Members Present: Drs. Bruno Cavalcanti (Chair), Gregory Farris, John Hellstein, John Syrbu, Ms. Becky Todd, Justine L. Kolker, William J. Synan, Mr. Tanner Brolsma (D4), Ms. Kacie Dillow (D3), DC Holmes, Michelle Krupp, Sherry R. Timmons

Absent: Drs. Carolina Cucco, Matthew Geneser, Megumi Williamson, Ms. Joni Yoder, Brian Howe, Trishul Allareddy, Terry J. Lindquist

Guests: Dr. Boonsiriphant

Meeting called to order at 12:07p.m.

I. **Approval of October 18, 2019 minutes** – Dr. Cavalcanti
MOTION: to approve the October 18, 2019 minutes as submitted. Motion seconded.
MOTION APPROVED

II. **StartCheck Workgroup Report** – Dr. Williamson (Presentation)
In Dr. Williamson's absence, Dr. Cavalcanti presented the report summary regarding StartCheck processes among clerkships.
Findings:
- Overall start check items are similar in ENDO, FAMD, OD, OPER, OMFS, PEDO, PERIO and PROS.
- OPER and OMFS allow clinical examination prior to faculty start check.
- Most clinics use AxiUm start check function. FAMD does not use due to the same faculty staying with the same case throughout the procedure in the clinic.
- Paper forms are mostly used.

Recommendations:
- More consistency with the requirements, including start check, among the faculty in each clinic.
- Reinforce faculty calibration in each clinic.
- Standardization is not needed since basic information used in each clinic is mostly the same. The same is true for the use of AxiUm Start Check – each clinic can opt in or out accordingly.

III. **Snapshot Update** – Dr. Krupp
Dr. Krupp provided an update on how the pilot year for the Snapshot mechanism is progressing. Clerkships have seen concerns but not in the same category and have identified five students with low level trends.
Indicate an "x" if there is concern in any of the domains that would be typically discussed in the transition meeting. The Snapshot could potentially replace the transition meeting; however, at this point it is only tracking areas of concerns and not student strengths.
Committee recommends starting in the D1 and D2 years.

IV. **How has the Collegiate Grade Scale Impacted Clerkship Grades?** – Dr. Krupp

Dr. Krupp requested feedback on how the new grade scale that was implemented two years ago has impacted the clerkships. The committee discussed that overall there has not been a big impact with the new scale. Discussion regarding grades followed:

- A question was asked concerning if pass/fail grades were being considered for the College. A Pass/Fail system may disadvantage students applying to specialty programs, as these would have difficulty discerning level and rank of students.
- Additionally, the pros/cons of displaying high and low grades in ICON was discussed. Many members were unaware that there was an option in ICON to turn off reporting. Displaying high grades can be helpful to students; however, with small rotations displaying low grades could be detrimental.

V. **Discussion: Digital Daily Evaluations** – Drs. Cavalcanti & Syrbu

Discussion tabled due to time.

VI. **Roundtable** – Committee Members

- Dr. Farris is working on guidelines for better referrals into the OD clinic. Currently a number of referrals to the OD clinic may not be appropriate.
- Dr. Synan commented that OMFS requires a note stating why the patient is being referred.
- Dr. Kolker commented that she was not aware that some students on an altered curriculum did not do the first two blocks until students told her. Is there a way that this can be communicated since an assessment based on where students are at and expectations vary depending on which block the student is in.

Next Meeting: December 13, 2019

Minutes recorded: Ms. Brenda Selck

Summary of Start Check Work Group Meeting

November 15, 2019

Clerkship Directors' Committee Meeting

Start Check Work Group Members

Dr. Greg Farris

Dr. Brian Howe

Dr. Terry Lindquist

Dr. Ion Syrbu

Dr. Megumi Williamson

Focus Questions

Clerkship Director Input

- What are the differences among clerkships regarding start checks? And how they differ from FamD?
- From a student learning perspective, what should be the ideal procedure? How to evolve things from D3 to D4 year?
- Does this procedure needs to be standardized among clerkships? If so, is there a need to have this procedure standardized using AxiUm?

Clinic Administration Input

- How to best use AxiUm for the purpose of facilitate/improve student learning?
- Keep in mind that, even if using AxiUm is not recommended, this discussion is still valid in terms of creating a standard of care procedure, which could our could not be standardized among clerkships

Start Check Systems at COD

Specialty	Start Check Items	Use AxiUm Start Check?	Clinical examination
Endodontics	Seat the patient; review & update health hx/ medications/ med problems; record BP; allergies; type of insurance; purpose of today's visit; referral source. *Students will do clinical assessment and review of tx plan after the startcheck (this part will be the 2nd check)	Yes (also paper form is used)	After
FAMD	Seat the patient/introduce patient; review & update health hx/ medications/ med problems; chief complaint; need for radiographs; caries risk assessment (if time allows while waiting); tx modifiers (type of insurance, travel time); purpose & plan for today's visit	No	After
Operative	Obtain approval from faculty for radiographs or diagnostic tests prioro to start check; Social introduction; chief complaint; medical hx/ relevant issues; overall treatment pan (problem list, tx objectives, tx accomplished to date; describe operative tx plan with dx (CAMBRA, clinical evaluation, radiographic evaluation, diagnostic aids, teeth/surfaces involved; pulpal/periapical/periodontal status; tx objectives based on caries risk level; possible materials used; other	Recommended	Before
Oral Diagnosis	Review health hx/medications/ med problems/ medical consultations; allergies; BP; dental hx *Guideline has detailed protocol and example for case presentation to faculty.	Yes	After
Oral Surgery	Review health hx/medications/ med problems/ medical consultations; allergies; vitals	No	Before
Pedodontics	Seat the patient, review & update med hx (medical problems)/medications, allergies, update height/weight, record BP when patient is >12 y/o or with significant med hx, purpose of today's visit, mention if patient needs new radiographs	Yes	After
Periodontics	Seat the patient, review and update health hx/ medications/med problems, assess need for pre-medication, record BP, allergies, type of insurance, purpose of today's visit	Yes	After
Prosthodontics	Seat the patient, review and update health hx/ medications/med problems, assess need for pre-medication, record BP, allergies, type of insurance, purpose of today's visit	Yes	After

Focus Questions & Answers

Clerkship Director Input

- What are the differences among clerkships regarding start checks? And how they differ from FamD?
  - Overall start check items (appraisal of systemic condition) are similar in Endo, FAMD, OD, Operative, Oral Surgery, PEDO, PERIO, and Pros.
  - 2 clinics allow clinical examination prior to faculty start check (Operative & Oral Surgery)
  - Most of the clinics use AxiUm start check function (red turns green when checked). FAMD does not use it since the same faculty will stay with the same case throughout the procedure in the clinic.
- From a student learning perspective, what should be the ideal procedure? How to evolve things from D3 to D4 year?
  - It seems that being consistent with the requirements (including start check) among faculty in each clinic is more important than small differences in each clinic. Reinforce faculty calibration in each clinic?
- Does this procedure needs to be standardized among clerkships? If so, is there a need to have this procedure standardized using AxiUm?
  - Based on the work group meetings, we concluded that it is not necessary to make a new standard for the start check as it is already similar among clinics. See the recommendation.

Focus Questions & Answers

Clinic Administration Input

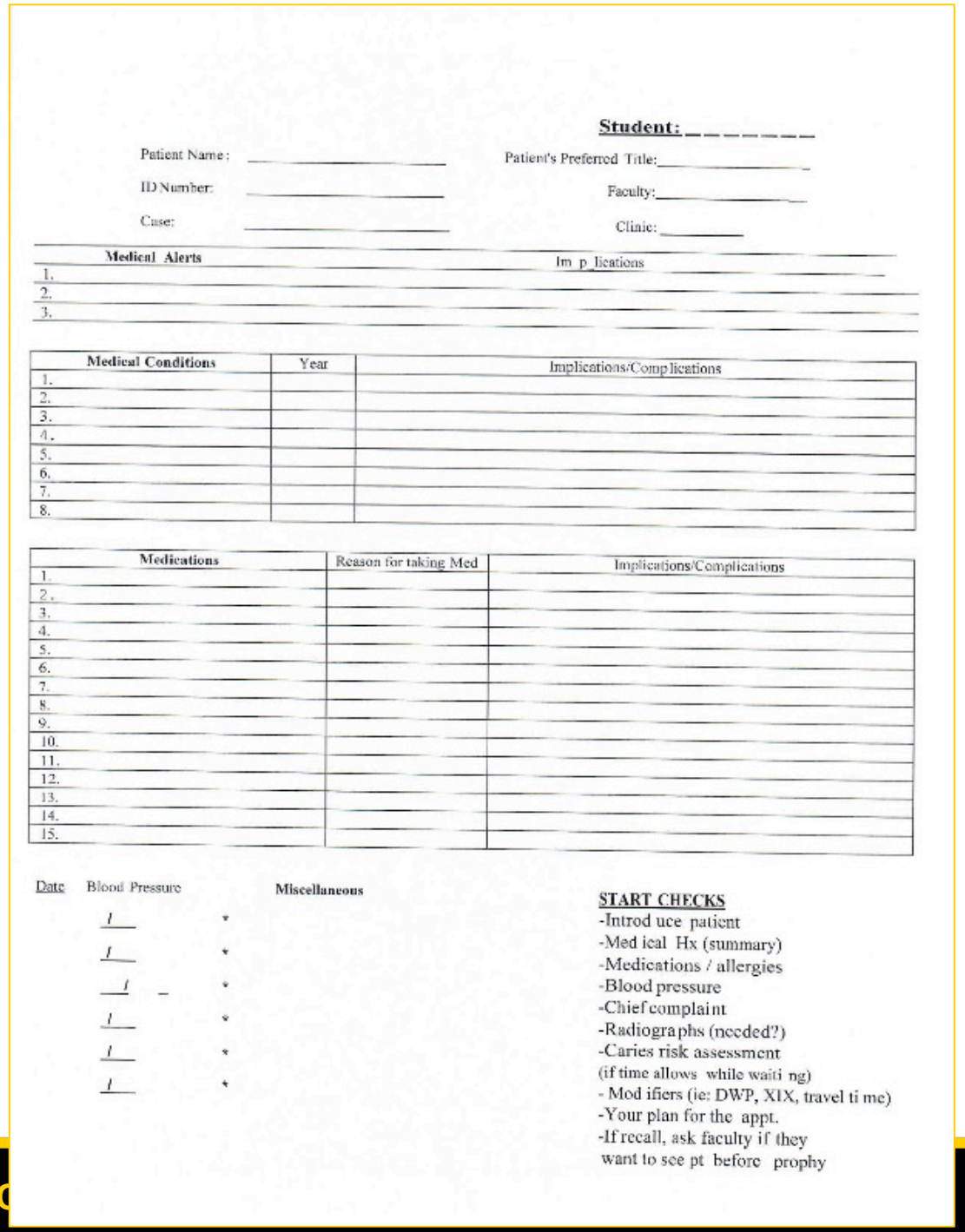
- How to best use AxiUm for the purpose of facilitate/improve student learning?
  - This is clinic dependent. This affects faculty and appointment flow. The use of AxiUm start check will not directly contribute to student learning per se.
- Keep in mind that, even if using AxiUm is not recommended, this discussion is still valid in terms of creating a standard of care procedure, which could our could not be standardized among clerkships
  - **Are D2 clinics (minor operative & preventive) following the same start check steps to prepare the students for D3 clerkship?**

Work Group Recommendations

- No need to be standardized as basic information used in each clinic is mostly the same.
- Main difference is how the information is collected and presented (see the supplemental documents).
- It's up to the clinic whether they want to modify their start check format.
- Input from some students: "Needs consistency among faculty of each clinic."

FAMD

- X



Student: _____

Patient Name: _____ Patient's Preferred Title: _____

ID Number: _____ Faculty: _____

Case: _____ Clinic: _____

Medical Alerts	Implications
1.	
2.	
3.	

Medical Conditions	Year	Implications/Complications
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Medications	Reason for taking Med	Implications/Complications
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Date Blood Pressure

___/___ *

___/___ *

___/___ *

___/___ *

___/___ *

___/___ *

Miscellaneous

START CHECKS

-Introduce patient
-Medical Hx (summary)
-Medications / allergies
-Blood pressure
-Chief complaint
-Radiographs (needed?)
-Caries risk assessment
(if time allows while waiting)
- Modifiers (ie: DWP, XIX, travel time)
-Your plan for the appt.
-If recall, ask faculty if they want to see pt before prophy

PATIENT AND RECORD MANAGEMENT IN THE ORAL DIAGNOSIS CLINIC
****IT IS HELPFUL TO USE THIS SECTION OF THE MANUAL AS A CHAIRSIDE REFERENCE. ****

I. THE NEW PATIENT EXAMINATION/DATA COLLECTION

At this point DO NOT put on gloves and mask, place keyboard cover, open exam kit, give patient safety glasses, recline the patient, or begin the clinical examination.

GENERAL APPEARANCE: As patient is seated, note gait, posture, level of alertness.
CHIEF COMPLAINT Ask patient, "What brings you to the clinic today?" The response should be recorded in the patient's own words, in quotation marks. If they say they are here for a check-up, ask if they have any oral conditions bothering them at the present time.
HISTORY OF CHIEF COMPLAINT Detail information about symptoms, such as onset, what helps, what worsens symptoms.
PRESENT STATE OF HEALTH/SIGNIFICANT MEDICAL HISTORY
Remember the 4 "Rs" (reviews) for every visit:
Review Health History.
Revie Medications, including dose, frequency, and reason for taking if possible.
Review Allergies, including nature of reaction if possible.
Review Medical Problems.

Take and record BP and pulse.

Because of computer positioning, **make a few notes from the screen** and then face the patient while updating this information **from the note pad**. Any 'yes' response on the patient questionnaire should be clarified.

Medical Consultation Request Forms are sent with the patient to their physician if
a) Their medical history needs clarification or
b) For evaluation of medical status such as hypertension.
These forms are found in AxiUm under "attachments/consent forms" and printed for the patient.

DENTAL HISTORY: Ask patient, "When did you last have your teeth cleaned?" Review/clarify patient responses in dental history. Determine patient goals.

First Faculty Check **Stand, face the patient, and introduce the patient to the faculty.** Face the patient while giving the report, see example below. Be prepared to answer questions about medical status, medications, allergies and associated reactions, and their implications for dental care.

Example report: Mrs. Jones, this is Dr. Smith. Mrs. Jones comes to the college today for an overall check-up. She has no complaints at this time, but it has been several years since she last saw a dentist. Her only medical condition is hypertension, for which she takes Lisinopril. Her blood pressure today was 130/80. Her past medical history includes childbirth and an appendectomy.

For complex medical histories, students may refer to the note pad. Otherwise, the student is expected to report without notes or referring to the computer. Face the patient while reporting.

At this point, put on gloves and mask, place keyboard cover, open exam kit, give patient safety glasses, recline the patient, and begin the clinical examination.

Oral Diagnosis

- X

8370 OPERATIVE DENTISTRY CLINIC III

CASE PRESENTATION GUIDELINE

If radiographs or diagnostic tests are needed, students should consult and get approval from faculty and complete PRIOR to start check.

1. Social introduction: patient and instructor
2. Describe chief complaint, if none, state:

3. Summarize medical history and highlight particular relevant issues for today's appointment:

4. Briefly outline patient's overall treatment plan including:
   - Problem list:

   - Treatment objectives:

   - What has been accomplished to date:

5. Describe Operative treatment plan with diagnosis to include, but not limited to:
   - CAMBRA - caries risk assessment (present COMPLETED form, contributory risk factors and implications, interventions, prognosis, self-assessment and implications in overall treatment plan)

Operative

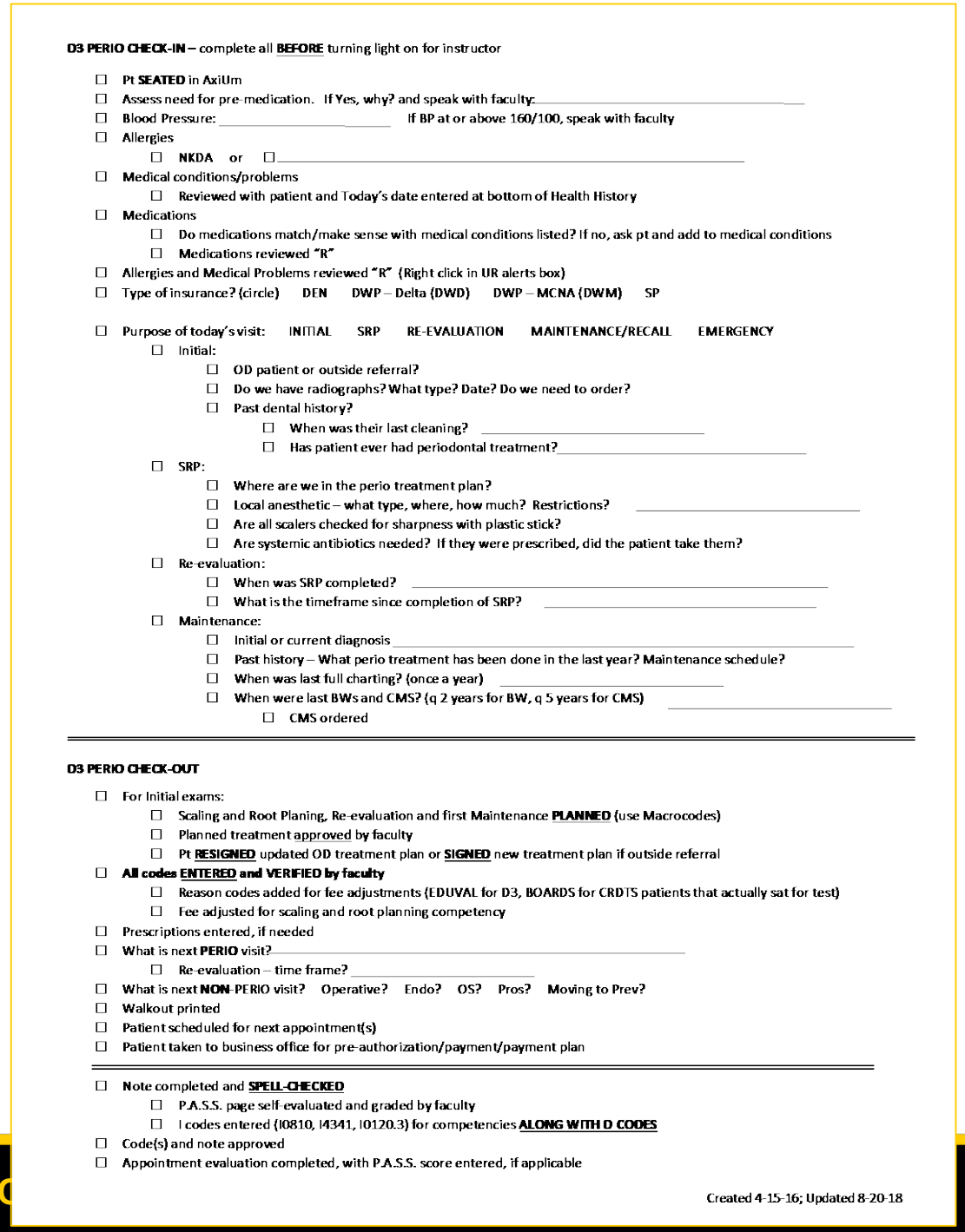
- X

PEDO

The start check protocol in PEDO is very similar to what you outlined in your email. We do use the Start Check feature in Axium. The student must do the following things before the faculty will swipe for the start check:

1. Seat the patient
2. Review and update the health history
3. Review and update meds
4. Review and update allergies
5. Review and update the medical problem list
6. Update height/weight
7. Record BP if the child is over 12 or has a significant medical hx
8. Call faculty over and introduce the faculty to the patient
9. Give an outline of the plan for today's visit
10. Say if they would like to obtain radiographs (if a recall or new pt)

- X



D3 PERIO CHECK-IN – complete all **BEFORE** turning light on for instructor

- ☐ Pt **SEATED** in AxiUm
- ☐ Assess need for pre-medication. If Yes, why? and speak with faculty: _____
- ☐ Blood Pressure: _____ If BP at or above 160/100, speak with faculty
- ☐ Allergies
  - ☐ **NKDA** or ☐ _____
- ☐ Medical conditions/problems
  - ☐ Reviewed with patient and Today's date entered at bottom of Health History
- ☐ Medications
  - ☐ Do medications match/make sense with medical conditions listed? If no, ask pt and add to medical conditions
  - ☐ Medications reviewed "R"
- ☐ Allergies and Medical Problems reviewed "R" (Right click in UR alerts box)
- ☐ Type of insurance? (circle) DEN DWP – Delta (DWD) DWP – MCNA (DWM) SP

- ☐ Purpose of today's visit: INITIAL SRP RE-EVALUATION MAINTENANCE/RECALL EMERGENCY
  - ☐ Initial:
    - ☐ OD patient or outside referral?
    - ☐ Do we have radiographs? What type? Date? Do we need to order?
    - ☐ Past dental history?
      - ☐ When was their last cleaning? _____
      - ☐ Has patient ever had periodontal treatment? _____
  - ☐ SRP:
    - ☐ Where are we in the perio treatment plan?
    - ☐ Local anesthetic – what type, where, how much? Restrictions? _____
    - ☐ Are all scalers checked for sharpness with plastic stick?
    - ☐ Are systemic antibiotics needed? If they were prescribed, did the patient take them?
  - ☐ Re-evaluation:
    - ☐ When was SRP completed? _____
    - ☐ What is the timeframe since completion of SRP? _____
  - ☐ Maintenance:
    - ☐ Initial or current diagnosis _____
    - ☐ Past history – What perio treatment has been done in the last year? Maintenance schedule?
    - ☐ When was last full charting? (once a year) _____
    - ☐ When were last BWs and CMS? (q 2 years for BW, q 5 years for CMS) _____
      - ☐ CMS ordered

D3 PERIO CHECK-OUT

- ☐ For Initial exams:
  - ☐ Scaling and Root Planing, Re-evaluation and first Maintenance **PLANNED** (use Macrocodes)
  - ☐ Planned treatment approved by faculty
  - ☐ Pt **RESIGNED** updated OD treatment plan or **SIGNED** new treatment plan if outside referral
- ☐ **All codes ENTERED and VERIFIED by faculty**
  - ☐ Reason codes added for fee adjustments (EDUVAL for D3, BOARDS for CRDTS patients that actually sat for test)
  - ☐ Fee adjusted for scaling and root planning competency
- ☐ Prescriptions entered, if needed
- ☐ What is next **PERIO** visit? _____
  - ☐ Re-evaluation – time frame? _____
- ☐ What is next **NON**-PERIO visit? Operative? Endo? OS? Pros? Moving to Prev?
- ☐ Walkout printed
- ☐ Patient scheduled for next appointment(s)
- ☐ Patient taken to business office for pre-authorization/payment/payment plan

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- ☐ Note completed and **SPELL-CHECKED**
  - ☐ P.A.S.S. page self-evaluated and graded by faculty
  - ☐ I codes entered (I0810, I4341, I0120.3) for competencies **ALONG WITH D CODES**
- ☐ Code(s) and note approved
- ☐ Appointment evaluation completed, with P.A.S.S. score entered, if applicable

Created 4-15-16; Updated 8-20-18

PERIO

- Features: students follow step-by-step guideline in the form, fillable form