

Clerkship Directors Committee Minutes April 19, 2019

<u>Members Present</u>: Drs. Nidhi Handoo (Chair), John Hellstein, Justine L. Kolker, William J. Synan, Megumi Williamson, Becky Todd, Joni Yoder, Nick Economos (D4), Ryan Mooneyham (D3), Alyssa Spilski (D3), David C. Holmes, Michael Kanellis, Lily T. Garcia, Michelle Krupp

<u>Absent</u>: Drs. Trishul Allareddy, David M. Bohnenkamp, Bruno Das Neves Cavalcanti, Terry J. Lindquist, Tad Mabry, Paula Weistroffer, Sherry Timmons

Guests: Dr. Carolina Cucco

Meeting called to order at 12:05 p.m.

Approval of February 15, 2019 minutes – Dr. Handoo

TABLED due to lack of quorum present and due to lack of time, did not call for vote once quorum reached.

- II. <u>Snapshot Feedback from Curriculum Committee</u> M. Krupp/Dr. Handoo Curriculum Committee strongly encouraged moving forward with the Snapshot mechanism with the following suggestions:
 - Start tracking student progress in D1 year
 - Clerkship Directors share examples
 - Calibrate faculty on how to use the tool; what constitutes areas of concern and providing feedback.

It was decided to pilot use with remaining groups in clerkships to seek feedback from the Clerkship Directors. The form will be distributed electronically; after completed, either email or return a hard copy to Michelle Krupp. In the future, the form will be incorporated into AxiUm.

<u>ACTION ITEM:</u> Add to agenda for next meeting: discuss what is valuable and what expectations are.

III. StartCheck follow-up; FAMD incorporate?, next steps – Dr. Mabry

Status on StartCheck utilization was discussed:

- OD done for each patient
- ENDO looks at medical history
- FAMD does on paper, not computer
- OPER done for each patient, however swipe-approval is not consistent.
- PROS has found preauthorization not being completed, medical histories missed and faculty not informed.

The lack of uniform treatment note writing was also discussed. It was suggested to make notes searchable in order to identify qualitative.

IV. <u>Clerkship Directors Survey — Biomedical Sciences Integration</u> – M. Krupp (Handout)

A "heat" map was created from survey results sent to the clerkship directors regarding what key topics taught by biomed faculty did the clerkship directors indicate were important in their clerkships.

The next step is to determine the best way to obtain the clinical relevance on these topics.

Suggestions from committee:

- Use the heat map, clerkship directors explain in written form topics in red.
- Each department meet to provide the written explanation.
- Start with the broader picture and work backwards.
- Needs to be vertical.
- Department decides where and what level they can teach throughout their courses.

VII. Roundtable - Dr. Handoo

- D3/D4 Transition meeting scheduled on July 19, 2019.
- Prosthodontics is working with Periodontics to ensure crown procedures are completed by May. Some crowns will be completed in the first week of May and some will be finished by fall or in Family Dentistry. Every patient scenario is reviewed as to whether or not it is in fulfillment of a PASS.
- Oral Diagnosis has noticed patients with more challenging needs coming into the school for treatment.
- Endodontics does not have enough patients. There are 35% less cases at this point of the clerkship as there were in the last block. Priority should be given to D4s. Joni Yoder has contacted the community health centers and they have responded positively. Notes: "short" 41 root canals; 7 referrals from the Community health clinic. Follow-up with an email to Dr. Gomez and Dr. Kanellis.
- The crown lengthening predoctoral fee will need to be updated to reflect the change that predoctoral dental students can now perform this procedure in Periodontics. Drs. Kanellis, M. Williamson, and Ms. Yoder will discuss further.
- Dr. Hellstein (handout) Please review the handout. Please review and send feedback to Dr. Hellstein.
- Operative Dentistry has excessive number of students that return to superblock and/or use their personal days during the Operative rotation; D3s return to complete implant procedures and prefer to skip Operative Dentistry rather than Pediatric Dentistry.

<u>Action Item:</u> It was suggested that the Dean of Students talk to D3 students <u>not</u> to request time-off during orientation nor the last day of the block. However, Clerkship Directors do have the right to deny requests.

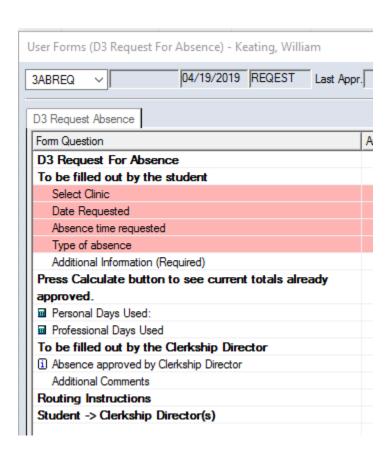
Next Meeting: May 17, 2019

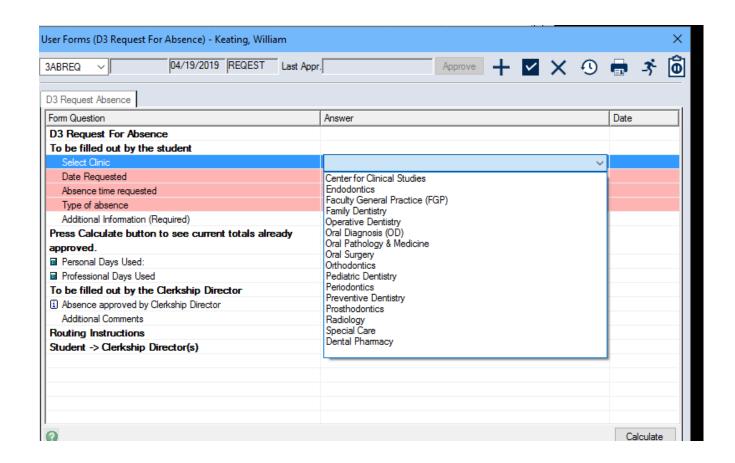
Minutes recorded: Ms. Brenda Selck

Top 10 Key Topics in Biomedical Courses

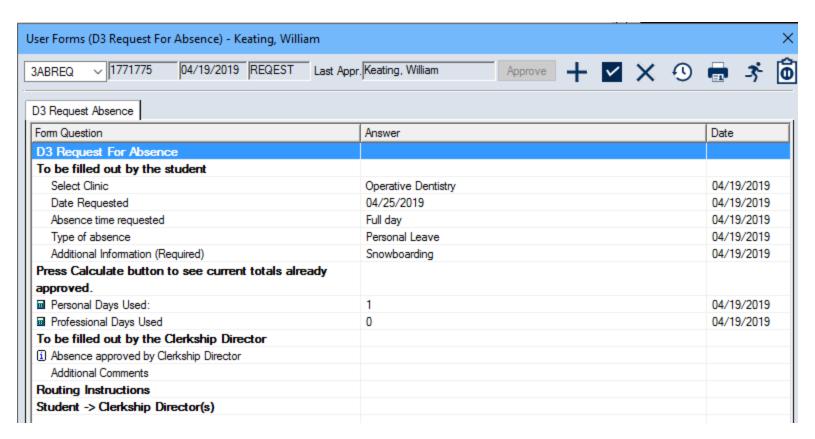
	Biochemistry		Pharmacology	Microbiology	
1.	Basic Genetics	1.	Antibiotic Therapy	1. Immunology	
2.	Biochemistry of RNA, DNA, and	2.	Antibiotic Prophylaxis	Contact hypersensitivity	
	proteins	3.	Pain Management	3. Viral pathogenesis	
3.	Protein Binding and Enzyme Kinetics	4.	Cardiovascular pharmacotherapy	4. Viral detection	
4.	Bioenergetics	5.	CNS pharmacotherapy	5. Bacterial pathogenesis	
5.	Cellular Metabolism	6.	Endocrine pharmacotherapy	6. Periodontal disease in overall	
6.	Lipids, Lipogenesis, and Lipoproteins	7.	Respiratory pharmacotherapy	health	
7.	Biosignaling/signal transduction	8.	Immunosuppressive therapy	7. Antibiotic targets	
8.	Biological Membranes and Transport	9.	Substance Use Disorders	8. Antibiotic resistance	
9.	Biochemistry of the senses	10.	Dental Drug Interactions	Eukariotyc pathogens	
10.	Biochemistry of pain relievers				
	Human Physiology		Histology		
1.	Membrane excitability and membrane	1.	1 '		
	transport		connective tissues, epithelial tissues, muscle and nerve		
2.	Mechanisms of sensory input and	2.	,		
	processing		properties, growth, development, remodeling (inc. endocrine regulation)		
3.	Skeletal and smooth muscle structure		and repair		
	and function; excitation-contraction	3.	, , , , , , , , , , , , , , , , , , , ,		
	coupling 4. Structure and functional properties of tooth				
4.	Central control of movement and	· · · · · · · · · · · · · · · · · · ·			
	coordination; Parkinson's	5.	0 0 0, 1		
_	Disease/Huntington's Disease		histological tissues and the use of this information to form an 'identification		
5.	Cardiac excitability and EKG; cardiac	differential' (this tissue has features x,y,z so based on this informatio			
_	pump and systemic vascular function		(symptoms) it cannot be a, b, or c but it could be d and e).		
6.	Respiratory function: oxygen/CO ₂	6.	6. Structure and function of the skin, oral mucosae and associated glands (in		
	transport and systemic acid-base	7	salivary glands)		
,	balance	7. Cells and tissues of the immune system: development and maturation of			
7.	Renal control of fluid homeostasis and acid-base balance; renal failure	immune cells in primary lymphoid organs and their differentiation within secondary lymphoid organs (inc. MALT e.g. tonsils)			
8.	Gastrointestinal function in digestion,	Q	8. Vasculature and circulation: the structure and function of the heart and		
δ.	absorption and nutrition	ο.	blood vessels (inc. angiogenesis)		
9.	Endocrine function and pathology;	9	9. Maintaining homeostasis: the structure and function of major endocrine		
J.	diabetes, adrenocortical control of	٥.	organs, the kidneys and the liver		
	fluid and energy homeostasis	10.	10. The airway and respiration: the structure and function of the airway from		
10.	Male and female reproduction;		nasal cavity to alveolus		
	pregnancy and lactation				
	Pathology		Anatomy		
1.	Cellular necrosis	1.	Organization of the nervous system		
2.	Inflammation	2.	Blood flow through the head and		
3.	Cellular adaptation and repair		neck		
4.	Metaplasia, dysplasia and neoplasia	3.	Cranial nerve pathways through the		
5.	Immune system diseases		skull		
6.	G.I. tract diseases	4.	Cranial nerve functions and testing		
7.	Cardiovascular diseases	5.	Detailed anatomy of the orofacial		
8.	Respiratory system diseases		regions		
9.	Female and male genital tract	6.	Structural relationships of the head		
	diseases		and neck		
	Endocrine disorders	7.	Mastication, Swallowing, Phonation		
	Hematopoietic diseases	8.	Central and Peripheral nervous		
12.	Musculoskeletal diseases	_	system lesions		
	Nervous system diseases	9.	Musculoskeletal concepts of back,		
		4.0	neck and upper limb		
		10.	Lymphatic drainage of head/neck		

Student will initiate the form and select the clinic that they will be absent from.





The clinic is required so we can calculate how many approved absences they have used while in that clinic.



Once the student fills out the form he/she will assign it to the Clerkship director, which will be a Messenger Group called something like: OPER – Clerkship Director.

When the CD receives the form, he $\!\!\!/$ she will either approve the request or deny it.

- a. Approve the request and assign it to the Clinic Clerk email sent to student and CD.
- b. Deny the request which will trigger an email to the student and to the CD. The form goes back to the student.

When the Clinic Clerk receives the form he / she will either approve the request or deny it.

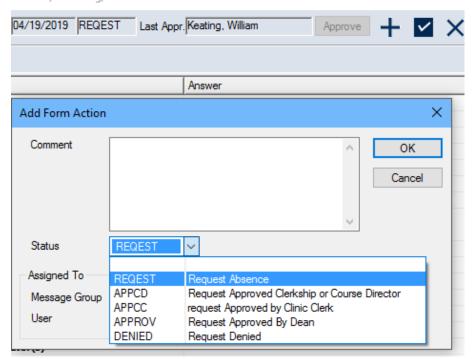
a. Approve the request and assign it to the Dean. Email sent to student, CD and CC.

b. Deny the request, which will trigger an email to the student, CD and to the CC. The form goes back to the student.

If approved the Dean will either approve or deny the request

- c. Approve: Email sent to student and Clerkship Director and Clinic Clerk. Form sent to student
- d. Deny: Email sent to student and Clerkship Director and Clinic Clerk. Form sent to student

Absence) - Keating, William



All of the statuses except REQEST will trigger an email notifying the users that have interacted with the form of a status change. For example, when the status is set to APPCD the system will send an email to the student and to the Clerkship / Course director. When the status is set to APPCC the system will send an email to the student, the Clerkship / Course director and to the Clinic Clerk.