CLERKSHIP DIRECTORS COMMITTEE

November 8, 2013

MINUTES

Present: Justman (Chair), Allareddy, Anderson, Clancy, Clark, Eckert, Elvers, Gratton, Guzman-Armstrong, Kayser, Lindquist, Naberhaus, Schneider, Spector, Synan, Timmons, Welsh-Grabin, Yoder

Absent: Cunningham-Ford, Duffe, Kanellis, Mabry, McKnight, Solow

1.0 Approval of October 17, 2013 Meeting Minutes

The minutes from the October 17, 2013 meeting were approved as written.

2.0 Student Feedback for First Clerkships (Anderson/Naberhaus)

Ms. Anderson and Ms. Naberhaus discussed general comments submitted by their classmates regarding each of the first clerkships (see attachment).

Comments/Suggestions:

- Posting grades: OMS delays submitting grades so that students in the earlier clerkships, with less experience, are not compared unfavorably with those in the later rotations.
- Completing AxiUm data: Students have the ability to enter data in the evaluation module, close the site and return to finish ONLY IF a faculty member reopens it (swipes). Sometimes faculty are not available to do it. A concern is that students would delay completing the data entry.
- Assigning patients: No favoritism is intended. Directors agreed to pay more attention to how cases are assigned.

3.0 Patients for CRDTS Board Exam (Elvers)

The UI attorneys found that the practice of placing cold calls by students seeking patients for the CRDTS exam violates HIPAA standards UNLESS there a student with an established relationship with a patient makes the referral and provides an introduction for the student who will place the call. Paging through radiographs and making cold calls are no longer acceptable means of identifying and recruiting patients. The referral must be documented in AxiUm.

The Committee discussed protocols for identifying and assigning cases for CRDTS. Circulating a list of students and the procedures they need would be helpful. Historically the D4 co-presidents compiled the list of requirements.

4.0 Patient Flow Update (J. Yoder)

Patient flow for most clinics appears to be on schedule. Ms. Yoder requested that faculty continue to monitor requirements in other clerkships. Competency crowns are high on the list of needs. The wide variation on difficulty is a challenge.

The Committee discussed determining competency for some procedures in the D4 year and sharing patients between the clerkships and Family Dentistry.

Comments/Suggestions:

- Patient management may be adversely affected with what was described as a "piece meal" approach.
- Schedule patients in several clinics simultaneously to expedite treatment.
- Assign a "floater" who would circulate among the clerkships and can perform screenings.
- Consult with Dr. Holloway regarding the possibility of a faculty member from Prosthodontics conducting screenings in the Oral Diagnosis clinic.

6.0 Comments

No comments were offered.

5.0 Next Meeting: January 17, 2013 at noon in W205 DSB (Margeas Seminar Room).

Minutes submitted by Mary Lynn Eckert.

STUDENT FEEDBACK FOR FIRST CLERKSHIPS (ANDERSON/NABERHAUS)

- Receiving grades back in a timely manner - particularly when rotating from one clerkship to another; it would put students' minds at ease to know whether or not they successfully completed the prior rotation
- Endo/Pros - Difficult to meet with professors due to time constraints - particularly for endo proctoring and pros; 4-5pm is set aside for meeting with pros faculty but is difficult to accomplish when professors can't be found or student is in another clinic that doesn't end until 4:30 or 5pm.
- Endo - students are concerned about lack of patients and not receiving enough cases to gain tooth points
- Self-assessments are not accurate; most students do not wish to chance hurting their grade if they give themselves an "N" or are unlikely to give themselves an "S" even if they feel the appt went really well because it might not match up with grade given by professor
- Grading is not standardized - grading can vary greatly among professors; students who have more cases with faculty that are more strict with grading may appear to be performing inferiorly compared to those students not assigned any cases with those particular faculty
- Competencies - students feel they should be P/F; grades and expectations vary depending on assigned professors; adds a lot of additional stress to appts
- Lab hours – Steve Vercande is very helpful but difficult to reach if have no cancellations in schedule; should take lunch from 11-12 or 1-2 so he is available to students over their lunch period; would be beneficial to have a lab tech available for a few hours in the evening after 5pm
- Perio – concerned about completing competencies
- Peds – Students wish there were more operative experiences as compared to prophys and screenings; appreciate that there are no specific requirements but wish experiences would be divided up among students more evenly
- Operative – takes a while to adjust (some students are going in from D2 year without having done an amalgam in a real patient) but by the end confidence is increased
- Oral Surg, radiology and OD – no comments; students enjoying these rotations thus far