

Members Present: Drs. DC Holmes (Chair), Zeina Al-Salihi, Christopher Barwacz, Sandra Guzman-Armstrong, Nidhi Handoo, Aditi Jain, Wayne Johnson, Leonardo Marchini, Justine Kolker, Michelle Krupp, Sherry Timmons, Brian Howe, Mr. Chaz Konrath, Ms. Morgan Lauer

Absent: Drs. Satheesh Elangovan, Tad Mabry, Shankar Rengasamy Venugopalan, Michelle McQuistan

Guests:

Meeting called to order 12:02 p.m.

- I. **Approval of October 7 Minutes:** – Dr. DC Holmes
MOTION: to approve the November 4, 2020 minutes as submitted. Motion seconded.
MOTION APPROVED.
- II. **Office for Education Updates** – Dr. Krupp
There will be two new people working in the Office for Education starting in January. Zoie Schares is a higher education graduate student doing a practicum in the Office for Education this semester. Zoie will be working on a trend analysis of course evaluations to develop collegiate recommendations for teaching and learning development and exploring if/how DEI issues present in course evaluations. Additionally, the Office for Education has hired a new secretary, Kearstin Gehlhausen, who will replace Brenda Selck. Kearstin begins January 19th.
- III. **Peer Patient Experiences** – Dr. Jain (Handout attached)
Dr. Jain reviewed the final document that outlines collegiate recommendations for Peer Patient Experiences. This document is a compilation of research, input from course directors and discussion among the curriculum committee.

A **MOTION** was passed to approve the Peer Patient Experience Collegiate Guidelines & Policies to be implemented AY 21-22.
MOTION APPROVED.

ACTION: Drs. Jain and Krupp will meet with course directors that include peer patient experiences in their courses and Dr. Howe, COD Privacy Officer, to rollout the guidelines.
- IV. **Collegiate Policies Regarding INBDE** – Dr. Krupp
Two years ago, the decision was made to change the graduation requirement of passing both Part I and Part II NBDE to require students to only challenge the board instead. Rationale for this decision was based on the uncertainty of the new INBDE and inability to remediate/provide resources to students who failed. During the vetting, student leaders were all against changing the policy to only challenging the exam as the requirement. Board scores have continued to decline in the past two years and the new policy may be one of the contributing factors.

If required to pass to graduate, the Committee discussed the importance of the College better preparing students and at a minimum aligning exam content with course content to ensure material is being properly covered. Timing of the exam and number of retakes allowed in a given time period is another factor to consider. A change in graduation requirement such as requiring to pass boards, would not affect current students and would be implemented beginning with the incoming Class of 2025. The Committee will continue to discuss board preparation and policies at the next work session.

V. **Round Table Comments** – Committee

Dr. Howe mentioned that five students will be taking the ADEX boards in February with live patients. All other students have opted to use typodonts for their licensure exam.

Next Meeting: Work Session: January 27, 2021

Committee Meeting: February 3, 2021

Minutes recorded: by Dr. Krupp

Peer Patient Exercises at College of Dentistry
Effective Fall 2021

Peer patient experiences allow for rich learning opportunities to occur early in the first two years of the predoctoral curriculum. While there are many benefits to incorporating peer patient experiences, there are multiple factors that need to be addressed to ensure student safety, privacy and choice. The Curriculum Committee researched, vetted and developed recommendations for continuation of such experiences. Collegiate guidelines for peer patient experiences are outlined below.

PROVIDER: As students assume the role of a healthcare provider, they should be held to the same standards, protocols and laws that apply in patient care including:

- 1) **The Health Insurance Portability and Accountability Act - All students must complete mandatory HIPAA compliance training as a pre-requisite before participating in any peer experiences.** Students will not be allowed to participate either as a provider or patient if HIPAA training has not been completed. Students have the responsibility of non-disclosure of patient information (including peer-patients) and will be held accountable to follow HIPAA law to protect and keep confidential any personal health information of their peer patients.
- 2) Students are expected to provide care to all patients including peer patients as assigned.

PATIENT: As students assume the role of a patient, they should be informed about each procedure, have the opportunity to ask questions and also have the option to opt out of care.

- 3) **Informed Consent – All peer patients should be provided information pertaining to potential risks and complications of the procedures and should grant permission to receive care.** Documentation of informed consent should be placed in the student-patient records utilizing AXIUM forms or alternatively paper-based forms that can be scanned into the EHR.
- 4) Students as patients, should inform course director and the Dean for Student Affairs of any medical conditions that could be adversely affected by peer dental procedures.

COURSE DIRECTOR: In each course in which peer patient experiences occur, it the responsibility of the course director to ensure the following:

- 5) Inform students about educational advantages of opting-in for the peer experience and implications of opting-out. Language should not be punitive in nature if students opt-out of being a patient.
- 6) Course directors should explore **alternative educational experiences** within reason and given available resources for those students who are unable to be a peer patient. Examples include

but not limited to standardized patients, simulation, student observation of faculty performing procedures, video demonstrations, etc. If no reasonable alternative available, course directors should work with clinical course directors to consider and explore various clinical teaching methods of procedures with COD patients.

- 7) Student grades should not be negatively impacted due to opting out of being a patient. Alternative work can be assigned in lieu of patient exercises, i.e., clinical observation, tutorials, video demonstrations, etc.
- 8) For peer patients, **accommodations** due to medical reasons will be handled through Student Affairs Office with course director consultation.

PEER PATIENT EXPERIENCES include, but are not limited to, the following procedures:

Peer Exercises	Year	Dept.	Possible Complications
Local Anesthesia	D1 D2	SURG OPER	Pain, soreness, needle fracture, Syncope, Anxiety paresthesia , edema, hematoma Trismus allergy
Administer Nitrous oxide	D2	SURG	Nausea, vomiting headaches
Start IV	D2	SURG	Pain, Phlebitis, Extravasation, Air embolism (uncommon)
Rubber Dam	D2, D3	OPER	Discomfort
Photography (DSLR)	D2, D3, D4?	OPER, FAMD?	
Cerec Scanning	D2, D3	OPER	
Alginate Impressions	D2	OPER	Discomfort with multiple attempts
Diagnostic tests	D2	OPER	
Extraoral and intraoral Exam, HH/CRA/PERIO risk (± Radiographs)	D1	PREV	
Axium documentation			
Probing	D1	PREV	Discomfort, Tissue laceration
Prophylaxis, polishing	D1	PREV	