation of patient confidentiality policies; failure to abide by faculty instructions; misrepresenting themselves; performing any procedure or intervention without faculty approval; or falsification of clinical hours, records or documentation.

Moonlighting Policy

The program does not permit its residents/fellows to practice dentistry or otherwise be employed outside of the clinic during posted clinic, lectures and research hours. The Jacksonville University School of Orthodontics Clinic is not to be used for the practice of general dentistry outside of posted clinic hours. If a resident or fellow would like to perform a general dental procedure, they must receive written permission from the Program Director and schedule the patient with supervision from a Florida licensed dentist from the faculty.

Patient Assignment Policy

Residents at JU School of Orthodontics are expected to start up to **50** patients during their **first year**. The Clinical Director will attempt to equally distribute new patient records with the intention to provide a variety of malocclusions to each resident/fellow.

- A. Some cases with need for limited or simple orthodontic correction and an expected treatment time of up to 12 months are assigned to the Fellows.
- B. Cases with need for comprehensive orthodontic correction (including mixed dentition cases) will be assigned to 1st year residents during the fall and spring semesters.
- C. The remaining cases of all categories that require to be started during the summer semester will be assigned to Fellows and 2nd Year Residents to be transferred afterwards to an incoming resident. The 2nd year residents are expected to start 10 cases on average during the month of July with completed charts to be transferred to an incoming 1st year resident thereby maximizing the learning experience and insuring the continuity of available clinical assignments to all residents/fellows throughout the program.

The majority of cases started in the fall semester are expected to be finished by the same resident. For all completed

cases, complete records and an outcome assessment sheet must be entered into the patient's record. Graduating second year residents' cases that are still under active treatment will be transferred to either an incoming 2nd or 1st year resident no later than the first week of August every year. Cases in retention or under recall status may be transferred to an incoming resident.

New Patient Screening Protocol: (See Appendix G for Checklist)

- NO screenings are to be performed on patients that have not been registered in the school's system.
- The patient is given an appointment by the new patient representative for a one and a half hour screening/records appointment.
- The resident/fellow greets the new patient on time and ensures that a parent or a legal guardian accompanies minors. The school expects adherence to the highest standards of professional conduct by all its staff, residents, fellows, and faculty when dealing with patients at all times.
- The resident/fellow proceeds to gather and document clinical data about the patient starting with any allergies or medical conditions first. The **chief complaint** is documented second and diagnostic information as stated in the screening workflow is collected third. Information and recommendations of referring professionals are to be entered in the treatment card notes.
- The resident/fellow then requests that a faculty member review and confirm the screening information. The faculty member ensures accuracy of all findings recorded on the screening form, discusses the findings with the resident/fellow and the patient (and parent when necessary), recommends further diagnostic procedures if needed, and recommends the type of future treatment if any. When examination of the records is necessary for determining the type of treatment, the resident must explain to the patient or guardian that the category of treatment recommended at the screening day is provisional and to be confirmed at the consultation appointment.
- All patients who are candidates for future orthodontic treatment are given a referral for a comprehensive dental exam by their general dentist or any other specialist necessary to clear the patient for orthodontic therapy. A chart entry stating that the referral was given to the patient must be made that day.
- The resident/fellow then sends the patient back to the front desk and files the screening paperwork in the sorter in chronological order. Deficient charts are the responsibility of both the resident/fellow and the attending faculty at the screening.
- The patient will then be called for a financial consultation after or concurrent with which they may opt to proceed with the records portion of the appointment.

Patients' Records Acquisition and Records Keeping Protocol: (See Appendix H for Checklist)

Patient orthodontic records **MUST** be readily available at each patient appointment.

All chart entries are made chronologically. All instances of non-compliance of any type are to be conspicuously noted as per departmental policy. All specific notations for future visits shall be entered as per departmental guidelines.

All persons making an entry in the chart must be logged into Oasys as themselves so that their user information is shown for the chart entry.

Designated faculty members will perform an audit of patients' records at least once yearly for quality assurance and outcome assessments. Residents/Fellows will receive reports about their compliance with clinical and academic policies and will be given ample time to correct detected deficiencies. Any persistent deficiencies are considered critical and will result in a disciplinary committee hearing who would make a recommendation to the program director afterward. Remedial and academic probation decisions are at the discretion of the Program Director and designated Faculty.

The following protocol is to be implemented:

1. NO records are to be taken on any person who has not completed the screening portion of the screening/records appointment.

2. The patient is brought to the clinical exam area with parents' consent when applicable.
3. A comprehensive clinical exam, medical history and reiteration of the chief complaint are recorded in the patient chart in the appropriate Oasys workflow. Any relevant contact information, medical information and general concerns are also recorded. Make sure that vital medical information such as allergies and systemic conditions are entered as medical alerts if such data has not already been documented through the screening visit. Any changes in contact information should be given to the resident's patient representative.
4. The resident/fellow completes a **standard** set of initial records for the assigned patient:
 - a. Five (5) intra-oral photographs and four (4) facial photographs
 - b. One (1) Panoramic and one (1) CBCT radiograph.
 - c. One (1) upper arch intra-oral scan and one (1) lower arch intra-oral scan with digital bite registration in centric occlusion.
 - d. When recommended by faculty, **supplementary** records may include: Periapical x-rays, specific field CBCTs, PA Ceph, or photographs of various occlusal movements.
**Consult with faculty when recent x-rays of the patient are already available.*
 - e. **Partial** records include: Panorex and photographs with no iTero scan.
**Make sure patient is in centric occlusion when required (Intraoral photos, Ceph)*

STANDARD FINAL RECORDS ARE THE SAME AS INITIAL RECORDS (Photos, X-rays & Models).

5. Quality of records is to be checked by a faculty member before dismissing the patient and prior to submitting the iTero scan.
6. Digital records are to be imported immediately into the school's imaging software.
7. The patient and parents are then told that their assigned doctor will be contacting them very shortly with for a consultation appointment. The average delay is up to 2 weeks except around school's holiday times.
8. Complete the Records Workflow in Oasys
9. The patient will be checked out so that the designated faculty will be able assign the patient to a doctor as follows:
 - A. The majority of regular new patients are assigned to 1st year residents.
 - B. Some limited treatment patients are assigned to Fellows.
 - C. During the last few weeks of the academic year, new patients are directly assigned to incoming 1st year residents and patients are told that starting time may be delayed for up to 6 weeks. Exceptions are at the discretion of the clinical or program director.

*** Photographs are to be taken at every clinical encounter unless specific faculty instructions to the contrary have been received. Extra-oral photographs should be taken every six months. A panoramic radiograph should be taken at least once per year. These records must then be stored according to the clinic policy in force at that time. Academic and or disciplinary sanctions may be sought for not adhering to this requirement.**

Coordination of Multidisciplinary Care

The resident/fellow is required to document ALL interdisciplinary communication and attend all pertinent lectures facilitated by the school. Interdisciplinary treatment planning is to be carefully conducted with a Faculty member and appropriate signatures must be obtained. Extra records (Models, 3D images, VTO's, etc.) are recommended when documenting exposure to interdisciplinary patient management. Please note that the school currently adopts the following ABO guidelines for patient's records:

1. **Interim or Pre-Operative Records** are mandatory for two-phase treatment and for surgical cases. Digital interim casts are not acceptable for pre-surgical study casts.
2. Periapical x-rays or a CBCT are required for all patients 18 years of age and over, as well as for younger patients with signs/symptoms of periodontal involvement. The doctor must document that the patient's periodontal status was amenable to orthodontic treatment prior to initiating care utilizing one or more of the following methodologies:
 - A. Full mouth periodontal probing recorded prior to initiating orthodontic therapy.
 - B. Written documentation of pretreatment periodontal status, including a full periodontal charting, received from a periodontist, general or pediatric dentist.
 - C. Pretreatment panoramic radiograph, in conjunction with vertical or conventional bitewings, and maxillary and mandibular anterior periapical radiographs.

D. Full mouth series of periapical and bitewing radiographs.

E. CBCT (Cone Beam Computed Tomography) images that represent requirement C above.

All *Excel* spreadsheets must be updated to reflect such exposure to interdisciplinary patient management so that the school can audit charts and records in compliance with the Accreditation Standards. Faculty and Residents/Fellows are expected to participate in implementing the above-mentioned policies.

Consultation protocol: (See Appendix I for Checklist)

1. NO consultation is to be performed for a minor if no parent or legal guardian is present.
2. Residents and Fellows are assigned patients on a weekly basis. When the resident/fellow receives a new patient chart they are to review his/her records promptly and perform a comprehensive case study to be presented to a faculty member.
3. A treatment planning session is scheduled with a faculty member during which time the treatment plan is finalized by both doctors. The details of the mechanotherapy are recorded on the special form in the Treatment Plan workflow. A summary of the treatment plan is created in a workflow which will then be approved and electronically signed by the faculty.
4. The projected treatment time by the team is checked against the estimated length/ treatment category chosen on the patient's initial financial consultation form. Any necessary modifications to the treatment time are initialed by the faculty and brought to the attention of the school's financial department immediately.
5. Patient's administrative and clinical data are reviewed in Oasys and Dolphin. The treating doctors' (Faculty and Resident/Fellow) names are updated when necessary.
6. When specific professional referrals or communication forms are recommended by the team, the resident or fellow is to use the school's templates (Oasys electronic forms or existing referral forms). Copies of all communication are scanned into the patient chart. When custom letters are used, the resident/fellow is to obtain faculty approval and initials on the letter prior to sending it.
7. The resident or fellow is to contact the patient with a consultation appointment no later than 2 weeks from the date he or she received the chart. The school's Patient Treatment Administrator will verify new patient's status and appointments on a weekly basis and report the finding to the program director.
8. At the day of the consultation, the diagnosis and treatment plan are communicated to the patient/parent clearly using the previously analyzed clinical data and any other useful tools. A faculty member is always available to answer any questions by the patient, parent or resident/fellow.
9. At this point, patient's information is reviewed and any missing data is entered in the appropriate Oasys workflow. Verify that the assigned faculty and resident's or fellow's name is entered in Oasys.

When informed consent, treatment acceptance, dental clearance, medical clearance (when applicable) and all other professional communication forms have been obtained, the active treatment can be started as planned by resident/fellow and faculty (Preparatory procedures such as separators placement and impressions for lab appliances are not considered the starting point of active treatment.

NO TREATMENT MAY BE INITIATED UNTIL A TREATMENT PLAN HAS BEEN DEVELOPED AND SIGNED BY THE SUPERVISING FACULTY MEMBER.

Internal Patient Transfer Policy (Appendix D)

Since the Jacksonville University School of Orthodontics program is 27 months in duration, it is likely that each resident will transfer the majority of their started patients to their sibling or incoming resident.

Other than during the annual end-of-year transfer, patients may ONLY be transferred from one resident or fellow to another:

- Upon the patient's reasonable request and after consulting with the supervising Faculty member, Clinical Director and Program Director
- Upon the resident's reasonable request and after consulting with the supervising Faculty member,

Clinical Director and Program Director

- When the doctor/patient relationship has been compromised due to a conflict of interest or any other issue, documentation of such cases will be conducted by the Program Director.
- Patient Transfer Protocol:
- A 2nd year resident is expected to be able to maintain 150-180 active cases at any time. This means that the resident would be seeing an average of five (5) patients per day for an eight (8) session week and four (4) week intervals between appointments.
- All transfers should be conducted through a discussion with the receiving doctor and after completion of the internal transfer form. The supervising faculty members will approve the final transfer. The patient must be informed when available.
- Random transfers outside the resident sibling pair are considered unacceptable and require prior approval from a faculty member and/or program director. When a pattern of inappropriate transfers and deficient communication is detected, the resident will be informed accordingly and remediation will be necessary in order to meet the Clinical Orthodontics course requirements. The following protocol should be followed:
 - Patients who have completed retention or who have not started treatment due to cancelled appointments, or patients who have been dismissed or treatment refused need an appropriate status change in Oasys. The names of these patients should be given to the resident's patient representative for completion.
 - Patients that will not be completed by the time of graduation could be transferred to the next resident as early as July of the second year.
 - Patients that will finish by the time of graduation should be debonded by the treating resident and then transferred in retention.
 - Patients under observation should be transferred as early as July of the second year.
 - Patients in retention should be transferred to the next resident as close to graduation as possible.

All 2nd year residents' patients must be effectively transferred before the first week of August each year.

Faculty Signatures

Appropriate record keeping is one of many academic and administrative requirements inherent in an orthodontic training program. One example of this is providing adequate documentation of faculty supervision regarding the patients that are treated in our clinic. Some of the reasons for requiring faculty supervision are:

- Administrative Requisites
- Dental-Legal (risk management) Concerns
- Quality Assurance
- Educational Responsibility
- Bio-ethical Considerations
- Standardization and Sufficiency of Clinical Data
- Accreditation Requirements

The following is a list of orthodontic procedures or stages of treatment that must be supervised as well as requiring a faculty co-signature.

- Corroboration and approval of the diagnosis and treatment plan;
- To attest to the appropriateness of appliances to be used and their placement;
- Recommendations for all extractions, surgical exposures, etc.;
- To monitor the completion of each stage of treatment (e.g. leveling, canine & anterior retraction, etc.) prior to proceeding to the next phase or stage;
- Prior to finalizing an adjunctive orthognathic surgical treatment plan;
- Upon transferring the patient between residents or transferring out of the clinic;
- Prior to appliance removal; and
- Prior to terminating care on an active clinic patient.
- All regular visits should be signed by the supervising faculty

All attending faculty **may**, though they are not required to ²/₄ co-sign charts for another faculty member in his absence

provided they can attest to the accuracy of the chart entry as per these guidelines. All charts will be signed electronically by the faculty. **It is the resident's responsibility to make sure that their patients' charts are countersigned as indicated.** If a resident encounters problems with any faculty member relating to obtaining a countersignature, advise the clinic director or program director immediately.

Charts Audit Policy:

The designated faculty members will perform an audit of patients' charts at least once yearly for quality assurance and homogenous quantitative and qualitative distribution of cases amongst faculty and residents/fellows. Residents and fellows will receive reports about their compliance with this policy and will be given ample time to correct detected deficiencies. The review process will start in May and end in June of every year. Reviewed items include:

1. Initial radiographs
2. Initial photographs
3. Initial study models
4. Progress records
5. Final radiographs for all completed cases
6. Final photographs for all completed cases
7. Final Study models for all completed cases
8. Outcome assessment workflow for all completed cases
9. Complete updated Patient Info workflow accurately reflecting assigned patients in Oasys.

Items 1 through 7 above are required to be stored in the school's imaging and other related software. Cephalometric radiographs are expected to be traced and stored in Dolphin program.

*At the discretion of the Program Director and designated Faculty, any persistent deficiencies will be considered critical and may result in remedial assignments, academic probation or a failing grade in the clinical orthodontics course.

CASE PRESENTATIONS

Residents/Fellows are encouraged to create a formal PowerPoint for all patients. You will be given a template for a JU presentation. No deviation from the template is permitted for cases presented during the Evidence Based Seminar. Aiding in records acquisition, analysis and case presentations will count toward the resident's participation in the teaching component of the residency.

Class representatives are responsible for distributing and updating the PowerPoint format as well as the presentations schedule.

All presentations will be saved in the Residents' R drive folder. The address for each folder is R:\Academic\Class of 20xx\Resident\Case PowerPoints for the patients of graduates will be moved to a general file where they will be available in a read-only format to residents, fellows, and faculty. The school's program director, designated faculty and IT person will classify the presentations according to category of malocclusion.

Naming the files: In order to make the files easier to find and to prevent confusion for patients with the same/similar names, the files should be named as shown below: **PatientInitials PatientID**

Residents will be required to present records at the annual meeting of the AAO or the SAO or submit cases to the Program Director to be presented by another resident.

Do not keep multiple copies of your presentation as all copies will be on the same server and will just crowd the server.

FEES AND FINANCIAL POLICY

The resident in conjunction with the supervising faculty member will determine the treatment classification (Comprehensive, Limited, Invisalign, Lingual, etc.) for each case, which will then be charged in accordance with the orthodontic fee schedule in force at that time. The fee/treatment classification determination form must be signed

and turned in to the registration personnel. Fees should be discussed with patients by the administrative staff only.

No patient may begin treatment until suitable financial arrangements have been made. Patients who are delinquent on their accounts, and where suitable arrangements have not been made, will be placed on maintenance, and then dismissed from the clinic. Patients with delinquent accounts will continue to be seen until the dismissal letter sequence has been sent.

Approximately three months prior to completing treatment **the resident/fellow** must make sure the patient's account balance is not delinquent. If this is the case speak with the patient care and account coordinators or the program director immediately. Additionally, the two to four months to debond code should be added to all patients treatment card's at the visit when the debond becomes expected in that time period. This sends a notification to administrative staff to follow up on the financial status of the patient before debond. Before any impressions for retainers are sent to the lab all financial obligations to the University must be satisfied. The supervising faculty member **MUST** countersign your lab prescription form. It is the resident/fellow's responsibility to make sure that this policy is complied with. In addition, there is a fee for lost or broken retainers and for excessive breakage of appliances.

If a patient has requested ceramic braces, lingual braces, Invisalign appliances, etc. it is the resident/fellow's responsibility to make sure that additional financial arrangements have been made before appliances are placed or Invisalign trays are ordered.

PRO BONO POLICY AND FEE SCHEDULE

Currently, it is a goal of the School of Orthodontics that each resident perform up to two pro bono cases. We adopted this aspiration in order to address our belief that every profession should support the community that it serves and in turn has provided those professionals who minister to that community's needs to prosper. The following types of cases comprise our definition of being eligible for pro bono consideration:

- Patients suffering from craniofacial anomalies, for example, cleft lip and or cleft palate, and who cannot otherwise afford treatment.
- Patients for whom orthognathic surgery is indicated and who have medical insurance that will cover the costs of surgery and hospitalization; but who cannot afford the required pre-surgical orthodontics.
- Patients whose treatment at JU is part of an approved research project and who otherwise cannot afford the orthodontic therapy proposed.
- Patients who present with a malocclusion of such interest or uniqueness that the case lends itself to being published or has very high academic value and who without the pro bono support would not otherwise be able to afford treatment.
- Patients in approved Foster Care or similar type programs who without the pro bono support would not otherwise be able to afford treatment.
- *Immediate family members of a resident/fellow, the resident/fellow him or herself, a staff member, or the immediate family of a staff member **may be** eligible for pro bono treatment. All such cases are decided on an individual basis by the program director. Residents can not treat their family members or make appointments for their family member. All administrative paperwork must be completed by family members.*

PATIENTS WHO DO NOT FALL INTO ONE OF THE ABOVE CATEGORIES MAY NOT BE TREATED ON A PRO BONO BASIS.

Pro bono does not automatically mean free. While we gladly endorse the goals we have established for ourselves in this matter, JU School of Orthodontics has defined pro bono to mean that our services shall be delivered to the public at no cost. This does not mean that the goods accompanying the provision of those services must also be delivered at no cost. Every effort should be made to obtain reimbursement for the cost of all goods and lab fees associated with the rendering of a patient's treatment. Therefore, the imposition of a nominal fee is appropriate; unless, in the judgment of either supervising faculty or administrative staff, to do so will be of such hardship to the patient in question that this fee should be waived.

Current price and procedure policy is available thru the Business Operations Manager.

ONLY FULL TIME FACULTY ARE EMPOWERED TO RECOMMEND THAT A GIVEN CASE BE CONSIDERED FOR PRO BONO TREATMENT. ONLY THE PROGRAM DIRECTOR MAY AUTHORIZE A CASE AS PRO BONO

NO RESIDENT MAY TREAT MORE THAN TWO PRO BONO CASES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM DIRECTOR. PRO-BONO WILL NOT BE GRANTED TO DELINQUENT ACCOUNTS.

Policy on Patient Appointment Scheduling

Residents/Fellows are expected to schedule their patient appointments with an appropriate amount of time for that visit and an appropriate amount of time between visits. Clinical faculty are responsible for advising on the amount of time between appointments. There should not be large blocks of time in between scheduled appointments. Generally patients in active fixed appliance therapy should be seen approximately every four weeks.

Multiple appointments may not be scheduled at once. Each appointment must be made at the conclusion of the current appointment. This does not apply to clinically necessary sequential appointments made under faculty direction. Exceptions will be made in the case of siblings where no more than two appointments may be made at one time.

Phantom patient appointments will result in an immediate investigation. If the resident/fellow shows a pattern of irregular or inconsistent scheduling, the Patient Treatment Administrator will recommend to the Program Director that disciplinary measures be taken, including but not limited to appearance before the Disciplinary Committee.

Misuse of Clinic Supplies

The supplies in the clinic are for the use of all residents/fellows properly enrolled and taking part in clinical activities within the orthodontic clinic. They are to be used **ONLY** in our clinic unless permission has been obtained from the Program Director for use outside of our clinic. This applies not only to supplies, but also to laboratory items, files, charts, records etc. In order for us to provide every resident/fellow with the highest quality of education we must maintain control over these items. Examples of inappropriate behavior are:

- “Borrowing” supplies to be used outside of the clinic expecting to replace them at some future date;
- Utilization of supplies outside of the clinic that were not going to be replaced;
- Unauthorized use of supplies: e.g., treating patients in the clinic who were not enrolled as clinic patients, often collecting a fee from the patient and keeping this fee for themselves;
- Billing the school for lab work that was then used either outside of the clinic or within the clinic on a resident's private patient;
- Unauthorized use of the school's long distance authorization code;
- Duplicating clinical records for a resident's personal use and/or absconding with patient' records for the resident's personal use without permission; and
- Other similar unprofessional, unethical, and unacceptable behavior

Final Exam

The final exam is held in the August - September of each year. The examiners panel is composed of a maximum of three internal Faculty members selected by the course director prior to the exam. Outside examiners may also be invited to participate in the exam. (Check the Clinical Orthodontics Course Syllabus for the latest exam protocol)

The 1st year exam consists of two portions:

- One case randomly selected from the resident's assigned pool of active cases to be reviewed by the panel. The examinee is expected to express familiarity with the case diagnosis, treatment plan and progress. Quality of the resident's skills of record keeping, proper documentation and delivery of consistent and timely care as reflected by the reviewed case is evaluated by the panel.

The 2nd year exam consists of three portions:

- Three case presentations prepared by the resident examinee according the standards of the American Board of Orthodontics clinical exam guidelines (<https://www.americanboardortho.com/orthodontic-professionals/about-board-certification/clinical-examination/clinical-examination-process/>). The case must have a minimum DI score of 10 and must be started and finished by the same resident. The panel may discuss any aspects of the case with the examinee to evaluate their knowledge of the Diagnosis, Problem List, Objectives, Treatment Planning, and Mechanotherapy.

ABO Exam:

- All residents are required to take the ABO written exam in the spring semester of the 2nd year of residency. Registration deadline for the exam is in December of the 2nd year of residency. JU will reimburse the exam's registration fee.
- All residents are required to pass the ABO written exam. In case of failing to pass the ABO written exam, the resident will be required to pass a remedial exam administered by the JUSO prior to graduation.
- All residents must present at least three cases to a panel of Faculty during their 2nd year final exam. The case must be prepared and presented according to the ABO format. The case must be treated by the examinee for the majority of the appointments.
- Presentation of cases will familiarize residents with key aspects of the ABO scenario based oral examination, including ABO Discrepancy Index and Cast Radiograph Evaluation scoring.

Tasks Required to be Completed Prior to Graduation Date:

- Save all "PowerPoint" case presentations (diagnostic and progress) in one folder under the resident's name in your R drive folder: R:\Academic\Class of 20xx\LastName.
- The files should be named according to the following format: Pt. Initials Pt Number. When done, inform the internal Information Technology staff member so that they can transfer the files to a protected location. Afterwards, all the files will be copied and converted to a read-only format before being included in the school's library which will also be converted to the same format. The original files will be kept on a protected server accessible only to administration.
- Turn in your cabinet lock and key and all camera equipment to the Business Operations Manager. Cameras are not to be given to another resident or kept for seeing ABO patients after the due date of the camera.
- Return all books and materials to the library.
- Return any borrowed instruments and "miscellaneous" items to the clinic.
- Complete the JUSO's online graduate exit survey and faculty evaluations. These evaluations and surveys are a requirement for graduation. Surveys are sent via an email link. It will be sent out 1 – 2 weeks before the due date. All responses are anonymous. No faculty has access to the individual responses.

Alumni Network Access

JU School of Orthodontics policy is that clinic network access lasts until the date of graduation. No clinic network access will be granted after graduation. You should neither see patients nor access clinic computing resources after you graduate.

- **Do not ask a current resident or staff to lend their key or let you in the building after hours. This can result in a minimum of suspension for the resident who gives access.**
- **Do not ask a current resident to share their login credentials. Sharing of network credentials is a violation of JU policy and will result in suspension of the resident who shares their credentials. The alumni who logs in with credentials shared by someone else will be blocked and not granted any remote access.** IT tracks remote access of the network and the report will be reviewed on a regular basis.

Privacy Policy/Notice/Authorization

The Jacksonville University School of Orthodontics is a hybrid covered entity under HIPAA.

Any violation of this Privacy Policy shall be grounds for discipline, including dismissal from the program.

Compliance with this Policy is required in addition to all other clinic policies, if any.

**PRIVACY NOTICE AND AUTHORIZATION Jacksonville University School of Orthodontics
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Jacksonville University School of Orthodontics is an affiliated covered entity under HIPAA, the Health Insurance Portability and Accountability Act of 1996, with respect to the operation of the orthodontic clinic (the "Clinic"). These Privacy and Security Rules restrict the Clinic's ability to use and disclose your protected health information ("PHI"). JU is a "hybrid entity" under HIPAA, meaning that some of its functions are covered under HIPAA and some are not. For example, the Clinic's orthodontic services are covered functions under HIPAA because electronic bills are submitted for these services, but other services, like first aid provided to athletic students by JU employees, are not covered functions. These policies and procedures apply only to the Orthodontic Clinic. The remainder of JU is covered by another notice.

Your protected health information (PHI) such as your name, date of birth, dates of treatment, phone/fax numbers, email address, home address, social security number, other demographic data, as well as information pertaining to your diagnosis and treatment, may only be disclosed by administrative personnel, the teaching staff, dental assistants, and students, and can only be used or disclosed for:

- Contacting other health care providers (i.e., general dentist, oral surgeon, pediatrician, etc.) in connection with our rendering orthodontic treatment to you/your child;
- Contacting third party payers or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment on your account (i.e., to determine benefits, dates of payment, etc.);
- To certifying, licensing and/or accrediting bodies (i.e., State Dental Boards, American Board of Orthodontics, etc.,) in order to obtain certification, licensure or accreditation;
- To various courts, for use in legal actions of any type, upon your authorization or upon subpoena;
- Internally, to all staff members who have any role in your treatment or to laboratories who render supportive services (i.e.; labs that make retainers or models, etc.);
- To other patients and third parties who may inadvertently see or overhear incidental disclosures about your treatment, scheduling, etc.;
- To your family or close friends who may be involved in your treatment;
- To provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you; and/or,
- Practice and/or marketing promotions for the School of Orthodontics; and
- For use as part of fulfilling our educational mission such as in scientific lectures, publications, presentations, continuing dental educational courses, or as part of approved research projects undertaken as part of the orthodontic curriculum.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which will not expire and which you have the right to revoke at any time upon proper notification, however any revocation will not be retroactive.

Under these privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information from us;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your PHI; and,
- You may, without risk of retaliation, file a complaint with us concerning any violation of your privacy rights by submitting inquiries to our Privacy Contact Officer at our office address at 2800 University Blvd North Jacksonville, Florida 32211, or to the United States Secretary of

Health and Human Services in Washington D.C. within 180 days of the violation.

We have the following duties under the new privacy rules:

- To maintain the privacy of your PHI and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change this Privacy Notice and to make new notice provisions effective for all PHI maintained by us and if we do so, to give you with a copy of the revised Privacy Notice.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your PHI;
- Amend your PHI if it is accurate and complete; or,
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.
- Protect against re-disclosure of your PHI by those legally entitled to receive it from us

This privacy notice is effective as of the date of your signature. If you have any questions about this Notice, please ask for our Privacy Contact Officer or contact him/her at our office address. Thank you.

PATIENT / PARENT ACKNOWLEDGMENT

I hereby acknowledge that I have received or reviewed a copy of this Privacy Notice; or, alternatively, I have refused to review it.

Policy for Duplicating Records

When patients transfer from our clinic to continue treatment elsewhere, we will furnish an electronic copy of the patient's electronic images, models and radiographs. Records will either be provided on a CD to the patient/parent or sent by encrypted email to the new orthodontist. A JUSO External Patient Transfer form (Appendix E) will accompany these records. This is located on the R drive at R:\Clinic - Shared\FORMS - Student and Clinic.

Once the resident has completed the transfer form and had it approved by faculty, it should be given to the Clinic IT Coordinator. A CD of the records will be created or they will be sent via encrypted email to the new orthodontist.

In those situations where a resident wishes to use a clinic patient's records for a Board or Licensure Exam, the following protocol must be adhered to:

- No original "hard" records are to leave the clinic.
- Digital records may be copied or sent out for conversion to hard copy format.
- Any costs associated with duplication shall be borne by the resident.

Policy for Emergency Coverage

Residents and fellows are assigned to cover emergencies in the clinic on a rotating basis. The following policy has been established for you to respond to patient emergencies:

- If you are called during clinic hours, bring the patient in and assess the problem.
- If you do not have time during clinic hours that day to see the patient, have the patient come into the clinic to see the "on-call" emergency doctor.
- If neither of the above options is available to the patient, schedule the patient as soon as convenient.
- If you are serving as the "on-call" weekend or vacation doctor and you are paged, you must appoint the patient to come to the clinic and resolve the emergency. **Residents and fellows must only respond to the particular emergency situation and may not perform other adjustments at the request of the patient.** **When in doubt, residents/fellows are to reach the Program Director or assigned faculty member by cellular telephone to ask for advice or assistance.**

In terms of record keeping, the emergency doctor must electronically chart the nature of the emergency and what treatment was rendered.

****Under Fl. Statute 466.002(6), you may treat emergencies without faculty supervision as long as doing so is within the stated curriculum.***

Policy for the Use of Social Media

Social networks, blogs, and other forms of communication online create new challenges to the patient- doctor relationship. Residents and fellows should weigh a number of considerations when maintaining a presence online:

- Residents/fellows should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- When using the Internet for social networking, residents/fellows should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, residents/fellows should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- While we discourage interaction with patients, if residents/fellows interact with patients on the Internet, they must maintain appropriate boundaries of the patient-doctor relationship in accordance with professional ethical guidelines just, as they would in any other context.
- To maintain appropriate professional boundaries residents/fellows should consider separating personal and professional content online.
- When residents/fellows see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the resident or fellow should report the matter to the program director.
- Residents/fellows must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their careers, and can undermine public trust in the school.

COMMITTEES AND COMPLAINTS

Resident Participation on Committees

The School of Orthodontics encourages resident participation on committees to work in an advisory role to the faculty. As the needs of the School change, the Program Director may establish ad hoc committees that will be phased out as the work of the ad hoc committee is accomplished. The specific extent of resident participation in, and selection of residents for ad-hoc committees is at the discretion of the Program Director. Selection of faculty for ad hoc committees is at the discretion of the Program Director. The following compositions are a general guide.

- **Admission Committee:** Four representatives from the full-time faculty
- **BRCHS Student Advisory Board:** Two representatives from the first and second year classes.
- **Disciplinary Committee:** Three full-time faculty from BRCHS and one representative from each class.
- **Extra-Curricular Academic:** Two representatives from the first and second year classes and one fellow.
- **Physical Plant:** Two representatives from the first and second year classes and one Fellow.
- **Social:** Two representatives from the first and second year classes and one Fellow.
- **Technology:** One or two faculty, Information Technology Coordinator, two representatives from the first year and two representatives from the second year classes.

Disciplinary Committee

The Disciplinary Committee will serve as the official hearing body of the School of Orthodontics. They will hear issues that violate academic and clinical policy in the School of Orthodontics. Issues relating to violations of the JU Code of Conduct are discussed in the Jacksonville University Student Handbook: <https://www.ju.edu/greenpages/code-of-conduct.php>

Membership

The composition of the Disciplinary Committee will be made up of three (3) faculty members, selected at the discretion of the Program Director, from the Brooks Rehabilitation College of Healthcare Sciences.

Responsibilities of Members of the Disciplinary Committee

Members are expected to attend all Committee meetings. A member shall be excused from attendance at any meeting or session of the Committee when the member is physically unable to be present, or when a matter is considered or action taken in which the member has a personal interest or a conflict of interest.

The proceedings of the committee shall be held in strict confidence by the members of the Student Body, the Faculty, and the Administration. A breach of such confidentiality shall be deemed a violation of the Honor Code. Any discussion about potential violations should be kept in confidence by the committee member(s) with knowledge of the alleged incident, even if no formal accusation has been lodged or where an accusation is pending. Knowledge of case specifics shall not be revealed to other committee members. Confidentiality with respect to written hearing records shall be maintained in accordance with University policy.

Sanctions

The Disciplinary Committee may recommend any of the following sanctions to the Program Director alone or in combination:

1. Expulsion
2. Suspension
3. Probation
4. Academic Sanctions
5. Limited Clinical Access
6. Letter of Reprimand
7. Assign additional clinical duty days

The Disciplinary Committee will promptly make its finding and recommendations available to the Program Director for final adjudication. The Program Director will promptly inform the resident/fellow of the determination or refer the case to the Dean of Students.

Should questions, disputes, problems, etc. of any type arise, by any patient or parent, the appropriate procedure is for the Resident or Fellow to attempt to resolve the issue first with the aid of the supervising Faculty member. If this does not succeed, then the Program Director and/or Clinical Director should be consulted for further action toward resolution of the issue.

Procedure for Managing Interpersonal Complaints and Grievances

Should questions, disputes, problems, etc. of any type arise, between a student and any staff or faculty involved in our clinical activities, the appropriate procedure is to attempt to resolve the issue first by consulting with that employee or faculty member. If the issue is with a staff member, the next step would be to discuss the issue with the appropriate department lead (see below). For faculty issues or staff issues not resolved at the department lead level, it should then be brought to the attention of the Program Director of the School of Orthodontics before initiating a formal complaint process as per the JU Student Handbook.

Issues involving a staff member are to be addressed as follows:

- Patient Care Coordinators: Patient Treatment Administrator
- Chairside Assistants: Business Operations Manager
- Executive Staff: Program Director
- Faculty: Program Director
- All Others: Program Director

Student Grievance Policy

The Brooks Rehabilitation College of HealthCare Sciences Student Grievance Policy covers any issues within the College (Appendix P).

Required Notice of Opportunity and Procedure to File Complaints with CODA

Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform residents/fellows of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653 or at <http://www.ada.org/en/coda/policies-and-guidelines/file-a-complaint>

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.

Required Record of Complaints

The program must maintain a record of student complaints related to the Commission's accreditation standards and/or policy received since the Commission's last comprehensive review of the program. (03/2019)

Due Process Related to Investigation of Complaints

The following procedures have been developed to handle the investigation of complaints about an accredited program, or a program that has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.

Policy on Complaints Directed at CODA-Accredited Educational Programs

Residents/fellows, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a program which has an application for initial accreditation pending. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

Sexual Harassment

Jacksonville University is committed to providing a learning and working environment that emphasizes the dignity and worth of every member of its community, free from discriminatory conduct. Sexual harassment in any form or context is inimical to this and will not be tolerated. Sexual harassment subverts the mission and the work of the University, and can threaten the career, educational experience, and well-being of student, faculty and staff. Sexual harassment also constitutes a form of illegal sex discrimination. The School of Orthodontics will enforce the University policy on Sexual harassment. The entire Title IX policy can be found at <https://www.ju.edu/titleix/>.

ENVIRONMENTAL POLICIES

Building Access

Because of the number of people that use the Orthodontic clinic and offices of the Brooks Rehabilitation College of Healthcare Sciences, it is necessary to create some basic rules that enable everyone to happily share the available space. Residents/Fellows can access the building by electronic access via their JU identification card. For security reasons, each resident/fellow entering the building after hours must swipe their card for entrance, even when coming in with a group of classmates. There can be no sharing of key or cards with current or former residents. Doing so will result in disciplinary action as determined by the Program Director. The minimum action will be suspension.

ANY PERSON WHO IS NOT A CURRENT RESIDENT, FELLOW, FACULTY MEMBER, OR EMPLOYEE OF THE SCHOOL OF ORTHODONTICS, REQUIRES PRIOR PERMISSION FROM THE PROGRAM DIRECTOR IN ORDER TO ACCESS THE PATIENT TREATMENT FACILITY.

Seminar Room and Clinical Areas

Care should be given to equipment available in the seminar room and clinical areas. Any malfunction, breakage, or repairs needed must be immediately reported to the Program Director.

- Do NOT bring any food or beverages into patient treatment areas (No food or drinks are to be consumed or stored in the cubicles)
- Do NOT tape pictures or stickers on the walls and countertops in the cubicles. A limited number of pictures are allowed. They must be appropriate, framed and hung using proper hardware.
- Cabinets are to be used to store items pertinent to the patient treatment and education ONLY. Lockers are for your personal items.
- Countertops are to remain clear of any clutter and personal items.
- NO extra storage carts, drawers, etc. are allowed in the cubicles. Use available space within the cubicle cabinetry.
- Do NOT move the dental chairs without asking permission. An Atlanta Dental representative will be available to assist in positioning your chair properly.
- Do NOT spray impression adhesive over floors, countertops of sinks.
- Trash (used napkins and gloves, etc.) belongs in the trash cans. The floor is to remain clear at all times.
- Make sure that your cubicle is clean at the end of the day.

Office Areas

The office areas are not be used as a thoroughfare. Please maintain quiet and low voice tones when in the office areas. Faculty office hours are posted on office doors. Residents/Fellows are discouraged from socializing in office areas, work areas and the front desk area. Each person's work space is to be respected by all team members at all times in order to maintain professionalism, productivity and compliance with the school's policies.

Telephone and Computers

The telephones are for School of Orthodontics business. If a resident/fellow wishes to use any telephone for any other reason, he/she must ask permission from the **Business Operations Manager**. Personal cell phones may be used for this purpose however they should not be used on the clinic floor. **In addition, all cell phones and beepers are to be either turned off or placed on a silent mode during lectures and seminars. Repeated violations of this policy will result in disciplinary sanctions.**

Computers are available for your use when in the clinic. **No programs may be placed onto the hard drives without express permission of the Information Technology Coordinator.** (see Appendix O for campus IT policies) If you discover a malfunction of any computer or peripheral, please advise the IT Coordinator at once. If you choose to listen to music in your cubicle, special attention must be given to the nature of the music, language, content, and volume. Offensive, distasteful or loud media content is prohibited within the School of Orthodontics.

Clinical Materials Use and Check Out

Residents/Fellows may request clinical supplies from the chairside assistants with permission of the faculty. Failure to properly check out or return equipment or materials signed out may be considered stealing and the resident/fellow will be referred to the Program Director and the School of Orthodontics' disciplinary committee.

All equipment in the School of Orthodontics is to be used according to manufacturer instruction. Each resident/fellow is expected to show care and concern for any piece of equipment or any materials he/she use. A resident/fellow shall be required to replace or repair equipment or materials that have been lost or damaged as a result of improper handling or use.

APPENDIX A

Masters of Science in Dentistry Orthodontics & Fellowship Curriculum Overview

Semester 1 Fall 1 (F1)	
ORTH 503 Clinical Orthodontics I	4 cr
ORTH 530 Philosophy and Biomechanics of Orthodontic Mechanotherapy I	3 cr
ORTH 531 Evaluations of the Orthodontic Patient	2 cr
ORTH 532 Biomedical Core I	1 cr
ORTH 511 Evidence-Based Diagnostic Seminar I	2 cr
ORTH 515 Introduction to Research	3 cr
ORTH 516 Orthodontic Literature Review I	1 cr
Total	16 credits
Semester 2 Spring 1 (S1)	
ORTH 512 Clinical Orthodontics II	4 cr
ORTH 520 Evidence-Based Diagnostic Seminar II	2 cr
ORTH 533 Philosophy of Biomechanics and Orthodontic Mechanotherapy II	1 cr
ORTH 536 Biomedical Core II	1 cr
ORTH 538 Interdisciplinary Orthodontics I	1 cr
ORTH 525 Principles of Research I	2 cr
ORTH 526 Orthodontics Literature Review II	1 cr
Total	12 credits
Semester 3 Summer 1 (SU1)	
ORTH 522 Clinical Orthodontics III	4 cr
ORTH 523 Evidence-Based Diagnostic Seminar III	2 cr
ORTH 545 Principles of Research II	1 cr
ORTH 546 Orthodontic Literature Review III	1 cr
Total	8 credits
Semester 4 Fall 2 (F2)	
ORTH 623 Special Topics in Orthodontics Practice Management I	1 cr
ORTH 626 Clinical Orthodontics IV	4 cr
ORTH 633 Evidence-Based Diagnostic Seminar IV	2 cr
ORTH 638 Interdisciplinary Orthodontics II	1 cr
ORTH 640 Principles of Research III	1 cr
ORTH 641 Orthodontic Literature Review IV	1 cr
Total	10 credits
Semester 5 Spring 2 (S2)	
ORTH 624 Special Topics in Orthodontics Practice Management II	1 cr
ORTH 632 Biomedical Core III	1 cr
ORTH 636 Clinical Orthodontics V	4 cr
ORTH 637 Evidence-Based Diagnostic Seminar V	2 cr
ORTH 639 Interdisciplinary Orthodontics III	1 cr
ORTH 730 Principles of Research IV	1 cr
ORTH 731 Orthodontic Literature Review V	1 cr
Total	11 credits
Semester 6 Summer 2 (SU2)	
ORTH 625 Special Topics in Orthodontic Practice Management III	1cr
ORTH 643 Clinical Orthodontics VI	4cr
ORTH 644 Evidence-Based Diagnostic Seminar VI	2cr
ORTH 740 Principles of Research V	3 cr

Total	10 credits
Semester 7 Fall 3 (F3)	
ORTH 726 Clinical Orthodontics VII	4 cr
ORTH 733 Evidence-Based Diagnostic Seminar VII	2 cr
ORTH 746 Thesis Seminar	3 cr
Total	9 credits
Total	76 Total Program
FELLOWSHIP	
Semester 1 Fall 1 (F1)	
ORTH 540 Introduction to Clinical Orthodontics I	3 cr
ORTH 550 Basic Evidence Based Diagnosis & Treatment Planning I	2 cr
ORTH 560 Introduction to Orthodontics Literature and Research I	1 cr
Total	6 credits
Semester 1 Spring 1 (S1)	
ORTH 542 Introduction to Clinical Orthodontics II	3 cr
ORTH 552 Basic Evidence Based Diagnosis & Treatment Planning II	2 cr
ORTH 562 Introduction to Orthodontics Literature and Research II	1 cr
ORTH 587 Special Topics in Orthodontics	1 cr
Total	7 credits
Semester 1 Summer 1 (SU1)	
ORTH 544 Introduction to Clinical Orthodontics III	2 cr
ORTH 554 Basic Evidence Based Diagnosis & Treatment Planning III	1 cr
ORTH 564 Introduction to Orthodontics Literature and Research III	1 cr
Total	4 credits
Total	17 Total Program

APPENDIX B

Course Descriptions

FIRST YEAR CURRICULUM:

FALL SEMESTER

ORTH 503. Clinical Orthodontics I (4; F1)

380 hours per semester. Clinical training in patient management procedures, treatment and techniques. Patients are treated in the clinical setting under strict supervision to prepare the student for private practice.

ORTH 511. Evidence-Based Diagnostic Seminar I (2; F1)

75 hours per semester. Diagnostic and treatment planning seminar and journal club. Students develop formal presentations on cases being treated in the clinic and present their cases at conferences for faculty input.

ORTH 515. Introduction to Research (3; F1)

90 hours per semester. The focus of this course is on basic principles of biomedical and clinical research. It includes the overview of major research components, such as the scientific method, research ethics, biostatistics, formulating a research question, study design, sampling, measurement and interpretation of data, and reliability and validity of results. This course will also include an introduction to writing skills.

ORTH 516. Orthodontic Literature Review I (1; F1)

30 hours per semester. The residents will conduct a critical literature review, to develop or improve their ability to think critically and identify gaps in knowledge worthy of further study. Literature will be selected from major peer-reviewed journals and students will be asked to assess the quality of this evidence.

ORTH 530. Philosophy and Biomechanics of Orthodontic Mechanotherapy I (3; F1)

90 hours per semester. Introduction to orthodontic terminology and theory. Typodont treatment is coordinated with wire bending exercises and applied biomechanics. Orthodontic biomaterials and instrumentation are also introduced.

ORTH 531. Evaluation of the Orthodontic Patient (2; F1)

70 hours per semester. Records acquisition and the application of clinical data are integrated to facilitate developing discriminating diagnostic treatment planning skills. Governmental and University rules and regulations are emphasized and are integrated with essential risk management techniques in order to develop strong diagnostic and treatment planning skills.

ORTH 532. Biomedical Core I (Developmental Growth and Anatomy) (1; F1)

30 hours per semester. Dentofacial growth and development are discussed in detail from embryology to skeletal maturation. Complimenting this area of study is a concentrated course in head and neck anatomy.

ORTH 540. Introduction to Clinical Orthodontics I (3; F1)

250 hours per semester. Training in patient management procedures, treatment and techniques. Patients are treated in the clinical setting under strict supervision to prepare the student for private practice. The purpose of this course is to give the students through the one year of Fellowship an

introduction of the understanding of the clinical principles of orthodontics treatment and management of the orthodontic patient. The course is designed to integrate the knowledge of evidence based diagnosis and treatment planning with clinical management of simple assigned cases (minimum 25 cases/per student) as well as proper patient's charts keeping, records keeping and efficient scheduling. The course will prepare the student to be competent in delivering clinical care to the orthodontic patient with simple problems list. The majority of the cases with need for limited or simple orthodontic correction are expected to be assigned and completed by the Fellows.

ORTH 550. Basic Evidence based Diagnosis and Treatment Planning I (2; F1)

64 hours per semester. Students develop formal presentations on cases being treated in the clinic and present their cases at conferences for Faculty input. This course is an introduction to concepts of evidence based orthodontic diagnosis and treatment planning. The Fellows will start to be familiarized with contemporary literature (evidence) in incorporate in treatment planning exercises.

ORTH 560. Introduction to Orthodontics Literature and Research I (1; F1)

32 hours per semester. Series of classes with emphasis on improving the ability of critical review of scientific literature, understanding the basic concepts of biostatistics, and conceiving a testable research question for the future research project.

SPRING SEMESTER

ORTH 512. Clinical Orthodontics II (4; S1)

380 hours per semester. Continuation of patient management procedures, treatment and techniques. Students continue to develop and hone their clinical skills under faculty supervision.

ORTH 520. Evidence-Based Diagnostic Seminar II (2; S1)

120 hours per semester. Students continue to develop their differential diagnostic and treatment planning skills as well as participation in journal club.

ORTH 525. Principles of Research I (2; S1)

60 hours per semester. The focus of this course is on the development of the student's **thesis** proposal. A comprehensive synthesis of the relevant literature is conducted by the student and a research proposal is developed. The student will be assigned a committee of advisors with one principal Mentor. The 525 Student's project advisors will evaluate the proposal to identify validity and viability of the topic chosen. The student will submit the thesis proposal to the IRB.

ORTH 526. Orthodontic Literature Review II (1; S1)

30 hours per semester. Students will be exposed to contemporary Orthodontic literature through class assignments and review of selected textbook chapters and scientific literature. Students will critically analyze readings in classroom discussions.

ORTH 533. Philosophy of Biomechanics and Orthodontic Mechanotherapy II (3; S1)

90 hours per semester. Introduction to various orthodontic theories and the evolution of treatment mechanics, appliance design, and bracket prescription. Orthodontic and orthopedic force systems are studied through applied biomechanical and clinical principles.

ORTH 536. Biomedical Core II (1; S1)

20 hours per semester. In this seminar series, the basic sciences are discussed as they relate to clinical practice. Topics include histology and oral pathology.

ORTH 538. Interdisciplinary Orthodontics I (1; S1)

30 hours per semester. Seminar series in diagnosing and managing patients with severe dentofacial deformities with a combination of orthodontics and orthognathic surgical intervention

ORTH 542. Introduction to Clinical Orthodontics II (3; S1)

250 hours per semester. Continuation of clinical training in patient management procedures, treatment and techniques started in the Introduction to Clinical Orthodontics I course. The majority of the assigned cases should be in mid-treatment at this point and clinical competency as well as efficiency is expected to increase.

SUMMER FIRST YEAR

ORTH 522. Clinical Orthodontics III (4; SU1)

381 hours per semester. Continuation of patient management procedures, treatment and techniques

ORTH 523. Evidence-Based Diagnostic Seminar III (2; SU1)

75 hours per semester. Diagnostic and treatment planning seminar as well as journal club, Students start to present mid treatment progress of their cases in progress as detailed critique of both the diagnosis and clinical results are evaluated.

ORTH 545. Principles of Research II (1; SU1)

30 hours per semester. The focus of this course is on implementation of the student's **thesis** research project after obtaining IRB approval. Data collection and analysis will begin. Students will give oral presentations on the progress of the research project.

ORTH 546. Orthodontic Literature Review III (1; SU1)

30 hours per semester. Continuation of the review of current literature. Students will be exposed to contemporary Orthodontic literature and they will be assigned recommended readings to be discussed and critically analyzed in the classroom.

SECOND YEAR CURRICULUM:

FALL SEMESTER

ORTH 623. Special Topics in Orthodontic Practice Management I (1; F2)

30 hours per semester. This course will cover the aspects of the business administration of an orthodontic practice. Topics to be covered will include but are not limited to accounting for the professional practice, internal and external marketing techniques, human resources considerations, information technology, organizational behavior, investments and financial strategies, and other selected topics.

ORTH 626. Clinical Orthodontics IV (4; F2)

382 hours per semester. Continuation of the clinical component of the program. Careful attention is paid to the nuances that distinguish one clinical situation from another.

ORTH 633. Evidence-Based Diagnostic Seminar IV (2; F2)

120 hours per semester. This seminar series demands that the students discriminate in their diagnostic thinking and case commentary.

ORTH 638. Interdisciplinary Orthodontics II (1; F2)

30 hours per semester. Seminar series devoted to interdisciplinary care between advanced restorative dentistry, periodontics, and orthodontics.

ORTH 640. Principles of Research III (1; F2)

30 hours per semester. Continuation of the student's thesis research project. Students will give oral presentations to update peers and advisors on the research project progress and preliminary findings.

ORTH 641. Orthodontic Literature Review IV – ABO prep (1; F2)

30 hours per semester. Literature will be read and analyzed as recommended by the American Board of Orthodontics (ABO) in preparation for the ABO written exam. The students will be given assignments from classic articles and textbooks along with occasional quizzes to assess their progress in preparation for the written ABO exam. Classroom sessions will be conducted to follow the sequence of topics published by the ABO's updated reading list.

SPRING SEMESTER

ORTH 624. Special Topics in Orthodontic Practice Management II (1; S2)

30 hours per semester. The second semester of orthodontic practice management, Topics to be covered will include but are not limited to accounting for the professional practice, developing internal and external marketing plans, human resources considerations, information technology, organizational behavior, investments and financial strategies, and other selected topics.

ORTH 632. Biomedical Core III (1; S2)

20 hours per semester. In this seminar series, the basic sciences related to orthodontic practice are discussed. Topics include pharmacology and physiology.

ORTH 636. Clinical Orthodontics V (4; S2)

382 hours per semester. Continuation of patient management procedures, treatment and techniques. By this point the student is finishing a number of cases and the retentive phase of clinical practice is being emphasized. A critical review of the patient's results is undertaken.

ORTH 637. Evidence-Based Diagnostic Seminar V (2; S2)

120 hours per semester. Diagnostic and treatment planning seminar, Greater emphasis is being placed on evaluating the finished cases with respect to the original diagnosis and treatment plan undertaken.

ORTH 639. Interdisciplinary Orthodontics III (1; S2)

30 hours per semester. Seminar series devoted to interdisciplinary care of craniofacial anomalies. Topics include speech pathology, audiology, plastic surgery, ENT and dentistry.

ORTH 730. Principles of Research IV (1; S2)

30 hours per semester. Continuation of the student's thesis research project. Students will provide advisors with survey of findings and project status. The project should be near conclusion and ready for write-up by the end of this semester. Students will organize the information and present a final outline to their advisors for approval.

ORTH 731. Orthodontic Literature Review V – ABO preparation (1; S2)

30 hours per semester. The course will complete the review of the Literature recommended by the American Board of Orthodontics (ABO) in preparation for the ABO written exam. The students will also

be given reading assignments from contemporary journal articles.

SUMMER SECOND SEMESTER

ORTH 625. Special Topics in Orthodontic Practice Management III (1; SU2)

30 hours per semester. The second semester of orthodontic practice management, Topics to be covered will include but are not limited to accounting for the professional practice, developing internal and external marketing plans, human resources considerations, information technology, organizational behavior, investments and financial strategies, and other selected topics.

ORTH 643. Clinical Orthodontics VI (4; SU2)

380 hours per semester. Continuation of patient management procedures, treatment and techniques, graduating students will transfer their patients to those residents completing their first year of education in order to facilitate continuity of care.

ORTH 644. Evidence-Based Diagnostic Seminar VI (2; SU2)

75 hours per semester. Greater emphasis is being placed on evaluating the finished case with respect to the original diagnosis and the treatment plan undertaken.

ORTH 740. Principles of Research V (3; SU2)

90 hours per semester. The focus of this course is on the conclusion and final presentation of the **thesis** research project. Analysis of data, interpretation and conclusion of the project will be prepared for dissemination. Thesis write-up is finalized and submitted to the student's advisory committee in preparation for oral defense.

FALL THIRD SEMESTER

ORTH 726. Clinical Orthodontics IV (4; F3)

375 hours per semester. Continuation of patient management procedures, treatment and techniques.

ORTH 733. Evidence-Based Diagnostic Seminar VII (2; F3)

75 hours per semester. Greater emphasis is being placed on evaluating the finished case with respect to the original diagnosis and the treatment plan undertaken.

ORTH 746. Thesis Seminar (3; F3)

60 hours per semester. The student will prepare and then present an oral defense of the final thesis project to the advisory committee and orthodontics department. The student will present areas of future research stemming from the thesis results. The student will serve as a mentor to underclassmen in the area of research methodology and in the application of research evidence to clinical practice. A manuscript of the thesis results is submitted for publication in an appropriate peer-reviewed journal.

APPENDIX N

Green Pages Student Handbook

www.ju.edu/greenpages/

The screenshot shows a web browser window with the URL www.ju.edu/greenpages/. The page features a dark green header with the Jacksonville University logo and name. A navigation menu includes links for 'FUTURE STUDENTS', 'CURRENT STUDENTS', 'FACULTY & STAFF', 'ALUMNI', 'FAMILIES', and 'VISITORS'. A search icon and 'APPLY | MY JU | GIVE NOW' are also present. The main content area is titled 'Green Pages Student Handbook' and includes a table of contents on the left and a welcome message on the right. The welcome message is signed by Kristie S. Gover, Ed.D., Senior Vice President of Student Affairs and Dean of Students. A 'Related Links' section is located at the bottom left of the main content area.

Jacksonville University > Greenpages

Green Pages Student Handbook

Green Pages	Welcome to Jacksonville University's Student Handbook. We hope you, as a University student, find this publication to be a valuable and useful resource. This publication contains information regarding University policies, resources for student success, and general information on campus life. Please take the time to familiarize yourself with the various components of this handbook, and keep it bookmarked for quick reference.
University Information	
Campus Security Information	JU is committed to the success of our students. Our mission is to prepare you for life-long success in learning, achieving, leading and serving. We are guided by principles and practices which encourage student self-governance, exposure to alternative ideas and perspectives, and which promote interaction among students, faculty and staff members. We invite you to become an engaged, participative member of our vibrant campus community, and promise your total student experience will be much richer for it!
Campus Student Services	
Code of Conduct	Sincerely,
Residential Life Policies	Kristie S. Gover, Ed.D.
Student Involvement Leadership	Senior Vice President of Student Affairs
University Policies	Dean of Students

<https://www.ju.edu/readytoreturn/index.php>

Related Links

APPENDIX O

JU IT Policies

<http://www.ju.edu/it/policiesguidelines.php>

The screenshot shows a web browser window displaying the Jacksonville University website. The browser's address bar shows the URL <http://www.ju.edu/it/policiesguidelines.php>. The page features a dark green header with the university's logo and navigation links. A light green banner at the top reads "Determined to Stay: How you can help us stay safe this spring." Below the header, the page title is "Policies, Guidelines, and Procedures". The main content area is divided into several sections: "Information Technology" with sub-links for "Information Technology Home", "Administrative Rights", and "How To"; "Related Links" with "Card Services"; "Contact" information for "Information Technology" including a phone number (904) 256-7200 and an email address helpdesk@ju.edu; and three main sections: "Policies" with links to "IT Policies and Procedures" and "New Equipment and Software Wait Times"; "Mission and Objectives" with a link to "IT Mission Objectives"; and "Department Procedures".

Jacksonville University > Information Technology > Policies, Guidelines, and Procedures

Policies, Guidelines, and Procedures

Information Technology

- Information Technology Home
- Administrative Rights
- How To

Related Links

- Card Services

Contact

Information Technology

(904) 256-7200

helpdesk@ju.edu

These policies are in effect for the current school year. They are reviewed annually by both the IT department and the Instructional Resources Committee of the University. The following document contain all policies for Students, Faculty, and Staff. Please click the following link to open the document.

Policies

- [IT Policies and Procedures](#)
- [New Equipment and Software Wait Times](#)

Mission and Objectives

- [IT Mission Objectives](#)

Department Procedures

APPENDIX P



Jacksonville University
Brooks Rehabilitation College of HealthCare Sciences
Student Grievance Policy

The purpose of this policy is to provide a pathway for impartial review of student issues or concerns that have not been resolved through normal informal channels. For the purpose of this policy, a grievance is defined as a complaint involving unfair, arbitrary or unwarranted treatment that has not been resolved through normal channels. The following list of issues or concerns have specific University Policies that supersede this grievance process:

- Student Grade
 - <http://www.ju.edu/academics/Pages/Academic-Catalog.aspx>
- Violations of the code of Conduct
 - <http://www.ju.edu/greenpages/Pages/Code-of-Conduct.aspx>
- Sexual Harassment
 - <http://www.ju.edu/humanresources/Pages/Sexual-Harrassment.aspx>

- A. Discuss the matter directly with the faculty or staff member involved.
- B. If there is not a satisfactory resolution, appeal to the appropriate department Director.
- C. If there is not a satisfactory resolution, appeal to the Program Director of the School.
- D. If there is not a satisfactory resolution, appeal to the Dean of the CHS.
- E. If there is not a satisfactory resolution an appeals committee will convene.
- F. The committee will report the final decision to the Provost.

1. Grievance must be filed within 30 days of the incident.
2. The unresolved grievance must be submitted to the CHS Dean in writing.
3. At any point in the process the parties involved may achieve a resolution of the process and stop the grievance process. The written grievance must contain specific details. When appropriate, dates, times, witnesses and facts related to the complaint must be included.
4. The written grievance must clearly state and document the evidence of unfair, arbitrary or unwarranted treatment.
5. The CHS grievance committee consists of a faculty member from each School in the CHS. In addition to this standing committee a Student Life administrator and three students appointed by the Dean of the CHS will serve on the committee. If a faculty member on the grievance committee is involved in the current grievance the CHS dean will appoint a replacement.
6. All relevant documents must be provided to the committee. The Student Life administrator will serve as chair. A CHS faculty member will serve as recorder and keep minutes of the proceeding.
7. The time and date of the hearing shall be provided to each individual in writing at least 10 days prior to the meeting.
8. Members of the committee must hold all proceeding information as confidential.
9. Members of the committee will have 3 business days to review all documentation

10. A private hearing will be conducted
11. All involved parties will be allowed to attend all parts of the hearing
12. Both parties may have an advisor that is a member of the JU community attend at their own expense. The advisor must not be an attorney.
13. Witnesses may be called for information or questions by the committee. Witnesses are only permitted to attend the part of the hearing in which they will be questioned.
14. All documentation and minutes of the procedures will be retained by the CHS Dean.
15. The hearing will be recorded, this recording is the property of the University.
16. Committee deliberations will not be recorded.
17. All members of the committee are permitted to ask questions of both parties. The chair of the committee will determine procedural questions.
18. A majority consensus of the committee towards a resolution will be provided to the Complaining party, other involved parties and the Dean. The decision of the committee is final.

Should a student wish to appeal the decision made by the Committee the process is as follows:

1. Discuss the matter directly with the Provost.
2. The Provost will review the case and determine any additional action that should occur based on this review and the recommendation of the appeals committee.

APPENDIX Q

Standard Procedure for Appeals of Grades and Sanctions

From JU Student Handbook

It is understood that students may have questions about their grades. Most can easily be answered through consultation with the instructor. In the event that a student feels he/she has been treated unfairly, in that an instructor has deviated from his/her prescribed formula for grading in an arbitrary or punitive manner, the student may appeal the final course grade.

The following timetable and grade appeal process shall be used whenever the student disagrees with a final course grade assigned, except in cases that involve the determination of guilt for an act of academic misconduct that was reported through the Academic Misconduct Notification Form (available to instructors via WebAdvisor). In such cases, the policies and procedures outlined in the "Academic Integrity and Misconduct" section of this catalog will apply. Any cases involving alleged acts of academic misconduct that have not been reported through this form are to be governed by the procedures listed in the second to last bullet below. Students who have admitted academic misconduct, or who have been found guilty of committing academic misconduct by an Academic Integrity Council hearing panel, will need to follow the entire process below if they feel the instructor's penalty for the misconduct was not assessed and applied in accordance with the instructor's stated syllabus policies and therefore lowered their final grade unfairly.

- Appeals cannot normally be made unless a student has first discussed his/her concerns with the instructor. This conference should take place within three business days of the student being notified of the final course grade that has been or will be assigned, unless unforeseen and extenuating circumstances beyond the student's control warrant an extension. The student must be able to document such extenuating circumstances if requested by the instructor. If the university is closed for holiday break within this three-day window, the student and instructor must meet to confer no later than three business days after the beginning of the following semester.
- If the concerns remain unresolved after the conference with the instructor, the student must inform the instructor in writing within three business days of the conference that he/she is dissatisfied with the results of the conference. The student may then appeal the instructor's decision to the appropriate Division Chair. If the academic unit in which the course is taught is not part of a division, or if the instructor in question is also the Division Chair, the student should direct the appeal to the College Dean. In the case that the grade in question was assigned by an adjunct member of the faculty, the appeal must also be made directly to the appropriate Division Chair or College Dean.

The student's appeal to the Division Chair or Dean must be formally submitted in writing, clearly stating and documenting the evidence for unfair, arbitrary or unwarranted treatment and must be submitted within three business days of the student's written notification to the instructor that the issue remains unresolved. The concerned faculty member (or adjunct) may at this time submit a formal written response to the student's appeal to the Division Chair/Dean, and the student must also receive a copy of this response. The Division Chair/College Dean shall confer jointly with both the student and the concerned faculty member (or adjunct, if available) within five business days of receiving the written appeal. All relevant written documentation from both the student and the professor must be submitted to the Division Chair/Dean in advance of this meeting.

If the student's concern is still unresolved after the conference with the Division Chair/Dean and faculty member or if the instructor (or adjunct, if available), disagrees with the decision of the Division Chair/Dean, the Division Chair/Dean shall within five business days form an appeals review committee of four faculty members from within the Division/College (tenured, if possible) to review the work in question and one faculty member (tenured, if possible) from the

Committee on Academic Standards, who comes from outside the Division/College, to ensure that both the student and faculty member are fairly treated. All relevant written documentation previously submitted to the Division Chair/Dean must be provided to the committee at the time the committee is formed.

Within ten business days, the committee must review the case via a face-to-face meeting and issue its final recommendation. The student must receive written notice of the time and date that the committee will meet and must be informed that he/she has the opportunity to appear at this meeting and to speak on his/her own behalf. The faculty member must also be informed of this meeting, and may also opt to appear before the review committee. If both the faculty member and the student opt to meet with the committee, the committee must ensure that the faculty member and the student appear separately. No "new" evidence/documentation (beyond what was previously submitted to the Division Chair/Dean) is to be submitted to the committee by either the student or the professor. The committee may either recommend the grade remain unchanged from the instructor's decision or recommend the grade be changed to a value the committee deems appropriate for the case. In cases where the committee rules that the student should receive a penalty resulting in a grade of "F" for a course, the student may not withdraw or be withdrawn from the course at any time.

- The committee's recommendation then must be issued to the Chief Academic Officer, the Division Chair/College Dean, the instructor, and the student in writing along with an explanation of the rationale for the recommendation. It is the responsibility of the Chief Academic Officer to see that the recommendation is carried out. If a semester/term ends without the process reaching a final resolution, the process should continue at the beginning of the next semester at the point that was reached at the conclusion of the previous semester. In this case, the grade assigned for the course will be recorded as "NG" (no grade) on the student's official transcript, without prejudice, until the case is resolved.
- In the event that an instructor has penalized a student in some way for an act of academic misconduct, but failed to report the incident through the Academic Misconduct Notification Form (required in JU's Academic Integrity and Misconduct Policy), the student may challenge this penalty by reporting this violation of university policy to the instructor's dean within 30 days after the final course grade has been issued. If the instructor's dean is able to verify that no Academic Misconduct Notification Form was filed at the time the incident occurred, such penalties are to be automatically reversed.
- If the Division or College does not follow the procedures outlined above, then the student or instructor may appeal directly to the Chief Academic Officer. This appeal must be in writing and must clearly demonstrate how the procedures contained in this Grade Appeal Process were violated. The Chief Academic Officer is to determine whether proper procedures have been followed. In the event that they have not been followed, any recommendation or decision may be declared null and void and sent back to the Division or College for reexamination. The final disposition of the case must be reported to both the instructor and the student prior to the issuance of the grade.