Curriculum Committee Meeting Agenda	
May 3, 2017	12:00 – 12:50 pm; Deans Conference Room (N304 DSB)
Dr. DC Holmes, Chair	Recorder: Ms. Lauren Moniot

Lunch served.

Agenda Items	Responsible Individual
1. Approval of March 30, 2017 Minutes	Holmes

2. Office for Education – Updates
  • Course Director Development
  • Course/Faculty Evaluation Process
  • P.A.S.S. – Clerkship Directors Mtg
	Krupp

3. PCD Department Curriculum Review	Howe

4. Curriculum Updates:
  • Basic Pharmacology Course
  • Critical Thinking Curriculum
  • Practice Management
	Garcia

5. Round Table Comments	Committee
6. Next Meeting: **FRIDAY, June 9, 2017**	

Action Items			
Status	**Action to be taken**	**Responsible**	**Due Date**
Pending	PCD Curriculum Review	Howe/Hoffmann/Phan	May 2017
Pending	ICCMS Implementation in the College	Kolker/Guzman-Armstrong	
Pending	Biochemistry & Pharmacology WG	Hellstein/Krupp/Hoffmann	
Pending	Prerequisite Basic Science Question; INDBE	Garcia	

Curriculum Committee (2016-2017):

DC Holmes, Chair
Maged M.E. Abdelaal
Marsha Cunningham-Ford
Darren Hoffman
Brian Howe
Terry J. Lindquist
Leonardo Marchini
Natalia Restrepo-Kennedy

Cheryl L. Straub-Morarend
Fabricio Teixeira
Paula L. Weistroffer
D2 – Amanda Phan
D3 – Stacey Howes
D4 – Briana Lage

Ex Officio:

Lily T. Garcia, Associate Dean for Education
Ms. Michelle Krupp, Director, Education Development
Tad Mabry, Chair, Clerkship Directors
Galen B. Schneider, Executive Associate Dean
Catherine M. Solow, Associate Dean for Students
Sherry R. Timmons, Chair, CAPP Committee
Guest: Tara Sears, D2, ADCFP Fellow

THE UNIVERSITY OF IOWA
COLLEGE OF DENTISTRY & DENTAL CLINICS

<u>Members Present:</u> Drs. DC Holmes (Chair), Darren Hoffmann, Brian Howe, Leonardo Marchini, Cheryl L. Straub-Morarend, Fabricio Teixeira, Paula Weistroffer, Lily T. Garcia, Sherry Timmons, Prof. Marsha Cunningham-Ford, Ms. Michelle Krupp, Dean Catherine Solow, Amanda Phan (D2), Stacey Howes (D3) and Briana Lage (D4)

<u>Absent</u>: Drs. Maged M.E. Abdelaal, Terry J. Lindquist, Natalia Restrepo-Kennedy, Tad Mabry and Galen Schneider

<u>Guest:</u> Ms. Tara Sears, ADCFP Fellow

Meeting called to order 12:07 p.m.

Dr. Lily T. Garcia wished Dr. Cheryl Straub-Morarend continued success on her next career opportunity and acknowledged her contributions to the committee and the College of Dentistry.

I.   **Approval of March 30, 2017 Minutes** – Dr. DC Holmes
      Approved, no changes noted.
II.   **Office for Education Update** – Ms. Michelle Krupp
      • Course Director Development for the new AEFIS Syllabus
        Four course director development workshops have been completed with 5 pending. The workshop focuses on how syllabus content can be more learner-based and shows faculty on how to make edits in AEFIS. Minor glitches are being resolved as they are discovered. The AEFIS syllabus will be fully implemented (required) for the upcoming academic year 2017-18.
      • Course/Faculty Evaluation Process
        The current course/faculty evaluation system (UI ACE) is not meeting the needs of COD. An evaluation tool within the AEFIS curriculum mapping program is being piloted with several predoctoral and graduate courses. A confidential report of the first round of data (one course) was presented.
        Highlights of the new evaluation program include:
        o Significant reduction in total number of questions and surveys asked of students.
        o Use of only one course/faculty survey per course. Only one response for each course evaluation which is following by faculty teaching questions; list all involved faculty for each question rather than separate surveys. (ACE required a new course survey for each faculty evaluation rendering results suspect.)
        o Questions are framed in a more positive way focusing on student learning and encouraging constructive course and faculty teaching feedback.
        o Students will have the ability to opt out of evaluating faculty they did not interact with by simply clicking on "No Answer" for those faculty.
        o A course director will receive a full report that includes course evaluation data and teaching data for all faculty. Team teachers will receive a report that includes the course evaluation data and their own faculty teaching evaluation. DEOs will have access to review their department evaluations. Reports will be available housed on a faculty's own AEFIS dashboard allowing each faculty to easily review, retrieve and archive their own reports.
        o Evaluation process (scheduling the evaluations) will be handled by Office for Education allowing direct management to ensure process runs smoothly and as intended.

- o The sample report had a 25% response rate considered good since both ACE and AEFIS notifications were being sent to students at the same time. Discussion regarding how to increase response rated followed.
    - ✓ Students felt that this streamlined evaluation as well as knowing what to expect will help improve response rate.
    - ✓ Committee members emphasized the need to carve out class time to allow students to complete surveys in class. Ms. Krupp said there would be a standardized open evaluation timeframe scheduled by course end dates, so faculty can plan accordingly.
    - ✓ The Office for Education will meet with each department and each DS class to explain the process of the new evaluation system.
- P.A.S.S. – Discussion planned for the next Clerkship Directors Meeting

III.   **PCD Department Curriculum Review** – Dr. Brian Howe (see attachment)
- Dr. Howe presented the workgroup's (Drs. Howe, Hoffman and Amanda Phan – D2 PCD report, please see attachment for more detailed information. Departmental strengths, questions and recommendations focused on the following:
    - o The need for an adjunct model that better recruits and retains faculty.
    - o Vertical and horizontal integration in the curriculum and the impact PCD has across all four years.
    - o Logistical space limitation and availability of chairs for D1 course that potentially is impacting student learning. These barriers are not conducive for a standardized learning experience among the class, as well as faculty calibration

IV.   **Curriculum Updates** – Dr. Lily T. Garcia
- Basic Pharmacology Course
  The College of Dentistry has discontinued having the Department of Pharmacology direct the DS course PCOL 8240. Professor Karen Baker will be the new course director of the D2 course and plans to revise the curriculum with emphasis on relevant, clinically integrated content.
- Critical Thinking Curriculum
  Dr. Theresa Marshall is relinquishing the D1 Critical Thinking course. This provides an opportunity to review the curriculum educational thread and revise for clinically relevant knowledge in the D1 year, embed and confirm experiences across all D3 clerkships, and focus on patient outcomes in the D4 year.
- Practice Management
  With the retirement of Dr. Larry Squire, Dr. John Syrbu will serve as course director for the D4 Practice Management course. He has many great ideas to enhance the curriculum. An initial meeting with all the key faculty who teach aspects of practice management occurred and was helpful to see the curriculum educational thread.

V.   **Round Table Comments** – Committee
- Dr. Holmes- the curriculum updates are important to discuss in Curriculum Committee for continuous curricular improvements to occur.
- Amanda Phan asked about the revise pharmacology course; Prof. Baker intends to make the course content more applicable and relevant.

VI.   **Next Meeting: FRIDAY, June 9, 2017**
Minutes recorded: Ms. Lauren Moniot

Preventive And Community Dentistry Curriculum Review

COMMITTEE MEMBERS:

DR. BRIAN J. HOWE

DR. DARREN HOFFMAN

MS. AMANDA PHAN (D19)

Process

Curriculum review report from Dr. Dan Caplan

Reviewed by sub-committee
◦ Developed questions for PCD based off of curriculum report

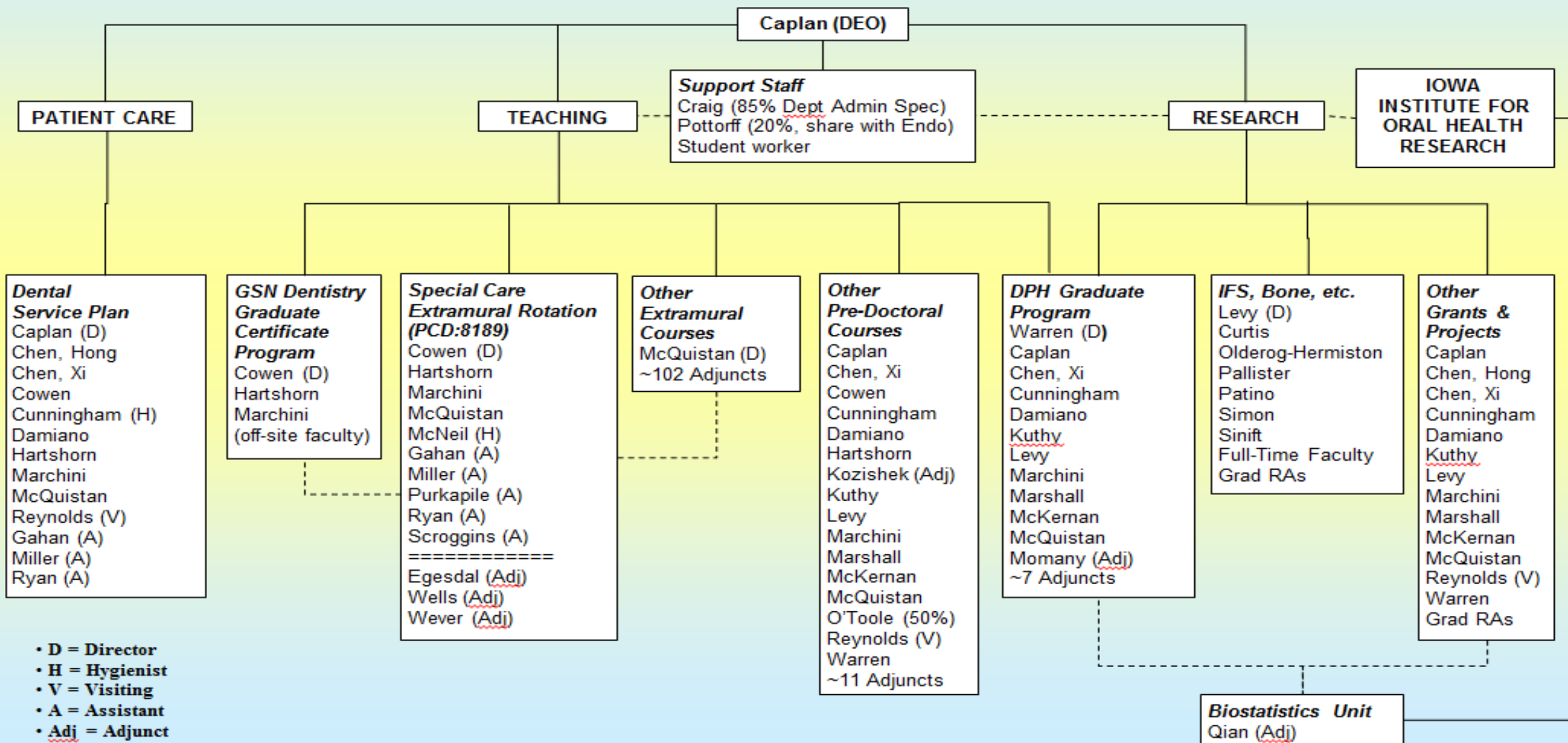Questions sent to Dr. Caplan and answers received

Summarize report

Mission

The Department of Preventive and Community Dentistry is an integral part of the curriculum at the College of Dentistry and helps students acquire the knowledge and clinical experience needed to incorporate a philosophy of preventive dentistry as the basis of long term success and maintenance of patient and population oral health.

Department of Preventive and Community Dentistry
(updated 12/30/16)

Caplan (DEO)

PATIENT CARE

TEACHING

Support Staff
Craig (85% Dept Admin Spec)
Pottorff (20%, share with Endo)
Student worker

RESEARCH

IOWA INSTITUTE FOR ORAL HEALTH RESEARCH

Dental Service Plan
Caplan (D)
Chen, Hong
Chen, Xi
Cowen
Cunningham (H)
Damiano
Hartshorn
Marchini
McQuistan
Reynolds (V)
Gahan (A)
Miller (A)
Ryan (A)

GSN Dentistry Graduate Certificate Program
Cowen (D)
Hartshorn
Marchini
(off-site faculty)

Special Care Extramural Rotation (PCD:8189)
Cowen (D)
Hartshorn
Marchini
McQuistan
McNeil (H)
Gahan (A)
Miller (A)
Purkapile (A)
Ryan (A)
Scroggins (A)
============
Egesdal (Adj)
Wells (Adj)
Wever (Adj)

Other Extramural Courses
McQuistan (D)
~102 Adjuncts

Other Pre-Doctoral Courses
Caplan
Chen, Xi
Cowen
Cunningham
Damiano
Hartshorn
Kozishek (Adj)
Kuthy
Levy
Marchini
Marshall
McKernan
McQuistan
O'Toole (50%)
Reynolds (V)
Warren
~11 Adjuncts

DPH Graduate Program
Warren (D)
Caplan
Chen, Xi
Cunningham
Damiano
Kuthy
Levy
Marchini
Marshall
McKernan
McQuistan
Momany (Adj)
~7 Adjuncts

IFS, Bone, etc.
Levy (D)
Curtis
Olderog-Hermiston
Pallister
Patino
Simon
Sinift
Full-Time Faculty
Grad RAs

Other Grants & Projects
Caplan
Chen, Hong
Chen, Xi
Cunningham
Damiano
Kuthy
Levy
Marchini
Marshall
McKernan
McQuistan
Reynolds (V)
Warren
Grad RAs

Biostatistics Unit
Qian (Adj)

- **D = Director**
- **H = Hygienist**
- **V = Visiting**
- **A = Assistant**
- **Adj = Adjunct**

Year	Course Number	(Some of the) Major Topics Introduced	Other Pre-Doctoral Courses That Depend on this Foundation
D1	PCD:8116	Infection control protocol HIPAA Axium health history, progress notes, charting (restorations, findings, perio)	All clinical courses in the D2-D4 curriculum
D1	PCD:8117	Caries (epidemiology, etiology, diagnosis, prevention)	All clinical courses in the D2-D4 curriculum
D1	PCD:8118	Patient assessment Blood pressure measurement Caries risk OHI Calculus removal FIRST patient experiences Axium codes and fees	All clinical courses in the D2-D4 curriculum
D1	PCD:8119	Fundamentals of communication (intro) ADA principles of ethics Standardized patients (intro)	All clinical courses in the D2-D4 curriculum D2 Communication D3 Communication D3 Ethics module (OPRM)
D1	PCD:8120	Evidence-based dentistry Critical thinking	D2 Foundations of CT D3 Applications of CT (OPRM) D4 Applications of CT (FAMD)
D2	PCD:8218	Evidence-based dentistry Critical thinking	D3 Applications of CT (OPRM) D4 Applications of CT (FAMD)
D2	PCD:8245	Patient assessment Provision of preventive services for recall and new patients	All clinical courses in the D3-D4 curriculum

Year	Course Number	(Some of the) Major Topics Introduced	Other Pre-Doctoral Courses That Depend on this Foundation
D3	PCD:8319	Standardized patients (advanced)	All clinical courses in the D4 curriculum
D3	PCD:8355	Socio-economic factors, physiology, pharmacotherapy of aging adults Rational treatment planning, clinical decision-making for geriatric patients Risk factors for Rapid Oral Health Deterioration Palliative / end-of-life dental care	D4 Family Dentistry D4 Extramural Rotations (specifically the Special Care Extramural Rotation)
D3	PCD:8360	Public health functions Dental public health Medicare / Medicaid (dental) Community water fluoridation (regulation and legislation) Public health nutrition Community program planning	All clinical courses in the D3-D4 curriculum PCD:8361
D3	PCD:8361	Health / dental insurance Health care delivery systems / terminology / reimbursement U.S. / international health care Access, quality, dental workforce Iowa Dental Board Organized Dentistry Malpractice	All clinical courses in the D3-D4 curriculum D4 Practice Management (FAMD)
D4	PCD:8485 - PCD:8496 (total of 10 Extramural Program courses)	Care for underserved populations	FAMD clinical courses

Strengths

- The department fulfills a vital role is providing information to students in the realms of Ethics, Practice management, Informatics, and Health Care Policy

- Research and community involvement
  - Local, State, and National

- Geriatrics and Special care clinic, mobile unit

- Masters in Public Health program

Questions

What educational impact does splitting students in D1 Preventive Dentistry have on students in regards to learning objectives and learning environment?

◦ Separating the D1 class into 3 different clinic spaces affects the learning environment because these 18 students (8 in the Geriatric and Special Needs Clinic and 10 in the Grad Operative units) are physically isolated from the rest of their class during these sessions.

◦ Facutly ability to monitor consistency among all 80 students is seriously compromised

Questions

Please describe the process for calibration of faculty grading that is used in PCD?

◦ For the Preventive Dentistry clinical courses, calibration is achieved by emphasizing the same techniques and using the same evaluative criteria, which are described in a 9-page document and 4-page clinic worksheet.

  ◦ These documents are reviewed by all faculty teaching in both courses each year and we consult this document whenever there are questions about evaluating a student's clinical performance.

◦ Modified FAMD course evaluation form, which provides the same descriptions for "surpassed expectations", "met expectations", or "needs improvement" as FAMD.

  ◦ There is no uniform calibration of faculty for the specific daily items that are evaluated, but there are written criteria as to how each item should be evaluated.

  ◦ Faculty have a brief conference to discuss student performance prior to completing their "final evaluation".

Recommendations

▪Through the Office of Education work to integrate course content across D1-4 for coordinating information, resources- such as Ethics, Practice management, and Treatment planning

▪Creating open access for PCD 8360/61 (Practice of Dentistry in the Community I and II) content as a resource for students, faculty, staff, and graduates to utilize. This could be coordinated with the Public Policy Center.

▪Through the Associate Dean for Patient Care and Dental Registrar investigate solutions for the D1 Preventive Dentistry course so all 80 students or 2 groups of 40 can participate in one location.

Recommendations

- Suggest administration critically evaluate sustainability of the Adjunct faculty model.

- Seek solutions for scheduling extramural programs through the Dental Registrar and Office of Student Affairs.

- Develop video vignettes of clinical scenarios for faculty grading and calibration

Thank You

QUESTIONS

Department of Preventive and Community Dentistry
2017 Curriculum Review
DEO: Danial Caplan DDS, PhD

Process:
A departmental curriculum review report for the department of Preventive and Community Dentistry was received by the Peer Curriculum Review working group. Members of the working group include Dr. Brian J. Howe (chair), Dr. Darren Hoffmann, and Ms. Amanda Phan (DDS candidate 2019). The working group reviewed the report and submitted questions to DEO Dr. Danial Caplan. The questions, comments, and responses were used to form a summary document. Below is the culmination of that work

Questions per Section:

V and VI:

- **Could you please expand on the horizontal and vertical integration with other courses in a table or other visual aid to help show the impact that PCD has on the curriculum as a whole?**

Year	Course Number	(Some of the) Major Topics Introduced	Other Pre-Doctoral Courses That Depend on this Foundation
D1	PCD:8116	Infection control protocol HIPAA Axium health history, progress notes, charting (restorations, findings, perio)	All clinical courses in the D2-D4 curriculum
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			D4 Applications of CT (FAMD)
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D4	PCD:8485 - PCD:8496 (total of 10 Extramural Program courses)	Care for underserved populations	FAMD clinical courses

- **Are there mutually agreed upon boundaries for course topics/content across departments and D1-4?**
    - For the D1 and D2 clinical Preventive Dentistry courses, the course directors meet on an annual basis with course directors in Operative Dentistry to coordinate content and clinical guidelines for caries risk assessment. Additionally, those course directors meet with Periodontics faculty annually to coordinate curricular changes. One example of this vertical integration with Periodontics is the current transition from American Eagle "gold" tipped curets (and use of sharpening stones) to HuFriedy "Ever edge" curets and diamond/metal sharpening cards.

        For the D3 didactic Geriatric Dentistry course, there are no agreed-upon boundaries with other courses, as this course incorporates all the dental specialties in they related to the geriatric dental patient. Currently the course director makes an effort to keep in contact with fellow course directors to keep content consistent across courses (e.g., Dental Pharmacology, Operative Dentistry). For the D3 Practice of Dentistry in the Community courses, the course directors have met in the past to decide which topics would be most appropriately taught in which course; and for the Communication and Extramural Rotation courses, the course directors confer occasionally in an attempt to avoid overlap with issues related to health literacy and cultural competency.

- **Is there evidence that the content provided in the PCD courses fulfills other departments' course base content needs?**

    - The vast majority of PCD courses provide foundational material that relates to care of patients across all populations and specialties encompassed by the oral health spectrum (see the above table). All topics taught in the D1-D2 years are necessary for our students to provide direct patient services throughout all four years of the curriculum. Evidence of fulfillment of other departments' course base content needs could only come from departments outside of our own, because the only evidence that our courses might not provide adequate content for courses in other departments would come from feedback to our DEO or course directors from those departments or from the Office of Education. To our knowledge that has not happened, at least not within recent memory.

- **Why is PCD 8355: Introduction to Geriatric Dentistry distinct from the PCD curriculum sequence?**

    o For over 30 years this course was not a PCD course – it was a "Collegiate" course, meaning that it was overseen by Collegiate Administration rather than within our department. About 2-3 years ago the course was formally moved to our department, which makes good sense given that the current course director and co-director are faculty in our department and the care of geriatric populations is an integral component of our department's missions. Introduction to Geriatric Dentistry incorporates the skills and knowledge gained in the PCD Preventive Dentistry curriculum with application to a very high risk population, just as the curricula taught by other departments in the third year block system is taught in relation to the geriatric dental patient.

- **How does the Ethics Module/course (PCD 8119) work with the ethics course taught in OPRM?**

    o Could you please describe objectives of the ethics module?
        ▪ At the completion of the Ethics modules, students should be able to define the core principles and apply the principles in analyzing clinical dental ethics; identify core ethical problems / issues in clinical case examples; develop and analyze options for resolving and preventing ethical dilemmas in the practice of dentistry; select an option and provide justification for the selected option using the concepts, principles, and supporting literature, including reasons for rejecting other options; identify values and beliefs that might influence clinical decision-making by both patients and clinicians; and use institutional, community, and national resources to resolve professional and clinical dilemmas. Students demonstrate these skills through verbal and written responses to the cases and course assignments given.

    o **Would it be beneficial to have ethics small groups in D4 to discuss cases they have experienced in a group setting?**
        ▪ Yes – though as part of the D4 Extramural rotations "Exit Seminar", students write a paper describing an ethical dilemma they faced while on their extramural rotations, and 3-5 volunteers are asked to share their examples verbally with the group.
    o **Why is there a 1 hour review in D3?**
        ▪ The review lecture covers the ethics content provided to those same students 2.5 years prior to that time (in their D1 year). We think revisiting this material is appropriate due to the length of time between Ethics modules.

- **How does the practice management and informatics content integrate with the D4 practice management course?**
  - Assuming that the question refers to PCD 8361 (Practice of Dentistry in the Community II): It doesn't formally integrate because it is not intended to be about Practice Management -- in fact, during the introductory class session it is specifically described to the D3 students as NOT being a Practice Management course. Rather, the purpose of the course is to introduce students to topics that affect their life as a dental professional (see table above). A few of the topics could be classified by some as being under the "Practice Management" umbrella (e.g., how belonging to a PPO network can affect practice revenue), and near the end of the course, a few recently-graduated dentists are brought in to talk about their experiences since graduation, and those who started their own practices tend to talk about some aspects of practice management that have been successful (or not) for them. Overall though, the majority of topics provide no formal integration nor overlap with the D4 Practice Management course.

VII:

- **What narrative feedback is provided and do the students have access to the daily evaluations?**
  - For the D1 and D2 Preventive Dentistry courses, written and verbal feedback is provided to students during and after each clinical session. Clinic worksheets are used to help guide these novice clinicians in this series of "first clinical experiences" across the courses.

    For the Special Care Extramural Rotation, narrative feedback is required on daily evaluations only when students are evaluated with an 'S" (surpassed expectations) or "I" (needs improvement). Narrative feedback is required in the Final Evaluation. Students have access to their daily and final evaluations upon request.

    For the Extramural Rotations in general, students get chairside comments from extramural faculty about their work, i.e., what is good and what to modify. Students do mid-course self-evaluations; site directors are encouraged to review students' self-evaluations with the students, but most site directors do not do this. Students can ask to see their daily evaluations, but they do not have website access to them with their own login information.

- **What is the overarching goal for each faculty in regards to teaching in PCD 8118 and PCD 8245? Does each faculty teach based on their clinical experience and thoughts or are there specific techniques (calibrated techniques) that are taught?**
  - The overarching goals for faculty in these courses are to facilitate each student's ability to:
    - 1) assess patients' oral health status and oral disease risk factors; and
    - 2) provide preventive dental care appropriate to patients' needs and wishes.

- o Supervising faculty in these clinical courses are dental hygienists or dentists, so the dental instrumentation is familiar to them. Class materials related to course topics and techniques (e.g., manual movements required for proper use of periodontal instrumentation, patient-provider positioning, ergonomics) are made available to each provider prior to the clinic sessions, and chairside and electronic documentation is reviewed with faculty by Ms. Cunningham with the instructors prior to the clinic sessions. No formal calibration (i.e., quantification of the level of agreement between instructors) is done.

- **Calibration of teaching style for Geriatric/special care rotation- does this mean there is no calibration of grading since the teaching style is different?**
  - o In the Special Care rotation (as in all Extramural rotations), faculty use the modified FAMD course evaluation form, which provides the same descriptions for "surpassed expectations", "met expectations", or "needs improvement" as FAMD. There is no uniform calibration of faculty for the specific daily items that are evaluated, but there are written criteria as to how each item should be evaluated. Faculty have a brief conference to discuss student performance prior to completing their "final evaluation".

- **Can you please describe the process for calibration of faculty grading that is used in PCD?**
  - o For the Preventive Dentistry clinical courses, calibration is achieved by emphasizing the same techniques and using the same evaluative criteria, which are described in a 9-page document and 4-page clinic worksheet (not included here but available from course directors on request). These documents are reviewed by all faculty teaching in both courses each year and we consult this document whenever there are questions about evaluating a student's clinical performance.

XII:

- **For Extramurals- what type of assistance, specifically, would Dr. McQuistan benefit from to help address her needs?**
  - o An online scheduling system would save at least 15-20 hours of work for Lori Kayser and Dr. McQuistan. It also would potentially be viewed as being more fair by the students. The current course evaluation system is extremely time-consuming since each site must have a survey developed and individually mailed to each student. Dr. McQuistan has met with Lori Kayser, Dean Garcia, and Michelle Krupp to discuss an alternative way to label the courses and link the course evaluations via MAUI. It is hoped that the new system will help minimize the amount of work needed for course evaluations, but Dr. McQuistan still will need assistance sorting the surveys and distributing them to the site directors.

The establishment of new sites is time-consuming due to conversations with the sites, potential site visits, establishing Memoranda of Agreement (MOA) with the sites and completing paperwork for CODA approval of new sites. Initial communication with the sites and completion of CODA-related paperwork could be delegated to Gina Pottoroff or other administrative support staff. Students need to be closely monitored to ensure that they complete any necessary paperwork prior to commencing their rotations, and new guidelines should be implemented stating that if they do not have their paperwork completed at least 4 weeks prior to the start of their rotation, they will not be allowed to participate in the rotation -- which will result in delayed graduation.

An annual meeting with extramural faculty is necessary to help with calibration, talk about issues, and provide updates to adjunct faculty about teaching philosophies at the COD. This meeting could be simplified by having extramural faculty attend the CE portion of the FAMD quarterly meetings. Continued assistance is needed from Gina Pottorff (student and site director communications); Tina Craig (scheduling exit seminars, appointing adjunct faculty, establishing / renewing MOAs); and Lori Kayser (student malpractice documentation, scheduling).

- **What educational impact does splitting students in D1 Preventive Dentistry have on students in regards to learning objectives and learning environment?**

  o The educational impact is difficult to assess from the students' point of view, especially due to lack of student comments related to the well-known and longstanding difficulties with the student course evaluation system. From the faculty perspective, the impact of separating the D1 class into 3 different clinic spaces affects the learning environment because these 18 students (8 in the Geriatric and Special Needs Clinic and 10 in the Grad Operative units) are physically isolated from the rest of their class during these sessions. Ms. Cunningham rotates the students who are assigned to these "annexed" units each week to lessen the impact on any individual student, but the faculty also are isolated from consultation with other faculty on any given day. There are 10 faculty supervising 80 D1 students and to our knowledge PCD 8118 is the COD's only clinical course in which all 80 students are assigned to the clinic at the same time.

  To accommodate this situation, Ms. Cunningham has to make arrangements with the second-floor dispensary to send additional disposable supplies with the annexed students because the units are all stocked differently in the annexed locations. She also needs to make arrangements with the clinic clerks to coordinate use of units with D3 Operative and Grad Operative. This year we have had 2 incidents of D1s arriving in the annexed clinic space only to find another student (and their patient) in the D1-assigned unit. The lack of assigned units being available when needed negatively impacts the novice student, and their faculty need to solve the problem without inconveniencing he COD patient.

Each summer, the re-negotiation process for adequate clinic space for D1s starts anew, since D1 Preventive Dentistry has not been guaranteed adequate clinic space for those sessions from year to year. Ms. Cunningham's ability to monitor consistency among all 80 students on these D1 clinic dates is seriously compromised by the need to split the D1 class into multiple venues. Accommodations could be made to decompress this aspect of the curriculum, but that would take away from the College's heavily-marketed ability for our students to see patients in their first year of pre-doctoral study.

In addition to splitting the D1 class for the Preventive Dentistry clinic, Ms. Cunningham also "splits" the class to accommodate PCD 8119 for the students' first standardized patient experiences. That content is essential to students' interaction with patients in PCD 8118. For those 2 April sessions in PCD 8119, Ms. O'Toole struggles to find 8 units in the FAMD clinic (wherever there is a cancellation), so D1 students and their standardized patients are spread throughout the FAMD clinic to participate in the standardized patient experiences. Ideally, the D1 students would be in the same clinical space to facilitate oversight from Ms. O'Toole.

Strengths:

The Department of Preventive and Community Dentistry is an integral part of the curriculum at the College of Dentistry and helps students acquire the knowledge and clinical experience needed to incorporate a philosophy of preventive dentistry as the basis of long term success and maintenance of patient and population oral health. This mission is integrated with the mission of the College of Dentistry and the University of Iowa in the key areas of education, research investigation, and service.

- The department fulfills a vital role is providing information to students in the realms of Ethics, Practice management, Informatics, Health Care Policy
- Research and community involvement
- Geriatrics and Special care clinic, mobile unit
- Masters in Public Health program

Recommendations from the Department:

- Work with the Dean of Clinics to accommodate scheduling of space for the D1 Preventive Dentistry – to have all 80 students (40 pairs of 2) in clinic at the same time instead of separating students into isolated areas (clinical spaced in other departments)

- D3 Introduction to Geriatric Dentistry: This course currently is a 2-credit hour course with 1 hour of classroom lecture and one hour of outside assignments each week. Currently, lectures are 50 minutes. Dr. Hartshorn and Dr. Marchini would like to increase the length of lectures by 15 minutes. This would improve both the way information is presented during lecture and the faculty's ability to review weekly assignments with students.
- Extramural Program: One of the biggest time management issues is scheduling and assigning the students to their extramural rotations. Currently this operation involves Lori Kayser, Gina Pottorff and Dr. McQuistan. It would be extremely beneficial to have a scheduling software program that automates this process.
- Extramural Program: With the current course evaluation system, Dr. McQuistan has to create or duplicate a survey for every site after every rotation, then manually enter all email addresses for the students before sending them the course evaluation, meaning 80 students x 2 rotations = 160 email addresses that have to be entered. Needless to say this is very time intensive. A different course evaluation system and/or administrative help to create and distribute the course evaluations would be welcome.
- Communications Curriculum: Support would be welcomed for projects designed to reduce disparities in care for underserved populations (e.g., inclusion of the Poverty Simulation in the pre-doctoral curriculum, development of a program fostering long-term student relationships and advocacy for Title XIX or DWP patients).
- All courses: Problems with the student course evaluation system (e.g., low response, redundancy, inaccuracy) has led mostly to feedback that is neither representative nor helpful, though some has been. If the student course evaluation system cannot be improved, other evaluation methods will need to be explored OR faculty will need to

lower our standards for what we perceive as acceptable feedback – and doing that translates into potentially not making changes that otherwise could improve the learning experience for our students.

- Part-time faculty: individual work space that does not need to be shared.

Recommendations from the Working Group:

- Through the Office of Education work to integrate course content across D1-4 for coordinating information, resources- such as Ethics, Practice management, and Treatment planning.
- Create open access for PCD 8360/61 (Practice of Dentistry in the Community I and II) content as a resource for students, faculty, staff, and graduates to utilize. This could be coordinated with the Public Policy Center.
- Through the Associate Dean for Patient care and the Dental Registrar investigate solutions for the D1 Preventive Dentistry course so all 80 students or 2 groups of 40 can participate in one location.
- Suggest administration critically evaluate of the Adjunct faculty model.
- Seek solutions for scheduling extramural programs through the Dental Registrar and Office of Student Affairs.
- Develop video vignettes of clinical scenarios for faculty grading calibration.