

The following is a summary of responses from 37 U.S. and Canadian dental schools to the following questions on the use of magnification:

- 1) Are your students currently required to use magnification during clinical operative procedures?
- 2) If yes, is the cost of magnification built into student loan requests?
- 3) If required, what is the penalty for noncompliance? How is the policy communicated?
- 4) If required, is there a minimum magnification that must be used?
- 5) Is the faculty required to use magnification in clinic?
- 6) If required, does the department/division underwrite the cost of magnification?
- 7) If required, what is the penalty for noncompliance? How is the policy communicated?
- 8) If required, is there a minimum magnification that must be used?
- 9) If there is a mandate for use of magnification, how long has it been in force?
- 10) If there is no mandate, is one anticipated in the future?

Responses from some schools were quite detailed and had to be simplified extensively to fit the reporting parameters of the accompanying table. While some license was exercised in doing so, attention was given to maintaining as much accuracy as possible while condensing these responses.

Since CODE addressed some aspects of this issue in 2001, the data in the accompanying table may be useful in tracking how schools have dealt with this issue over the last nine years. In addition, since the topic of magnification is again included on the national agenda of the fall 2010 CODE meetings, the information collected in the table may be of some value to those schools seeking direction on this issue.

To assist in interpretation of the data: A dash (-) indicates that a response was not applicable or that none was provided. All other data entries were listed as received, distilled from lengthier responses, or reasonably inferred. If an expected response was not provided "*not indicated*" or "*no reply*" is entered.

Some general observations: All nine schools (24%) requiring student use of magnification also build the system purchase fee into student loans. Two additional schools had specified parameters on their usage policies (noted on the table). Even though 26 schools (70%) do not require student use of magnification, virtually all of them encourage it and report high percentages of current use. Four of the schools requiring magnification provided information on how non-compliance is managed; the two most common methods are [1] lowered/failing grades and [2] dismissal from clinic. Only one school reported requiring the use of magnification by faculty, although most schools report high rates of faculty use regardless of policy. Six schools not currently requiring the use of magnification are either planning or actively discussing possible policy changes.

The inclusion of this topic on the 2011 agenda should generate enough additional data to provide a fairly accurate picture of the current use of magnification in dental education. While there are numerous studies regarding the value of magnification as it relates to ergonomics and improved visual access to the operating field, there continues to be a conspicuous absence of studies or reports regarding the impact of magnification on performance evaluation (i.e., do faculty grade more accurately and consistently using magnification?). CODE participants are encouraged to share any such literature findings during their regional meetings this fall.

Grateful appreciation is extended to Dr. Larry Haisch, CODE National Director, for facilitating the dissemination of these questions through the CODE ListServe. Thanks also to all the schools that provided information for this project. I trust that you will find the data both interesting and useful. Lastly, I apologize in advance for any misrepresentations in the accompanying table and ask that the pertinent schools inform me of any such errors so that I can correct them accordingly.

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	1	2	3	4	5	6	7	8	9	10
<b>Alberta</b>	N	-	-	-	N	-	-	-	-	Y
<b>Arizona (AT Still Univ.)</b>	Y	Y	Lowered grades	2.5	Y	N	-	2.5	2003	-
<b>Baylor</b>	N	Y	-	-	N	-	-	-	-	N
<b>British Columbia</b>	N#	Y	Not indicated	2.0-2.5	N	-	-	-	1990	-
<b>Colorado</b>	Y	Y	Clinic dismissal	-	N	-	-	-	1994	-
<b>Columbia</b>	N	-	-	-	N	-	-	-	-	N
<b>Creighton</b>	N	-	-	-	N	-	-	-	-	N
<b>Indiana</b>	N	-	-	-	N	-	-	-	-	N
<b>Kentucky</b>	N	-	-	-	N	-	-	-	-	N
<b>Loma Linda</b>	N	Y	-	-	N	-	-	-	-	N
<b>LSU</b>	N	-	-	-	N	-	-	-	-	N
<b>Marquette</b>	N	-	-	-	N	-	-	-	-	N
<b>Midwestern (AZ)</b>	Y	Y	Fail professionalism	2.5	N	-	-	-	2008	-
<b>Minnesota</b>	N	-	-	-	N	-	-	-	-	Possible
<b>Mississippi</b>	Y	Y	Not indicated	-	N	-	-	-	2007	-
<b>Nebraska</b>	N	Y	-	2.5	N	-	-	-	-	N
<b>North Carolina</b>	N	-	-	-	N	-	-	-	-	N
<b>NYU</b>	N	-	-	-	N	-	-	-	-	N
<b>Ohio State</b>	N	Y	-	2.0	N	-	-	-	-	N
<b>Oklahoma</b>	N	Y	-	-	N	-	-	-	-	N
<b>Oregon</b>	Y	Y	Not indicated	2.5	N	-	-	-	2005	-
<b>Pacific</b>	N	-	-	-	N	-	-	-	-	N
<b>Pittsburgh</b>	N	-	-	-	N	-	-	-	-	Possible
<b>South Carolina</b>	N	-	-	-	N	-	-	-	-	N
<b>SUNY-Buffalo</b>	N	-	-	-	N	-	-	-	-	N
<b>Temple</b>	N	-	-	-	N	-	-	-	-	N
<b>Tennessee</b>	Y	Y	Not indicated	2.5	N	-	-	-	2002	-
<b>Texas, San Antonio</b>	Y	Y	Not indicated	2.5	N	-	-	-	No answer	-
<b>Texas, Houston</b>	N	-	-	-	N	-	-	-	-	N
<b>Toronto</b>	N	-	-	-	N	-	-	-	-	Possible
<b>UCLA</b>	Y	Y	No work allowed	2.0	N	-	-	-	2005	-
<b>UCSF</b>	N+	Y	Not indicated	2.5	N	-	-	-	-	Possible
<b>UMKC</b>	N	-	-	-	N	-	-	-	-	Possible
<b>UNLV</b>	N	-	-	-	N	-	-	-	-	N
<b>USC</b>	N	-	-	-	N	-	-	-	-	N
<b>Virginia Commonwealth</b>	N	-	-	-	N	-	-	-	-	N
<b>Western (CA)</b>	Y	Y	Not indicated	2.5	N	-	-	-	2009	-

# Required to have but not to use in lab or clinic

+ Required in preclinic; not clinic