Members Present: Drs. DC Holmes (Chair), Sandra Guzman-Armstrong, David A. Jones, Zeina Al-Salihi, Tad Mabry, Leonardo Marchini, Michael Murrell, Fabricio Teixeira, Maged M.E. Abdelaal, Darren Hoffmann, Brian J. Howe, Lily T. Garcia, Nidhi Handoo, Sherry R. Timmons, Ms. Michelle Krupp, Layton Fritsch (D2), Carl Reitz (D3) and Andrew Richter (D4)

Absent: Drs. Paula Weistroffer, Natalia Restrepo-Kennedy and John Warren

Guest: N/A

Meeting called to order 12:03 p.m.

I. **Approval of October 4, 2017 Minutes;** (November 1, 2017 meeting time was used for work group activities) – Dr. DC Holmes
MOTION: to approve the minutes as submitted and seconded.
MOTION APPROVED.

II. **Dept. of Orthodontics – Curriculum Review** – Dr. Zeina Al-Salihi (See Attachment)

A. Dr. Zeina Al-Salihi presented the Department of Orthodontics Curriculum Review. It was noted that the goals that Orthodontics provided were directed towards the department, not towards student learning and curriculum.
- The department should consider calibrating adjunct orthodontic faculty that grade students in the D3 pediatric clinic.
- If the Advanced Education Program in Orthodontics & Dentofacial Orthopedics discontinues providing care for Title XIX patients, it was suggested that there may need to be curriculum developed for the predoctoral education program. The latter would address general dentistry level of diagnosis, possibly early intervention for the patient population to mitigate complex needs in patients.
- Elimination of Title XIX patient pool may affect the curriculum and needs to be further explored.

B. Comments:
- Drs. Tad Mabry and David Jones have some of the D3 clerkship work with management of eruption. They need more patients to be sure both D3 students and orthodontics residents have enough experience.
- Some inconsistencies were noted in the review. Orthodontics may consider revisiting and aligning the mission statement, goals and actions of the department. It would be important to compare the pediatric dentistry and orthodontics curriculum to be sure they are aligned due to such a strong interaction between the two clerkships.
- As of September 2017, patients have been denied care due to Title XIX.
- All pediatric dentistry D3s have an orthodontic patient experience. The student's level of experience differ per their patient needs.
- The Iowa competency statement may need to be adjusted to accurately reflect how management is defined, i.e., to identify and refer or to provide interceptive care. May need to revise the CODA response to reflect the current level of learning outcomes in the predoctoral education program.

- Dr. Handoo was asked to provide Dr. David Jones with the names of two patients that were denied treatment due to Title XIX.

ACTION ITEM: Dr. LTGarcia to forward committee concerns to Dental Administration regarding educational impact of the Title XIX patient treatment issue.

III. **Dept. of OMFS – Curriculum Review** – Dr. Leo Marchini (See Attachment)

A. Dr. Leo Marchini presented the Department of OMFS Curriculum Review.

B. Questions and Suggestion posed per the workgroup:
   - Have initiative to find a common thread through the D1-D4 OMFS experience.
   - Provide a hands-on small group lecture on the instrumentation used in the Clerkship, before the clinic starts. Each group having and using the instruments.
   - Section 11 was left blank on their copy, so suggest impact of implant placement and TMD treatment as part of a prospective analysis.
   - Dr. Leo Marchini will follow-up with the department to complete the summary report prior to submission.

IV. **Defining "Attainment of Competency" in Family Dentistry** – Dr. DC Holmes

A. The cowbell history: in the past, D4 students ring the iconic cowbell upon completion of MEEs in D4.

B. Dr. DC Holmes presented the process in which "ringing of the cowbell" will signify attainment of competency. When a D4 completes their MEEs, the D4 will complete a self-assessment of the Iowa Collegiate Competencies, using MI Learning Compass survey instrument. The D4 applies for Affirmation of the Attainment of Competency and the results are reviewed by the group leader. The students meets with the group faculty leader to discuss student performance and progress. If a group leader decides (based on several different data points) a student has attained competency based on several measures, the group leader and student will then develop a plan that maximizes remaining time in FAMD. If it is determined that the D4 has not met Attainment of Competency, a focused reapplication readiness plan will be developed. Once the readiness plan is completed, the student will reapply. Affirmation of competency dos not imply that students are done since every student must complete all remaining courses and predoctoral curriculum requirements. When the affirmation document is signed, dated and sent to the department administrative staff person, the D4 student can "ring the cowbell" and receive the following privileges:
   1) a gold-colored nameplate for their operatory
   2) "express faculty checks" in the FAMD clinic, and
   3) participation in structured individual enrichment activates, as approved by the group leader.

   The Affirmation of Competency process will implemented for Groups 3 & 4 students on 12/08/17.

V. **Round Table Comments** – Committee

- One member wanted to know what comprises the MEEs; Dr. Holmes reviewed and offered to share the list with anyone interested.
- It was reiterated that if a D3 cannot complete a P.A.S.S. as prescribed in a clerkship, the D3 student cannot proceed to the D4 year even though all other clerkship metrics have been completed successfully. A D3 mandated P.A.S.S. must be managed in the D3 year, and may require a focused learning plan for remediation.

VI. **Next Meeting: Wednesday, January 3, 2018**

Minutes recorded: Ms. Lauren Moniot

ORTHODONTICS

DEPARTMENT

CURRICULUM REVIEW

Curriculum Committee Work Group:

- Dr. Zeina Al-Salihi (Assistant Professor, Department of Prosthodontics)
- Dr. Tad Mabry (Clinical Professor, Department of Pediatric Dentistry)
- Layton Fritsch (D2 Student)

THE PROCESS:

- The work group met on Oct 18 to review the Department of Orthodontics Curriculum Report and to submit questions to the DEO Dr. Thomas E. Southard.

- The work group met again on Nov 27 to discuss Dr. Jones responses/clarification, prepare the final report and plan for the presentation to Curriculum Committee on Dec 6, 2017.

ORTHODONTICS DEPARTMENT MISSION STATEMENT:

- Our mission is to educate dentists for Iowa and beyond through excellence in patient care, education and research.

- The goal of the curriculum is to prepare the graduating dentists to be competent in the identification of malocclusion.

THE DEPARTMENT OF ORTHODONTICS CURRICULUM CONSIST OF THREE COURSES:

1) D2 ORDN:8215: Provides a foundation in both normal and anomalous craniofacial and dental growth and development.

2) D2 ORDN:8235: Orthodontic Laboratory.

3) D2 ORDN:8236: Orthodontic Treatment.

Both courses provide an introduction to interventional techniques available to the primary care dentist and their application, as well as, diagnostic criteria used by the orthodontic specialist. Exercises in development of Salzmann Index are provided in order to prepare the students for the D3 pediatric Dentistry Clerkship rotation.

D2-D3 VERTICAL INTEGRATION:

- With Pediatric Dentistry to make relevant case-based materials presented in the D2 courses applicable to the D3 pediatric clinic.

QUESTIONS PER SECTIONS:

Section I:

Are there any expectations for undergraduate students to treat any preventive or *interceptive orthodontic cases?* -Yes, within the confines of their 10 week Pediatric Clerkship in the D3 year

If yes, where in the curriculum are treatment modalities and patient management didactically and clinically addressed? Treatment modalities for preventive and/or interceptive care are introduced (didactics) in the D2 Lecture course, whereas techniques for delivery of care are introduced in the D2 Laboratory course; the only predictable opportunity to apply them clinically occurs also within the D3 Pediatric Clerkship

Section II:

Are there any ethical concerns in not treating or delaying treatment in patients with interceptive or preventive orthodontic needs? Only as it occasionally is a factor in coordinating care for Title XIX patients.
Is it possible that delaying treatment is not in the patient's best interest? The PATIENT'S best interest is always of primary concern. In some cases, interventional care can PERHAPS reduce a patient's Salzmann Index score, thus reducing the possibility of obtaining comprehensive orthodontic care under the Title XIX program. However, that is always taken into consideration and thoroughly explained to the patient's responsible party.

Are there different qualifications in regards to initiation-of-treatment based on a patient's socio-economic status? No, not other than the Title XIX patients who are requested to be regular, cooperative patients prior to initiating long-term therapy such as comprehensive orthodontic care.

Section III:

Are all full time faculty members involved in the teaching of predoctoral students? NO, not other than consulting with D3 students in their clinical activities with pediatric patients during the D3 Clerkship.

Does this involve lecture, laboratory and/or clinical teaching? The D2 lecture and lab courses are directed/coordinated by one full-time faculty, Dr. David Jones. Clinical experiences in the D3 Clerkship do involve multiple full-time as well as adjunct faculty.

Section V:

1. Is there a clinical component that builds on the laboratory exercises taught during the laboratory course? As above, the D3 Pediatric Clerkship
2. What would be the expectations for the provision of "interventional treatment" in a general dentist graduate?
   Elimination of cross bites that cause functional shifting. Also cases of demonstrably narrow palatal vault dimension, and maintenance of space for erupting teeth during the transitional dentition.

Is there a clinical component where these “interventional treatment” modalities are developed? Once again, during the D3 Pediatric Clerkship

3. Describe the horizontal integration of the D2 ORDN: 8236 course?

   D2 ORDN:8236

   This lecture course is both an introductory view of orthodontic treatment and the provision of needed information preparatory to the primary care dentist being able to provide not only accurate classification of occlusion/malocclusion, but appreciation for the developmental aspects of the primary, mixed and eventual permanent dentitions. Introduction to interventional techniques available to the primary care dentist and their application, as well as diagnostic criteria used by the orthodontic specialist are provided. Exercises in development of the Salzmann Index are provided in order to prepare the student for the D3 Pediatric Dentistry Clerkship rotation.

   Truly horizontal integration is probably most connected with the D2 Orthodontic Laboratory course, wherein exercises in recognition of malocclusion, panoramic radiographic interpretation, and procedures to demonstrate the production of space maintenance appliances are all designed to support and reinforce the information and concepts presented within that D2 Orthodontic Lecture course.

Section VII:

Describe the departmental calibration efforts of the clinical adjunct faculties? Truthfully, there have been NO specific calibration efforts for the clinical adjunct faculty.

Section X:

How do students become competent in the "manage" aspect of *6.13 Diagnose and manage developmental or acquired occlusal abnormalities*? Through incorporation of rationale and techniques introduced in the D2 lecture and lab courses during all of the student's subsequent clinical experience treating mixed dentition patients.

Are the graduating dentists competent in treating patients with interceptive or preventive orthodontics? …… Literally no way our pre-doctoral students are fully competent to treat patients with interceptive or preventive orthodontics, as they get SO little clinical exposure/opportunity to provide even ONE clinical procedure!)

Section XII:

Have other departments been approached in regards to reviewing their course syllabi and teaching materials? Other orthodontic departments? No, not to my knowledge

Questions from the courses reports:

What was the rationale behind cutting time from the D2 courses? Is there any clinically relevant material that was eliminated?

Encouragement by administration to “de-compress” the D2 curriculum. The lecture course has not been shortened, but the lab course was shortened by eliminating some repetitive projects involving procedures devoted to the production of removable and fixed orthodontic appliances, which are ordinarily NOT made directly by the practicing dentist but by commercial lab(s). Emphasis was continued on the clinical, in-office procedures which are necessary to be able to accurately delegate such appliance production to an outside lab (band fitting, accurate impression making/pouring, and complete, accurate lab prescription writing). Therefore, no clinically-relevant material was eliminated.

SUMMARY:

- ***Section I:*** Preventive and interceptive orthodontics are introduced in the D2 year didactically and through a laboratory course. Clinical application involves diagnosis of malocclusions with the preventive orthodontic clinical application being the placement of space maintainers once fabricated by an outside laboratory during the D3 pedo clerkship. There is no clinical interceptive orthodontic experience for predoctoral students other than referral.
- ***Section II:*** Historically, qualifying Title XIX patients have been placed on a minimum two year waiting list before comprehensive care is initiated. This is not a requirement for self-pay patients or those with private dental insurance.
- ***Section V:*** Dental student graduates are expected to provide interventional treatment that eliminates crossbites that cause functional shifting and cases of narrow palatal vault dimension.
- ***Section VII:*** Currently, no attempt is made to calibrate the adjunct faculty that grade students in the D3 clinic.
- ***Section X:*** The “manage” aspect of criteria 6.13 is accomplished by referral to the orthodontic graduate or faculty practice.
- ***Section X:*** The current curriculum does not allow the students to become competent to treat patients with interceptive orthodontics needs.
- ***Section XII:*** No current coordination is taking place with other departments to standardize teaching material in the laboratory course.

CONSIDERATIONS:

1. Is “referral” sufficient in regards to appropriate “management” of patients with developmental or acquired occlusal abnormalities (6.13)?
2. Consider coordinating the current off-site laboratory requirements for appliance fabrication submission for the D3’s with what is taught in the D2 laboratory course.
3. How might the proposed elimination of Title XIX affect the curriculum? Will Salzman index still need to be taught to the students if it is never utilized?
4. Might this open the door for predoctoral students to treat interceptive orthodontic cases involving minor tooth movement since these patients will not be able to receive comprehensive care here at the College of Dentistry?

2017 Curriculum Review-Oral & Maxillofacial Surgery-DEO Kirk L. Fridrich

Process:

The Curriculum Management workgroup received the Departmental Curriculum Review documents from the Department of Oral & Maxillofacial Surgery. Each member of the group (Dr. Restrepo-Kennedy, Andrew Richter and Dr. Marchini) reviewed the documents and the workgroup met on 11/1/2017 to discuss each member's comments and questions.
The documents were composed by the Curriculum Review and a review for each of the DOMS five predoctoral courses. The workgroup assessment of the document was overwhelmingly positive, and the DOMS seems to be fulfilling its stated mission, by presenting their courses in a sequential and coordinated fashion, and by being well integrated to the UICOD curriculum. Some questions and some suggestions are presented below in an attempt to clarify some aspects of the Curriculum Review document and improve the students overall experience, respectively.

Questions and Answers by specific page and section:

Page 3 Section VI

1. There is a good description about how D1 to D3 and D3 to D4 vertical integration occurs. Is there any initiative to have a common thread along the full curriculum (D1-D4) on what concerns to Oral and Maxillofacial Surgery?
DOMFS: Not addressed.

2. As a suggestion, the topic of "prescription writing" may be one of the threads to connect basic sciences and the DOMS courses throughout the curriculum?
DOMFS: The students do have a prescription writing seminar in small groups during their clerkship rotation in oral surgery of D3 year.
Follow-up comment: Would you think D1 and D2 students may benefit from having a faculty from OMFS participating on similar seminars on the same topic, but adjusted to their knowledge level, in courses like physiology and pharmacology? This initiative may help them understanding how the content they are studying would be applied in clinics.
DOMFS: I don't think it would be worthwhile having an oral surgery faculty member talk in physiology or pharmacology.

3. Another suggestion is to provide a hands on lecture about surgical instruments right before clinics start, with smaller groups (5 per group, each group with the instruments), so each student may have the opportunity to visualize and handle all surgical instruments before their first clinic. That is because students feel that, in the current lecture format for this topic, the students sitting on the front of the class are the only ones that can recognize the instruments, while the other students cannot.
DOMFS: The students do receive a hands on lecture pertaining to surgical instruments during orientation just before each group of 10 students begin their clerkship in the clinic in oral surgery

D3 year. As an aside, in D2 year the surgical instruments are displayed not only live but also via a power point and handouts to a group of 80 students.
Follow-up comment: Yes, it was pointed out by the students. They however noticed that if the D3 groups are reduced from 10 to 5 it might help all of them having the opportunity to handle the instruments. The suggestions was only to reduce the students group size for the D3 lecture.
DOMFS: The D3 groups will not be reduced from 10-5.

Pages 4-5 Section X

4. When describing the discipline –specific treatment procedures, we felt a lack of information about the minimum requirements for tooth extractions. Is there a minimum number required for TEs? Does it include surgical extractions? Please, comment.
DOMFS: The requirement is 25 extractions and one IV sedation venipuncture. I'm pretty sure I have supplied this information to the curriculum committee.
Follow-up comment: Fantastic! Thank you for providing this info. Does the requirement include any surgical extraction?
DOMFS: Not addressed.

Page 5 Section XI

5. This section was left blank. One suggestion for prospective analysis would be on the topics of implant placement and TMD treatment. Please, comment.
DOMFS: I'm a bit unsure as to what you are looking for in Section XI (point 5)regarding prospective analysis.
The predoc students do not surgically place implants and it is rare for them to see a TMD patient. They may observe implant surgery on their clerkship. If you have any other suggestions pertaining to this section I'd like to hear from you.
If you would like us to run a report in the future regarding # of routine extractions performed vs surgical extractions we could plan that as a prospective analysis.
Follow-up comment: In a more hypothetical/exploratory thought, would you think it is worthy pursuing a more aggressive implant curriculum in which each student may place at least one implant?
DOMFS: I do not think it is worth pursuing an implant curriculum where each student places an implant.