



## **College of Dentistry and Dental Clinics**

Office for  
Education

### Department Curriculum Review for Preventive & Community Dentistry

- I. Department Report
- II. Questions and Responses

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Curriculum Review presented to Curriculum Committee, May 2017.

## **Departmental Curriculum Review: Department of Preventive and Community Dentistry (PCD) January 25, 2017**

### **I. Department Mission Statement: *develop a statement if none exists.***

To prepare oral health practitioners who recognize and understand:

- the psychosocial characteristics of dental patients
- the conditions that intellectually, medically or physically compromise treatment planning
- the societal, ethical and cultural values, community influences, and political systems and trends that affect dental behavior and dental practice
- the effects of these various factors on the oral health of the public and the practice of dentistry; and
- the principles of preventive dentistry as applied to both individual patients and entire communities.

### **II. Describe how the department curriculum addresses the *Iowa Collegiate Competencies & Domains***

The Iowa Collegiate Domains are Critical Thinking; Professionalism; Communication and Interpersonal Skills; Health Promotion; Practice Management and Informatics; Patient Care (Assessment, Diagnosis and Treatment Planning); and Patient Care (Establishment and Maintenance of Oral Health). PCD plays a major role in addressing all of these domains and their associated competencies, often at the foundational level.

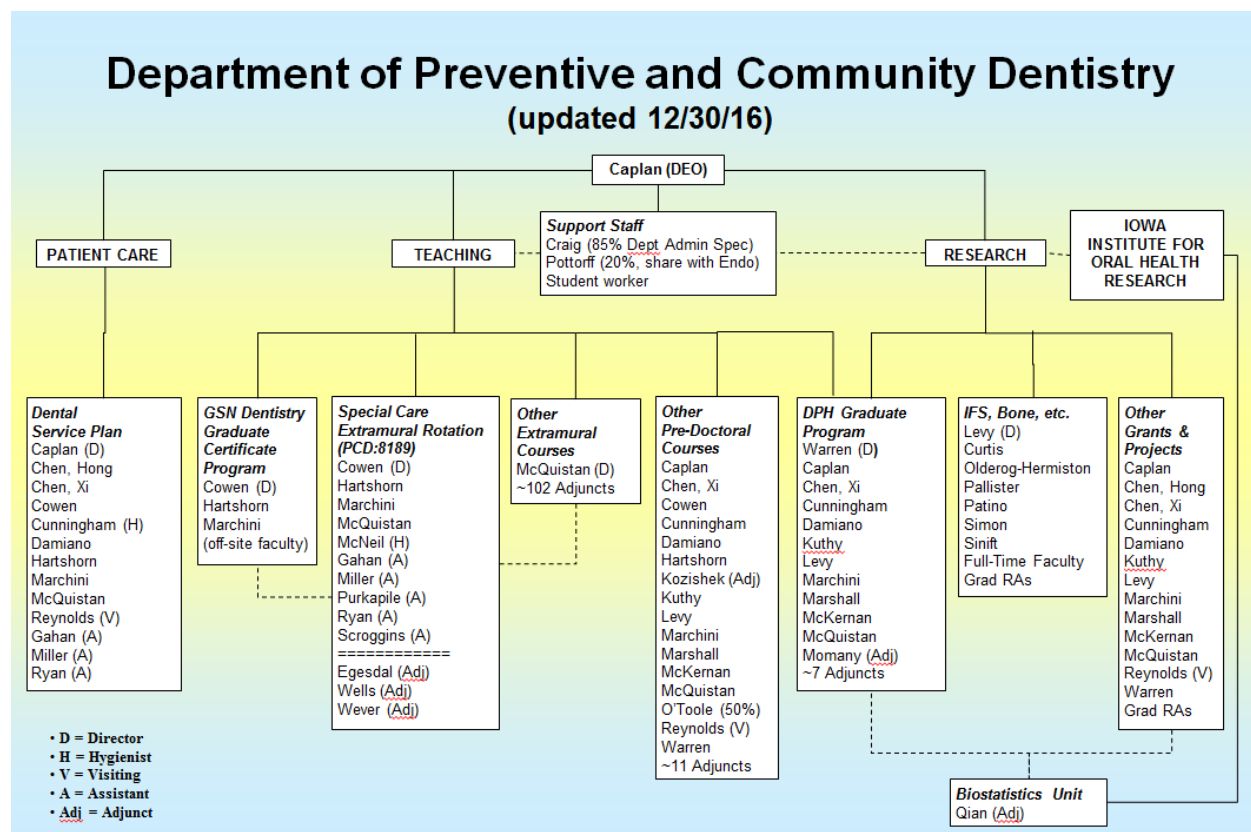
Throughout the PCD curricula, the Iowa Domains are addressed through a combination of lecture, small group discussion, individual assignments, examinations, and small group presentations. Much of the content and instruction in the **evidence based dentistry, critical thinking, professionalism, communication and interpersonal communication, and health promotion** domains for the entire College is centered within PCD. PCD also contributes to students' progression toward competence in many areas of the **patient care** domain, primarily

through its administration of the D1 and D2 Preventive Dentistry curricula and the D4 Extramural Program, which includes the Geriatric and Special Needs extramural rotation, which specifically targets treatment for geriatric patients and adult patients with special needs. The Preventive Dentistry curricula provide foundational didactic, pre-clinical, and clinical instruction and experiences for beginning students, while the Extramural Program provides instruction and experience for advanced students in comprehensive care to traditionally underserved populations. The Extramural Program addresses all of the collegiate competencies through the provision of care to diverse, underserved populations in a variety of health care settings. Additionally, the students on extramural rotations provide community outreach beyond patient care (e.g. presentations, screenings). Due to the challenges and experiences students face in the clinic and in the community, it is important that they address all of the competencies in the Extramural Program, and they are evaluated on these competencies using a modified grading form that is almost identical to that used in FAMO, with one addition specific to the extramural site. Finally, PCD also provides content to address the **practice management and informatics** domain; this mostly is accomplished in the D3 year and includes topics such as health and dental insurance, health care reform, dental delivery and reimbursement systems, oral health workforce, and health care quality.

See the College's curriculum mapping module for more detail about the specific Iowa competencies addressed by each PCD course.

**III. Include department organizational structure and how it fulfills the department's mission. Attach appendix, if necessary**

The PCD organizational chart as of 12/31/16 is shown below; our mission mirrors that of the College, which includes research, teaching, and patient care. PCD has a faculty dental practice component (operatories used are in the Faculty General Practice and in the Geriatric and Special Needs Clinic); a teaching component (encompassing the pre-doctoral plus graduate programs in 1) Dental Public Health and 2) Geriatric and Special Needs Dentistry); and a research component (all PCD faculty appointed at >50% FTE are involved in research).



**IV. Provide profiles for each course: additional rows can be added as needed.**

Year	Course Number*	Course Director / Co-Director	Format: lecture, seminar, PBL, CBL, simulation lab, clinical, etc.	Faculty:Student Ratio
D1	PCD:8116	Cunningham	Lecture, clinic	1:4 or 1:5 (clinic) 1:80 (lecture)
D1	PCD:8117	Levy / Marchini	Lecture, pre-clinical lab	1:80
D1	PCD:8118	Cunningham	Lecture, Sim clinic, clinic, online	1:5 (clinic) 1:10 (Sim clinic)

D1	PCD:8119	O'Toole	Lecture, readings, case based discussions, small group discussions, Standardized Patient exercises (simulations)	1:10 – 1:80
D1	PCD:8120	Marshall	Team-based learning, online	1:80
D2	PCD:8218	Marshall	Online	1:80
D2	PCD:8219	O'Toole	Lecture, small group discussion sessions, participation in Standardized Patient exercises (simulations)	1:5, 1:10, 1:20, 1:80
D2	PCD:8245	Warren	Clinic	1:4
D3	PCD:8319	O'Toole	Small group discussions, Standardized Patient exercises (simulations)	1:5, 1:10
D3	PCD:8355	Hartshorn / Marchini	Lecture, case-based discussions	2:80
D3	PCD:8360	McKernan / Levy	Lecture, small group discussions	1:16, 1:80
D3	PCD:8361	Caplan	Lecture, oral exam	1:80 (lecture) 1:1 (oral exam)
D4	PCD:8485 - PCD:8496 (total of 10 Extramural Program courses)	Cowen (PCD:8489), McQuistan for all other Extramural Program courses	Clinic, community outreach	Varies by site (1:1-1:5)

\*Several PCD faculty direct curricula that either are part of other PCD courses or courses housed in other departments, e.g., Mr. Kozishek directs the D1 Ethics curriculum as part of PCD:8119 and the D3 Ethics curriculum in a course housed in OPRM; Dr. Marshall directs the Nutrition curriculum in various courses across the D1-D3 years, and she also directs the

Evidence-Based Dentistry and Critical Thinking curriculum in the D3 year through a course housed in OPRM (OPRM:8320). Non-PCD courses in which PCD faculty direct curricula are not shown in the table above.

**V. Describe how horizontal curriculum integration is achieved with other departments, courses, and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.**

The PCD curricula are an integral part of the College's overall mission, and not only are they integrated horizontally across several departments but also provide basic clinical and didactic content that is fundamental to other coursework and clinical activity throughout the College. For example, the first D1 clinical experiences in PCD:8116 (Fundamentals of Clinical Dentistry) include extensive content on OSHA / disinfection protocols, HIPAA, health history update protocol in Axium, clinician / patient positioning, provider ergonomics, basic patient assessment (e.g., periodontal probing, hard tissue charting), and creating progress notes in Axium. This content provides the basis for all pre-doctoral clinical coursework in all departments across all four years. The subsequent Preventive Dentistry Assessment and Patient Care course (PCD:8118) builds upon not only PCD:8116 but also the D1 Periodontics course (PERI:8120) and continues the students' early clinical experience. The D2 Clinical Preventive Dentistry course (PCD:8245) continues this progression and represents one segment of a 3-part clinical curriculum for D2 students that is integrated with courses in Operative Dentistry (OPER:8240) and Radiology (OPRM:8245). This aspect of the curriculum also incorporates experiences in the oral diagnosis clinic and in elements of patient communication.

In a similar way, the Cariology and Preventive Therapies course (PCD:8117) provides foundational knowledge that is applied throughout the 4-year Collegiate curriculum. Topics introduced in this course include caries risk assessment, caries diagnosis and use of preventive strategies such as fluoride application, all of which are reinforced in other departments including Operative Dentistry and Family Dentistry. The Collegiate courses in critical thinking (e.g., PCD:8120 – Foundations of Critical Thinking) and communication (e.g., PCD:8119 – Behavioral Sciences I) also set the stage for future Collegiate coursework; as one example, evidence-based dentistry content is integrated into Operative, Pediatric Dentistry, Periodontics and Endodontics case presentations.

Communication between departments is essential to continued success of these content areas and further improvements in communication will require interaction at the Executive committee level as well as at the annual faculty retreat. Further improvements can be made to achieve consistent use of caries risk assessment and diagnosis, ADA procedure codes in Axium for all Collegiate patients, including evaluations of longitudinal outcomes of the CAMBRA

process. The emphasis on caries risk assessment in the Dental Wellness Program (DWP) – the dental component of Iowa’s Medicaid expansion -- and leadership from Operative Dentistry and PCD faculty at the national level (e.g., in ADEA) will assist with this endeavor.

The D3 course Introduction to Geriatric Dentistry (PCD:8355) is distinct from the Preventive Dentistry curriculum sequence described above but incorporates and builds on the knowledge of all dental specialties and rotations found in the third-year block system in relation to the geriatric dental patient. This course not only relates each dental specialty to geriatric patients but incorporates critical thinking to formulate and recognize differences between ideal treatment planning and rational treatment planning for elders. Rational treatment planning skills are practiced and tested in the three case history assignments. To develop rational treatment plans students must use knowledge gained in Applied Dental Pharmacology (OPRM:8355) to evaluate and prescribe medications for medically complex patients; and use knowledge gained in Practice of Dentistry in the Community II (PCD:8361) to understand the limitations that often accompany disability and other barriers to care. Knowledge gained in Application of Critical Thinking (OPRM:8370) is used when students evaluate case histories to develop rational treatment plans. Overall, it is when students generate rational treatment plans for geriatric patients that they use information obtained in each D3 specialty block. Further, Introduction to Geriatric Dentistry (PCD:8355) places an emphasis on strategies to prevent rapid oral health deterioration (ROHD) among the elderly, a concept that applies principles of caries risk assessment, critical thinking and preventive measures to the complexities of frail elderly patients.

Finally, the Dental Public Health Distinction Track (directed by Dr. Levy) and Project SEALED (directed by Dr. McQuistan) are not department courses but both represent extensive, ambitious curricular activities that reach across departmental boundaries to provide additional and different learning opportunities for our students.

**VI. Describe how vertical integration across D1 through D4 courses, including with other departments and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.**

PCD provides content and teaching throughout all four years of the pre-doctoral curriculum. The D1 and D2 Preventive Dentistry course sequence allows for smooth transition into the D3



Periodontics and Operative and Pediatric Dentistry clerkships by providing the fundamental didactic, pre-clinical and clinical coursework via the D1 courses Fundamentals of Clinical Dentistry (PCD:8116), Preventive Dentistry Assessment & Patient Care (PCD:8118), Cariology and Preventive Therapies (PCD:8117), then following up with the D2 course Clinical Preventive Dentistry (PCD:8245). As such, these courses require students to synthesize lecture and preclinical material and D1 clinical experiences in providing initial care to patients and progress from being a “beginner” to a more skilled provider with respect to their comfort in evaluating and treating dental patients. The courses serve as a bridge from the earliest clinical experiences to more advanced ones, especially those in the D3 Periodontics clerkship. PCD and Periodontics faculty work together to coordinate shared content areas so that as students move on to the D3 and D4 years they build progressively more complex skill sets relative to preventive and periodontal competencies. (In addition, the D1 and D2 Preventive Dentistry clinics serve as the primary source of preventive maintenance services for collegiate patients throughout the year. New patients triaged in the Oral Diagnosis clinic are routed to either the D1 / D2 Preventive Dentistry clinics or to Periodontics, depending on their difficulty and level of disease.)

Overall, our D1 and D2 didactic courses provide essential foundational knowledge for students at all levels throughout the pre-doctoral curriculum. Additionally, PCD provides content for D3 didactic courses in community dentistry (PCD:8360 and PCD:8361) that provide information specific to the specialty of Dental Public Health as well as content related to the practice of dentistry as a profession, including topics such as third-party payment, oral health workforce, and community-level prevention and outreach. PCD:8361 also assigns a take-home project that requires students to analyze a community of their choice for potential practice in the future, in collaboration with information provided by the Iowa Dental Practice Opportunities office.

The D3 course Introduction to Geriatric Dentistry (PCD:8355) incorporates and builds on the knowledge of all dental specialties, as do the D4 Extramural Rotation courses. After completing Introduction to Geriatric Dentistry, concepts learned are applied throughout the D4 curriculum, i.e., both in Family Dentistry and throughout the extramural rotations. In particular, PCD:8355 is very closely integrated with the Geriatric and Special Needs extramural rotation (PCD:8489), as concepts learned in PCD:8355 are directly applied during clinical care for the geriatric and special needs patient. In addition, the systematic manner in which case histories are evaluated in PCD:8355 is expanded upon and put into practical application in the PCD:8489 final case history assignment, where risk of ROHD assessment also is used.

More broadly, during the D4 Extramural Program students apply the basic skills obtained in D1, D2, and D3 courses in PCD to individual patients in community-based settings. Vertical integration occurs by students' application of prior knowledge into subsequent clinical experiences. One substantial challenge is that Extramural Site Directors sometimes have differing opinions regarding how to treat specific patients or lesions based on their education or personal experience.

Vertical integration also is evident with respect to the communications and behavioral science areas:

- For the communication content, there is a sequence crossing the D1, D2, and D3 years that builds students' understanding of the importance of professional communication, their awareness of cultural sensitivity and humility, and how those related to patient-centered care. Core behavioral science principles help facilitate patient education and motivation for acceptance of treatment and to modify patient behavior to improve and maintain optimal oral health. Vertical integration occurs by building on the evidence-based dentistry curriculum using the same assignment format, while critical thinking, nutrition and caries prevention expand from patient-centered to community-centered prevention, and build toward cultural competency.

- For the ethics component, the information is provided formally in the D1 and D3 years. The D1 Ethics module provides students with a foundational understanding of ethical principles seen in the dental profession and discusses methods of identifying and resolving ethical questions and concerns. In the D3 Ethics module, students are provided with a one-hour 'refresher' lecture covering core elements from the D1 course, then meet in small groups with two faculty facilitators for weekly discussions of ethics reading assignments and case-based ethics analysis that allow students to integrate previous ethics and professionalism education at a deeper and more immediately relevant level.

## **VII. Describe efforts in faculty development to calibrate teaching styles, techniques, outcomes assessment methods and a unified grade scale.**

As described previously, the D1 and D2 Preventive Dentistry courses are part of an integrated sequence that builds to beginning-level clinical competency by the end of the D2 year. These clinics utilize many of the same instruments and evaluative criteria across the D1 and D2 years, which helps to facilitate standardized assessment methods and teaching techniques. In the D1

Preventive Dentistry clinic, full-time and adjunct faculty receive a detailed document describing the evaluation criteria for the D1 clinical sessions each year for review. Hands-on Axium training is held annually for adjunct faculty and all faculty complete annual online compliance training in HIPAA and OSHA / Infection control. The same clinical worksheet and evaluation criteria are utilized for both the D1 and D2 Preventive Dentistry clinical courses. Finally, two D1 faculty regularly participate in teaching the D2 Clinical Preventive Dentistry course (PCD:8245), which enhances our ability to provide consistent teaching styles across those years of instruction.

D3 and D4 courses utilize the College's grading rubric (A,B,C +/-) for all students in both didactic and clinical courses, with the exception of the Extramural Program courses, for which students can receive a D grade. With respect to nutrition, there is consistency of assignments across three years that builds and reinforces earlier content; consistency is achieved by having only one faculty evaluate assignments. Other PCD courses (e.g., Introduction to Geriatric Dentistry, Practice of Dentistry in the Community I and II) have no formal calibration of teaching styles, mostly because they are multi-disciplinary courses that incorporate several different guest speakers from inside and outside the College. Still, course directors have tried to provide students with a similar and fair learning experience by limiting the role of guests or faculty small group facilitators in assessing students.

Geriatric and Special Needs faculty do not calibrate specific teaching styles, since this patient population presents with many modifying factors and complex treatment plans that require a variety of teaching techniques tailored to each student's learning style. Students rotate through this clinic every five weeks, which requires a change in expectations over the course of an entire year. A formal grading scale to determine competency has evolved over the past 30 years to reflect an outcome representative of each group and as a class as a whole. At present a grading form identical to that used in FAMD has been adopted to maintain uniformity throughout the D4 year. Faculty convene twice per year to review student outcomes and reflect their thoughts regarding the evaluation process.

With respect to the Extramural Program courses, two major activities have occurred to facilitate calibration of teaching styles and outcomes assessments. First, the Program has adopted a modified version of the FAMD grading form, which is helpful because it provides a description of what activities constitute "surpassed or met" expectations or "needs improvement." By having written examples for each category, the adjunct faculty at each site

can more uniformly grade the students. The second major activity is the hosting of conferences for the extramural site directors and associated adjunct faculty. These conferences provide an opportunity for the site directors to discuss similarities and differences among their sites, listen to presentations given by COD faculty (e.g. philosophy on caries removal and treatment within the Operative Department), and practice “mock” grading of students.

**VIII. What major issues face the department that may require change(s) to the predoctoral curriculum?**

An overriding issue facing the department is maintaining adequate faculty numbers to provide an adequate faculty:student ratio. PCD previously has utilized graduate students and a number of adjunct faculty to meet this challenge, but the number of available instructors often is inadequate, particularly with regard to beginning-level clinical education. For the D1 clinical courses (and to a lesser extent for the D2 clinical course), recruiting and retaining Adjunct faculty is an ongoing, annual challenge. If not enough faculty can be found, either the faculty: student ratio or the number of patient experiences per student would need to decrease. Finding qualified permanent or part-time faculty to teach in the Geriatrics and Special Needs clinic, and in particular the Geriatric Mobile Dental Unit, also has been a problem and continues to be a challenge. The establishment of the Geriatric and Special Needs Dentistry graduate certificate program has allowed the department to “grow its own” faculty to a limited extent, but the difficulties in finding adequate numbers of faculty remain.

Another issue that affects the D1 clinical course is that sometimes there is a lack of space in the 2<sup>nd</sup> floor Preventive / Operative clinic area – specifically because 40 student operatories (representing half the D1 class) are not available at the same time in the same clinical area. If permanent clinic space is not assigned, a great deal of faculty time is wasted making arrangements each year and the stigma associated with being perceived as a course of lesser importance will remain. (Additionally, there have been similar difficulties finding clinic space for Standardized Patient exercises in the D2 and D3 years.)

In addition to the challenges mentioned above, there often is a lack of sufficient time to upgrade learning activities, score assignments with meaningful feedback, secure time for professional development and networking, and calibrate examiners for outcomes assessment.

**IX. Describe curriculum changes that are a result from student feedback.**

Though student feedback to our department faculty in general has been consistently positive over the recent years, many changes have been made to address student concerns, including:

- D1 (Cunningham): More hands-on training experience in Axiom; more emphasis on specific clinical protocols guided by point-of-care feedback via use of a combination clinical worksheet / evaluation system.
- D1 (O'Toole): Standardized patient (SP) exercises in the Communication curriculum now are done with SPs instead of with peers to create a more realistic experience and to provide students with more immediate, realistic feedback; the first SP interview is "Initial Pt. Interview" (intro, rapport building, HHx review/update, providing appointment structure), while the second SP interview is a "Structured Interview for Information Gathering" which includes an assessment of a patient's risk for oral disease and tactics for modifying a negative oral health behavior.
- D2 (O'Toole): One SP experience moved from D3 Spring semester (where it had become redundant due to the amount of clinical experience students have at this point in their clinical rotations) to D2 Spring semester; D2 and D3 students now receive their SP records 1-2 days prior to the exercise so as to better simulate their actual clinical experiences.
- D3 (Hartshorn): Eliminated printed course notes in favor of PDF PowerPoint files and handouts online; streamlined presentations; outlined specific learning objectives for each presentation; incorporated Panopto presentations in place of structured class time; aligned content of lecture / reading material and exams; and ordered course content into a more logical sequence.
- D3 (Kozishek): Currently considering having students write up their own clinical ethics cases and presenting them to their peers for discussion and analysis, rather than using ethics cases created by others. This would be one way to respond to student feedback that the D3 course content is too similar to the D1 course.
- D4 Extramural rotations: Some sites dropped due to lack of patient experiences; some sites receive more students due to positive feedback; Exit Seminars start later in the morning; writing assignments modified.
- Other courses and curricula not mentioned specifically above have tweaked course materials, emphasis and content in response to student concerns to stay current, (which especially is important since our knowledge base is constantly changing, e.g., nutrition,

Affordable Care Act, fluoride recommendations / methods of application, antibiotic premedication guidelines); to link topics presented within courses together into domains with broader themes, culminating in expectations for group projects; and to extend deadlines and increase flexibility for major take-home assignments.

**X. Is the scope of the discipline-specific treatment procedures taught appropriate for a new graduate, general dentist? Include references for inclusion/modification/deletion relative to the current state of private practice, i.e. insurance data, etc.**

PCD does not teach many “discipline-specific” treatment procedures. That being said, CODA standards dictate that new graduates must be competent in health promotion, oral disease prevention and inter-personal communication – all of which are addressed by the D1 and D2 courses provided by PCD. It is here that students acquire the knowledge and clinical experience to incorporate a philosophy of preventive dentistry as the basis for long-term success and maintenance of patient and population oral health. Vertical and horizontal curricular integration with behavioral science courses, basic science courses, periodontics courses, cariology and restorative dentistry is essential to meeting these CODA standards as well as our own Collegiate Competencies within the scope of general dentistry. That being said: If dentistry truly wants to integrate with general medicine as opposed to becoming more isolated, we need to support linkages between the health-related disciplines – and nutrition is a perfect place to start. Our students receive only a minimal exposure to diet and nutrition from that perspective, yet we are one of only a few U.S. dental schools that has a full-time PhD nutritionist as a faculty member. Several PCD faculty have served as small group facilitators for the inter-collegiate Interprofessional Education (IPE) exercises, and oral – systemic disease connections could be used to benefit our students’ education.

The closest our department gets to “discipline-specific” treatment procedures is in our D3 and D4 Geriatric and Special Needs curriculum. As we all know, the demographic profile of the world is changing: In the U.S. it is estimated that by the year 2030, one of every five people will be at least 65 years old. Older adults present with diverse physical and clinical presentations ranging from independent to fully dependent and/or medically compromised (Levy N et al., J Dent Educ 2013;77(10):1270-85). The population is keeping its teeth longer, implying that an increasing number of elders who have maintained their teeth will now be at an increased risk for caries and periodontal disease, even in the face of progressing mental and/or physical

disabilities (Glassman P. J Calif Dent Assoc 2015;43:389-93). Many dentists do not feel adequately prepared to treat older adults, particularly the homebound or those living in long term care settings. While 91% of U.S. dental schools report management of elderly care is incorporated into the curriculum, only 73% report having specialty clinics to treat these patients – and in these schools, only 5% of students' clinical education is spent treating the elderly (Levy N et al., J Dent Educ 2013;77(10):1270-85). With respect to Iowa: nearly 16% of Iowans are age 65 or older (Iowa Data Center) and this age group is estimated to comprise 20% of the state's population by the year 2050 (Woods & Poole Economics, Inc.). Moreover, Iowa ranks third in the U.S. for the percent of the population age 85 years or older (U.S. Census).

Because approximately 75-80% of the state's dentists are UI graduates, educating our students about the geriatric population is quite important. Due to the clear need to provide clinical training for elderly populations into our curriculum, it is crucial that PCD provides didactic and clinical education in this area across the D3 and D4 years, and that our graduates have increased confidence and competence in treating elderly patients and populations. Further, the D3 and D4 courses in this area are rich in IPE experiences, with the didactic D3 course bringing in guest speakers with different areas of expertise (e.g., geriatrician, pharmacist) and the clinical D4 course incorporating IPE interactions both in nursing facilities and in the Geriatrics and Special Needs Clinic, where nurse practitioners and social workers are involved.

Finally, with respect to the Extramural rotations in general: The scope of treatment definitely is appropriate for a new graduate, as students are exposed to dental emergencies, scheduling challenges, working with dental assistants, various aspects of comprehensive dentistry, working with children, working with racially and ethnically diverse populations, and working with other traditionally underserved populations.

**XI. Include comments to indicate department efforts toward a prospective analysis of the predoctoral curriculum and list other changes under consideration that may require collegiate support.**

PCD's contribution to the pre-doctoral curriculum is substantial and as currently structured, serves the College and its domains and competencies well. Still, a review and analysis of the department's role in the overall pre-doctoral curriculum would be useful, as it would be for all departments in the College. Presumably some of this will happen in conjunction with



implementation of the new curriculum mapping module and during the College's self-study process for accreditation in 2018.

**XII. What resources directly related to curriculum management would facilitate your ability to fulfill the teaching mission? (*Time, space, faculty development, course support, etc.*)**

In answering this question we assume that its intent is "What ADDITIONAL resources are needed . . ." – so our response does not mention lecture halls, clinic space, IT and administrative support, and other resources that currently facilitate our teaching efforts.

- D1 Preventive Dentistry: For eight sessions in the Spring semester, all 80 students (i.e., 40 pairs of two students) need to be in clinic at the same time, yet the second floor PREV clinic does not have 40 chairs assigned for this purpose. To our knowledge this is the only collegiate clinical course that needs more chairs than are available in one site, and as a result Ms. Cunningham has had to devote an inordinate amount of time each year to finding a place for the unaccommodated students to be taught (with support from Dr. Kanellis). In the past two years, five D1 student pairs were assigned to the Grad Operative units and four D1 student pairs were assigned to units in a separate clinic (PEDO, FGP or SPEC) to accommodate all D1 students for these nine sessions. This clinic space arrangement makes the D1 Preventive Dentistry experience especially challenging from several perspectives, including dispensary, supplies and faculty supervision. Most importantly, this is a "permanent", on-going curricular / clinic space issue. Ms. Cunningham has sought opinions / options from many faculty and administrators, but the Curriculum Committee or Associate Dean for Education might need to consider other curricular options in this new year-to-year saga. For example, if the D3 didactic Spring courses could switch from Tuesday afternoons to Thursday afternoons, then the D1 Spring course (PCD:8118) could use the entire clinic space vacated by D3 Operative students on Tuesday afternoons, thus allowing all D1 students to be together in the same clinic space at the same time on nine Tuesday afternoons in Spring semester – IF all of the current D1 Tuesday afternoon classes could move to Thursday afternoons in Spring semester. The bottom line is that we are requesting that Collegiate Administration decide on a permanently assigned space for all students in the D1 Preventive Dentistry course for the nine Spring semester sessions for which all students use the operatories at the same time.
- D1 Preventive Dentistry: This course requires a large number of faculty for select half-day sessions where half of the D1 class (40 students) is in clinic at one time, and high



faculty:student ratios are essential. While the department routinely utilizes its graduate students and nearly all available dentist and dental hygienist faculty members, having an adequate number of instructors depends on recruitment of 4-6 outside dental hygienist Adjunct faculty. Unfortunately, the rates paid by the COD are not competitive with what most dental hygienists earn in private practice. While this statement also is true for Adjunct faculty dentists, dental hygienists often are in a different financial or life position (e.g., child care, not retired, not phasing out of practice or financially supported by an associate), hence it likely is even more difficult to recruit and retain dental hygiene Adjunct faculty than it is to do that for Adjunct dental faculty. Support for recruiting, retaining and paying adjunct faculty for D1 Preventive Dentistry is essential for this aspect of the D1 curriculum to continue.

- D1 Preventive Dentistry: Continued support also is essential from Clinic Administration and IT staff for Axium training; and from dispensary staff and clinic clerks for all student learning experiences in the clinical setting.
- Communications Curriculum: Support would be welcomed for projects designed to reduce disparities in care for underserved populations (e.g., inclusion of the Poverty Simulation in the pre-doctoral curriculum, development of a program fostering long-term student relationships and advocacy for Title XIX or DWP patients).
- D3 Introduction to Geriatric Dentistry: This course currently is a 2-credit hour course with 1 hour of classroom lecture and one hour of outside assignments each week. Currently, lectures are 50 minutes. Dr. Hartshorn and Dr. Marchini would like to increase the length of lectures by 15 minutes. This would improve both the way information is presented during lecture and the faculty's ability to review weekly assignments with students.
- Extramural Program: One of the biggest time management issues is scheduling and assigning the students to their extramural rotations. Currently this operation involves Lori Kayser, Gina Pottorff and Dr. McQuistan. It would be extremely beneficial to have a scheduling software program that automates this process.
- Extramural Program: With the current course evaluation system, Dr. McQuistan has to create or duplicate a survey for every site after every rotation, then manually enter all email addresses for the students before sending them the course evaluation, meaning 80 students x 2 rotations = 160 email addresses that have to be entered. Needless to say this is very time intensive. A different course evaluation system and/or administrative help to create and distribute the course evaluations would be welcome.
- Extramural Program: It is important to have conferences with the Extramural site directors at least every other year to review faculty calibration, update curriculum, and maintain "good will" with sites. It is also important for Dr. McQuistan to visit the sites and to meet new site

directors if they change. Dr. McQuistan has not been to any of the IHS sites outside of Iowa or to any of the international sites. There also are at least two sites in Iowa for which a visit is required due to being new sites or having new directors, and there is the potential for new sites in Cedar Rapids, at the Iowa City VA, and in Ames – all of which would require visits.

- Extramural Program: It has been very helpful to have course support from IT with an “extramural website” that is used by faculty for online grading and for students to document their procedures (patient logs), community activities, and extramural preferences. Gina Pottorff has been extremely helpful in providing administrative support by maintaining communication with the sites and students, and by helping set up the extramural conference.
- All courses: Staff to help with course development and ICON / CANVAS.
- All courses: Problems with the student course evaluation system (e.g., low response, redundancy, inaccuracy) has led mostly to feedback that is neither representative nor helpful, though some has been. If the student course evaluation system cannot be improved, other evaluation methods will need to be explored OR faculty will need to lower our standards for what we perceive as acceptable feedback – and doing that translates into potentially not making changes that otherwise could improve the learning experience for our students.
- Part-time faculty: Dedicated, individual work space that does not need to be shared.

Department Curriculum Review:

Department of Preventive and Community Dentistry (PCD)

Course Reviews as completed by PCD Faculty

Course No.	Course Title	Course Director
PCD 8116	Fundamentals of Clinical Dentistry	Cunningham
PCD 8117	Cariology and Preventive Therapies	Levy
PCD 8118	Preventive Dentistry Assessment & Patient Care	Cunningham
PCD 8119	Behavioral Science I & Ethics	O'Toole/Kozishek
PCD 8120	Foundations of Critical Thinking I	Marshall
PCD 8245	Clinical Preventive Dentistry	Warren
PCD 8218	Foundation of Critical Thinking II	Marshall
PCD 8219	Behavioral Science II & IPE	O'Toole
PCD 8360	The Practice of Dentistry in the Community I	McKernan
PCD 8361	The Practice of Dentistry in the Community II	Caplan
PCD 8355	Introduction to Geriatric Dentistry	Hartshorn
PCD 8319	Behavioral Science III	O'Toole
PCD 8485	Broadlawns Medical Center (representative of all Extramural Programs)	McQuistan
PCD 8489	Geriatrics and Special Needs Program	Cowen

10/31/2016

Department: Preventive & Community Dentistry

Course: PCD 8116 Fundamentals of Clinical Dentistry

Course Director: Marsha Cunningham

I. Summarize Student Evaluations (past 2-3 years)		
<b>Clinic – PCD:8116</b>	<b>Fall 2014 Response rate = 64% (51/80)</b>	<b>Fall 2015 Response rate = 49% (39/80)</b>
1- I knew what was expected of me during clinical sessions.	90 % SA* or Agree	92 % SA or Agree
2- My clinical performance was fairly evaluated.	92 % SA or Agree	87 % SA or Agree
3- My clinical confidence was enhanced by participation in this course.	96 % SA or Agree	92 % SA or Agree
4- There were sufficient appropriate patients to complete clinical expectations.	92 % SA or Agree	90 % SA or Agree
<b>Lecture – PCD:8116</b>	<b>Fall 2014 Response rate = 57% (46/80)</b>	<b>Fall 2015 Response rate = 28% (23/80)</b>
1- Course objectives were clear.	91% SA or Agree	96 % SA or Agree
2- Overall, the course was well organized.	87% SA or Agree	91 % SA or Agree
3- I understand the relevance of this course material to my future professional activities.	98 % SA or Agree	95 % SA or Agree
4- Examinations fairly assessed my knowledge of the material presented in lectures & reading assignments.	87 % SA or Agree	83 % SA or Agree

\*SA = Strongly agree

II. Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
<p>This D1 first semester course builds on concurrent courses ( PCD:8117 – Cariology &amp; Preventive Therapies and D1 didactic Perio (PERI:8120) &amp; Behavioral Science I &amp; Ethics (PCD:8119)) .</p> <p>Fundamentals of Clinical Dentistry provides the framework to transition D1 students from recipients of dental care to <b>providers of dental care</b> through a series of guided self-assessments (Self-assessment of plaque/mechanical plaque removal and Self-assessment of nutrition). Students then complete the plaque assessments with peer patients as their first clinical session in this course in early January. Students also complete the nutritional assessment with peer patients and then non-peer patients in subsequent courses in the first year (PCD:8118) and 2<sup>nd</sup> year in PCD:8245 – Clinical Preventive Dentistry, followed by patient nutritional assessments in the D3 Perio block.</p>

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
	Due to the shortage of clinic space in the new Preventive/Operative clinic & shortage of faculty, the class is divided in thirds for their first clinical experiences in this course. ( see explanation below in Section IV)
IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
	<p>We have compared course content across the curriculum in the “old” curriculum database (2015) to help identify redundancies or missing content &amp; we have entered all D1 course data into the new database ( summer 2016). The Course Director meets annually with faculty in Operative Dentistry &amp; Periodontics to coordinate content updates.</p> <p>For example, Dr Kolker provides “clinical caries consultations” for 3 clinical sessions in PCD:8116 when D1 students are charting existing restorations in peer patients in January. This clinical experience is coordinated with Dr Kolker’s caries categorization lecture in Cariology (PCD:8117). One-third of the class is clinician on each of 3 January dates, while the one third is the patient &amp; other third is observing D4 communication skills as part of Ms O’Toole’s D1 Behavioral Science &amp; Communication course. This one-third per session arrangement works well &amp; it is now necessitated by the shortage of clinic space for D1s in the new combined Preventive/Operative clinic and shortage of faculty to cover the clinic at 4:1 ratio.</p> <p>The didactic portion of this course is team-taught, with experts in other Departments delivering content, such as Dr Timmons’ lecture on “Disinfection in the Dental clinic”, Ms Slach’s lecture on “Tobacco Cessation &amp; Referral” and Professor Baker’s lectures on “Dentifrice ingredients” and “Antibiotic premedication” to prepare the D1 students for their first clinical experiences with peer patients in D1 Preventive clinic in early January.</p>
V.	Are there hours allocated to this course that can be reduced?
	No, it is already a 1 credit hour course and it should be a 2 credit hours course based on contact time.
VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
	<p><b>PCD:8116 – Fundamentals of Clinical Dentistry</b></p> <ol style="list-style-type: none"> <li>1. Critical thinking (1.1, 1.2, 1.3)</li> <li>2. Professionalism (2.1, 2.2)</li> <li>3. Communication &amp; Interpersonal skills (3.1, 3.2, 3.3)</li> <li>4. Health Promotion (4.1, 4.2)</li> <li>5. Practice Management &amp; Informatics (5.1, 5.3, 5.6)</li> <li>6A. Patient Care/Assessment (6.1, 6.2, 6.3, 6.5)</li> <li>6B. Patient Care/Establishment &amp; Maintenance of oral health (6.7, 6.10, 6.11)</li> </ol> <p>(see curriculum database)</p>

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10/26/16

Department: Preventive & Community Dentistry

Course: PCD 8117 Cariology and Preventive Therapies

Course Director: Steven Levy

I.	Summarize Student Evaluations (past 2-3 years)
Mostly favorable. Some complained that it was hard to be in lecture 4 straight hours (often 2 with us and 2 with other classes). Some said exam questions to "picky".	

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
Does not really build on others. Incorporates introduction to microbiology since most had not taken micro. previously. Basic knowledge of Caries etiology and prevention is used beginning in winter/spring in Operative and Preventive courses – and in clinic starting in May.	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
None currently. Would be nice if could avoid 4 hour lecture sequences.	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
None we are aware of or planning.	

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V. Are there hours allocated to this course that can be reduced?
No – we believe we are needing and using all the time well.

VI. Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
1.2 6.1 1.3 6.2 4.1 6.6 4.2 6.11



10/31/2016

Department: Preventive & Community Dentistry

Course: PCD 8118 Preventive Dentistry Assessment & Patient Care

Course Director: Marsha Cunningham

I. Summarize Student Evaluations (past 2-3 years)		
<b>Clinic – PCD:8118</b>	<b>Spring 2014 Response rate = 94% (75/80)</b>	<b>Spring 2015 Response rate = 81% (65/80)</b>
1- I knew what was expected of me during clinical sessions.	97 % SA* or Agree	97 % SA or Agree
2- My clinical performance was fairly evaluated.	94 % SA or Agree	95 % SA or Agree
3- My clinical confidence was enhanced by participation in this course.	99 % SA or Agree	98 % SA or Agree
4- There were sufficient appropriate patients to complete clinical expectations.	98 % SA or Agree	97 % SA or Agree
<b>Lecture – PCD:8118</b>	<b>Spring 2014 Response rate = 95% (/80)</b>	<b>Spring 2015 Response rate = 81% (65/80)</b>
1- Course objectives were clear.	96 % SA or Agree	98 % SA or Agree
2- Overall, the course was well organized.	91 % SA or Agree	96 % SA or Agree
3- I understand the relevance of this course material to my future professional activities.	99 % SA or Agree	100% SA or Agree
4- Examinations fairly assessed my knowledge of the material presented in lectures & reading assignments.	89 % SA or Agree	95 % SA or Agree
*SA = Strongly agree		
<b>PCD:8118 Sprg 2016</b>	<b>Clinic &amp; Lecture @ 3/80 = 3.75 % response rate ( No reliable data obtained)</b>	

II.	<p>Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.</p> <p>This D1 course builds on PCD:8116 - Fundamentals of Clinical Dentistry, Cariology (PCD:8117), and didactic D1 Perio course, providing the FIRST clinical experiences in the predoc curriculum with peer patients &amp; non-peer patients. These D1 clinical experiences provide the foundation in clinical disinfection protocol/OSHA, Axium ( health history update, progress notes, posting codes &amp; fees), HIPAA, basic patient assessment ( soft tissue &amp; probing), caries risk assessment, patient education, communication skills, clinician ergonomics, detection &amp; removal of calculus, and application of topical fluoride therapies.</p> <p>Caries risk assessment is introduced in PCD:8117 – Cariology &amp; Preventive Therapies and PCD:8118, then applied in clinic, first with peer patients, then with non-peer patients in this D1 course (Preventive Dentistry Assessment &amp; Patient Care). These caries risk assessment experiences provide the foundation for subsequent courses such as D2 Preventive Dentistry, Minor Operative &amp; D3 Operative clinics. Caries risk assessments are completed or updated with every patient encounter in D2 Preventive clinic, D2 Minor Operative clinic (&amp; confirmed/reinforced with D2 peer record audits) and in D3 Operative clinic and D3 Oral Diagnosis clinic.</p>
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III.	<p>What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?</p> <p>The D1 Preventive courses involve the only clinics in DSB that teach all 80 students at the same time, so it is difficult to recruit &amp; retain enough faculty &amp; clinic space for this endeavor. Even after the completion of DSB construction, all 80 students can not fit into the D1 Preventive clinic. During construction, this has required the D1 Preventive clinic to operate on 13 Thursday evenings. In the past year ( post-construction), 5 D1 students must be assigned to use the Grad Operative units and 8 D1 students must be assigned to use 4 units in a separate clinic, in order to accommodate the D3 Operative student clinic. (In spring 2017, one of the 9 D1 clinic sessions can be accommodated in D3 Operative clinic due to the D3s being assigned to Project Seal, but funding is not guaranteed for Project Seal in future years.)</p> <p>In the past year (spring 2016), we have worked with Dr Mike Kanellis to experiment with placing those 8 D1s in the Faculty General Practice and/or Pedo clinic for 9 sessions. Different D1s are “annexed” for each of 9 sessions to avoid the feelings of isolation. This spring (2017), those 8 “annexed” D1s will be located in the Geriatric &amp; Special Needs Clinic (GSNC), with permission from Dr Howard Cowen. We will need to re-evaluate this arrangement for the following year (spring 2018).</p> <p>This clinic space “shared” arrangement makes the D1 Preventive Dentistry experience especially challenging from several perspectives: Dispensary, supplies &amp; faculty supervision. More importantly, this is a “permanent”, on-going curricular/clinic space issue. The Course Director has sought opinions/options from many faculty and administrators, but the Curriculum committee or Associate Dean for Education might need to consider other <b>curricular</b> options in this new year-to-year saga. For example, if the D3 didactic spring courses could move from Tuesday afternoons to Thursday afternoons and all of the D1 Tues afternoon spring classes could move to Thursday afternoons for 9 sessions in spring semester (essentially “trading days” with PCD:8118), then the D1s could use the clinic space vacated by D3 Operative students on 9 Tuesday afternoons in spring semester.</p> <p>These kinds of creative curricular solutions to this problem would allow all 80 D1 students to fit into one clinic space on the 9 Thursday afternoons when this course is scheduled. This would eliminate the need to “borrow” clinic space from other clinics. The addition of 4 international students to the D3 clinic spaces in 2017-18 will add to this shortage of clinic space on 8 or 9*</p>
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specific Thursday afternoons in spring semester. (\*depends if D3s are in Project Seal in future years on any of the dates when D1s are scheduled in PCD:8118).

In addition, support for recruiting, retaining & paying adjunct faculty for D1 Preventive clinic is essential for this aspect of the D1 curriculum to continue. Continued support from Clinical Administration staff (i.e., Joan Welsh-Grabin, Chuck McBrearty, Jerry Gehling) is essential for D1 Axiom training. Continued support from Dispensary staff & clinic clerks, is necessary to allow D1 students to participate in the clinical setting.

IV. Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?

Yes, all D1 students provide caries risk assessment for every Preventive patient that they see in PCD:8118 and we consider that a planned redundancy with high educational value to meet the standard of care. Students are also scheduled to repeat the disinfection protocol, health history update, patient assessment, patient education/oral hygiene instruction, probing, calculus detection & removal, polishing teeth, applying fluoride therapies for 2 Preventive recall or new patients in PCD:8118. These planned redundancies serve to reinforce newly acquired skills and of course each patient brings different characteristics, issues, problems & dilemmas to the clinical setting for the student to grow professionally.

We have compared course content across the curriculum in the "old" curriculum database (2015) to help identify redundancies or missing content & we have entered all D1 course data into the new database (summer 2016). The Course Director meets annually with faculty in Operative Dentistry & Periodontics to coordinate updates (i.e., new probes, curets & diamond cards introduced in 2016 in Perio/Prev). We are also working with Operative faculty & IT staff to add caries risk assessment to the red ERR reminder box in Axiom, in addition to health history/ medications, etc).

The didactic portion of this course is team-taught, with experts in other Departments delivering content, such as Dr Hellstein's lecture on "Oral exam technique & common oral lesions" and Professor Baker presenting lectures on "OTC oral rinses" to prepare the D1 students for their first clinical experiences with peer patients & non-peer patients in D1 Preventive clinic.

V. Are there hours allocated to this course that can be reduced?

NO, we would like to ADD more Preventive clinical experiences at the end of the D1 year, especially for those students who have "no-show" patients in June, so that all D1 students see a minimum of 2 non-peer/Collegiate recall patients or new patients -- to deliver preventive services before their 9 week summer vacation. However, the academic calendar, shortage of clinical space, shortage of patients and shortage of clinical faculty -- all preclude a minimum of 2 Preventive patient experiences for all D1 students in PCD:8118.

VI. Which of the *Iowa Collegiate Competencies & Domains* does this course address?

**PCD:8118 – Preventive Dentistry Assessment & Patient Care**

1. Critical Thinking ( 1.1, 1.2, 1.3)
2. Professionalism ( 2.1, 2.2)
3. Communication & Interpersonal skills (3.1, 3.2, 3.3)
4. Health Promotion (4.1, 4.2)
5. Practice Management & Informatics (5.1, 5.3, 5.6)
- 6A. Patient Care / Assessment (6.1, 6.2, 6.3, 6.5)
- 6B. Patient Care / Establishment & maintenance of oral health (6.7, 6.10, 6.11)

(see Curriculum database)

10/24/2016

Department: Preventive & Community Dentistry

Course: PCD: 8119: 0800

Course Director: Cindy O'Toole

I.	Summarize Student Evaluations (past 2-3 years)
I have had some evaluations as a part of Experiential Learning but no formal evaluations for just this course	

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
This course is more foundational and introduces the essential components of patient-centered care, what behaviors or values are valued by patients, and the interpersonal and professional communication skills that are important when establishing relationships and treating patients.	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
I plan to put the D-1 standardized patient records (which are very simple) on Axlum for the 2 interviews that students have in April and May.	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
I do not believe there are many redundancies since my role is applying knowledge to practice in patient care.	

V.	Are there hours allocated to this course that can be reduced?
In my opinion, no.	

VI. Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
This addresses the domain of Communication and Interpersonal Skills

1/25/2017

Department: Preventive & Community Dentistry

Course: PCD 8120 Foundations of Critical Thinking 1

Course Director: Teresa Marshall

I.	Summarize Student Evaluations (past 2-3 years)
Not available	

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
<b>D1 course provides foundation for:</b> <ol style="list-style-type: none"> <li>1. Critiquing on-line sources of information.</li> <li>2. Searching for and critiquing scientific literature</li> <li>3. Summarizing scientific literature.</li> <li>4. Understanding experimental designs.</li> <li>5. Introducing concepts associated with critical thinking.</li> <li>6. Working with peers in a team based environment.</li> <li>7. Introducing concepts of treatment planning.</li> </ol>	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
None.	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
<b>Yes, the D1 year provides a foundation that is built upon in the D2 and D3 years. Thus elementary information is provided with more in-depth content provided later consistent with student growth in clinical knowledge and skills.</b>	

V.	Are there hours allocated to this course that can be reduced?
No.	

VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
<b>Critical Thinking': 1.1; 1.2; 1.3.</b>	



1/25/2017

Department: Preventive & Community Dentistry

Course: PCD 8218; Foundations of Critical Thinking II

Course Director: Teresa Marshall

I.	Summarize Student Evaluations (past 2-3 years)
Not available	

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
The D2 course builds upon the D1 year by exposing students to resources for practicing evidence based dentistry (EBD), exposing the student to professional perspectives relative to EBD, providing opportunities to practice the 5-step EBD process and Critical Thinking and elaborating on principles of treatment planning.	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
None.	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
Yes, the D2 year builds upon the D1 foundation leading to clinical integration of EBD, critical thinking and treatment planning concepts in the D3 year.	

V.	Are there hours allocated to this course that can be reduced?
No.	

VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
Critical Thinking': 1.1; 1.2; 1.3.	



10/24/2016

Department: Preventive & Community Dentistry

Course: PCD: 8219: 0800

Course Director: Cindy O'Toole

I.	Summarize Student Evaluations (past 2-3 years)
I have had some evaluations as a part of Experiential Learning but no formal evaluations for just this course	

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
This course builds on the D-1 course, introduces important concepts and determinants of health such as cultural competency factors and the barriers they present, oral health literacy, the application of behavioral science theories in dentistry, message tailoring, important principles to recognize and consider in affecting behavior change with patients	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
I plan to offer more relevant resources in reading materials/articles to supplement student understanding of course content or its application	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
I do not believe there are many redundancies since my role is applying knowledge to practice in patient care.	

V.	Are there hours allocated to this course that can be reduced?
In my opinion, no.	

VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
This addresses the domain of Communication and Interpersonal Skills	

Department: Preventive & Community Dentistry

Course: PCD 8245 Clinical Preventive Dentistry (all year)

Course Director: John Warren

I.	Summarize Student Evaluations (past 2-3 years)
The student evaluations have been positive each year, and the students appreciate the experience and the willingness of the course instructors to help them learn.	
II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
This course builds directly on the courses "Fundamentals of Clinical Dentistry" (PCD:8116), and "Preventive Dentistry Assessment and Patient Care" (PCD:8118) and provides patient experience in routine patient assessment and prophylaxis. Specifically, the course utilizes the skills of periodontal probing, calculus detection and scaling that students have obtained in these previous courses and provides experiences to utilize these skills. The course is a foundation for future clinical care in the Periodontics rotation and Family Dentistry.	
III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
None, although it is a challenge to coordinate/create a workable schedule with the other D-2 level clinical courses (minor operative dentistry, oral radiology).	
IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?

Yes – the course builds upon the skills learned in earlier courses, “Fundamentals of Clinical Dentistry” (PCD:8116), and “Preventive Dentistry Assessment and Patient Care” (PCD:8118), in that there is little new material presented, but this course provides much needed additional experiences in patient care. So, in a sense it is redundant, but without this course, the students would not have the necessary combination of skills and experience to succeed in the 3<sup>rd</sup> year clerkships (particularly Periodontics)

V. Are there hours allocated to this course that can be reduced?

No

VI. Which of the *Iowa Collegiate Competencies & Domains* does this course address?

- 4.1 – Provide prevention, intervention, and educational strategies
- 6.1. – Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients
- 6.3. – Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients
- 6.10 – Prevent, diagnose, and manage periodontal diseases
- 6.11 – Prevent, diagnose, and manage caries disease

10/24/2016

Department: Preventive & Community Dentistry

Course: PCD: 8319: 0800

Course Director: Cindy O'Toole

I.	Summarize Student Evaluations (past 2-3 years)
I ask the students for input on suggestions to improve the standardized patient exercise.	

II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
This course assesses the students' communication skill sets, effective and appropriate use of behavioral science principles, and their ability to effectively explain treatment options to patients without jargon when providing optimal patient-centered care in our clinics	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
Unsure at this time, fairly certain we will be implementing a "Poverty Simulation" as a part of D-3 Orientation this fall to enhance the empathy and awareness of students for the struggles that affect the daily lives of many of our patients.	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
I do not believe there are many redundancies since my role is applying knowledge to practice in patient care.	

V.	Are there hours allocated to this course that can be reduced?
In my opinion, no.	

VI. Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
This addresses the domain of Communication and Interpersonal Skills



10/24/2016

Department: Preventive & Community Dentistry

Course: DENT 8355 Introduction to Geriatric Dentistry

Course Director: Jennifer Hartshorn & Leo Marchini

I. Summarize Student Evaluations (past 2-3 years)
Students don't want to pay for course packs. Lectures run too long making students late for clinic. Students don't want to spend money on a textbook. Shortening Midterm exam to be easier to complete in time allotted. Test questions were to specific instead of testing on key points of lectures. Good lecturers Effective hands on activities. Case Presentations were very helpful to understanding treatment planning.
II. Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
The didactic courses in the first and second year curriculum are essential foundational knowledge for the dental students to have prior to taking the Introduction to Geriatric Dentistry Course. This course also incorporates and builds on the knowledge of all dental specialties and rotations found in the third year block system in relation to the geriatric dental patient. Then the knowledge gained in this course is then directly used in the 4 <sup>th</sup> year Geriatric and Special Needs Rotation.
III. What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
We have eliminated the course packs for students and eliminated the required purchase of a textbook. We have made an effort to streamline the information presented in lectures and re-evaluate the test questions to focus on the take away points that we want students to remember. We currently in the middle of lectures right now. We will re-evaluate after this semester pending feedback from class evaluations.

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
Yes – We touch base on many different specialties while bringing the information together in the context of an elderly patient instead of an ideal patient. This is an interdisciplinary course so we test on materials which are present in other courses which provides a good review for the complex elderly patients. Ex. Antibiotic premedication (important in the elderly populations) which inevitably some students still don't fully understand and need the review. Within the last two years, we have tried to organize the information presented in lectures to eliminate redundancies and make better use of our lecture time.	

V.	Are there hours allocated to this course that can be reduced?
No – This is a 2 hour lecture course. One hour for lecture and 1 hour for assignments and readings outside of class. If anything, we would request an additional 15 minutes be added to the weekly lecture.	

VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
<p><u>Primarily</u>  6.1 Manage the oral health care of the infant, child, adolescent, and adult as well as the unique needs of geriatric and special needs patients.</p> <p><u>Secondary</u> – the course touches upon these aspects in relation to the geriatric dental patient either through concepts taught in lecture or through case history assignments.  1.2 Utilize Critical Thinking and Problem solving skills  3.3 Communicate effectively with individuals from diverse populations  4.1 Provide prevention, intervention, and educational strategies  4.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings  6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients</p>	

10/24/2016

Department: Preventive & Community Dentistry

Course: PCD 8360 The Practice of Dentistry in the Community I

Course Director: Susan McKernan

I.	Summarize Student Evaluations (past 2-3 years)
<p>Course content is well-organized and students enjoy the various lecturers that this course brings in (e.g., forensic dentistry, state dental director).</p> <p>Group project receives consistently enthusiastic reviews as an activity that provides good learning experience about how to implement community-based activities.</p> <p>Two comments from the Fall 2015 evaluations indicated that some midterm exam items were not relevant; however, this may be due to the fact that many long-standing exam items were replaced that year – largely due to changes in federal regulations and professional guidelines (i.e. revised water fluoridation recommendations).</p>	
II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
<p>This course is designed to provide information about the translation of research presented in previous courses (i.e. Cariology, Nutrition) into practice at the community level. It builds on the EBD skills gained in D1 and D2 years and requires students to apply this critical thinking to community-level issues. Content provides a foundation for the spring continuation of this course in PCD:8361.</p> <p>In this course, students are introduced to cultural competency concepts, which are also built on in PCD:8361 and beyond. Additionally, students receive additional instruction in health literacy and how to apply concepts in clinical practice.</p>	

III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
Specific course content is updated on an as-needed basis to include latest information from published reports and studies. Course assignments are modified as needed to reflect changes in student collegiate experiences (e.g., Project Sealed).	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
Course content is compared annually with individual instructors who provide streams of content throughout the curriculum. For example, Dr. Damiano provides lecture content about the US healthcare system and healthcare reform; we discuss annually to make sure that content is not duplicative with his lecture in PCD:8361 or other courses and is comprehensive.	

V.	Are there hours allocated to this course that can be reduced?
No	

VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
Domains: 1, 3, 4, 5, 6 Competencies: 1.1-1.3, 3.1, 3.2, 4.1-4.3, 5.2, 5.4, 5.6, 6.1, 6.2, 6.11,	

1/23/2017

Department: Preventive & Community Dentistry

Course: PCD 8360 The Practice of Dentistry in the Community II

**THIS COURSE IS CALLED PCD:8361. PLEASE CHANGE THE DROPDOWN BOX TO REFLECT THIS.**

Course Director: Dan Caplan

I.	Summarize Student Evaluations (past 2-3 years)
<ul style="list-style-type: none"><li>• Most common response has pretty much been 4 (out of 5) for most questions</li><li>• Students state that the course is well organized and covers topics that will be important to them in their practice of dentistry</li><li>• Students enjoy the mix of my lectures and bringing in guest lecturers</li><li>• Mixed reviews on the Community Analysis Project – some think it's good food for thought while others think it's a complete waste of time</li></ul>	
II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
<p>This course doesn't build on previous courses much at all. It's mostly about "Current Topics in Dentistry" and discusses financing, insurance, health policy, dental delivery systems, reimbursement mechanisms, malpractice, organized dentistry, role of the Iowa Dental Board, and many other topics that involve the practice of dentistry but don't involve putting your hands in people's mouths. That's part of the reason that lots of students appreciate the course as being "different" from what they're used to – because it is. It does provide a good basis for certain concepts that would be discussed in greater detail in the D4 Practice Management Course.</p>	
III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
<p>The course material is constantly being tweaked from year to year, mostly because of changes in the Affordable Care Act and how its presence, absence or modification will affect health and dental care provision in the U.S.</p>	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
	Course content is compared periodically with PCD:8360 and also with the D4 Practice Management course. I always ask students whether the topics I cover are covered by anyone else up to that point and the answer is always "no".

V.	Are there hours allocated to this course that can be reduced?
	Perhaps, maybe 2-3 out of the entire semester. I would be happy to review this idea with the Office for Education to see what might be modified.

VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
	Competencies: 2.1 (legal and regulatory concepts); 5.2 (models of oral health care delivery); others are touched on to some degree (mostly 5.3-5.6)
	Domains: Professionalism; Practice Management & Informatics

1/23/2017

Department: Preventive & Community Dentistry

Course: PCD 8485 Broadlawns Medical Center

Course Director: Michelle McQuistan

Note: The information below pertains to all extramural courses.

I.	Summarize Student Evaluations (past 2-3 years)
Overall, the course evaluations have been positive at the extramural sites. On occasion there are some negative reviews about specific faculty or specific sites, but these negative comments tend to vary each year by student with some students complaining about sites or faculty that other students love.	
II.	Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
The extramural program builds on multiple previous courses. For example, it utilizes all of the clinical courses because students provide preventive, restorative, surgery, prosthodontic, endodontic, and pediatric treatment. They also need an extensive understanding of oral pathology and pharmacology. Students apply knowledge pertaining to communication, health literacy, and cultural sensitivity when interacting with the diverse patients they are treating. They develop rational treatment plans based on their patients' needs and life situations.	
III.	What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
I am constantly assessing the sites to determine if they should be maintained or dropped and if new sites should be added. I conducted a conference with the extramural directors in October 2016. There was good attendance, and the attendees found it very beneficial. Additional conferences should be conducted in the future to help with calibration across sites and to keep the sites updated about the content that students are learning at the COD. I am working with Michelle Krupp and Dr. Garcia to implement a new course evaluation system since the current system necessitates entering all information manually. While the new system will still require manual entry and sorting, it will hopefully be somewhat better than the current system.	

IV.	Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
There are not any planned redundancies within the extramural program. The extramural program is one of the few places, other than Family Dentistry, where students have the opportunity to provide comprehensive care to patients. They also have the opportunity to provide emergency care.	

V.	Are there hours allocated to this course that can be reduced?
No. Five weeks of time is the minimum amount of time that allows students to get familiar with the site and patients. This provides students with time to experience the challenges of a new site/patient population and learn how to treat the patients efficiently and effectively at the site.	

VI.	Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
The following Collegiate Competencies are addressed in the Extramural Program: 1. Critical Thinking; 2. Professionalism; 3. Communication and Interpersonal Skills; 4. Health Promotion; 5. Practice Management and Informatics; 6. Patient Care-Assessment, Diagnosis, and Treatment Planning; and 7. Patient Care-Establishment and Maintenance of Oral Health.	



10/24/2016

Department: Preventive & Community Dentistry

Course: PCD 8489 Geriatrics and Special Needs Program

Course Director: Howard Cowen

I. Summarize Student Evaluations (past 2-3 years)
Student evaluations of the course have been excellent, with few exceptions. Most all students understand the complex treatment needs of these very vulnerable populations and appreciated the time spent treating them.
II. Describe how this course builds on previous courses, and/or how skills-knowledge-values are developed in this course provide foundation for subsequent courses.
The framework for understanding the complex needs of the Geriatric patient is presented in the D3 Introduction to Geriatric Dentistry course. Along with all their clinical courses during their D3 and D4 year, this course uses all the student's past knowledge, critical thinking skills and experience to develop rational treatment plans and provide comprehensive care to the intellectually, medically and physically compromised adult.
III. What changes/updates are planned, if any? Have you identified barriers that necessitate resolution with pending changes, e.g. schedule conflicts, resources?
The only update/addition to the program is the addition of an interprofessional practice association with a nurse practitioner from the College of Nursing who will be providing services to patients in concert with their oral health needs. This is a pilot project and as of now a designated private operatory has been assigned, but if the program becomes successful a new room outside the clinic might be needed.
IV. Are there any planned redundancies? Have you compared course content across curriculum to help identify redundancies or missing content?
There are no specific planned redundancies. The 4 scheduled seminars build on the information that was presented in the D3 didactic course.

V. Are there hours allocated to this course that can be reduced?
Absolutely not.

VI. Which of the <i>Iowa Collegiate Competencies &amp; Domains</i> does this course address?
<p>Critical Thinking: 1.1, 1.2, 1.3</p> <p>Professionalism: 2.1, 2.2</p> <p>Communication &amp; Interpersonal Skills: 3.1, 3.2, 3.3</p> <p>Health Promotion: 4.1, 4.2, 4.3</p> <p>Practice Management and Informatics: 5.1, 5.2, 5.3, 5.6</p> <p>Patient Care: 6.1, 6.2, 6.3, 6.4, 6.5, 6.6</p> <p>Patient Care Maintenance): 6.7, 6.8</p>

**Department of Preventive and Community Dentistry**  
**2017 Curriculum Review**  
**DEO: Danial Caplan DDS, PhD**

**Process:**

A departmental curriculum review report for the department of Preventive and Community Dentistry was received by the Peer Curriculum Review working group. Members of the working group include Dr. Brian J. Howe (chair), Dr. Darren Hoffmann, and Ms. Amanda Phan (DDS candidate 2019). The working group reviewed the report and submitted questions to DEO Dr. Danial Caplan. The questions, comments, and responses were used to form a summary document. Below is the culmination of that work

**Questions per Section:**

V and VI:

- Could you please expand on the horizontal and vertical integration with other courses in a table or other visual aid to help show the impact that PCD has on the curriculum as a whole?
- Are there mutually agreed upon boundaries for course topics/content across departments and D1-4?
- Is there evidence that the content provided in the PCD courses fulfills other departments' course base content needs?
- Why is PCD 8355: Introduction to Geriatric Dentistry distinct from the PCD curriculum sequence?
- How does the Ethics Module/course (PCD 8119) work with the ethics course taught in OPRM?
  - Could you please describe objectives of the ethics module?
  - Would it be beneficial to have ethics small groups in D4 to discuss cases they have experienced in a group setting?
  - Why is there a 1 hour review in D3?
- How does the practice management and informatics content integrate with the D4 practice management course?

VII:

- What narrative feedback is provided and do the students have access to the daily evaluations?
- What is the overarching goal for each faculty in regards to teaching in PCD 8118 and PCD 8245? Does each faculty teach based on their clinical experience and thoughts or are there specific techniques (calibrated techniques) that are taught?
- Calibration of teaching style for Geriatric/special care rotation- does this mean there is no calibration of grading since the teaching style is different?
- Can you please describe the process for calibration of faculty grading that is used in PCD?

XII:

- For Extramurals- what type of assistance, specifically, would Dr. McQuistan benefit from to help address her needs?
- What educational impact does splitting students in D1 Preventive Dentistry have on students in regards to learning objectives and learning environment?

# Preventive And Community Dentistry Curriculum Review

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## COMMITTEE MEMBERS:

DR. BRIAN J. HOWE

DR. DARREN HOFFMAN

MS. AMANDA PHAN (D19)



# Process

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Curriculum review report from Dr. Dan Caplan

Reviewed by sub-committee

- Developed questions for PCD based off of curriculum report

Questions sent to Dr. Caplan and answers received

Summarize report

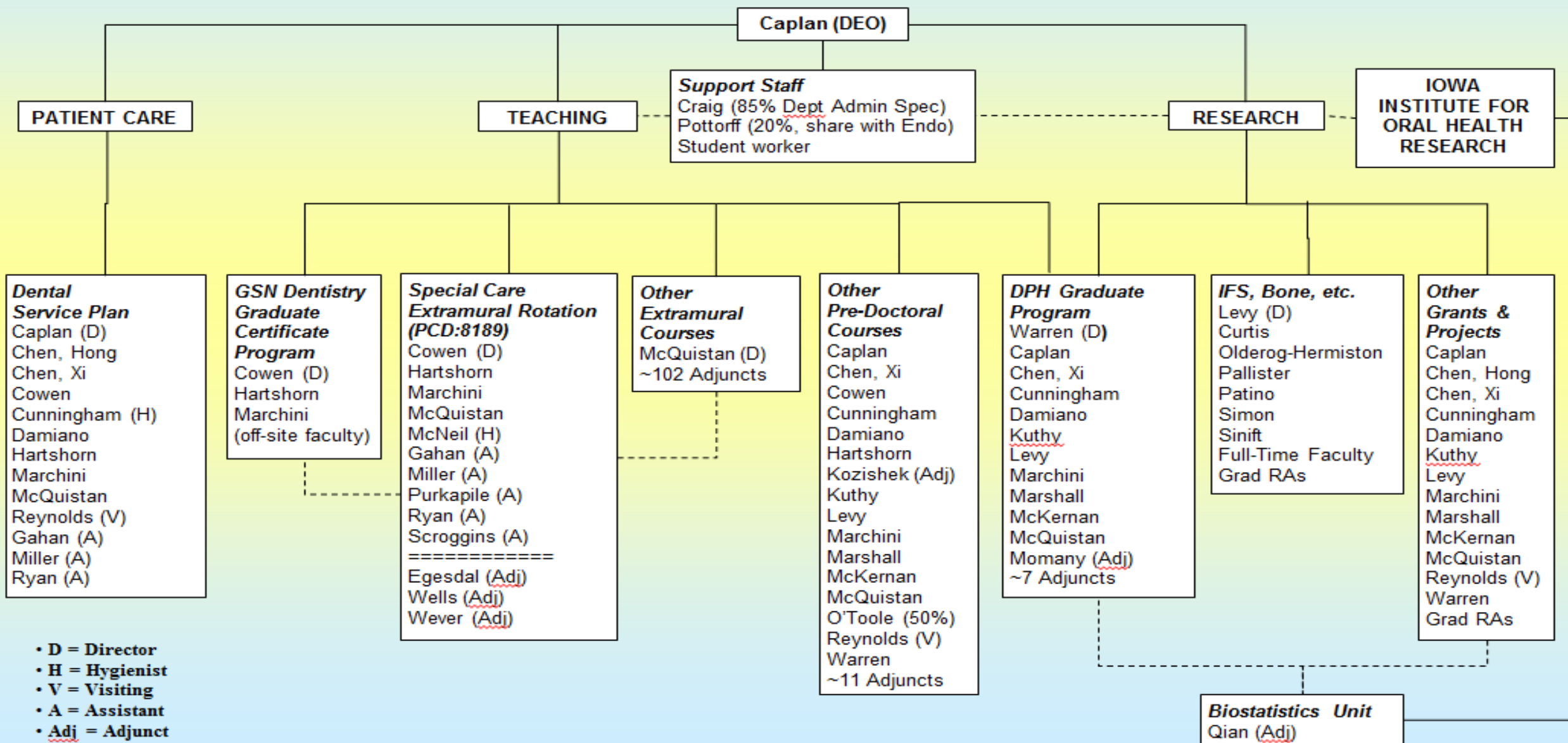
# Mission

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The Department of Preventive and Community Dentistry is an integral part of the curriculum at the College of Dentistry and helps students acquire the knowledge and clinical experience needed to incorporate a philosophy of preventive dentistry as the basis of long term success and maintenance of patient and population oral health.

# Department of Preventive and Community Dentistry

(updated 12/30/16)





Year	Course Number	(Some of the) Major Topics Introduced	Other Pre-Doctoral Courses That Depend on this Foundation
D1	PCD:8116	Infection control protocol HIPAA Axium health history, progress notes, charting (restorations, findings, perio)	All clinical courses in the D2-D4 curriculum
D1	PCD:8117	Caries (epidemiology, etiology, diagnosis, prevention)	All clinical courses in the D2-D4 curriculum
D1	PCD:8118	Patient assessment Blood pressure measurement Caries risk OHI Calculus removal FIRST patient experiences Axium codes and fees	All clinical courses in the D2-D4 curriculum
D1	PCD:8119	Fundamentals of communication (intro) ADA principles of ethics Standardized patients (intro)	All clinical courses in the D2-D4 curriculum D2 Communication D3 Communication D3 Ethics module (OPRM)
D1	PCD:8120	Evidence-based dentistry Critical thinking	D2 Foundations of CT D3 Applications of CT (OPRM) D4 Applications of CT (FAMD)
D2	PCD:8218	Evidence-based dentistry Critical thinking	D3 Applications of CT (OPRM) D4 Applications of CT (FAMD)
D2	PCD:8245	Patient assessment Provision of preventive services for recall and new patients	All clinical courses in the D3-D4 curriculum

Year	Course Number	(Some of the) Major Topics Introduced	Other Pre-Doctoral Courses That Depend on this Foundation
D3	PCD:8319	Standardized patients (advanced)	All clinical courses in the D4 curriculum
D3	PCD:8355	Socio-economic factors, physiology, pharmacotherapy of aging adults Rational treatment planning, clinical decision-making for geriatric patients Risk factors for Rapid Oral Health Deterioration Palliative / end-of-life dental care	D4 Family Dentistry D4 Extramural Rotations (specifically the Special Care Extramural Rotation)
D3	PCD:8360	Public health functions Dental public health Medicare / Medicaid (dental) Community water fluoridation (regulation and legislation) Public health nutrition Community program planning	All clinical courses in the D3-D4 curriculum PCD:8361
D3	PCD:8361	Health / dental insurance Health care delivery systems / terminology / reimbursement U.S. / international health care Access, quality, dental workforce Iowa Dental Board Organized Dentistry Malpractice	All clinical courses in the D3-D4 curriculum D4 Practice Management (FAMD)
D4	PCD:8485 - PCD:8496 (total of 10 Extramural Program courses)	Care for underserved populations	FAMD clinical courses

# Strengths

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- The department fulfills a vital role in providing information to students in the realms of Ethics, Practice management, Informatics, and Health Care Policy
- Research and community involvement
  - Local, State, and National
- Geriatrics and Special care clinic, mobile unit
- Masters in Public Health program

# Questions

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**What educational impact does splitting students in D1 Preventive Dentistry have on students in regards to learning objectives and learning environment?**

- Separating the D1 class into 3 different clinic spaces affects the learning environment because these 18 students (8 in the Geriatric and Special Needs Clinic and 10 in the Grad Operative units) are physically isolated from the rest of their class during these sessions.
- Faculty ability to monitor consistency among all 80 students is seriously compromised

# Questions

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## **Please describe the process for calibration of faculty grading that is used in PCD?**

- For the Preventive Dentistry clinical courses, calibration is achieved by emphasizing the same techniques and using the same evaluative criteria, which are described in a 9-page document and 4-page clinic worksheet.
- These documents are reviewed by all faculty teaching in both courses each year and we consult this document whenever there are questions about evaluating a student's clinical performance.
- Modified FAMD course evaluation form, which provides the same descriptions for “surpassed expectations”, “met expectations”, or “needs improvement” as FAMD.
- There is no uniform calibration of faculty for the specific daily items that are evaluated, but there are written criteria as to how each item should be evaluated.
- Faculty have a brief conference to discuss student performance prior to completing their “final evaluation”.

# Recommendations

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- With administration help, to integrate course content across D1-4 for coordinating information, resources- such as Ethics, Practice management, and Treatment planning
- Create a website for PCD 8360/61 (Practice of Dentistry in the Community I and II) as a resource for students, faculty, staff, and graduates to utilize. This could be coordinated with the Public Policy Center.
- Investigate solutions for the D1 Preventive Dentistry course so all 80 students or 2 groups of 40 can participate in one location.

# Recommendations

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- Administration support and critical evaluation of the Adjunct faculty model- This is a concern across many departments who are having difficulty retaining and recruiting adjunct faculty members.
- Utilize a current or develop/purchase a scheduling program that can be used for the Extramural program and/or enhance utilization of current administrative support staff for some functions.
- Develop video vignettes of clinical scenarios for faculty grading and calibration

# Thank You

QUESTIONS

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