NYU ACADEMY
OF DISTINGUISHED
EDUCATORS
COLLEGE OF DENTISTRY

Day 1
March 9, 2022
5:30 pm- 7:30 pm
The purpose of this study is to determine the impact of COVID-19 on dental school club involvement and activities. COVID-19 prevented students from gathering socially in person. Students had to brainstorm to develop online interactions in order to engage their colleagues in different club activities. Our aim is to determine the students' perception of online club activities vs in person club activities.

The global pandemic of COVID-19 impacted all aspects of life. Many normal school routines were disrupted. Attending dental school not only involves academic activities, but also involves networking with classmates for both academic and social interactions. This study evaluates the students' preferences of the virtual vs in person formats for dental school clubs.

An eleven question survey was sent through Qualtrics to the first, second, third and fourth year students at New York University College of Dentistry. A total of 146 students responded to the survey. Each class has a total of over 300 students.

Overall the majority of the students, 71% felt that online club activities were easier to attend, 91% felt they were less interactive and 85% felt they were less exciting. 77% attended online educational lectures, 4% attended online exercise/fitness classes, 12% attended online outreach activity, and 6% attended recreational activity online. 66% attended less online club events, 67% were less driven to attend online than club events, and 83% felt disconnected from club members. Students wanted to see more educational lectures (50%), fitness (1%), cooking (17%), gaming (14%).

COVID-19 pandemic has negatively impacted dental school club involvement and activities for dental students across all years. Factors involved in this include telecommunication burn out from students during quarantine and environment differences for social relations. Students felt that online club activities were less exciting and less interactive. A majority of the students attended online educational lectures but felt less driven to attend other online activities.


Abstract

In 2020, dental education was interrupted as part of the recommended measures for isolation. The oral health care of thousands of patients who were being treated was halted. When the patients returned, some reported changes in their oral health and oral hygiene practices which were not present in their pre-COVID lives. Moreover, mental health was affected. Since those changes were noticed, a survey was conducted to assess the true impact of the pandemic on patients' oral health. The results of the study were important for us to teach students a different approach to patients' evaluation.

Introduction/Background

All elective treatment and non-essential procedures were postponed, and only urgent and emergency visits to dental offices were allowed. This modified access to dental care may have contributed to changes in oral health outcomes. Dental education was also disrupted when NYU Dentistry closed its in-person services for approximately three months. Published studies indicate that patients reported changes such as fractured teeth and restorations, bleeding gums, and temporal mandibular joint pain. Previous studies also associated depression, anxiety, and isolation as influencing oral health and function.

Objectives

This study aimed to assess the association of oral health care changes on patients attending NYU College of Dentistry during a time when there was limited access to dental care.

Methods

Patients attending NYU Dentistry clinics were invited to answer an IRB-approved anonymous online survey concerning their oral health. The survey was prepared using NYU Qualtrics. The researchers approached the possible participants when they presented for their routine dental appointments. Participation was voluntary. The results were secure in a password-protected folder.

Results

The qualitative and quantitative data were compiled and analyzed. Three hundred forty-six patients participated in this survey. One hundred sixty-five participants reported changes in their oral health. Moreover, most of the patients did not report any alterations in their oral hygiene habits. 277 patients were unaware of the availability of tele dentistry services. 143 patients reported feelings of anxiety and depression during the lockdown.

Q4-Did you feel that you have changes in your oral health since the COVID-19 pandemic?

165 reported changes

Q9-Have you changed your brushing habits since then?

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>28.61%</td>
<td>99</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>71.39%</td>
<td>247</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100%</td>
<td>346</td>
</tr>
</tbody>
</table>

Lucretia DePaola-Cefola DDS, MS
Chrystalla Orthodoxou DDS
Analia Veitz-Keenan DDS

The Impact of the Pandemic on Oral Health
Conclusions/Summary

The present study's findings suggest that a new approach should be considered to evaluate patients and that dental care should be flexible to adapt for future preparedness especially during a global pandemic.

To accomplish this, the following should be considered:
Create a patient centered approach to allay fears.
Promote awareness of availability of remote access to care.
Ensure methods to enhance continuity of care in a crisis situation.

Q16: Did you feel any feelings of anxiety or depression during this time?
143 reported feelings of anxiety and depression

Q7: Were you aware of and did you utilize the NYU Tele-dentistry service?

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<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>19.94%</td>
<td>69</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>80.06%</td>
<td>277</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100%</td>
<td>346</td>
</tr>
</tbody>
</table>

Acknowledgements

Gabriella Garcia for her technological support
Introduction/Background

Individuals of color experience overt and subtle acts of racism in the United States at the systemic and individual levels. Racist acts of bias, segregation, and hostility have plagued institutions of higher education as blatant racism and microaggressions. To build an educational framework teaching inclusivity in dental hygiene and other health professions, a review of the literature is necessary on the experiences for BIPOC students in the settings of higher education.

Methods

- A search of Pubmed and Scopus were employed using the keywords “racial microaggressions” and “higher education.” Keywords/synonym terms “college” or “university” were added to search criteria.
- The search was limited by year from 2012 to 2020. The search of Scopus and Pubmed yielded 24 and 36 articles, respectively. Lists were cross-referenced for duplicates. Studies describing graduate populations were excluded, for a final review of 25 articles.
- Analysis of each article was completed and grouped by theme.

Results

Objectives

- Define racial microaggressions
- Describe the three subcategories of racial microaggressions
- Identify themes of racial microaggressions in higher education
- Describe recommendations for changes in higher education

- Microaggressions are experienced differently between racial groups, with Black students often experiencing greater instances of racial microaggressions.
- Systems of higher education require changes in pedagogy to change the culture of racism and microaggressions for students.
- Educators require training on methods to confront racism and microaggressions when they occur in the classroom. The ability to deconstruct microaggressions in the classroom setting requires objective and observational experiences that cannot be acquired in a single training session (Ogunyemi et al., 2020; Sue et al., 2007).
- For educators in health professions, it is essential for educational establishments to include relevant content to train future health professionals appropriately to continue to work towards decreasing racial inequities in health (Coleman, 2020).
- Additional research is needed to identify current perceptions of race and racism among educators in health professions education.
- Recommendations for systemic change include:
  - An increase in the numbers of BIPOC students, faculty, and administrators to levels similar the national landscape
  - Curricula identifying the historical and current experiences of BIPOC community
  - Funding and support for BIPOC recruitment
  - Institutional operations that reinforce a commitment to diversity (Ogunyemi et al., 2020)

Acknowledgements

John Allegrante, PhD & Cheryl Westphal Theile, RDH, EdD


A 77-year-old female who experienced a mechanical fall presented to the Oral and Maxillofacial Surgery Department at NYU Langone Health Hospital, New York, NY in June 2021.

Virtual surgical planning was conducted, and anatomic fracture reduction was achieved.

Intraorally, a vestibular incision was extended from the midline to the left posterior mandible. Dissection was carried through the mentalis muscle and periosteum. The mandible was exposed anteriorly and posteriorly revealing the displaced fracture at the midbody. The fracture was reduced and stabilized using a 2.0 locking customized reconstruction plate with an integrated inferior guide according to presurgical planning. While protecting the mental nerve branch, bicortical locking screws and a monocortical locking screw in the proximal segment were used to secure the plate to the mandible below the mandibular canal.

A postoperative panoramic image showed adequate reduction of the fracture and plate adaptation. The patient had an uneventful postoperative course. At four months postoperatively, the patient reported complete return of V3 neurosensory function and return to presurgical function with her removable prosthesis.

Several surgical techniques have been described in the treatment of atrophic mandibular fractures. However, due to the lack of adequately sized controlled studies, there is no consensus on treatment in the literature. The repair of these fractures is inherently challenging. It can be difficult to accurately reduce edentulous fracture segments based on anatomic reduction alone. As such, inappropriate contour and malunion are common complications.

The use of a custom plate facilitates reproducing the pre-traumatic anatomy, avoids a transcutaneous incision and reduces risk of mental nerve injury associated with adapting the plate while inserting and removing the plate. Furthermore, in an intraoral approach where visualization may be somewhat limited, the inferior surgical guide ensures the hardware is placed at the most favorable anatomic position and potentially decreases intraoperative time.
Reconstruction of Atrophic Mandibular Fractures via a Customized, Intraoral Approach
Frances Yoshikane DDS MD, Peter Rekawek DMD, Kenneth E. Fleisher DDS, FACS

Figure 6-8. Virtual Surgical Plan with Associated Reconstruction Plate

References


The American Dental Association (ADA) publishes recommendations online for oral healthcare providers. We believe that some dentists are unaware that these recommendations exist and therefore they do not have the knowledge to accept these recommendations into their current patient care activities.

The objective of the study was to assess knowledge, understanding, acceptance and implementation of the published online ADA recommendations by faculty at NYU-Dentistry as they pertain to patients on antithrombotic medications.

Methods
A survey was created to assess knowledge, understanding, acceptance and implementation of ADA Evidence Based Recommendations at NYU-Dentistry. Full-time and part-time faculty members from the Departments of Oral Maxillofacial Pathology, Radiology and Medicine, and Oral and Maxillofacial Surgery were sent a link to participate in our anonymous survey. Responses were received and analyzed. Results, 80% of the faculty surveyed were aware of the guidelines and demonstrated good understanding, but did not implement them uniformly.

From the 63 responses received, most of the respondents graduated more than ten years ago and claimed to be aware of the ADA Evidence-Based recommendations; however, we encountered a few discrepancies in the answers about topics and special situations requiring specific dental management.

Opportunities exist to amend our curriculum to include the ADA Recommendations for dental patients on anticoagulation therapies. Future studies will be conducted to assess the implementation of these recommendations and other evidence based recommendations.

References
Oral examinations allow examiners to ask probing questions to assess and evaluate examinees' thinking skills, an essential component of professional competence. Most assessment in higher education employs written assessment, often with limited response options. Although oral examinations are considered an ideal instrument for fostering the learning process and assessing deep learning, there are concerns about psycho-social factors affecting student perceptions and performance.

After the COVID-19 pandemic, dental educators altered methods of instruction and assessment to a remote learning environment. This posed challenges but also created opportunities for innovation, re-imagining “best practices.” Oral examinations have a long history of use in higher education e.g., defending dissertations, credentialing for specialties, etc. Considering the importance of thinking skills – analysis, synthesis, problem-solving, critical thinking, decision making, and reasoning – in professional competence, it is surprising that this assessment method has not been more widely used and adapted to the remote learning environment. The use of oral examinations has been limited in dental curricula due to faculty and time constraints, despite known advantages. Oral examinations allow examiners to ask probing questions to assess students’ deep thinking, enforcing genuine understanding, operating at a level beyond what was taught, in order to demonstrate competence.

### Introduction/Background

Oral examinations allow examiners to ask probing questions to assess and evaluate examinees’ thinking skills, an essential component of professional competence. Most assessment in higher education employs written assessment, often with limited response options. Although oral examinations are considered an ideal instrument for fostering the learning process and assessing deep learning, there are concerns about psycho-social factors affecting student perceptions and performance.

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### Objectives

The purpose of this systematic review was to identify valid and reliable methods to assess students’ attitudes towards oral examinations.

### Methods

This study was exempted from NYU IRB (IRB-FY2022-5792). The PICO format guided the search: **Population**: students in higher education institutions, **Intervention**: oral examinations, and **Outcome**: students’ perceptions of oral examinations. Electronic search (Table 1) for articles published 2010-2020 followed by a hand search to identify additional articles. Articles that were eligible for full-text assessment were reviewed based on inclusion and exclusion criteria. The parameters for inclusion were: 1. The article was published (2009-2020), 2. Outcomes data was of qualitative or quantitative nature, 3. The results were based on students in higher education or professional education programs, 4. Students took oral examinations independently, 5. The article was written in the English language, 6. The study must have performed reliability and/or validity testing of their survey tool. The exclusion criteria is summarized in Table 2. The remaining articles were reviewed to assess methodological quality and risk of bias using the Medical Education Research Study Quality Instrument (MERSQI). This review had no restrictions on study design.

### Results

After duplicates were removed, 711 articles were identified. Articles were screened by title, yielding 11 articles analyzed in full-text where inclusion and exclusion criteria were applied. 3 articles remained for qualitative synthesis. MERSQI scores (Table 4) ranged 8 to 10 suggesting weaker quality with a higher risk of bias due to the inherent nature of observational studies.

**Table 1. Search terms utilized in the electronic search of four databases**

<table>
<thead>
<tr>
<th>Databases</th>
<th>Search Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOSS</td>
<td></td>
</tr>
<tr>
<td>CINAHL</td>
<td></td>
</tr>
<tr>
<td>ERIC</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1. PRISMA flowchart of the database searches**

**Table 2. Reasons for excluding articles during full-text assessment (n = 8)**

<table>
<thead>
<tr>
<th>Reason for exclusion</th>
<th># of studies</th>
<th>Reference Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No summative/final oral exam</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Group-based oral exam</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>Published in a non-English language</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Grey literature</td>
<td>1</td>
<td>4, 14, 33</td>
</tr>
<tr>
<td>No reliability and/or validity testing of the survey tool</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Table 3. MERSQI scores**

<table>
<thead>
<tr>
<th>Full-text articles assessed for eligibility (n = 11)</th>
<th>Reference Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies included in qualitative synthesis (n = 3)</td>
<td></td>
</tr>
</tbody>
</table>
Table 3. Students’ perception of oral exams were assessed in studies (n=3)

<table>
<thead>
<tr>
<th>First author, year, journal publication</th>
<th>Population</th>
<th>Methods</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Nouh, 2015, International Journal of Higher Education</td>
<td>500 female EFL undergrad students</td>
<td>A 40-item questionnaire with a five-point Likert scale. Question 39 and 40 were open-ended</td>
<td>494 out of 500 students responded. Students experienced challenges with oral presentations at a medium level (3.24/5). Students perceived difficulties largely related to “personal traits”</td>
</tr>
<tr>
<td>Turner, 2012, Assessment &amp; Evaluation in Higher Education</td>
<td>344 Postgrad Certificate in Education students. Stage 2: 301 students received a survey</td>
<td>Stage 1: 344 students responded to question 1, and 140 responded to question 2</td>
<td>Stage 2: 254 out of 301 students responded. Four main themes emerged from the analysis: an alternative mode of assessment, alignment between assessment and learning, sharing with/learning from others, and affective factors</td>
</tr>
<tr>
<td>Pearce, 2009, Journal of Marketing Education</td>
<td>54 marketing students at the University of Western Sydney, Australia</td>
<td>Students completed a cartoon projective test to express their perceptions of the oral exam. Written responses were analyzed</td>
<td>All 54 students responded. N=47 positive comments, N=17 negative comments, and N=12 recommendations for future use of oral assessments. Six positive attributes of oral exams were identified</td>
</tr>
</tbody>
</table>

Table 4. Methodological quality appraisal of the included studies (n=3) for the Medical Education Research Study Quality Instrument domains and the total score for each study

<table>
<thead>
<tr>
<th>First Author, Year</th>
<th>Study Design</th>
<th>Sampling</th>
<th>Type of Data</th>
<th>Validity of Instrument</th>
<th>Data Analysis</th>
<th>Outcomes</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Nouh, 2015</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Turner, 2012</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pearce, 2009</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

The quality of each study was evaluated using the Medical Education Research Study Quality Instrument (MERSQI) to assess the risk of bias. The tool contains ten items that span six domains of study quality: study design, type of data, sampling, data analysis, the validity of the instrument, and outcomes. Each of the six domains has a maximum score of 3. The minimum score for each domain is 1, except for the “validity of the instrument” domain for which a score of zero is possible. The total range for MERSQI scores is 5 (lowest quality) to 18 (highest quality). The creators of MERSQI do not have a specific score to differentiate between a high-quality study and a low-quality study since articles have different research questions which require distinct study designs meaning that some studies will inherently have lower scores for certain domains than others. Therefore, they suggest that reviewers use the individual items and domain-specific scores to assess the quality.

Acknowledgements

We would like to thank the NYU College of Dentistry Office of Research, NYU Department of Orthodontics, ADEA Section on Orthodontics, and the American Association of Orthodontists for their support in this project. This poster won the ADEA Section on Orthodontics Student Awards Program.

Conclusions/Summary

In our review of the dental education literature, there were no articles related to this topic. Anxiety, demographics, and academic background affect how students perceive oral assessments. Students without prior experience taking an oral examination, felt it to be more challenging. The articles reviewed suggest that the negative effects may not be sufficient to preclude implementation of this examination format.

Surveys containing broad, open-ended inquiries were feasible for small groups while surveys that incorporated Likert scales and few targeted open-ended questions were more efficient for large groups.

This project presents support in the literature for oral examinations to assess deep thinking and communication skills. These skills have relevance toward professional competence. Considering the challenges of instruction in the COVID era, the oral examination format can be used in a remote (e.g., Zoom) environment. Reliable and validated survey tools can guide the development of oral examinations that minimize negative effects that may influence student performance or student confidence.

References

Evaluating Student Perceptions of Oral Examinations: A Systematic Review
Suzanne Abreu BA, Daniel Krichavets BS, and Mitchell Lipp DDS
Department of Orthodontics, New York University College of Dentistry

Results (Continued)
Brooklyn Patient Care Pilot Program: Implementation of a novel, mentor-protégé model of pre-doctoral dental education

Andrew B. Schenkel, DMD, MS; John McIntosh, MPA; Robert Glickman, DMD; Rachel Hill, MPH; Stuart Hirsch, DDS

**Introduction**

In 2001 Dr. Charles Bertolami posited that in their clinical years, dental students should have a mix of clinical experiences that reflect the requirements of general dental practice and that they should be continuously engaged treating patients, doing so as efficiently as possible within a teaching setting.[1] To accomplish these goals he proposed a “mentor-protégé model” where students and professors are colleagues delivering patient-centered care in community settings. In 2019 NYU Dentistry spearheaded a four-month pilot program to test this new model of clinical education which reduced the student-to-faculty ratio while maintaining educational outcomes and financial viability. The Brooklyn Pilot sought to emulate a private practice setting incorporating a small support team in an intimate environment.

[1] Rationalizing the Dental Curriculum in Light Of Current Disease Prevalence and Patient Demand For Treatment: Form Vs. Content, CN Bertolami, 2001 JDE Volume 65, No. 8


**Design and Implementation**

- Ten D4 dental students participated in the Pilot being scheduled 6-7 at a time with two faculty utilizing six chairs
- Active teaching and learning through interaction and rapport building among all team members was emphasized
- In addition to faculty and students, the patient care team included an integral support staff of a P/T dental hygienist, two dental assistants, and three administrative staff
- Patient care occurred on the same schedule as the DDS Group Practices- 8:30am–8pm M-Th and 8:30am–4pm Fri.
- Patients, students, faculty, and staff participated in qualitative and quantitative evaluations of all aspects of the program

**Outcome Measures**

- The Brooklyn Pilot Program demonstrated that a new clinical dental education model based on a reduced student-to-faculty ratio can improve the student experience, maintain high standards of patient care, and perform financially better than the traditional group practice model. Students, faculty and patients expressed high satisfaction with this new approach. The team approach, including the dental assistants, dental hygienist, and administrative staff, provided a highly professional and collegial environment. Students appreciated working closely alongside faculty and getting real-time feedback, and the high volume of patient care they completed. All ten participants expressed increased confidence and competence in their own clinical skills. Faculty felt confident that the program delivered the highest quality of patient care as a result. Patients were thrilled with the streamlined approach to care. Faculty also appreciated the ability to work directly with students during patient care to demonstrate skills, and the ability to focus on just a few students at a time. By all accounts, the Pilot Program was a grand success and is currently continuing in a modified format at our new facility in Brooklyn.
<table>
<thead>
<tr>
<th>Broolyn Pilot Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students</strong></td>
</tr>
<tr>
<td>• Mark Fakory</td>
</tr>
<tr>
<td>• Sarah Hanna</td>
</tr>
<tr>
<td>• Andrew Hopkins</td>
</tr>
<tr>
<td>• Austin Le</td>
</tr>
<tr>
<td>• Carolina Lopez</td>
</tr>
<tr>
<td>• Sabrine Obbad</td>
</tr>
<tr>
<td>• Rebecca Renelus</td>
</tr>
<tr>
<td>• Aia Shalan</td>
</tr>
<tr>
<td>• Namrata Sheth</td>
</tr>
<tr>
<td>• Katherina Wang</td>
</tr>
<tr>
<td><strong>Faculty</strong></td>
</tr>
<tr>
<td>• Dr. Suzette Stines</td>
</tr>
<tr>
<td>• Dr. Oen Kay</td>
</tr>
<tr>
<td>• Dr. Gerald Klaczany</td>
</tr>
<tr>
<td>• Dr. William Bongiorno</td>
</tr>
<tr>
<td>• Dr. Siamak Najafi</td>
</tr>
<tr>
<td>• Dr. Samar Tannous</td>
</tr>
<tr>
<td>• Dr. Maged Iskaros</td>
</tr>
<tr>
<td>• Dr. Todd Ross</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
</tr>
<tr>
<td>• Ivan Cornejo</td>
</tr>
<tr>
<td>• Tiffany Santiago</td>
</tr>
<tr>
<td>• Vivonia Gordon</td>
</tr>
<tr>
<td>• Anne Jayne</td>
</tr>
<tr>
<td>• Sonia Ally</td>
</tr>
<tr>
<td>• Arianne Larosilliere</td>
</tr>
<tr>
<td>• Edwin Ferrer</td>
</tr>
</tbody>
</table>
Results

Pre-clinical credentialing has been completed for the D3 class and approximately 90% of the D2 class. Clinical milestones are still in progress.

Immediate feedback from the students was positive and constructive and included their feelings that the credentialing modules and quizzes prepared them well for the first day of rotation.

Conclusions/Summary

Much has been written in the past few years in regard to the use of focused and task-specific feedback in dental education (Entrustable Professional Activities (EPAs)). This method of pre-clinical credentialing is a serious consideration for this course director on the road to EPAs.

Acknowledgements

Special Thanks to the following people who were an integral part of developing the content for the modules and quizzes.

Niloufar Amintavakoli DDS, MSc, FRCD (C)
Diplomate American Board of Oral and Maxillofacial Radiology
Clinical Associate Professor, Director of Oral and Maxillofacial Radiology
Department of Oral and Maxillofacial Pathology, Radiology & Medicine

Dr. Jalal Bukhari, DDS
Maxwell Dziku
Senior Learning Developer/Consultant (TimeTells Innovations LLC)
Abstract

Medicine and dental medicine are moving into a new era of dramatic and rapid change in the delivery of healthcare. This new era will entail doctors providing care to patients based on a model of precision medicine. Introducing students to this new paradigm is critical. This course initiates the didactic teaching of precision oral medicine by using an integrated lecture format. The primary tool of assessing competency in the course is a term paper on biomarkers of a systemic disease in the student’s history.

Introduction/Background

ADEA competencies for the new general dentist state that, “Graduates must be competent to…. evaluate and integrate emerging trends in health care.” As post-graduate institutions move toward introducing the emerging discipline of personalized medicine/personalized oral medicine into the curricula, initiatives to integrate this knowledge into classroom learning become increasingly important.

Objectives

1) Introduce students to biologic principles of precision medicine.
2) Prepare students to be adaptable to rapid change in healthcare.
3) Be creative in delivering education

Methods

Lecture topics: Genomic and diagnostic biomarkers of inflammation and oral diseases, Meaning of risk, Bio-nano-chip devices, Human microbiome, Ethical & legal ramifications of genomics, The future of dentistry. Competency Assessment entails assignments of giving a rose to a stranger, brief lecture summaries, term papers.

Results

Most students produce an honors term paper. Most students experience a positive experience in doing the rose assignment.

Conclusions/Summary

1) Students have successfully been introduced to an emerging trend in health care – precision medicine.  
2) Students have learned how to apply the principles of precision medicine.  
3) Students have demonstrated that they can evaluate and integrate a new model into their delivery of health care.  
4) Students have demonstrated an ability to adapt to a rapidly changing health care future.

References

ADEA Competencies for the New General Dentist.  

Acknowledgements

Dr. Andrew Spielman
ORAL MANIFESTATIONS IN PATIENTS WITH COVID-19

Steven Resnick DDS, Natalia Elson DDS, Irene Brandes DDS, & Donna Catapano, DHSc, RDH

Introduction

There is increasing evidence linking extrapulmonary manifestations, including oral manifestations to COVID-19, the infectious disease caused by the severe acute respiratory syndrome known as SARS-CoV-2 virus. Oral manifestations include but are not limited to xerostomia, anoxia, dysphagia, ageusia and anosmia (loss of taste and smell), bleeding on probing, desquamative gingivitis, tongue swelling, burning sensations, ulcerative lesions, erosive vesiculobullous lesions, cracked teeth, and candidiasis. The purpose of this presentation was to investigate the relationship between the various oral lesions associated with COVID-19 in both hospitalized and non-hospitalized patients who presented with either symptomatic and/or asymptomatic lesions, their oral prognoses, and possible treatment. Primary versus secondary manifestations were also explored.

Objectives

This presentation will:
• Provide a brief background on COVID-19 and how the virus invades human cells
• Educate dental professionals on primary and secondary signs and symptoms associated with COVID-19
• Discuss possible prognoses and treatments for patients who present with oral manifestations related to COVID-19

Methods

An electronic search was conducted utilizing the PubMed/National library of Medicine and Wiley Online Library databases, including articles published as recently as November 2021. Key phrases included COVID-19, oral manifestations of COVID-19, and treatment of oral diseases, all of which resulted in approximately 456 articles. After utilizing Boolean search phrases, such as COVID-19 and periodontal disease, COVID-19 and oral manifestations, and COVID-19 and oral disease, 65 articles in English were noted.

Results

Acute COVID-19 infection, together with associated therapeutic measures, could contribute to triggering alterations in the oral mucosa, which could possibly cause various opportunistic fungal infections, recurrent oral herpes, simplex virus infections, nonspecific oral ulcers, dysgeusia, drug-associated eruptions, xerostomia related to decreased salivary flow, ulcers, and desquamative gingivitis.

Treatment protocol can be categorized in the following categories:
1. Preventing virus entrance or fusion to the host cell
2. Preventing replication of the virus’s RNA in the host cell
3. Boosting the host immune system
4. Suppression of the severe inflammatory reaction in the oral cavity
5. Systemic and local treatment of oral manifestations

Most common systematic antiviral drugs used are: Paxlovid (Phizer) Metronidazole (non-antiviral), Molnupiravir (Merck), Monoclonal antibody, & Convalescent plasma.

Palliative treatment of oral lesions in patients with COVID-19 included but were not limited to: Acyclovir, PBTM, Chlorhexidine 0.12%, Ibuprofen (fever reducer), Nystatin oral suspension, Momethasone furoate 0.1%, Triamcinolone acetonide 0.05%, Hydrogen peroxide 1%, & topical 4% Benzocaine.

Phthalox (Phthalocyanine) antiviral mouth wash (5 mL for 1 minut, 5 times daily) shows promising results in prevention & treatment of oral lesions caused by COVID-19.

Conclusions/Summary

The oral cavity plays a critical role in the transmission of COVID-19. Recent studies demonstrate that COVID-19 invades human cells via angiotensin-converting enzyme 2 (ACE-2) receptors which are abundant in the oral cavity, particularly on the tongue, allowing for for easy spread of the virus. Studies also show the virus not only plays a role in periodontal disease but also in caries. It is important to note that according to the literature, patients hospitalized with COVID-19 were not examined by dentists and in some instances, only palliative care was provided. It is strongly recommended that patients in the post COVID-19 rehabilitation period be evaluated by dental pro-fessionals and that a thorough oral care protocol be established. It is also strongly suggested that oral care professionals determine how to identify oral lesions caused by COVID-19 which may still manifest months after the initial COVID-19 infection so proper treatment can be rendered.

References


Additional references furnished upon request.
At NYU Dentistry, D1 students attend anatomy lab sessions twice a week during the fall semester. The students are divided into 32 small groups of 9-16 students each. Four groups of students have lab simultaneously, and there are four lab sessions scheduled per day.

The lab sessions are taught by a number of different instructors. There are 4 full-time faculty members and approximately 5-7 adjunct faculty members each year.

Lab sessions are standardized to the greatest degree possible. Most labs consist of students working independently in small groups to identify anatomical structures. During the session, the instructor will review cross-sectional anatomy with the group as a whole. At the end of the session, the students will take a quiz, and the instructor will review the quiz answers.

Although labs are standardized, each instructor will have his or her own individual style. This study aims to explore the role of anatomy lab instructor teaching style.

Anatomy faculty were grouped to how “hands-on” they are when teaching labs.
1 = “hands-off” style (let students work independently unless they have questions)
2 = moderate style
3 = “hands-on” style (proactively demonstrate and explain topics to small groups)

We then combined the faculty teaching style with de-identified measures of student performance to determine what, if any, influence teaching style might have on student grades.

<table>
<thead>
<tr>
<th>Practical Exam</th>
<th>Final Exam</th>
<th>Course Grade</th>
<th>M/F Teaching Style</th>
<th>Th/F Teaching Style</th>
<th>Average Teaching Style</th>
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<tr>
<td>Student 1</td>
<td>65</td>
<td>87.38</td>
<td>82.75</td>
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<td>83.5</td>
<td>87.04</td>
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<tr>
<td>Student 4</td>
<td>81.67</td>
<td>95.15</td>
<td>93.71</td>
<td>2</td>
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Table 1: Example of the data collected, demonstrating how student and faculty identifying information was not used.

Data was collected in 2018 and 2019, prior to any shift to remote learning.

Preliminary analyses suggest that a more moderate teaching style might be superior to either of the extremes.

The graphs on the following slide show that intermediate teaching styles are associated with higher grades than either teaching style 1 or teaching style 2.

This relationship could also be explained by a benefit derived from having two different instructors for the two lab sessions each week. How would a single instructor with a moderate teaching style compare with two different instructors of different teaching styles?

Initial data suggests that any influence of teaching style on student performance is very minimal. However, there does seem to be a pattern suggesting that a moderate teaching style is associated with slightly higher grades than either a “hands-on” or “hands-off” approach.
Teaching Styles in the Anatomy Labs
Elisabeth Lopez and Eric Baker

Figure 1 and Table 2: The average student performance on several assessments is shown for each teaching style. For each assessment type, there is a similar pattern, teaching styles of 1.5-2.5 are best, followed by 1, then by 3. However, all means are extremely similar.

<table>
<thead>
<tr>
<th>Teaching Style</th>
<th>1</th>
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<th>2</th>
<th>2.5</th>
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<td>88.08</td>
<td>88.01</td>
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<td>83.19</td>
<td>84.04</td>
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<td>87.64</td>
<td>86.17</td>
<td>87.06</td>
<td>84.35</td>
</tr>
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</table>

Figure 2: The mean grade on quizzes does not differ across different teaching styles (one-way ANOVA, p = 0.214).

Figure 3: The mean grade on the practical exam does not differ across different teaching styles (one-way ANOVA, p = 0.136).

Figure 4: The mean grade on the final exam does differ across different teaching styles (one-way ANOVA, p = 0.012).

Post-hoc tests revealed that teaching styles 1.5, 2.0, and 2.5 were each significantly different than teaching style 3 at the p = 0.05 level.

Figure 5: The mean overall grade in the course does differ across different teaching styles (one-way ANOVA, p = 0.018).

Post-hoc tests revealed that teaching styles 1.5, 2.0, and 2.5 were each significantly different than teaching style 3 at the p = 0.05 level.
Abstract

Integrating foundational knowledge and clinical practice has long been a challenge in dental education. The need to implement changes in the curriculum is advisable for dental students to succeed on the Integrated National Board Dental Examination (INBDE) and to create a new generation of practitioners. A series of INBDE review courses is designed to support these requirements for the NYU College of Dentistry students, beginning in the Spring of their D1 year and continuing until the fall of their D4 year. These courses provide repeated opportunities, on a weekly basis in on-line quiz form, for students to retrieve, review, and integrate knowledge from courses they have already taken. The quiz content, in both patient-box and stand-alone question formats, and with associated feedback and review material, is contributed from faculty across College departments. It thus covers a comprehensive range of topics from throughout the curriculum in order to effectively allow students to review foundation knowledge, integrate it with clinical content, and prepare for the INBDE and clinical practice.

Methods

COURSE DESIGN

One quiz a week, every week, every semester from Spring D1- Fall D4 (6 semesters total), administered via Brightspace. Currently 10 questions per quiz with a majority of patient-box format questions (testlets), and some stand-alone questions. Low time commitment: typically takes no more than ½ hour per week. Immediate feedback: explanation of individual answer choices and targeted review material. Low stakes: students take unlimited number of times throughout the week, with the last grade counting. Content includes what has already been covered in classes. Collected from a range of faculty and departments, with collaboration within testlets. Quizzes worth 60% of the grade, final exam with 40%. Multiple opportunities for retrieval of content: quizzes open up again for review prior to exam. Dedicated application for the creation and storage of questions.

Results

Grades are Honors Pass (90% and above), Pass (70-90%) and Not Pass (below 70%). So far, 100% participation and pass rate. Average course grade: Honors Pass.

Results cont’d

STUDENT SURVEY D2 SPRING 2021

Q1 - The INBDE Preparation Course helped me remember information from past courses.

Q2 - I found the feedback after each quiz:

Q3 - How much time did you spend on the weekly quiz?

SAMPLE STUDENT COMMENTS

STUDENT 1: This course is so helpful! I find that the material reinforces everything we have learned in our didactic courses and helps us retain the information better.

STUDENT 2: I love the feedback after the quiz questions. It is truly helpful in maintaining the range of information we have learned so far. Thank you so much for doing this course!
HELPING STUDENTS SUCCEED ON THE INTEGRATED NATIONAL BOARD DENTAL EXAM

Johanna Warshaw, Analia Veitz-Keenan, Lillian Moran, Eric Baker, Elena Cunningham

Reports from dedicated INBDE database application

A)
B)
C)

Screenshots from weekly Brightspace quizzes

A)
B)
C)

Figure 1: Screenshots of patient-box testlet questions and feedback

A) Multiple choice question from Introduction to Oral Maxillofacial Radiology.
B) Multi-select question from Head and Neck Anatomy.
C) Student view of post quiz submission feedback.

Figure 2: Number of questions covering each FK, CC and Systems Area

A)
B)
C)

Moving Forward

Have the curriculum more fully represented, with content from a greater range of faculty
Cover all Foundational Knowledge, Clinical Content and Systems Areas.

Acknowledgements

We would like to thank the following individuals for the help and support: Nigel Bunnett, Cristian Opazo, Andrea Schreiber, Andrew Spielman, Lou Terracio, Denise Trochesset.
Establishing an efficient process to gather and deliver integrated learning

Lillian Moran, Elena Cunningham, Johanna Warshaw, & Analia Veitz-Keenan

Introduction/Background

Interdisciplinary and integrated knowledge creation and assessment is a growing focus of Dental education, as shown in the move towards the Integrated National Board Dental Examination (INBDE) beginning in 2023. To address this need at the College, a series of INBDE review courses were designed to support these requirements for our students, beginning in the Spring of their D1 year and continuing until the fall of their D4 year. These courses provide repeated opportunities, on a weekly basis in on-line quiz form, for students to retrieve, review, and integrate knowledge from courses they have already taken. The quiz content consists of both patient-box and stand-alone question formats, with associated feedback and review material.

To gather the quiz content, we established an easy-to-use and efficient process for faculty. A web-based platform was designed and developed, referred to as the “INBDE app.” The app allows faculty to easily search existing content, collaborate on a testlet and/or re-use part of an existing testlet in the creation of a new testlet, and communicate with other faculty and the review courses Course Directors. A growing database of questions now exists which includes not only the questions but also specific meta-data, review material, etc. Design of the platform began in Fall 2019 and the platform was launched in Spring 2021.

Objectives

- Create efficient process of creation of testlets and questions by faculty.
- Create ease of collaboration across courses, departments, and DDS years.
- Facilitate communication among faculty and departments.
- Create scalable platform for future growth.
- Ensure external alignment through the use of the Joint Commission on National Dental Examinations (JCNDE) recognized Foundational Knowledge (FK) and Clinical Competencies (CCs).
- Establish a robust reporting mechanism for the analysis of the areas of the curriculum that are currently represented in the practice opportunities, and identify where the areas for the creation of additional questions lie.
- Gather feedback on questions to facilitate the provision of timely feedback to students to confirm understanding and/or clarify misconceptions.
- Facilitate integration of content across the 4 year curriculum.

Methods

PLATFORM DESIGN

- Ease of search of existing content: faculty can easily search existing testlets and standalone questions, with little/no training.
- Clear identification of required meta-data as part of the creation process.
- Communication and feedback among faculty through the ability to search, see question stem and answer choices, and flag any potential areas of question or discrepancy in a testlet or stand-alone question.
- Little to no training needed on INBDE app before first use.

RESULTS

- Creation: Almost 600 questions (either as part of a testlet or stand-alone).
- Faculty Involvement: Questions have contributed from multiple courses and departments at the College, covering a comprehensive range of topics from across the curriculum in order to effectively allow students to review foundation knowledge, integrate it with clinical content, and prepare for the INBDE.
- Student Performance: 100% participation and pass rate on weekly quizzes, Average course grade: Honors Pass (90% and above).
- Monitoring & Reporting: The INBDE platform requires faculty to include metadata during the question creation process. In addition to curricular data (e.g. DDS year, the semester in which the content was taught, key content areas, etc.) each individual question within the INBDE preparation courses are tagged with associated FK(s) or CC(s). This metadata allows for the analysis of the areas of the curriculum that are currently represented in the practice opportunities, and where the areas for the creation of additional questions lie.

Efficient Creation & Collaboration

Faculty can utilize the multiple search filters (1 below), or the free-from keyword search (2 below) to look up existing testlets and questions.

Courses, Semester/year of course & DDS Year
- INBDE Prep Courses
- Foundational Knowledge
- Clinical Competences
- Course & Term/year
- Courses

Little to no training needed on INBDE app.

Acknowledgements

Cristian Opazo, Lou Terracio, & Andrea Schreiber for their support and funding.

Waltern LLC for their amazing development work.
Establishing an efficient process to gather and deliver integrated learning

Lillian Moran, Elena Cunningham, Johanna Warshaw, & Analia Veitz-Keenan

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<td>About the Patient</td>
<td>A 10 year old male presents to the pediatric dentist for evaluation of a mucosal lesion. His medical history is non-contributory. He was accompanied by his mother today, though he lives with his father. His growth on the palms was noted approximately 2 months ago by the patient and his father. The patient became aware of the lesion and dad was being noticed by the mother. The child stated that the “bumps” didn’t hurt but he was having trouble bracing for school because his bracing was noted. The child is self-conscious and does not walk as a result of his lesion.</td>
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<td>The smoker was a 40-year-old female with a history of tobacco use. She presented with a complaint of a sore tongue that had been present for approximately 2 weeks. The sore tongue was asymptomatic and was noted by the patient’s primary care physician. The patient was referred to the oral surgeon for evaluation. The lesion was noted to be a squamous cell carcinoma. A biopsy was performed, and the result was consistent with squamous cell carcinoma. The patient was referred to a radiation oncologist for further evaluation.</td>
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Establishing an efficient process to gather and deliver integrated learning

Lillian Moran, Elena Cunningham, Johanna Warshaw, & Analia Veitz-Keenan

Testlet & Question Creation

Question 1 by Lillian Moran

- DDS Course: BASG1-DN 351: Embryology
- DDS Year: D2
- Foundational Knowledge:
  - IX.8: Pharmacology
  - IX.2: Physical and chemistry to explain
  - IX.7: Biology of microorganisms
- Exam: Select...
- Systems/Areas:
  - Injuries (skin and mucosal)
- Key Concepts: A comma separated list of concepts
- Semester of course: Spring
- Clinical Content:
  - CC-1: Interpret patient information...
  - CC-12: Diagnosis and manage oral...
- Question Collaborators: Select...
- Level of Difficulty: Select...
- Mock Exam: Select...

Question stem:
What day of the week is it today?

Upload on image

Answer choice 1

Explanation

Answer choice 2

Explanation

Add answer choice

Review Material for Question 1 by Lillian Moran

Upload review materials for students. Allowed file formats are only .jpg, .png, .gif, .pdf. No DOC or DOCX formats.