College of Dentistry
CURRICULUM COMMITTEE

November 22, 2013

Present: Cunningham-Ford, (Chair), Burke, Caplan, Clancy, Cowen, Eckert, Eckhardt-Hyland, Finkelstein, Hoffmann, Holmes, Jones, Justman, Kayser, Lindquist, Marshall, Orgill, Schneider, Solow, Stemper, Straub-Morarend, Timmons, Vargas, Weistroffer

Absent: Gratton, Hernandez, Kwon

Guest: O'Toole, J. Harris

1.0 Approval of September 27, 2013 Minutes

The motion was made and seconded to approve the minutes from the September 27, 2013 meeting as written

2.0 Associate Dean for Education Introduction (L. Garcia)

Dr. Garcia outlined the responsibilities of the Dean of Education .The charge to provide leadership for continuity of the multiple education initiatives, as well as help manage overall Collegiate curricular initiatives, both to facilitate the process of implementing them and follow-up on their efficacy. There are tremendous opportunities to "pull threads together" while maintaining the integrity of the Iowa "brand."

As an *outsider, t*he College has vibrancy, creativity, and a brand reputation that is outstanding. . The Collegiate curriculum is the backbone of any college. Power lies in group activities that affect, develop, and maintain a curriculum that is current and relevant. The Committee will be asked to streamline the departmental review process into one that has an effective outcome.

Dr. Garcia suggested management of the committee meeting to take full advantage of the collective minds as members. To that end, attempts will be made to respect the time for committee business and for those who have multiple commitments around the committee meeting.

3.0 Communication and Standardized Patient Program (C. O'Toole)

The D2 communication/standardized patient (SP) program was restructured, with a pilot in spring 2013 (approved by Curriculum committee) in part, in response to students' comments (Attachment 1). It was difficult to develop a simulated patient exercise that is challenging to D3 students who have had considerable amount of clinical experience. Such a program would be better preparation for D2 students. Ms. O'Toole consulted with clinic directors as she developed the program.

Ms. O'Toole found that communication exercises were best exchanged in smaller groups of 8-10 with more interaction and vibrant discussions lasting about an hour. Lectures were shortened and added the standardized patient exercise was added near end of the school year

Grading is Pass/Fail with a predetermined checklist for grading. The SP encounter was immediately reviewed with the student who received a DVD of the encounter.

The program has been well-received by students. A common theme of the feedback was an interest in reviewing a mock patient record before the encounter. Students also thought having the encounter at the end of the D2 year was helpful. Proposed changes are highlighted on the attachment.

Comments:

Last year D3 students were just beginning to grasp cultural competency factors and how they affected treatment plans. Now an extra self-assessment component was added. To process concepts, sometimes putting ideas on paper and submitting them, rather than entering information in axiUm, gives the course director a view of how well individual students are grasping and incorporating concepts in patient treatment planning.

Essential components of the SP encounter are the immediate chair-side feedback and the small group discussions. These give Ms. O'Toole an idea of what students are absorbing and how they are progressing toward competency.

The program will be reevaluated at the end of Spring semester.

Comments

Most course directors have completed the course mapping project. Once all courses are entered, the database will be reviewed for completeness. Dr. Schneider noted that the orientation sessions generated a good deal of discussion among the faculty that identified areas of duplication and redundancy. Some department faculty met to review curriculum—a main purpose of the project. Creating a keyword search instrument will be the next step for the database program. Dr. Schneider expressed his appreciation for the cooperation of the collegiate course directors in taking on the project.

4.0 Restructure Curriculum Committee

Dr. Garcia distributed the schematic plan for restructuring the Committee, which also shows the Education Advisory Group.(see attachment). The plan was reviewed and approved by the Administrative Staff.

The Curriculum Committee will include 3 work groups which may meet more frequently than the scheduled Committee meetings. The work groups include Committee members divided into three key areas:

1. Curriculum Logistics & Reporting
2. Peer Curriculum Review
3. Curriculum Management

Dr. Garcia asked the Committee to provide input into the current review process. The Physiology course review was distributed as an example of the current course review process. She requested the Committee to provide input for improvement of the process prior to conducting additional reviews, to consider if the current questions posed are valuable, and to understand the ultimate outcome of this type of process.

Meeting attendance will be important and if a member is unable to participate, please notify Dr. Garcia.

5.0 GRISTO Student Feedback (Hoffmann/Harris)

Drs. Hoffmann and Swailes distributed an extensive survey to the D1 class in May 2013 to give them the opportunity to evaluate the issues that arose from the integration of Gross Anatomy and Histology (GRISTO) and provide prospective commentary on curriculum changes for the future. Ms. Harris (D2) read each of 41 responses (51% response rate) and compiled the data (see attachment).

The respondents were evenly divided between those who want to pursue a more “flipped” class style and those who do not. Those who did not want to move in that direction didn’t seem to grasp the concept of a flipped classroom and that it provided more interaction with the instructors, not less.

In GRISTO, Histology lab is done as a series of self-directed exercises, the majority of students do their self-directed study of Histology lab the night before the weekly quiz, not during the reserved time block earlier in the week. Students most often use that time block for working on other courses.

Changes in the Anatomy lab have not led to adequate student preparation for lab work. Future work will be needed to improve lab preparation.

About half of the students did not want to combine the credit hours for Histology & Gross Anatomy. (that would create a 10 credit hour course according to Lori Kayser).

The majority of the class expressed general satisfaction with the way the class runs now. Computer testing was discussed as an option for 2014 because most courses in the College of Medicine are moving toward it, but will not be an option this time due to conflicts in room reservation and electronic resources.

6.0 Round Table/Comments

D1 Interprofessional Education Program: Mr. Jones (D1) indicated that some students see this program as busy work as it included numerous “reflections”. The main concern of the class is the timing of the exercises near exams for other courses. They also find it difficult to work with students from other health sciences.

Dr. Weistroffer replied that the scheduling is flexible and the class representatives should contact her about adjusting due dates. Professor Cunningham noted that IPE is required for accreditation and the College of Dentistry has been active in IPE for the past 4 years in conjunction with the College of Medicine "Clinical Beginnings program". Dr Weistroffer is the Curriculum committee's liaison for IPE and Dean Solow also represents the College of Dentistry in the University of Iowa IPE Task Force. Dr Weistroffer noted that this is a pilot program and the exercise might not appear to be relevant to a D1 student at first. An objective of the program is to get health care professionals to understand each other's roles in patient treatment and to identify ways to cooperate.

Some students feel they need to spend too much time on biomedical course work to the detriment of their dental courses—a source of frustration for them. They feel that they are not grasping what they should be grasping to move on to next year.

7.0 Next Meeting

The next Curriculum Committee meeting will be on **December 13, 2013**, 12:00-1:00 p.m. in the Deans Conference Room.

Minutes respectfully submitted by Mary Lynn Eckert.

Attachment 1

D-1 COMMUNICATIONS PROGRAM CHANGES

SESSION/ASSIGNMENT	TOPIC	HOW ADDRESSED/HOW ASSESSED
Small group #1 Assignment #1	Qualities of an "ideal dentist"	*Small group discussion of results from student interviews with non-dental subjects recording the top ten qualities/attributes of an ideal dentist. Discussion includes the frequency of certain qualities and their relation to communication skills (kind, explains things well, friendly, knowledgeable, makes good decisions)
Lecture #1	"Professional Communication"	*Rationale for communication training in dental education (ADEA competencies, patient assessment of practitioner competence, nuances of interpersonal practitioner-patient communication) *Verbal communication-factors that influence meaning while speaking, 4 levels of communication, features of self- disclosure unique to patient-provider communication, *Non-verbal communication: gestures, facial expression, body language, apparel (jewelry, clothing) , personal style (body art, hair style), *Patient /general public's perceptions of dentists: media portrayal, social media, hearsay from family/friends, personal experience *Communication style: involvement vs. dominance *Patient satisfaction: impact on dental utilization, patient loyalty and adherence, common factors associated with patient satisfaction/dissatisfaction, impact of dissatisfied patients on patient/provider relationship
Observation D-4's	One-on-one shadowing of a D-4 patient appointment by a D-1 student	*Orientation to Family Dentistry clinic *Review of communication protocol for observation, including self-introductions when needed, protocol for dispensary, no gum chewing, footwear, proper clinic attire w/ clinic coat, protective eyewear, and nametag.
	Group discussion/De-briefing session after observation	*Reflections/Discussion of verbal and non-verbal communication behaviors witnessed by D-1 student re: D-4 patient interaction, D-4 faculty interaction, student/faculty/patient interaction *Review of procedures D-1 students observed *Identification of effective D-4 verbal/non-verbal communication behaviors D-1 student views as positive/would like to model *Identification of D-4 verbal/non-verbal communication behaviors D-1 student views as an opportunity to improve/behavior to avoid
Assignment #2	Checklist of communication behaviors observed by D-4 student	*Relate student/patient encounter to "ideal dentist qualities" discussed in first small group

D1 SESSION/ASSIGNMENT	TOPIC	HOW ADDRESSED/HOW ASSESSED
Lecture #2	"Structured Interview Skills"	*Protocol for student-patient greetings and introductions *Importance of rapport-building and self-disclosure, examples of "safe" topics *Explaining structure of appt. to patient, description of how oral health assessment measures are performed and interpreted, including oral cancer screening and periodontal assessment, ensure patient understanding, encourage questions *Protocol for health history update, including rationale, update questions, important follow-up questions, summary of health history *Listening skills, importance of active listening/critical listening/ attending behavior when gathering and interpreting patient information, barriers to listening *Evaluation of patient information, use of open and closed questions
1st Audiotape Assignment #3	Student pairs conduct and record a simulated initial patient interview and health history update with a peer, utilizing the components of the pre-established COD protocol for a structured interview Proposed for 2013-14-conduct initial patient interview with a non-peer standardized patient who provides immediate verbal feedback based on a checklist of communication behaviors	*Students download recording to ICON dropbox *Recording is transcribed and self-assessed based on the inclusion of the pre-determined COD protocol and overall performance Recording is self-assessed, student identifies and tallies use of "filler" words such as "uhm," "ah," "like," etc., overuse or inappropriate use of words used when questioning patient "allergic to penicillin—great" or "awesome" in response to most patient statements when establishing rapport or other portions of interview
Small group #2	Individual feedback re: 1st audiotape Proposed for 2013-14-small group discussions of 1st audiotape and	*Discuss student self-assessment of structured interview skills, including insights and reflections on performance, recognition of strengths, and suggestions for improvement *Discuss SP feedback
Lecture #3	Preventive Treatment Plan Presentation Group discussions re: common patient questions about dental procedures, preventive recommendations, dental products/addressing frequently encountered patient objections	*Components of a preventive treatment plan/ preventive treatment plan presentation *Use of caries-risk assessment to identify satisfactory conditions/practices, identify opportunities for patient to improve oral health *Anticipate/practice explanations and answers to patient questions about dental procedures, preventive recommendations, dental products *Anticipate/ practice solutions to frequently encountered patient objections

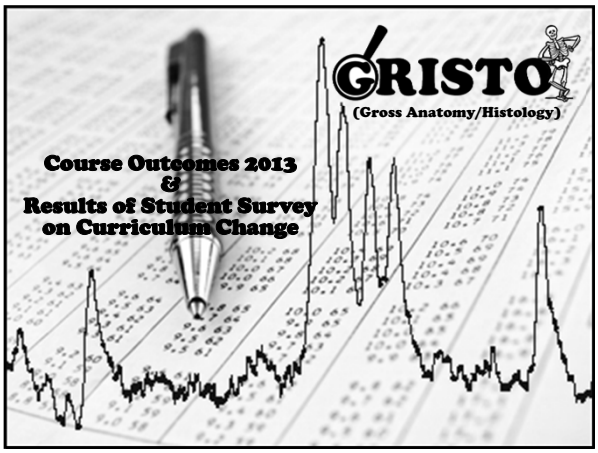
D1 SESSION/ASSIGNMENT	TOPIC	HOW ADDRESSED/HOW ASSESSED
Small group #3 Assignment #4	Student pairs conduct and record a simulated initial patient interview and health history update with a peer, utilizing the components of the pre-established COD protocol for a structured interview with the addition of a preventive treatment plan presentation Proposed for 2013-14-conduct patient interview and treatment plan presentation with a non-peer standardized patient who provides immediate verbal feedback based on a checklist of communication behaviors Small group discussion to include SP feedback	*Students download audio recording to ICON dropbox and complete a self-assessment based on the inclusion of pre-determined COD protocol, standardized patient feedback, and self-perception of overall performance including strengths, opportunities for improvement *Discussion of student self assessment and SP feedback of preventive patient interview and presentation of preventive treatment plan by sharing successful strategies to (reviewing their ability to): *Determine patient's oral health/ hygiene practices, compliment satisfactory practices and conditions *Present preventive treatment plan, suggest behavior modification strategies for addressing negative oral health conditions/behaviors *Identify relevant/salient motivators for patient, address consequence of no treatment/behavior change *Determine potential barriers to patient adherence, offer suggestions to reduce impact of barriers, discuss predicted outcome w/ treatment adherence * Outline responsibilities of both patient and provider, offer cost/benefit estimates relative to time and expense *Review of dental products that may troubleshoot specific difficulties that patients encounter with home care/oral health (rubber tip stim, end tuft brush, loop method of flossing, go-btwns, floss-picks, soft-picks, woven floss, yarn flossing, Biotene tp and rinse, Oral Balance gel, proxa-trav., BreathFresh rinse)

D2 COMMUNICATIONS CURRICULUM CHANGES

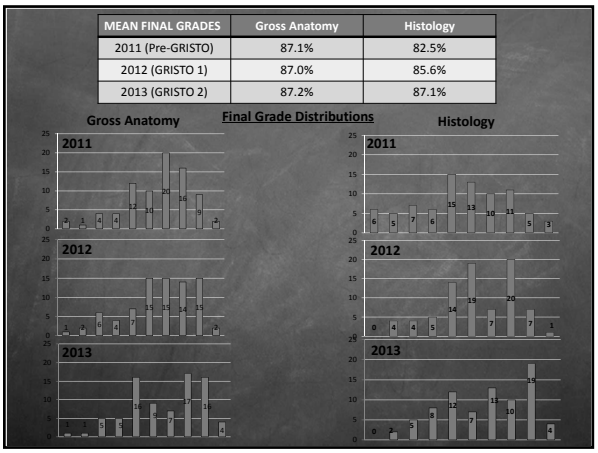
SESSION/ASSIGNMENT	TOPIC	HOW ADDRESSED/HOW ASSESSED
Small group #1 Assignment #1 1 hour No change from 2011-12	Discuss dental health literacy/review assignment re: assessment of dental health literacy; Demo of Prevident usage/recommendations; Protocol for consultations/ introductions of faculty to patient by student; Review application of cultural competency principles w/ patients, discuss Amish culture	*Assess dental health literacy for 2 individuals, compare to overall literacy level and occupation, discuss affect of literacy levels on health, reflect on personal dental health literacy @ beginning of dental school *Acknowledge/anticipate patient objections to preventive recommendations (cost, possible disruption in pt. routine, unsure "no rinsing" will be palatable) *Strategies for more respectful and comfortable communication between student, faculty, & patient during a consultation/exam *Cultural Competency handout, identification of cultural considerations when treating/interacting with Amish patients, discuss effect of Amish culture on dental treatment at COD
Lecture #1 1 hour Shortened by 30 min. from 2011-12	"Communication Challenges"	*Review verbal/nonverbal communication skill sets *Built-in communication challenges in our clinics (noise, positioning, field of vision, long spans of down time, rubber dam, masks,…) *Fear/anxiety of patient—recognition(red hair), effect, strategies for reduction *Underserved population/link to poor dental health *Low literacy/low health literacy/low dental health literacy *Cultural barriers: language, cultural norms re: communication, health care, lack of diversity awareness, lack of diversity among dental providers *Stigmatizing conditions: HIV, domestic violence, addiction, tobacco usage, low income, mental/emotional health issues; strategies to enhance disclosure
Small group #2 Assignment #2 1 hour No change from 2011-12	Discuss assignment re: "Critical review of advertisements for dental products,"	*Analysis of dental advertising for products/services, identify target audience, rate misleading/informative content *Relate patients' exposure to advertising as a form of information-seeking and the effect on their expectations, oral health behaviors, and treatment choices
Small group #3 One hour-no change in length of exercise Exercise moved to mid- spring to optimize relevance	Discuss assignment re: self-assessment of communication skills w/ patient Review patient experiences/challenges	*Persuasion, message-tailoring—what are the most effective ways to affect behavior change *Topics used successfully to establish rapport w/ patients *Recognition of non-verbal behaviors that indicate patient discomfort and/or patient anxiety and strategies for anxiety reduction *Identified non-verbal behaviors displayed by provider during appointment and reflected the effectiveness of such behaviors and/or suggestions for improvement

D-2 SESSION/ASSIGNMENT	TOPIC	HOW ADDRESSED/HOW ASSESSED
Lecture #2 One hour--shortened by 30 min. from 2011-12	"Application of Behavioral Science Principles to Presentation/Acceptance of Treatment Plans"	*Treatment plans: review of components, ethical considerations, enhancing understanding and acceptance, patient-centered care, informed consent *Lifespan issues-*children: fearful, shy, out-of-control, protesting, speech probs. *adults: patient relationships, dealing with harassment *seniors: physical/cognitive impairments, fiscal constraints, ensory deficits, dementia *Behavioral science theories in a nutshell: Theory of Reasoned Action, Stages of Change, HBM, Social Cognitive Theory, Locus of Control; overlapping concepts, match to patient characteristics, link to communication skills *Brief overview/review of Motivational Interviewing *Factors affecting behavior change
Large group discussion 90 min.—unchanged from 2011-12 Proposed for 2013-14 Reduce length of written assignment, "flip" class time to enable student groups to present/teach assigned case to class	Discuss assignment #4-analysis of each of 4 cases, identify relevant motivators, cultural competency issues, apply HBM to enhance treatment plan acceptance, identify stage of change (¼ of class)	***Case A**-30 month-old w/ severe ECC, Spanish-speaking mother, mother gives child access to bottle for comfort, teenage sibling to translate ***Case B**-Male attorney in mid-40's, distrustful of health-care providers, compliant w/ home-care, frustrated and angry about the many areas of recurrent caries around crown margins, medications high risk for xerostomia ***Case C**-elderly female patient w/ Alzheimer's accompanied by husband/care-giver who is concerned about her oral health and quality of life, but is frustrated and exhausted by overwhelming demands of caretaking ***Case D**-female patient in mid-30's presents w/missing anterior teeth and black eye. She is accompanied by a male companion who will not leave her side and constantly interjects concerns about tx costs, while she is interested about esthetics and wants information re:implants. Pt. discloses she is a smoker and "social" drinker.
Video Presentation 30 min.-no change from 2011-12 Proposed change for 2013-14-move to D-1 year	Proper Use of Trained Medical Interpreters for ESL patients	*Impact of language barriers on access to, quality of, and satisfaction with care *Proposed solutions for managing language barriers in the dental setting and situational variables that influence choice of option *Legal requirements for healthcare providers *Strategies for working effectively with a trained interpreter
Video Presentation 30 min.-no change from 2011-12, included in D-2 Operative AM. lecture time so no increase in EL II student contact time	Accommodating the Deaf/Hard-of-Hearing Patient	*Impact of deafness/hearing loss on access to, quality of, and satisfaction with care, prevalence of hearing loss in US population *Proposed solutions for enhancing communication with the deaf and hard-of-hearing patient in the dental setting and situational variables that influence choice of option *Legal requirements for healthcare providers *Strategies for working effectively with a trained ASL interpreter

D-2 SESSION/ASSIGNMENT	TOPIC	HOW ADDRESSED/HOW ASSESSED
Added to D-2 EL II curriculum 2012-13 late spring— early summer: D-2 Pilot Standardized Patient Exercise 90 min. (+/- 15 min) Proposed for 2013-14- continue inclusion of SP in D-2 curriculum, Continue Pass/Fail soring format Add **brief** written self-assessment/ identification of case-specific cultural competency factors, relevant patient modifiers/ motivators Enable students to access/reviewSP Axium record pri SP pilot or to exercise per student feedback in evals of	Participation in video-recorded Standardized Patient (SP) interview Individualized feedback from SP at conclusion of interview reviewing : * positive verbal and non-verbal communication behaviors *patient- centered treatment plan presentation, explanations, and modifications *suggestions for improvement in patient-provider communication behaviors, including appropriate expressions of interest, rapport-building, and empathy Participation in small group discussion sharing case- specific factors influencing patient management/treatment plan presentation Personal review of SP interview via playback of recorded DVD	*Exposure to varied patient scenarios prior to an increase in clinical rotations *Reinforcement of positive verbal and non-verbal communication behaviors *Reinforcement of the essential components of an thorough and effective patient encounter, including proper introductions, rapport building, health history/ medication review/update, identification of chief complaint as well as any other treatment goals a patient may have, explanation of exam findings, options for treatment, pros and cons of options, the importance of patient collaboration in treatment plan decisions, the importance of encouraging questions, and wrapping up an appointment. *Opportunity to receive individual, immediate feedback from a trained SP *Cases enable students to prepare for commonly encountered patient situations, often prior to actual clinical encounter. This empowers them to provide better patient-centered care, enhances their understanding of the application of behavioral science principles to patient motivation and behavior modification, and tailor individual treatment plan recommendations/ explanations to each patient. *Students become more self-aware of their own strengths and opportunities for improvement in clinical patient encounters



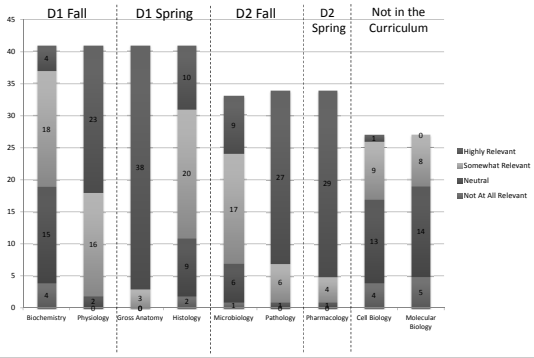
MEAN FINAL GRADES	Gross Anatomy	Histology
2011 (Pre-GRISTO)	87.1%	82.5%
2012 (GRISTO 1)	87.0%	85.6%
2013 (GRISTO 2)	87.2%	87.1%



Survey Approach

- Students provided a LONG (7 pages) written survey at the end of GRISTO
- ½ hour was provided in class, students could also take it home and turn it in later
- Anonymous
- In class: we explained why we were collecting their opinions, and the importance of them
- 41 of 80 students completed them

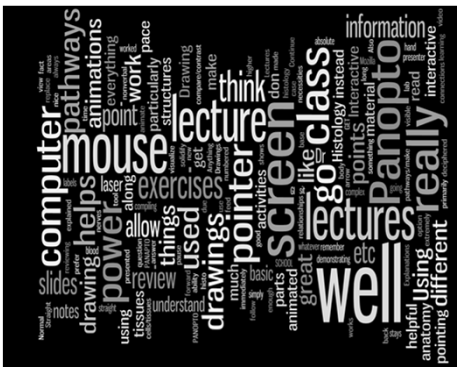
Section #1: Just for Fun
Perceived Relevance of Basic Sciences



Section #2:
The Future of Lecturing in GRISTO

- Lecture Capture is changing the way students learn, providing opportunities for pedagogical change.
  - Restated more plainly: Many of you don't come to class regularly anyway, what do you think about just flipping the class?
- Questions:
  - What works well through the computer?
  - What doesn't work well through the computer?
  - If we did this, how often should we meet to practice application?
  - Would you like to practice application in large/small group?
  - Do you think you could learn in a fully "flipped" class?

Panopto: Pros

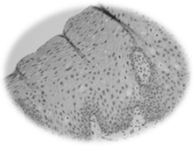


Panopto: Cons

Section 2 Questions:

- If we did this, how often should we meet to practice application?
  - ~2 sessions per week
- Would you like to practice application in large/small group?
  - Mostly small group
- Do you think you could learn in a fully "flipped" class?
  - 22 No
  - 19 Yes

Section #3: The Future of Histology Labs

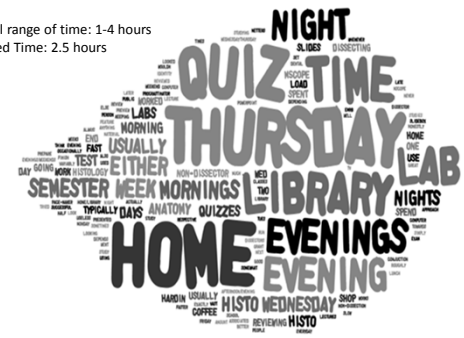


- We've made a lot of changes in histo (self-directed labs, prelabs, etc), are they working?
- Questions:
  - What do you do with the designated Histology Lab Self-Study time block?
  - How much time do you spend on Histology Lab?
  - Did you develop skill as a histologist (reading slides)?
  - How important are Virtual Lab Previews?
  - What resources are most important for self-directed study of Histology?

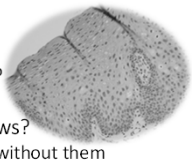
What did you do with the Histology Self-Study Time Block?

Where and when do you actually do Histology Lab Self-Study?

Typical range of time: 1-4 hours
Allotted Time: 2.5 hours



Questions:



- Did you develop skills as a histologist?
  - 94% Yes
- How important are Virtual Lab Previews?
  - Essential, Histology lab wouldn't work without them
- What resources are most important for Histology Lab?

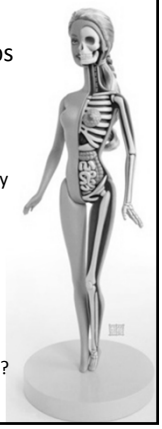
Self-directed resources
- 1. Annotated Powerpoint Self Quiz Modules
- 2. Lecture Notes
- 3. Virtual Microscope
- 4. Virtual Lab Guide
- 5. Lecture Experience
- 6. Virtual Lab Previews (live)

Self-directed resources
- 7. Virtual Lab Previews (recorded)
- 8. Histo Time
- 9. Course Textbooks

Most useful

Least useful

Section #4: The Future of Anatomy Labs

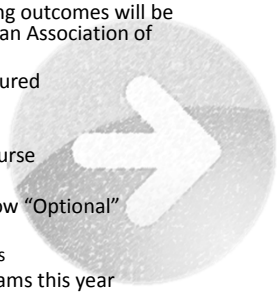


- We've switched to peer teaching/rotating dissection.
  - Time in lab is less/student (yay!)
  - Dissection quality is less, lab scores are slightly lower (boo!)
- Questions:
  - Are prelab sessions sufficient?
    - 63% No, 37% Yes
  - Would additional resources be useful?
    - 90% Yes
  - Do you have enough time to learn from peers?
    - 71% Yes, 29% No

Section #5: Putting it all Together

- Gut Reactions Please
- Scenarios:
  - Eliminate all Histology Lab time slots – Everyone attends all Anatomy Labs (how it used to be)
    - 38% Yes, 58% No
  - Flip the whole class
    - 20% Yes, 63% No
  - Combine both subjects into one course – one grade
    - 24% Yes, 48% No
  - Make the entire histology course online
    - 31% Yes, 56% No
  - Change Nothing
    - 86% Yes, 9% No

What's Next…



- Course Design and Learning outcomes will be presented at AAA (American Association of Anatomists) in April 2014
- Anatomy labs more structured
  - Student eval comments
  - Changes in faculty
- Flipping a chunk of the course
  - Upper Limb Anatomy
- Reproductive Histology now "Optional"
  - Student eval comments
  - Board exam content issues
- Can't do computerized exams this year
  - Room reservation issues