

Members Present: Drs. Nidhi Handoo (Chair), Tad Mabry, Terry J. Lindquist, Saulo Sousa Melo, David M. Bohnenkamp, William J. Synan, Justine L. Kolker, Bruno Das Neves Cavalcanti, Sherry R. Timmons, David C. Holmes, Lily T. Garcia, Prof. Marsha Cunningham-Ford, Emillie Kenne (D3), Brittanie Lucas (D2), and Katherine Sislow (D2)

Absent: Drs. Paula Weistroffer, Ronald Elvers, John Warren, Ms. Joan Welsh-Grabin, Ms. Joni Yoder, and Ms. Michelle Krupp

Meeting called to order at 12:05pm.

I. **Approval of May 19, 2017 and June 16, 2017 minutes** – Dr. Handoo

MOTION: to approve the minutes as submitted. Motion seconded.

MOTION APPROVED.

II. **Review the Committee Charge, Process, Introductions** – Dr. Nidhi Handoo

A. Committee charge was reviewed:

The Clerkship Directors Committee will strive for improvement and maintenance of vitality and excellence of the clerkship programs of the College.

- Provide on-going management of timely issues affecting student progression through the clerkship programs.
- Address feedback on improving patient care through the clerkship programs.
- Report actions to Associate Dean for Education to coordinate activities and resolve impact on curriculum and educational initiatives.

B. Reminded members that this committee is “Solution-Oriented”, with majority of issues to address and improve “Clinical Operations”.

- Important to keep committee focused on management of timely issues.
- Any member unable to attend this meeting should send a representative for the clerkship. If unable to send a representative, then talk with Dr. Handoo if there are issues that need to be addressed at future meetings.

III. **P.A.S.S. Implementation & Documentation** – Drs. Lily T. Garcia and Nidhi Handoo

A. “P.A.S.S.” Listing, supporting evaluation forms

- P.A.S.S. is the preferred term that refers to procedural assessment of skill sets in D3 clerkships. P.A.S.S. or P.A.S.S.’ are required in addition to other assessment parameters as defined for a clerkship, in order to matriculate to the D4 year. Previously, clinical test(s) were called “competency exams”.
- Each P.A.S.S. should have a supporting evaluation form, either a rubric or at a minimum, criterion-referenced listing for assessment.

- P.A.S.S. implementation is being modified by some clerkships to align with the collegiate domains: Critical Thinking, Professionalism, Communications & Interpersonal Skills, Health Promotion, Practice Management and Informatics, Patient Care (Assessment, Diagnosis & Treatment Planning), and Patient Care (Establishment & Maintenance of Oral Health).
 - It was noted that the number of P.A.S.S. attempts by a student can be challenging to record into axiUm. If possible, it would be beneficial for all clerkship directors to document and save the number of P.A.S.S. attempts needed for a student to successfully complete the assessment.
 - Each clerkship director needs to build and record documentation for the past 3-5 years, minimum of three (3) years. The records should reflect the P.A.S.S. attempts/successful completion, record of incomplete attempts/failures.
- B. "P.A.S.S." attempts, completion rates, remediation
- Prosthodontics: Department has a record of the number of P.A.S.S. attempts before successful completion. They need instructor input on their daily evaluations. Also mentioned that it is difficult in some instances since a dental student may only have one clinical experience, such as in removable prosthodontics.
 - Operative Dentistry: there are two P.A.S.S.' and a student can attempt each P.A.S.S. three times; this is recorded in axiUm. Pro: if somebody is doing well, the overall clerkship grade will not make them repeat the clerkship. Con: if somebody is struggling, they're grade might be low but not below a C. They are exploring a means to document the need and justification for the need to repeat a clerkship. The P.A.S.S. is designed as a Pass/Fail procedure; the points total does not factor into the daily grade. The same grading is used on the daily form which has 5 items as "criteria met/not met", in addition to a daily grade. If any of the five items rates as "needs improvement", student does not pass.
 - Endodontics: there are three (3) P.A.S.S.' First: assess diagnostic skills at the beginning of clerkship. Second: assess management of emergency cases. Third: includes assessment of complexity and quality of cases. If students do not satisfy all components of the P.A.S.S., students must remediate. No record of number of attempts is made.
 - Radiology: The P.A.S.S. is making and interpreting radiographs and students get one attempt.
 - Oral Pathology: There is a case-based P.A.S.S. Students must get at least 70% for successful completion.
 - Pediatric dentistry: There are two (2) P.A.S.S.' listed. First P.A.S.S. is a pretest given at the start of a block and successful completion allows entry into clinic; must meet a passing level before they can see patients for operative procedures. If not met, students meet with faculty to identify deficiencies. Second P.A.S.S. occurs mid-rotation and addresses pediatric treatment developed from interpretation of radiographs with similar remediation plan as the first P.A.S.S. Ultimately, students also complete an OSCE in order to matriculate to D4, used as an exit exam.

- Oral Diagnosis: There is one P.A.S.S. that is assessed on one patient encounter, from start to finish, all components of which have to be completed successfully in order to matriculate and progress. Similar to Oral & Maxillofacial Surgery, no student has attempted more than two (2) times to successfully complete a P.A.S.S. There is no official documentation as to number of attempts.
- C. AxiUm use to record “competency” vs. manual data on “P.A.S.S.”
- Need at least three years of data to document either number of attempts or number of failures; document how remediation is prescribed and how it occurs. Any description of the number of attempts, needs to include intervention prescribed for remediation.
 - How do we explain to site visitors that all students are evaluated the same even though student capacity differs based on timing of the clerkship?
 - ✓ Dr. Holmes noted that while CODA strives to have site visitors well-calibrated and unbiased, there still may be some variability in the approach of different individuals on the site visit team. With this caveat, Dr. Holmes suggested that we should not be afraid to acknowledge that the clerkship experience is different for the first group of the D3 year than it is for the last group, as the D3 students have gained some skills and experience through the year. But it’s important for us to be able to demonstrate that ALL students, regardless of what their sequence of D3 clerkships was, have satisfied our standard of demonstrating all of the competencies prior to graduation.
 - ✓ Dr. Holmes also gave credit to Dr. Garcia and Michelle Krupp for introducing the P.A.S.S. terminology into the collegiate lexicon, and thereby clarifying our shared understanding of the meaning of the term “competency” and of how our predoctoral curriculum works. He expressed a concern that confusion may be created by the way the term “competency” is used in documents describing the Iowa Dental Board’s new portfolio for licensure.
 - Several clerkships are re-evaluating their P.A.S.S.’ to improve for next academic year; the listing is a dynamic document, subject to improvement.
 - It was noted that P.A.S.S.’ will differ among clerkships and are defined by the clerkships. This may be little confusing to students because P.A.S.S. are not identical nor uniform, to include clinical skill sets as well as skill sets which emphasize problem solving and critical thinking.
 - It was discussed to share the P.A.S.S. listing. Review required before dissemination since the current list exists for the current academic year.
 - All were reminded that completing a P.A.S.S. is not the only assessment method used in deriving grades in a clerkship, although a P.A.S.S. must be successfully completed prior to matriculation into D4.

IV. **Evidence-Based Decision Making in the Clerkships** – Dr. Lily T. Garcia
Tabled: until next meeting.

V. **Additional Comments**

- A. It was noted that more transgendered patients are being seen in our predoctoral clinics. It is important to address this topic to prepare our students with the professional skills in communication and professionalism earlier in the curriculum. Dr. McQuistan and Ms. Cindy O'Toole will be notified, along with the topic to be addressed at Curriculum Committee. Our students need to know how to interact with transgender patients sooner in the curriculum, possibly as early as D2 year.
- B. Pediatric Dentistry: students are halfway through the first block rotation; two students had to remediate and performed well. There were concerns with the additional students in the block at the same time as a larger resident class. This is making clinic management difficult in finding enough dental assistants for students and residents.
- C. Oral Radiology is progressing well.
- D. Oral Surgery: Pleased with students in the current block rotation; the students are engaged and make an effort.
- E. Endodontics: good progress in endodontics with lots of patients. The new endodontic technique now taught in D2 is facilitating a reduction in clinical errors and more efficient use of time with the new system.
- F. Dr. Synan has been reviewing past student feedback and D2 students frequently ask if there is any way they can shadow a clerkship before D3 year.
 - Radiology allows D2 students the chance to interact with patients under supervision of D3's which is part of the radiology class.
 - Pediatric Dentistry would be receptive of allowing D2s to observe chairside and learn the non-procedural aspects of the clerkship.
- G. Family Dentistry: There are faculty available to work with students individually, especially in prosthodontics where they need additional instruction.
- H. Operative: Proceeding well, all students passed their pretest. Expressed needs for additional patients, with some students struggling.
- I. Prosthodontics: all students passed their pretest. Expressed needs for additional patients.
- J. CAPP: It is important to not all mid-course delinquencies which should be reported to Ms. Lori Kayser, when requested in mid-October. This is important for documentation over the long-term.

Next Meeting: **October 20, 2017**

Minutes recorded: Ms. Sarah Kelly