Advanced Education Committee			
AGENDA			
12:00-12:50, Deans Conference Room			
Recorder: Ms. Michelle Krupp			

Lunch will be served.

Agenda Items Responsible Indiv		
1. Approval of the January 25, 2015 Minutes	Williamson	
2. Introduce new Vice Chair of AEC – Dr. Geneser	Williamson	
UI Electronic Course Evaluation Project: Eg. Research area: ORSC 5215 - Research Methodology CITI education program https://www.citiprogram.org/	Krupp/Williamson	
4. Combined Seminar Series	Maia/Guzman	
"Referral Letters" – Predoctoral-Advanced Ed Residents Communications	Williamson	
6. CODA Accreditation Site Visit – September 18-20, 2018 Upgrade Mtg Schedule to monthly beginning AY 2016-2017	Garcia	
7. ADAT – Advanced Dental Admissions Test	Geneser	
8. Comments/Updates	Committee	
9. Next Meeting: May 23, 2016		

Action Items				
Status	Action to be taken	Responsible	Due Date	
Pending	WG: Industry Access Guidelines			
Pending	Centralized Administrative Support for All Advanced Education Programs	Garcia	On hold	

Advanced Education Committee:

Anne E. Williamson, Chair Veeratrishul Allareddy Howard J. Cowen Steven L. Fletcher Matthew K. Geneser, Vice Chair Sandra Guzman-Armstrong

Ryan W. Hill Lewis A. Humbert Rodrigo Rocha Maia Thomas E. Southard Ghadeer Thalji Sherry Timmons John J. Warren

Ex Officio:

Brad A. Amendt, Associate Dean for Research Lily T. Garcia, Associate Dean for Education Catherine Solow, Associate Dean for Student Affairs Joan T. Welsh-Grabin

Michelle M. Krupp, Director, Education Development



Advanced Education Committee Minutes - March 28, 2016

<u>Members Present</u>: Drs. Anne Williamson (chair), Matthew Geneser (vice-chair), Trishul Allareddy, Steven Fletcher, Sandra Guzman-Armstrong, Lewis Humbert, Rodrigo Maia Rocha, Tom Southard, Ghadeer Thalji, Sherry Timmons, John Warren, Lily Garcia, Marcela Hernandez, Galen Schneider, Ms. Cathy Solow, Ms. Michelle Krupp

Members Absent: Drs. Howard Cowen, Ryan Hill, Brad Amendt

Guests:

- I. Approval of January 25, 2016 minutes motion to approve the minutes passed.
- II. Introduce new Vice Chair of AEC Dr. Matthew Geneser Dr. Williamson
 - Dr. Matthew Geneser has graciously accepted the responsibility of Vice-Chair of this committee. This opportunity will allow him to better transition into the Chair position in the future.
- III. <u>UI Electronic Course Evaluation Project</u> Ms. Michelle Krupp & Dr. Williamson
 - Based on previous discussions, the graduate programs will select one course to be evaluated for Spring 2016. It was recommended to select a course in which majority of your residents are enrolled the most amount of faculty interaction occurs. Departmental primary administrators will be asking for this information from each director and will pass on the information to Office for Education.

ACTION ITEM: Directors select one course and determine which faculty needs to be evaluated.

- IV. Combined Seminar Series- Drs. Maia & Guzman
 - Drs. Garcia, Maia, and Guzman-Armstrong met to brainstorm ideas for a combined interdisciplinary (i.e., Endo, Peri, Pros, & Oper) seminar series. They propose to meet quarterly with pre-assigned scheduled at the beginning of year. The format would consist of case-based presentations in which residents from different specialties would present together. Interdisciplinary discussion would follow.
 - It was recommended that faculty model/present first case so expectations are set and residents can see how the process works.
 - This is not intended to be a lecture but rather presentation of a patient scenario, whether or not case completion has been achieved, to stimulate open discussion among all those present.
 - See attached for more details.

ACTION ITEM: Anyone interested in presenting a case, let Drs. Maia & Guzman know.

- V. <u>"Referral Letters" Predoctoral-Advanced Ed Residents Communications</u> Dr. Williamson
 - Communication breakdown between departments is occurring when patients are referred between predoctoral students and advanced education residents.

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- Students need to understand the referral process, when to refer, and how to communicate the reason for referral and what to anticipate in response to the referral as appropriate and professional communications. Do we emulate what they will need to do in their own practice? Communication with referral and documentation in patient record needs to consistently happen. Departments and faculty differ in how communication occurs and who facilitates the communication, but it does not occur on a routine basis. We need to "close-the-loop" among specialties and between predoctoral students & specialty residents. Referrals need to be made, not just indicated in treatment plan.
- The Running Man option in Axium is one possible solution. This will forward a form to the referral if indicated via messenger. However, the hospital side does not use nor regularly checks Axium messenger.

ACTION ITEM: Begin by having program directors speak with the residents to emphasize importance of communication. There is a need to develop documentation and standard communications for the predoctoral program. Talk with Jerry Gehling for possibilities in Axium. Will assign a Work Group to further explore solutions that are uniform across the program.

VI. CODA Accreditation Site Visit - Dr. Garcia

- Site visit dates will be September 18-20, 2016. The Dean will request that all faculty be on campus and available during that time period.
- The preparation process has already begun with a CODA Steering Committee appointed. In order to help with the process, the AEC will increase the meeting schedule to monthly meetings beginning AY 2016-17.

ACTION ITEM: Dr. Garcia send out schedule and provide schools who just went through accreditation.

VII. ADAT – Advanced Dental Admissions Test – Dr. Geneser

- New exam for incoming residents. Exam is optional and graduate programs can choose to accept scores, reject (do not receive) or require exam. Exam is similar to exam they already take but it would be an additional, expensive exam.
- Discussion followed as to what programs are, or will be doing, with this exam.
 Responses varied among specialties. Members would like to see an example of the exam or have an ADA representative come speak to learn more specifics regarding content of exam.

VIII. Comments/Updates - Committee

 Attendance – Dr. Williamson asked that if you cannot make a meeting, please send a program representative so information and communication can flow.

Next Meeting: May 23, 2016

Minutes recorded by Ms. Michelle Krupp

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MEMORANDUM:

To: Dr.'s Lewis Humbert, Anne Williamson and Thalji Ghadeer

From: Operative Dentistry

Re: Combined Seminars (POPE)? or Interdisciplinary Dental Education Seminars (IDES)

Date: January, 2016

The following is the summary of a meeting with Dr. Lily Garcia, Dr. Rodrigo Maia and Dr. Sandra Guzmán-Armstrong on January 15th, 2016.

History: The departments of Endodontics, Periodontics Prosthodontics and Operative have participated for the last several years in an interdisciplinary seminar. With our proposal we would like to promote more interdisciplinary discussion by the residents therefore we suggest the following changes:

OBJECTIVES:

- The primary objective is to have residents from the specialty disciplines meet and interact to learn from each other. It is not necessary to arrive at a consensus on treatment plans, procedures or concepts at the conclusion of a presentation but to create discussion based on scientific evidence that promotes critical thinking and problem solving.
- The secondary objective is to promote interdisciplinary discussions through a structured case presentation where at least two or more disciplines can deliver their unique approach and perspectives. This leads to an exchange among residents based on evidence, including best professional judgement.

All presentations do not always have to include all disciplines in attendance. It is preferable to have a minimum of two disciplines to share the same case presentation. There is value in receiving updates in patient treatment or topic areas that do not directly apply to a specialty.

FORMAT:

- Invite other disciplines and specialties (Orthodontics, Oral and Maxillofacial Surgery, Oral Pathology, Radiology and Medicine, Geriatrics and Special Needs, Pediatrics and General Practice)
- 2. The format will be case-based/interactive.
- 3. The case-based interactive format includes presentation of the patient (to include photo documentation, diagnostic information, health history, etc.) followed by a group discussion regarding treatment plan options and prognosis opinions.
- 4. A case presentation template will be provided as a guideline however modifications can be made according to each discipline. The resident in charge should present their treatment approach related to the patient presented, as well as questions or concerns to enhance further discussion with those present.

- 5. The resident assigned takes responsibility to provide a professional presentation, promote discussion, and allow time for questions and comments.
- 6. The residents in attendance are expected to be on time and responsible for participating in the discussion. No digital devices are permitted unless students are taking notes.
- 7. The faculty attending will be guiding and promoting the discussion.

RESPONSIBILITY OF DESIGNATED DEPARTMENT:

- 1. Departments participating will be assigned sessions which then implies assigning residents on those dates and taking responsibility for organizing and conducting the assigned session(s). Each department manages their resident assignment within the department.
- 2. An assigned resident (preferably PG2 or PG3 year first) from the designated department will contact and work with a resident from the other departments.
- 3. A faculty and the assigned resident will select a case.
- 5. Assignments, case selection and contacts should be well ahead of the session, at least 4 weeks.
- 6. The designated resident will conduct the case presentation and managing the case conference session in a timely manner.

DURING THE SEMINAR:

- 1. The residents, not the faculty, are expected to interact through questions, comments and answers.
- 2. Faculty may call upon residents to provide answers or comments.
- 3. Residents may request input from faculty.