

Clerkship Directors Committee	
AGENDA	
March 10, 2017	12:00-12:50 p.m. Deans Conference Room
Dr. Tad Mabry, Chair	Recorder: Ms. Lauren Moniot
Lunch will be served.	
Agenda Items	Responsible Individual
1. Approval of the February 17 & 28, 2017 Minutes	Mabry
2. "DS Return to Clinic" – Urgent issues: Oper, Pedo, OMFS, OD <ul style="list-style-type: none"> Goal: Definitive resolution of urgent issues – reference points Ms. Joni Yoder – DS data, calendar proposal <i>policy pending for discussion later</i> 	Mabry/J.Yoder
3. Work Group on Systemic health integration in Pt. Care - Update	
4. Next Meeting: April 21, 2017	

Action Items			
Status	Action to be taken	Responsible	Due Date
Pending	Next steps in Assessment – progress	Krupp	April 2017
Pending	WG on Systemic health integration in Pt. Care	Weistroffer	
Pending	Unified Referral Process – Update	Krupp	
Pending	StartCheck Implementation Follow-up	Mabry	
Pending	How patients enter into the COD	Kanellis	
Pending	Patient "flow" – pt needs into clerkships.	Yoder	

Clerkship Directors Committee:

Dr. Tad Mabry, Chair
 Bruno Calvacanti
 Nidhi Handoo
 Terry J. Lindquist
 Saulo L. Sousa Melo
 Michael Murrell
 William J. Synan
 Erica C. Teixeira
 Sherry Timmons*
 Paula Weistroffer
 Becky Todd
 Joni Yoder
 John Lorenz – D4
 Megan Timm – D3
 Emillie Kenne – D3

Ex Officio:

Sherry R. Timmons*, Chair, CAPP
 DC Holmes, Chair, Curriculum Committee
 Ronald Elvers, Director of Clinics
 Lily T. Garcia, Associate Dean for Education
 Mike Kanellis, Associate Dean for Patient Care
 Michelle Krupp, Director, Education Development
 Galen Schneider, Executive Associate Dean
 Cathy Solow, Associate Dean for Student Affairs

Clerkship Directors Committee Minutes – March 10, 2017

Members Present: Drs. Tad Mabry (Chair), Nidhi Handoo, Terry J. Lindquist, Michael Murrell, Saulo L. Sousa Melo, Erica C. Teixeira, Bruno Das Neves Cavalcanti, Sherry R. Timmons, Paula Weistroffer, David C. Holmes, Ronald Elvers, Lily T. Garcia, Mike Kanellis, Ms. Becky Todd, Ms. Michelle Krupp, Emillie Kenne (D3), Megan Timm (D3) and John Lorenz (D4)

Members absent: Drs. Synan, Schneider, Ms. Joni Yoder, Dean Solow

Meeting called to order at 12:08pm.

- I. Approval of February 17 & 28, 2017 minutes
 - Motion to approve the February 17th minutes.
 - Question remains: if remediation of a P.A.S.S. needs to be done, it must be completed before beginning D4 year.
 - Motion to table discussion regarding P.A.S.S., seconded, motion approved.
 - P.A.S.S. statement struck from the minutes, correction will be made and minutes will be redistributed.
 - Motioned approved. (see handout)
 - Motion to approve minutes from the February 28, 2017
 - Dr. Weistroffer's edit will be made and minutes will be redistributed. This was motioned to approve, seconded, motion passed.
- II. "DS Return to Clinic" Urgent Issues: OPER, PEDO, OMFS, OD- Dr. Mabry & Ms. Joni Yoder (*absent*)- (see handouts)
 - Goal: Definitive Resolution of **urgent** issues – reference points
 - DS data, calendar proposal – Ms. Yoder absent.
 - Policy pending for discussion later
 - OPER has concerns in accommodating 33 students requesting return to complete patients from the previous clerkship. Oral Surgery only allows 2 days absence, regardless of reason, which doesn't follow the collegiate policy. In general, students who have weak progress have more difficulty resolving issues in less time. The current challenges are being resolved, but do not alleviate the concerns for learning in OPER, Oral Surgery, etc.
 - Reallocating Tuesday mornings as time for students to return to clinic is one of the options to help remediate this issue. Care must be taken to balance the number of clinic days available in all four of the 10 week blocks as well as with the 5 week blocks. Historically the College of Dentistry hadn't seen any patients on Tuesdays (am or pm). Is it plausible to open up the first few Tuesdays after orientation for returns? Issues to consider include:
 - A key challenge is when patients are told to be available on a strictly time-limited schedule such as Tuesday mornings only.
 - Trying to keep the experience balanced would take away from lecture time.
 - Dr. Handoo has 5 sessions with her students, so if 4 sessions are during these Tuesday mornings they would only get 1 session in OD.
 - Additional suggestions included:

- o Faculty support for assigning DS to return to other clinics.
- o Students staying over summer to make up time could help as well.
- o Starting PTP process earlier in FAMD so there is a consistent patient influx into the D3. The concept of adding one patient per FAMD student per week, means an additional ~60 patients per week having had an exam to then move into the D3 Clerkships.
- o Address/fix clinical/patient flow issues. There were a lot of clinic clerk issues in PROS. Patients were not being scheduled. The clerkships that are really busy, accept limited outside referrals. Dr. Kanellis is on an unmet dental needs task force. Free dental clinic operates Tuesdays & Thursdays, and Saturday mornings. The school is more than welcome to bring faculty and students to come on Saturdays and do the comprehensive exam and get a treatment plan together. The patient can then get restorative work done here at the college. PROS needs ENDO, OPER and PERIO support for patients. They are currently getting more data on how to work more in sync.

III. Roundtable Comments:

- Dean Johnsen is appreciative that this committee is working so hard to solve this. There are so many issues happening that affect this subject matter as well. Iowa is 3rd or 4th in the country with patient experiences.
- Student committee members suggested reviewing how patients are distributed particularly in D4. Some groups feel there are too many patients for them in FAMD while others are doing well.
- PTP has helped OPER quite a bit.
- There is a work group on patient ingress that is currently meeting monthly.
- Dr. Handoo has agreed to be the next Chair for the Clerkship Directors Committee.

ACTION ITEM: Work group with Dr. Handoo, Joni Yoder and Dr. Lindquist- this work group will strictly be looking at the calendar issues. Dr. Lindquist will chair the calendar* work group; *charged with reviewing designations of special sessions for student returns to minimize impact on dental students' learning experiences in current rotations.

IV. Work Group on Systemic Health Integration in Pt. Care – Update- Dr. Weistroffer

- The workgroup met and is in the process of writing draft guidelines for the top 6 systemic diseases identified. They will also present suggestions on how to implement into the curriculum to the committee

Next Meeting: **April 21, 2017**

Minutes recorded: Ms. Lauren Moniot

**REVISED COLLEGE
OF DENTISTRY
CLERKSHIP EXCHANGE GUIDELINES**

Student Clinic Curricular Scheduling:

Clerkship clinics will be operational every day except Tuesday afternoons, and 8:00-9:00 Tuesday mornings, August-May. May-June Tuesday afternoons are for assigned clerkships. On Tuesday mornings students are assigned to participate in a Standardized Patient Experience which should take priority over their assigned clerkship on those days.

Clinics should remain open on Tuesday mornings at an appropriate and reasonable level for any student not assigned to participate in the Standardized Patient Experience.

When a student needs to request a clerkship exchange the **student is responsible** for making sure the request is approved by the Clerkship Director and that the Clinic Clerks are aware of the change so it does not interfere with patient scheduling.

Incomplete Clinic Experiences: (complete in 4-6 appointments)

- ☐ The students' first commitment is to their assigned clerkship.
- ☐ Return times will be granted only if the student is not committed to a scheduled patient in their assigned clerkship or if their scheduled patient can be moved to another student on the requested date and time.
- ☐ A maximum number of return appointments will be granted as follows:
 - ☐ 3 return appointments in a 5-week clerkship -Oral Diagnosis/Radiology (3) Oral Surgery (3)
 - ☐ 6 return appointments in a 10-week clerkship -Operative Dentistry (3) Pediatric Dentistry (3)
- ☐ The request for the clerkship exchange should be made by the student to the Clerkship Director by completing a **Request for Release from Clinic** form. This request must conform to the above stipulations.
- ☐ The release form will ensure that communication has occurred between both the clinics. The requesting and releasing Clinic Clerks and the releasing Clerkship Directors' signatures are required to ensure the release has been granted and acceptable to both parties.
- ☐ Appointments will be held as "temporary" until the request form has been signed by all parties and is presented to the clinic clerk.

Incomplete Clinic Experiences: (completion will require more than 6 appointments)

- ☐ A meeting will be required between the student and the Clerkship Director to discuss the degree of the academic deficiency and develop a specific plan for how and when it will be completed.
- ☐ The plan should be documented in writing with copies to the Associate Dean for Student Affairs, the Clinic Program Associate and the student file for confirmation and understanding by all parties.
- ☐ All decisions made that will affect the student and patient scheduling need to be communicated to the involved Clinic Clerks by their respective Clerkship Directors immediately as to allow time for scheduling accommodations if necessary.

Completion:

Please remember that all third-year courses must be completed before a student can enter the fourth year. This may mean that a student has to stay beyond the end of the academic year in order to complete their requirements.

D3 Clerkship Attendance Policy

D3 students are required to be in clinic every day unless an absence has been approved in advance. Successful skill acquisition and knowledge development are dependent on consistently attending and actively participating in all clinical and didactic sessions.

To provide you with some flexibility in scheduling, each student is permitted 4 full-day excused absences or 8 half days of excused absences for, but not limited to, the following reasons:

- Personal emergencies
- Family situations
- Medical appointments
- Illness
- Funeral
- Religious observance

Time must be taken as a clinical session (not hour by hour) and no more than one full day will be allowed during a 5 week clerkship; no more than one full day from each of the disciplines in a 10 week block; and no more than two days during “superblock”. Excused absences are a privilege and should not be thought of as “vacation days”. They are not to be used for extensions of University holidays or saved until the end of the school year. Advance planning is recommended whenever possible.

An Excused Absence Form should be routed through axium:

- 1) Complete the “request” form in axium
- 2) Use the “running man” to forward the request to:
 - a. Clinic Clerk
 - b. Clerkship Director
- 3) Clinic Clerk will review your schedule and approve your request if appropriate
- 4) Clinic Clerk will forward your request to the Clerkship Director using “running man”
- 5) Clerkship Director will approve your request if appropriate
- 6) Clerkship Director will forward your request to Dean Solow and back to the Clinic Clerk so all parties know the request has been approved.
- 7) Dean Solow will forward the approved or denied request to the D3 student.
- 8) Until you receive the completed form with all approvals, do not assume your absence has been approved.

Absences will be tracked and you may not take more time off than the allotted four days without special permission from the Associate Dean for Student Affairs.

If you are presenting a paper or poster and/or hold a national position in an organization, your attendance at a conference or national meeting will not count against the number of excused absences.

Return to Clinic

Framing the issue: D3 has completed the majority of expectations in a designated Clerkship, including completion of specified **P.A.S.S.**'

D3 has not completed patient care, e.g. specific procedures in support of continuity of patient care and learning. D3 is allowed to progress into the next Clerkship scheduled.

D3 is directed to "return-to-clinic", that is to return to the previous clerkship to complete patient care, in essence, incomplete clerkship learning obligations.

At this time, D3 is allowed up to a total of six (6) clinic sessions (either half-day or defined appointment as 1-2 hours in length) to leave the new clerkship to return to the previous clerkship for completion of patient care.

The six (6) total of allowed "return-to-clinic" session is in addition to:

- approved option of 2-3 personal choice days (day = 2 clinic sessions)
- approved professional leave to attend/present at recognized meetings (ADEA/AADR/IDA/ADA, etc.)
- undetermined number of returns to complete implant patient care, specifically for completion in Prosthodontics Clinic.
- DS attendance at UI-COD Research Day is not mandated although encouraged, if available.

Impact:

- *Current* Clerkship loss of learning time. For example: if a DS is gone three (3) full days in OMFS, this equates to a 13% loss of learning time within the clerkship to accommodate DS time, for whatever reason.
- Is there time in the master schedule in which D3 are **NOT** scheduled?
- Can this unscheduled time be accommodated (faculty coverage) by the previous clerkship to provide completion of the expected patient care learning experiences? ...as a mandate prior to loss of time from other clerkships?

P.A.S.S. Defined

Assessment of student learning occurs throughout the curriculum as they progress toward competency from D1 through D4, including formative and summative assessments of knowledge, skills and values. A clinical summative assessment termed **P.A.S.S.**, serves as a component of a student's progress toward competency. **P.A.S.S.** – procedural assessment of skill set – is an essential D3 assessment mechanism in which the student demonstrates knowledge, skills, and values defined within the context of a discipline-focused patient encounter. In addition, students must meet clerkship metrics in order to matriculate into D4 year.

The **P.A.S.S.** as defined in the clerkships use a variety of criterion-based clinical measurements to determine successful demonstration of a procedure, to include knowledge, skills, and values.

Each clerkship must be completed before matriculation to the D4 year, a general dentistry, comprehensive care clinical education model. In part, successful completion of a specific **P.A.S.S.** as defined for each Clerkship is needed for a student to progress into the D4 year. If a **P.A.S.S.** is not completed, remediation is required which could entail repetition of prescribed areas of the clerkship, successful completion of a specified list of additional experiences using criteria evaluations, or may require repetition of the entire affected clerkship.

Assessment continuum

