

Advanced Education Committee	
AGENDA	
December 19, 2016	12:00-12:50 p.m. Deans Conference Room
Dr. Anne Williamson, Chair Dr. Matthew Geneser, Vice-Chair	Recorder: Ms. Lauren Moniot
Lunch will be served.	
Agenda Items	Responsible Individual
1. Approval of the November 28, 2016 Minutes	Williamson
2. Report "Referral Letters" : Predoctoral-Advanced Ed Residents Communications Process	Welsh-Grabin
3. CODA Documentation <i>commonalities</i> : <ul style="list-style-type: none"> Ethics & Professionalism Due Process 	Krupp
4. Graduate Student/Resident Due Process	Williamson
5. "M&M" Implant Conference	R. Williamson/Barwacz
6. Comments/Updates	Committee
7. Next Meeting: January 23, 2017	

Action Items			
Status	Action to be taken	Responsible	Due Date
Pending	WG: Industry Access Guidelines		
Pending	Centralized Administrative Support for All Advanced Education Programs	Garcia	On hold
Pending	INDBE – Field Testing 2016	Solow/Garcia	

Advanced Education Committee (2016-2017):

Anne E. Williamson, Chair
Veeratrishul Allareddy
Howard J. Cowen
Steven L. Fletcher
Matthew K. Geneser, Vice Chair
Sandra Guzman-Armstrong
Ryan W. Hill
Julie Holloway
Rodrigo Rocha Maia
Gustavo Avila-Ortiz
Thomas E. Southard
Sherry Timmons
John J. Warren

Ex Officio:
Brad A. Amendt, Associate Dean for Research
Lily T. Garcia, Associate Dean for Education
Catherine Solow, Associate Dean for Student Affairs
Joan T. Welsh-Grabin
Michelle M. Krupp, Director, Education Development
Marcella Hernandez, Chair International Committee

Advanced Education Committee Minutes – December 19, 2016

Members Present: Drs. Anne Williamson (Chair), Matthew Geneser (Vice-Chair), Steven Fletcher, Sandra Guzman-Armstrong, Ryan Hill, Julie Holloway, Sherry Timmons, Ms. Joan Welsh-Grabin, Ms. Michelle Krupp and Ms. Catherine Solow

Members Absent: Drs. Trishul Allareddy, Howard Cowen, Gustavo Avila Ortiz, Rodrigo Maia Rocha, Tom Southard, John Warren, Brad Amendt, Lily T. Garcia, Marcela Hernandez and Galen Schneider

Guests: Drs. Richard Williamson, Michael Kanellis and Ronald Elvers

Meeting called to order at 12:07pm.

- I. Approval of November 28, 2016 minutes - motion to approve the minutes passed.
- II. Report "Referral Letters" - Predoctoral-Advanced Ed Residents Communications Process– Ms. Joan Welsh-Grabin **SEE ATTACHMENT**
 - Tracking has been done to see if the loop has been closed during the referral process. Using forms in Axiom was the most straight forward way to do so. Referrals that remain internal are as simple as 2 tabs (referral to & from and for what type of procedure), if you know level of provider/ resident/ clerkship. At the end of the day, a work list will be sent to each department with their referrals. When a patient's appointment is done, whomever is dealing with that patient will put note into the system. Whoever needs to know information about this patient, will have a message notification that work has been done on the patient. A recommendation was given that this referral process is done college wide, not just advanced programs. The challenge becomes how to make these templated forms specialty specific. Some dental colleges have a tab for each department. Based on the director's response to what should be included in a referral, there will need to be more than 1 referral form, 1 for each tab. It was noted that consultations are not a part of this process and that this is for internal referrals only. This will make it easier to communicate between departments, students, residents, faculty and staff. Dr. Kanellis said there will be a mandatory training on the Axiom update.
- III. CODA Documentation commonalities– Ms. Michelle Krupp **SEE ATTACHMENT**
 - Ethics & Professionalism
 - o The all-resident Ethics & Professionalism session is scheduled during orientation on June 30, 2017 from 11:30am-1:00pm. All current residents will be required to attend this year, then incoming residents in subsequent years.
 - o On the handout, Ethics & Professionalism is highlighted in yellow.
 - Due Process
 - o On the handout, Due Process is highlighted in green.

ACTION ITEM: Directors should bring any information to the group if you see a commonality within the standards that could be used by every program.
- IV. Graduate Student/ Resident Due Process– Dr. A. Williamson **SEE ATTACHMENT**
 - Dr. Williamson, with the help of Dean Solow, developed a protocol that all programs can use during resident conflicts. The steps on how to take care of a problem in a timely manner are crucial for equality and documentation. DOCUMENTATION, DOCUMENTATION, DOCUMENTATION is so important when dealing with conflicts with students, faculty and staff. It is very important that

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no alteration are made to documentation after it has been finalized. All calls, emails, face to face, etc. communications must be documented in order for it to act as evidence. It is important that the process is followed and documented.

- Issues with resident's knowledge was also discussed. Performance on oral exams can be subjective. It is important to provide residents with grading criteria and expectations in the course syllabi.

V. "M&M" Implant Conference- Drs. R. Williamson and Barwacz

- Dr. Rick Williamson said the main goal of the M&M Conference would be to get residents and students to communicate more efficiently and learn from each other without placing blame or causing friction among specialties. Choosing a time when residents/specialties and students on the cases can get together will be challenging. Ideas include:
 - i. Predoctoral students- have 1 on 1 time.
 - ii. Postdoctoral students- present cases to discuss any health or surgical concerns, discuss the patient restoratively and request a particular implant. This is also a time to find out who provider is and who the surgeon will be for each case.
 - iii. Meeting 1 time every 3 months is a possibility. It is very unpredictable to get all schedules on track, so this may be a desirable option.
 - iv. Meeting 1 time a month where 1 surgeon, PROS, and PERIO meets with a group of students to present all the cases they have received in a certain time period. Select specific cases and present it anonymously, as to not embarrass any students.
- Pilot the program first to see if it will create a positive learning environment for all involved. The end result is to enhance the learning process of residents, students and surgeons.

II. Comments/Updates – Committee

- Ms. Joan Welsh- Grabin is trying to follow ORDN's lead on getting documentation in to Axiom. She is also trying to tighten up access in Axiom.

Next Meeting: January 23, 2017

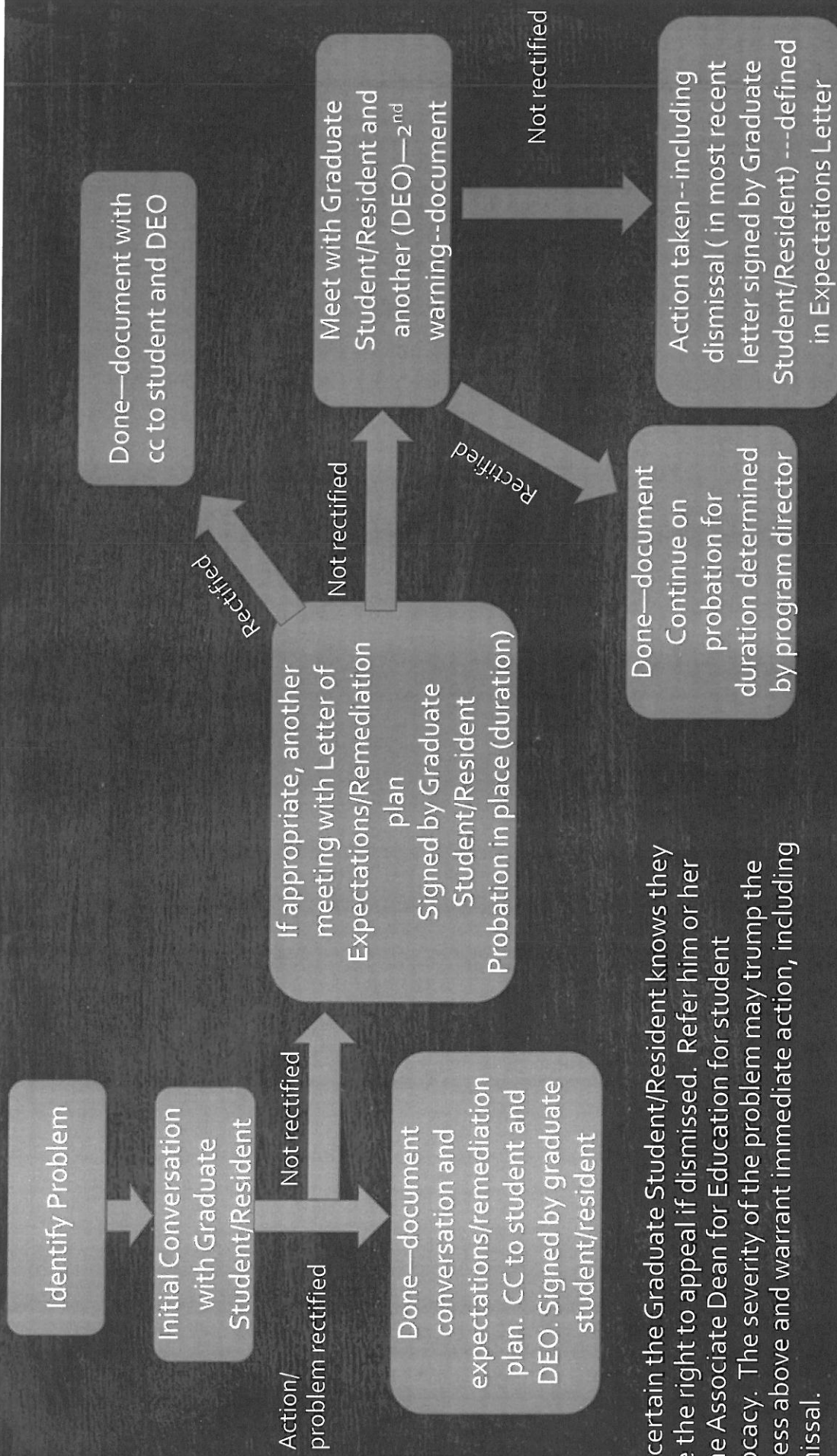
Minutes recorded by Ms. Lauren Moniot

Referral Information by Department

Department	D3 Makes a Referral: Rx to Specialty	Resident Specialist: Response to the Referral	Existing Referral Form
Endodontics	1) Tooth number, 2) Crown in place, 3) Any special instructions (i.e. post-space)	Email or personal communication	Online form: Homepage, under services, click patient referrals
Geriatrics & Special Needs	1) Detailed HH Hx, 2) Specific medical, physical or intellectual reason for referral.	Patients typically referred for comprehensive care and remain under our care.	Yes: Not required.
GPR			
Oral Maxillofacial Surgery	1) Relevant medical and dental Hx, 2) What procedure needs to be done, 3) Overall Tx objective for the procedure (i.e. planning on implants, dentures, orthodontics, etc.)	Email or AxiUm (chart of email)	Note in AxiUm chart
Operative	1) What department/provider is referring, 2) Tx modifiers (financial, language, health, time/distance), 3) Pt Category: limited or comprehensive care <u>If limited Tx</u> : specify pt needs including: dx, prognosis discussed w/ pt, specific possible tx discussed (tooth number, surface), pulp status, periodontal status if applied, updated radiographs et. <u>If comprehensive care</u> : prefer to have radiographs already made (BW minimum, CMS if complex case) 4) Specify if any discussion about other interdisciplinary Tx (i.e. crown lengthening, possible RCT, possible abutments for FPP or Rpp or if determination of restorability is the goal and how this will affect the overall Tx)	EHR notes mainly and sometimes direct discussion with provider. We would like to have AxiUm message or email and HER notes and/or direct contact with provider if continuity of the Tx is necessary between different disciplines.	No. We do have a template for consultations within our department but this is not a specific referral form.
Oral Pathology	1) Simple description in the CRT of why the patient is being sent to Clinical Oral Pathology Clinic.	Note in the CRT of the EHR	No.
Oral Radiology	1) Patient name, 2) DOB, 3) Sex, 4) Reason for scan or other radiograph/region of interest	For inside doctors often they come to our office asking what is that they see on the radiograph. A) They get an answer immediately. B) If it is a radiograph made in radiology we do a report.	
Orthodontics	The orthodontists usually are asked for consultations. We do not normally get referrals.		
Pediatric Dentistry	1) Patient's age, 2) Requested Tx (comprehensive or limited), 3) Health status, 4) Past Tx, radiographs, 5) Guardian information	For internal referrals, we send them back to the D3 clinic when Tx is complete and they have the AxiUm record of all completed Tx	No form for internal referrals. Require a simple AxiUm note.
Periodontics	1) Reason for consult, 2) Relevant medical, dental and periodontal Hx, 3) Tx expectations and desired timeline, if pertinent	There is no standard system. It may be via AxiUm messenger, regular email or in person	No referral form.
Prosthodontics	1) The reason for the referral, 2) Where they are being referred from.	Does not normally receive referrals; PROS program is the endpoint rather than the means to the DS Tx.	Screening forms (documentation of the referral from the pre-doc clinics).

Advanced Education Programs

Oral & Maxillofacial Surgery	Prosthodontics	Dental Public Health	Oral & Maxillofacial Pathology	Pediatric Dentistry	Oral and Maxillofacial Radiology	Endodontics	Periodontics	Orthodontics & Dentofacial Orthopedics	General Practice Residency
Standard 1- Institutional Commitment/ Program Effectiveness									
Affiliations	Affiliations	Affiliations	Affiliations	Affiliations	Affiliations	Affiliations			
						Ethics and Professionalism	Ethics and Professionalism	Ethics and Professionalism	Ethics and Professionalism
Standard 2- Program Director and Teaching Staff									
Standard 3- Facilities and Resources									
Standard 4- Curriculum and Program Duration									
	Program Duration	Program Duration	Program Duration	Program Duration	Program Duration	Program Duration			Due Process
Ethics and Professionalism	Ethics and Professionalism	Ethics and Professionalism	Ethics and Professionalism	Ethics and Professionalism	Ethics and Professionalism	Ethics and Professionalism			
						Teaching Experience			
Physical Diagnosis	Didactic Program	Instruction in General Public Health	Surgical Oral Pathology	Goals of Advanced Education in Pediatric Dentistry	Clinical and Oral Maxillofacial Radiology	Teaching Experience	Biomedical Sciences		
Clinical Oral and Maxillofacial Surgery	Clinical Program	Instruction in Dental Public Health	Oral Cytology	Curriculum	Oral and Maxillofacial Diagnostic		Clinical Sciences		
Minimum Clinical Requirements	Maxillofacial Prosthetics	Student/Resident Curriculum Plan	Evaluation and Management of Patients	Biomedical Sciences	Imaging Techniques				
Basic Sciences		Supervised Field Experience	Anatomic Pathology	Clinical Sciences	Associated Medical Sciences				
		Research Project	Laboratory Medicine	Evaluation and Radiologic Management of Patients					
			Radiology		Medical Radiology				
					Radiation and Imaging Physics				
					Radiation Biology				
					Radiation Protection				
Standard 5- Advanced Education Students/Residents									
Eligibility and Selection	Eligibility and Selection	Eligibility and Selection	Eligibility and Selection	Eligibility and Selection	Eligibility and Selection	Eligibility and Selection	Eligibility and Selection	Eligibility and Selection	Standard 5- Patient Care Services
Evaluation	Evaluation	Evaluation	Evaluation	Evaluation	Evaluation	Evaluation	Evaluation	Evaluation	
Due Process	Due Process	Due Process	Due Process	Due Process	Due Process	Due Process	Due Process	Due Process	
Rights and Responsibilities	Rights and Responsibilities	Rights and Responsibilities	Rights and Responsibilities	Rights and Responsibilities	Rights and Responsibilities	Rights and Responsibilities	Rights and Responsibilities	Rights and Responsibilities	
Standard 6- Research									



*Be certain the Graduate Student/Resident knows they have the right to appeal if dismissed. Refer him or her to the Associate Dean for Education for student advocacy. The severity of the problem may trump the process above and warrant immediate action, including dismissal.