

CLERKSHIP DIRECTORS COMMITTEE

April 18, 2014

MINUTES

Present: Justman (Chair), Allareddy, Anderson, Clancy, Clark, Cunningham-Ford, Duffe, Eckert, Elvers, Garcia, Gratton, Guzman-Armstrong, Handoo, Kanellis, Kayser, Lindquist, Mabry, Naberhaus, Solow, Spector, Synan, Timmons, Welsh-Grabin, J. Yoder

Absent: McKnight, Schneider, Wilke

1.0 Approval of March 7, 2014 Meeting Minutes

The minutes from the March 7th meeting were approved as written.

2.0 Update: Subcommittee on Clinical Assessment

The subcommittee has met six times. Chuck McBrearty and Jerry Gehling joined the subcommittee to provide technical guidance about possible modifications to AxiUm to include additional evaluation instruments.

Dr. Justman compiled the evaluation domains and categories for each department to identify overlaps and minimize the number of categories and domains. The ultimate goal is to provide a consistent evaluation scheme that has meaning and validity. The subcommittee consulted with Jean Florman, Director, UI Center for Teaching, who recommended limiting the categories to four or five. With a greater number the process loses its impact. Fewer components allow faculty to spend more time providing a more detailed evaluation.

Grades should include calculations for all areas that require effort. If a component does not count in the grade it is not taken seriously. The comment section is very important in providing a very specific description of what happens during an appointment.

Another goal is to have consistent points among the disciplines when presenting cases to patients to enhance continuity of care in the clerkships.

Drs. Lindquist and Spector will consolidate categories and domains. Descriptors would continue to be discipline-specific. The resulting structure will become an integral component of the clerkships. The categories will provide continuity with minimal changes across the clerkships.

The proposal will be brought before the Committee for review and approval.

3.0 Limited Patient Management Issues in D3 clinics

In anticipation of the May 1 launch of the Dental Wellness Plan, Ms. Yoder distributed guidelines for managing limited care patients (see attachment).

The Committee discussed various options for screening and admitting patients. The issues of managing referrals from private practice dentists was also discussed.

Faculty and students must be very aware of what procedures are covered. The College will have to absorb the cost of procedures that are not reimbursed due to correct documentation. Clinic Administration is conducting training with faculty and students. Print versions of the codes will be placed in each operatory.

A goal of the program is for patients to establish a dental home within the College and take responsibility for their care.

Ms. Huss will coordinate this program within the College. She will receive a report for each patient and verify the tier of care for which he or she is qualified. A few days before the initial appointment, she will inform faculty and students of each patient's status. Clinic clerks will also receive this information.

The suggestion was made to post a "sticky note" indicating the patient qualifies for DWP on the AxiUm scheduler.

4.0 Additional Comments

Some students enter texting abbreviations and spelling errors in clinic notes. Dr. Kanellis will issue a directive from Clinic Administration stating that the patient record is a legal document and requires the use of correct English grammar and spelling. The suggestion was offered to insert approved abbreviations in links in AxiUm.

5.0 Next Meeting

The next meeting will be held on May 23, 2014 at noon in the Deans Conference Room.

Proposed agenda items:

Remediation policy.

Update on Dental Wellness Plan and limited care patient procedures.

Minutes respectfully submitted by Mary Lynn Eckert.

Clerkship Director's meeting 04-18-14

Managing Limited Care Patients in the D3 Clinics:

- 1) Limited Care patients often receive care in multiple clinics without a comp exam/treatment plan and diagnostic radiographs
 - a. If the patient was seen in urgent care/Admissions and referred to your clinic to relieve pain or fix a dental problem, there might already be a referral from Admissions for comp care.
 - b. If there is no referral from Admissions for comp care you can refer to OD or FD for comp exam. Need to order appropriate radiographs
 - i. Check to see if radiographs can be made same day patient is here
 - ii. Check to see if there is an opening in OD/FD for the comp exam
 - c. Limited care patients with referrals should be sent back to their referring DDS
 - i. If patient chooses to continue comp care at the COD we need good documentation about their decision in the progress note
 - ii. Can have Admissions screen the patient same day (do not need an extra appointment for the screening)
 - iii. The screening appointment allows us to explain our comp care system to the patient. ½ day appointments, commitment to care in the student clinics etc. (this appointment is important and helpful)

Managing DWP patients in the D3 Clinics:

- 1) Patient's presenting for Comp Care will be referred to OD or FD for comp exam/treatment plan
- 2) Limited Care patients will need to be monitored closely.
 - a. Referrals to Endo – need D0150 comp exam completed prior to or same day as Endo completion
 - b. Oral Surgery – can extract teeth to relieve significant pain or acute infection
 - c. Perio – can complete D1110 (2x per year) and D4910 (4 x per year) with D0150 or D0120 or D0180
 - d. Operative – can complete restorations for large cavities (impinging on the pulp) or can refer to MINR operative for NC restorations.