Clerkship Directors Committee				
AGENDA				
April 21, 2017	12:00-12:50 p.m. Deans Conference Room			
Dr. Tad Mabry, Chair	Recorder: Ms. Lauren Moniot			
Lunch will be served.				
Agenda Items		Responsible Individual		
1. Approval of the March 10, 2017 Minutes		Mabry		
2. P.A.S.S. Implementation - Roundtable		Krupp		
3. Status Report - "Return to Clinic"		Mabry		
4. WG on Systemic Health Integration in Pt. Care - Update		Weistroffer		
 5. StartCheck Implementation – reminder "Students will be introduced to StartCheck in the D3 axiUm training. Each clerkship should explain specific details and how to use information during clerkship orientation and in their manuals. Clerkship directors will need to let their departmental faculty know about the StartCheck process. Joni Yoder will introduce StartCheck to D1-D2. D4 will not implement this year, but will next year." (Minutes-Aug2016) 		Mabry		

6. Next Meeting: May 19, 2017

Action Items				
Status	Action to be taken	Responsible	Due Date	
Pending	Unified Referral Process – Update	Kanellis	Fall 2017	
Pending	StartCheck Implementation Follow-up	Mabry	December 2017	
Pending	Presentation: "How patients enter into the COD"	Kanellis		

Clerkship Directors Committee:

Dr. Tad Mabry, Chair Ex Officio:

Bruno Calvacanti Sherry R. Timmons*, Chair, CAPP

Nidhi Handoo DC Holmes, Chair, Curriculum Committee

Terry J. Lindquist Ronald Elvers, Director of Clinics

Saulo L. Sousa Melo
Michael Murrell
William J. Synan
Erica C. Teixeira
Sherry Timmons*

Kindia Errore, Parcetor of Climical
Lily T. Garcia, Associate Dean for Education
Mike Kanellis, Associate Dean for Patient Care
Michael Krupp, Director, Education Development
Galen Schneider, Executive Associate Dean
Cathy Solow, Associate Dean for Student Affairs

Sherry Timmons* Cath
Paula Weistroffer
Becky Todd

Joni Yoder John Lorenz – D4 Megan Timm – D3

Emillie Kenne - D3



Clerkship Directors Committee Minutes - April 21, 2017

<u>Members Present</u>: Drs. Tad Mabry (Chair), Nidhi Handoo, Terry J. Lindquist, Michael Murrell, Saulo L. Sousa Melo, Erica C. Teixeira, Bruno Das Neves Cavalcanti, Sherry R. Timmons, Paula Weistroffer, David C. Holmes, Ronald Elvers, Lily T. Garcia, Mike Kanellis, Ms. Becky Todd, Ms. Michelle Krupp, Emillie Kenne (D3), Megan Timm (D3) and John Lorenz (D4)

Members absent: Drs. Synan, Schneider, Ms. Joni Yoder, Dean Solow

Meeting called to order at 12:13pm.

I. Approval of February 17 & 28, 2017 minutes

- Motion to approve the March 10th minutes.
 - o Motioned, Second Motion, Passed
- II. P.A.S.S. Implementation Roundtable Ms. Michelle Krupp- (see handouts)
 - Michelle explained each handout about P.A.S.S.; giving the definition, how to use the term and how the P.A.S.S.' will be used in CODA documents. It was discussed that the student must complete all P.A.S.S.' to move on to the D4 year. Remediation must be done if a P.A.S.S. is not completed. T Dr. Mabry pointed out that in the last block, it may be difficult to have students remediate their P.A.S.S.' Communication with Dr. McQuistan will be key in order for a student to complete their D3 P.A.S.S.' The student would then start in the 2nd rotation of Extramurals, if their P.A.S.S.' were completed.
 - The floor was opened to discussion. The following was mention: P.A.S.S.' will go into effect this upcoming academic year 2017-18. Consideration needs to be taken on how to document the P.A.S.S.'. AxiUm would be able to run reports for P.A.S.S.' if coded correctly. A dashboard for students to track the P.A.S.S.' is on the wish list. The term competency in AxiUm cannot be changed. Continued discussion at the next meeting regarding how each clerkship plans to handle implementation.

III. Status Report- Return to Clinic – Dr. Tad Mabry

- There are still students trying to finish clerkship requirements. 1 student is going back to Pros from OD. OD doesn't have any students from the incoming block. Perio needs new patients that have real perio disease, (8 needs to finish, 1 in OSCE, 2 already scheduled, and mostly initial exams). The 2nd block is more ready to get going on competencies. 2 of the 8 need multiple things. The rest need a single patient of competency level. There were 17 students total 1st block, 9 finished. A lot of the pros students have completed. Some D3 are observing surgery. After the 8th of May, they will be booked in clinics. Students outstanding from 1st block, are talking to Dr. Weistroffer to get them fit in. 4 of the 8 are not contacting at all to come back and finish. Perio is down to 1 clerk, lost D3 clerk. Clerkship directors reported on the "Return to Clinic" issue. Most students have completed their returns and very few of them will have to be returning during the fourth block.
- IV. WG on Systemic Health Integration in Pt. Care Update Dr. Paula Weistroffer

- The work group on systemic health integration in patient care has come up with a draft template of hypertension. The template is very simple, with a few main points. The work group is currently working on the other top 5 systemic health issues. The first goal is to address the top 6 issues. A 5X7 card was thought to be the most user friendly. The work group would like to have the cards finished for implementation as a pilot in early OD in each of the operatories. Each student may get a copy. If all goes well, modification will be done and then move on to the next 6 issues. Feedback from Dr. Handoo, her faculty and students will be important for the implementation of the cards.
- Systemic health integration has a tie in with the start check implementation. Prof. Cunningham has put together things for the D1 year.

V. **Start-Check Implementation** – reminder – Dr. Tad Mabry

- The Start-check was developed to address students presenting information at the initial patient-student-faculty interaction in a systematic format. Clerkship Committee minutes reflect that the StartCheck was to be implement in all classes with the start of the 2017-2018 year. FAMD adjunct have not been introduced to start check yet. Dr. Paula Weistroffer offered to do an intro on start-check, which would last approximately 15 minutes to FAMD in May. Dr. Michael Murrell can help get this onto the agenda.
 - When FAMD does their next videotaping, it was brought up to include ideal start-checks. The video would be made available to both faculty and students.
- Jerry can set-up department compliance reports in AxiUm. Total buy in from all faculty in all four years will enhance the learning of our students.
- The students in the committee felt that Start-checks were completely skipped over, or done minimally in some of the clerkships. The suggestion was made to try to get this added to the faculty retreat this summer. Information for getting this done will need to be given to Dr. Garcia.

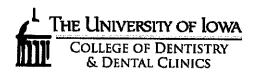
VI. Roundtable Comments - Committee

- Dr. Tad Mabry The D3-D4 transition meeting will be held in July. All comments made about the students must be discussed with the students first. Good comments can be discussed with them afterwards, if time before the meeting doesn't allow. Student's photos would be a great addition. The group leaders will need to be in attendance for the D3-D4 transition meeting.
 - o Ms. Michelle Krupp Keep the student comments focused on the competency domains. The AxiUm domains are very similar on how they fit in our domains.
 - Dr. Michael Murrell meets 1-on-1 with students throughout the year.
 FAMD gets the most help from a list of students that can handle harder cases.
 FAMD likes to help the students from day 1 if they need more help.

o Committee – If the clerkship director cannot attend the committee meeting, they must send a substitute to sit in and make decisions for their clerkship. This conversation should be discussed in the next meeting.

Next Meeting: May 19, 2017

Minutes recorded: Ms. Lauren Moniot



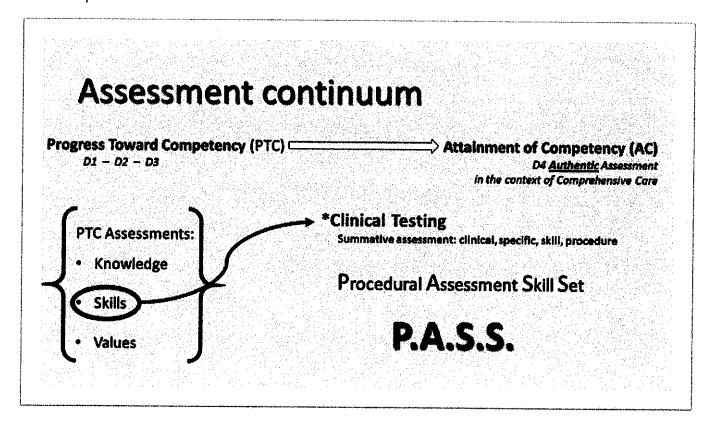


P.A.S.S. Defined

Assessment of student learning occurs throughout the curriculum as they progress toward competency from D1 through D4, including formative and summative assessments of knowledge, skills and values. A clinical summative assessment termed **P.A.S.S.**, serves as a component of a student's progress toward competency. **P.A.S.S.** – procedural assessment of skill set – is an essential D3 assessment mechanism in which the student demonstrates knowledge, skills, and values defined within the context of a discipline-focused patient encounter. In addition, students must meet clerkship metrics in order to matriculate into D4 year.

The **P.A.S.S.** as defined in the clerkships use a variety of criterion-based clinical measurements to determine successful demonstration of a procedure, to include knowledge, skills, and values.

Each clerkship must be completed before matriculation to the D4 year, a general dentistry, comprehensive care clinical education model. In part, successful completion of a specific **P.A.S.S.** as defined for each Clerkship is needed for a student to progress into the D4 year. If a **P.A.S.S.** is not completed, remediation is required which could entail repetition of prescribed areas of the clerkship, successful completion of a specified list of additional experiences using criteria evaluations, or may require repetition of the entire affected clerkship.



DRAFT Clerkship P.A.S.S.

April 2017

ENDODONTICS	ORAL RADIOLOGY
 ENDO P.A.S.S Diagnostic skills of pulpal and periapical status- ENDO P.A.S.SRecommend and execute emergency treatment ENDO P.A.S.SComprehensive endodontic treatment (minimal to low moderate difficulty category) including all steps from case selection to determination of case outcome. OPERATIVE Patient Selection Criteria: OPER P.A.S.SComplex anterior resin composite 	 ORAL RAD P.A.S.S. –Make an interpret periapicals, bite wings and panoramic radiographs. ORAL RAD P.A.S.S. –CBCT. Basic understanding of how to make and use software, when to order/refer, open, use software for CBCTs. PEDIATRICS PEDO P.A.S.SPediatric Radiographic/Treatment Planning PEDO P.A.S.S. –Comprehensive Pediatric Dental Evaluation
restoration (Class III or Class IV) for primary or secondary carious lesion. 2. OPER P.A.S.S. -Class II restoration for primary carious lesion (composite or amalgam). Skill Set includes <u>all</u> OPER Domains listed on Daily Evaluation Form.	(Ortho, Fluoride, Space Maintainers, Avulsion, TX Planning, Radiographs, Pulpal Therapy, Rx Writing, Pathology)
ORAL MAXILLOFACIAL SURGERY	PERIODONTICSS
 OMFS P.A.S.S. – Obtain medical history, informed consent, administer local anesthetic/IV sedation, and surgical procedure OMFS P.A.S.S. – Clinical evaluation. Physical, head and neck examination OMFS P.A.S.S. – Review radiographs OMFS P.A.S.S. – Aseptic technique, review postoperative instructions with patient/escort, and chart documentation 	 PERI P.A.S.S. –Comprehensive periodontal examinations (initial exam, Dx, Tx Planning) (x2) PERI P.A.S.S. –Quadrants of periodontal scaling and root planning (x2) PERI P.A.S.S. –Re-evaluation (x2) (OSCE option for 1)
ORAL Dx	PROSTHODONTICS
ORAL Dx P.A.S.S Obtain/review medical history, medication, take vitals ORAL Dx P.A.S.S Extraoral and intraoral examination of	PROS P.A.S.S. – Laboratory (Dr. Lindquist will provide name) PROS P.A.S.S. – Dentate Diagnostic Impression (maxillary and mandibular arches)
hard/soft tissues 3. ORAL Dx P.A.S.S. – Determine appropriate radiographic	PROS P.A.S.S. – Diagnostic Casts, Mounting, Facebow, Jaw Relation, Occlusal Analysis
order and interpret said radiographs 4. ORAL Dx P.A.S.S Identify problems, modifiers and	4. PROS P.A.S.S. –Crown Preparation done w/ crown provisional
treatment objectives 5. ORAL Dx P.A.S.S. - Construct a comprehensive treatment plan	 PROS P.A.S.S. –Crown Provisional done w/ crown preparation PROS P.A.S.S. –Final Impression (fixed) – PVS PROS P.A.S.S. –Crown Delivery PROS P.A.S.S. –Removable (Is this accurate name?)
ORAL PATHOLOGY	
1. ORAL PATH P.A.S.S. —Integrate historical information with clinical, radiographic and/or laboratory findings to determine a diagnosis or differential diagnosis, a specific plan for management and education for a patient with an abnormality of the soft tissues of the head and neck, salivary gland dysfunction or pain of non-odontogenic cause.	