

Members Present: Drs. DC Holmes (Chair), Christopher Barwacz, Satheesh Elangovan, Sandra Guzman-Armstrong, Nidhi Handoo, Aditi Jain, Wayne Johnson, Leonardo Marchini, Shankar Rengasamy Venugopalan, Justine Kolker, Michelle Krupp, Sherry Timmons, Brian Howe, Ms. Morgan Lauer (D4)

Absent: Drs. Zeina Al-Salihi, Tad Mabry, Chaz Konrath

Guest: Dean Johnsen

Meeting called to order 12:03 p.m.

- I. **Approval of August 5 Minutes:** – Dr. DC Holmes
MOTION: to approve the August 5, 2020 minutes as submitted. Motion seconded.
MOTION APPROVED.
- II. **Committee Charge** – Dean Johnsen (Attachment)
Dean Johnsen presented the committee with the committee charge as attached.
- III. **Collegiate Competencies & Domains Update** – Dr. Holmes
Dr. Holmes reported on progress in the review of the Collegiate Competencies and Domains document. Following the Curriculum Committee Work Session on August 19, an ad hoc subcommittee was formed (Sandra Guzman-Armstrong, Nidhi Handoo, Justine Kolker, DC Holmes, and Michelle Krupp) to consider refinement of the document and to make recommendations to the Curriculum Committee at-large. That group met via Zoom on August 28, and will meet again on September 9. The current general consensus is that the Collegiate Competencies and Domains document has served the curriculum well, but that it needs reviewed on a regular basis, and, if necessary, to update it, to make sure that it still realistically reflects the goals and objectives of our predoctoral curriculum.
- IV. **Fall Touch Points – Faculty & Student Survey** – Dr. Krupp
 - Dr. Krupp will send out surveys this fall to all students and faculty at the College of Dentistry to obtain formative feedback on how virtual teaching and learning is progressing in the D1 and D2 years as well as seek out ideas and suggestions on how it could be enhanced. With this information adjustments can be made in a timely fashion.
 - Dr. Krupp will work with the Clerkship Directors to develop a survey for D3 faculty and students. With many changes, it is important to monitor what is going well, what needs to be adjusted and what can be improved.
 - Dr. Krupp will send out a more general survey for the D4s faculty and students.

Dr. Krupp is involved in the ACE taskforce that looks at the type of evaluation questions asked. The ACE taskforce came up with a three question survey for formative feedback that includes:

1. What aspects of the course are helping you to learn?
2. What aspects of the course are making it more difficult to learn?
3. What are you, as a student, currently doing or planning to do to enhance your own learning?

Committee feedback:

- The phrasing is very essential.
- As formative feedback, will this be available to faculty immediately? Unlike course evaluations that are not released until after grades are submitted?
 - These are touchpoint types of surveys to get a general sense of how things are going. Not course specific, but in general how virtual learning and teaching is going for everyone.
- Some faculty do some formative evaluations already.
- These touchpoints are very important for letting students know they are being listened to as well as see changes before the end of a course.
- It is important that the surveys are anonymous.
- Timeliness and frequency of the survey is important.

V. **Peer Patient Encounters** – Dr. Krupp

Last spring, students had issues with peer patient experiences out of concerns that other students were not practicing safety precautions in regard to COVID19. This has prompted further discussion on this student experience.

- Should this be a mandated experience that is tied to a grade?
- Are these experiences ethical for students to do?
- A majority of the BIG10 Colleges have put the peer experiences on hold due to COVID19.

Discussion questions posed to the committee are:

- How are these skills learned, particularly with preventative procedures as well as injections?
- What was done at your school?
- Dr. Handoo commented there were no peer patient experiences in her dental education, these procedures were done directly on patients with close supervision by faculty. Faculty would take over if needed at any time during a procedure, however you were required to demonstrate your capabilities in the next procedure.
- Peer patient experiences should not be required due to HIPAA issues. Students may have a medical issue they do not want to divulge.
- Having come from the University of Iowa College of Dentistry and participated in peer patient experiences, there is some benefit for students to be on the receiving end of some treatments, especially if they have never had an injection before. However there are alternate ways for them to be on the receiving end if that is something faculty wants them to experience.
- There are other social dynamics to consider besides the HIPAA issue, such as when students don't get along or when students who were in a relationship are now paired with someone they're no longer in a relationship with.

- Schools have used a simulated patient that is created to record their exercises the students will use for exercises so that students did not have to share their health information.
 - This may not be possible in Axiom.
- In moving away from peer patient experiences, schools have purchased a simulator. ADEA meetings had simulators on display. Anatomy is the same as a natural patient and the simulator gives feedback on how accurately a procedure is done.

Drs. Aditi Jain and Michelle Krupp will be part of a work group to research peer patient experiences and will invite faculty from various departments, such as PCD and OMS to contribute ideas.

VI. **Round Table Comments** - Committee
No committee comments.

Next Meeting: Work Session: September 16, 2020
Committee Meeting: October 7, 2020

Minutes recorded: Ms. Brenda Selck

Curriculum Committee Charge

To manage existing curriculum in the predoctoral dental education program and communicate input advisory to the Associate Dean for Education including making recommendations for revision and improvement. Major responsibilities include:

1. Review, recommend, and coordinate student outcomes and assessments to ensure all are educationally sound and meet the mission of the College.
2. Review and identify course content overlap, sequencing, redundancies, and areas for consolidation to effectively decompress the curriculum.
3. Review courses and associated content.
4. Review consistency of format and methods of assessment across all courses.
5. Identify courses and activities to decompress the curriculum.
6. Seek student input on initiatives and changes to the curriculum.
7. Consult with the Associate Dean for Patient Care on compatibility of student outcomes with patient outcomes.