

# **CLERKSHIP DIRECTORS COMMITTEE**

**October 17, 2013**

## **MINUTES**

**Present:** Justman (Chair), Allareddy, Anderson, Guzman-Armstrong, Clancy, Clark, Cunningham-Ford, Duffe, Eckert, Elvers, Gratton, Guzman-Armstrong, Kanellis, Kayser, Mabry, McKnight, Naberhaus, Schneider, Solow, Spector, Synan, Timmons, Welsh-Grabin, Yoder

**Absent:** Lindquist

### **1.0 Introductions**

Dr. Justman welcomed Dr. Lily Garcia, Associate Dean for Education, to her first Committee meeting.

### **2.0 Approval of September 20, 2013 Meeting Minutes**

The minutes from the September 20, 2013 meeting were approved as written.

### **3.0 Clerkship Introductions**

Committee members presented brief overview of each clerkship and/or their activities and how the clerkship interconnects with the preclinical and fourth year curricula.

### **4.0 Dr. Garcia' Comment**

#### **4.1 Comments**

Dr. Garcia commented on the outstanding level of respect for students, patients and faculty that she has encountered in her meetings since joining the College. Everyone is passionate about what they do and are highly motivated to do the right thing that translates across areas.

Key goals of the curriculum are to ensure that students can successfully navigate through it, and that what they are asked to accomplish is valid and important and will lead them to become general practitioners.

Dr. Garcia hopes to act as the thread that will unite the four years of the curriculum.

#### **4.2 Faculty Retreat Follow-Up**

Dr. Garcia noted that the graduate program faculty as well as the predoctoral faculty participated in the faculty retreat.

Ms. Naberhaus' clerkship evaluation project was very informative (see attachment) and led to a provocative discussion on the possibilities of more closely coordinating the clinical evaluation system among the clerkships.

Dr. Garcia appointed a subcommittee to review clinical evaluation instruments to offer suggestions for providing a level of uniformity with flexibility in evaluating clinical experiences that can be easily understood by our students.

Dr. Schneider anticipated that the subcommittee would address how clinical evaluation can be refined and delivered with a consistent approach in the curriculum with emphasis on the D3 year.

Drs. Justman, Clancy and Guzman-Armstrong and Ms. Eckert will serve with Dr. Garcia on the subcommittee. At the October faculty meeting the subcommittee will discuss their future activities and facilitate a continuation of the discussions begun at the faculty retreat.

Ms. Naberhaus commented that more continuity in the evaluation assessment and guided learning would be much appreciated by the students. Her poster at ADEA on guided learning generated comments from other schools with similar situations.

**Comments:**

No matter what changes are recommended, flexibility is important. Different clinics are teaching diff procedures with different emphases. There are different expectations for each clerkship.

A uniform system is not realistic.

Important areas to address are what are the objectives and what should students accomplish by the end of the clerkship: refined technical skills, more independence and critical thinking, etc.

**6.0 Comments**

The Committee discussed the ongoing issue of the shortage of patients. The suggestion was made to direct patients to students with more prosthodontic experience.

Are there are patients that are being overlooked?

Who educates with patients about additional care when initial treatment is completed?

Treatment plans must be reviewed on a regular basis. Currently, students review patient records three times a year. Every student has to advocate with each patient and know what should happen next.

Faculty have to be alert to additional treatment possibilities and direct patients to the appropriate clinic. Simultaneous treatment can be given in several clinics, e.g., assess in periodontic needs when performing disease control in Operative. Sched pats when near conclusion of treatment

Case presentations are a means of alerting students and faculty to the changes to treatment plans and the need for reevaluation.

Gets list of experiences needed. Ms. Yoder will compile of list of unfulfilled clinical requirements and will distribute it to clerkship directors who, in turn, will share it with clinical faculty.

It was noted that Endodontics identifies patients with additional needs early in treatment so that, if needed, they can obtain Title XIX authorization up front and not interrupt treatment.

The comment was made that it may not be necessary to assign patients to fill completely a Family Dentistry group at the beginning of a rotation. Patients may be directed to other clinics as needed.

**5.0 Next Meeting: November 8, 2013 at noon in the Deans Conference Room.**

Minutes submitted by Mary Lynn Eckert.